

## **HEALTH AND WELLBEING BOARD**

**Date and Time:-** Wednesday 10 June 2026 at 9.00 a.m.

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

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

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

### **AGENDA**

- 1. To determine if the following matters are to be considered under the categories suggested in accordance with Part 1 of Schedule 12A to the Local Government Act 1972**
- 2. To determine any item(s) which the Chair is of the opinion should be considered later in the agenda as a matter of urgency**
- 3. Apologies for absence**
- 4. Declarations of Interest**
- 5. Questions from members of the public and the press**
- 6. Communications**
- 7. Minutes of the previous meeting (Pages 3 - 20)**
- 8. Joint Strategic Needs Assessment (Pages 21 - 50)**  
Lorna Quinn, Public Health Intelligence Principal, to present the refreshed Joint Strategic Needs Assessment
- 9. Rotherham Suicide Prevention Action Plan 2025-2028 (Pages 51 - 69)**  
Ruth Fletcher-Brown, Public Health Specialist, to present on progress made against the Suicide Prevention Action Plan

- 10. RMBC Breastfeeding Friendly Borough Declaration (Pages 71 - 78)**  
Sam Longley, Public Health Specialist, to present progress on Breastfeeding Friendly Borough Council
- 11. Best Start Local Plan and Best Start and Beyond Framework. (Pages 79 - 121)**  
Alex Hawley, Consultant in Public Health, to present an update on the Best Start Local Plan
- 12. Health and Wellbeing Board 2025-26 Annual Report (Pages 123 - 131)**  
Oscar Holden, Health and Wellbeing Board Support Officer, to present the 2025-26 annual report
- 13. Physical Activity/Moving Rotherham Board (Pages 133 - 182)**  
Carole Foster, Moving Rotherham Programme Manager, to update on the Moving Rotherham Partnership

**For Information**

- 14. Better Care Fund (Pages 183 - 200)**  
2026-27 Narrative Return
- 15. Items escalated from the Place Board**
- 16. Rotherham Place Board Minutes - Partnership Business (Pages 201 - 210)**  
Minutes of meeting held on 18<sup>th</sup> February and 15<sup>th</sup> April, 2026
- 17. Rotherham Place Board Minutes - ICB Business (Pages 211 - 214)**  
Minutes of Meeting held on 18<sup>th</sup> February, 2026

**The next meeting of the Health and Wellbeing Board will be  
held on Wednesday 2 September 2026  
commencing at 9.00 a.m.  
in Rotherham Town Hall.**



**JOHN EDWARDS,  
Chief Executive.**

**HEALTH AND WELLBEING BOARD****1st April, 2026****Present:-**

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

**Report Presenters**

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

**Also Present:**

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

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

**53. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**54. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**55. COMMUNICATIONS**

There were no communications to report.

**56. MINUTES OF THE PREVIOUS MEETING**

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

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

**57. COMBATING DRUGS PARTNERSHIP UPDATE**

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

Background

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

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

Membership

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

Aims

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



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

#### Delivery Plan

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

#### Prepare

##### Objectives

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

##### Key Progress

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

#### Present

##### Objectives

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

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

#### Key Progress

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

#### Protect

##### Objectives

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

#### Key Progress

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

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

#### Pursue

##### Objectives

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

##### Key Progress

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

#### Public Involvement

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

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

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

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

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

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

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

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

## **58. LONELINESS ACTION PLAN REFRESH PRESENTATION**

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

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

Rotherham Loneliness Action Plan 2026-230

Our Vision: Rotherham residents of all ages and backgrounds feel connected to others and the community around them

#### History of Rotherham Loneliness Action plans

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

#### Governance of Loneliness Action Plan

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

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

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

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

### Why is Loneliness a Public Health Issue?

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

### National Data

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

### Local Data

#### School Lifestyle Survey

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

#### RMBC Data

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

### What was Loneliness?

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

What are the effects of Loneliness

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

What are the causes of Loneliness

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

Loneliness Stakeholder Workshop – 4<sup>th</sup> November, 2025

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

Action Plan Aims

- Aim 1: Make loneliness everyone's responsibility
  - Champion Five Ways to Wellbeing across all initiatives to promote positive mental health and social engagement
  - Deliver Making Every Contact Count (MECC) training to frontline staff
  - Deliver 'train the trainer' MECC
  - Continue to work closely with RMBC teams including Neighbourhoods, Commissioning and Culture, Sport and Tourism
  - Champion the Be Well at Work Scheme and share best practice to tackle loneliness and isolation within businesses to create a healthier workforce
- Aim 2: Connecting people to each other and their community
  - Maintain and promote GISMO as a key signposting resource
  - Promote the VAR e-bulletin
  - Recruitment and ongoing support for volunteers



- Use comms messaging to promote wellbeing support such as RotherHive and Say Yes campaigns
  - Make use of existing networks, partnerships and newsletters to regularly promote new opportunities for people to make meaningful connections
  - Promote resident-led activities and community hubs
  - Promote Library Services and the support and groups they offered
  - Promote organisations which support people to get digitally connected e.g. Age UK, CARD, RotherFed, Libraries
- Aim 3: Expand and use local data to guide action
- Maintain and regularly update the loneliness section of the JSNA so current data could inform decision making
  - Conduct additional loneliness focus groups to strengthen the community voice
  - Refresh MECC training materials to include the latest evidence and data
  - Analyse and publish findings from focus group research sharing with relevant partners to inform action
  - Promote the loneliness guide and measures to local partners
  - Share best practice including Living Experience with other Rotherham partners
  - Using data to support future funding bids

#### Action Plan Monitoring and Wider Discussions

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

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

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

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

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

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

(3) That the Board receive annual progress updates.

## 59. HEALTH AND WELLBEING STRATEGY PRESENTATION

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

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

2025/26

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

Looking Ahead

All items should

- Be clearly linked to at least one Strategy aim
- Demonstrate clear improvements and impact for Rotherham residents

The Board will look to

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

- Continue to be flexible to upcoming changes within partner organisations

The Executive Group will

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

June 2026 Agenda

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

September 2026 Agenda

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

Discussion ensued with the following issues raised/clarified:-

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

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

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

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

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

The Board received the following powerpoint presentation:-

### Ethnicity and Ageing in Rotherham

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

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

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

### What did this project do?

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

### Project Findings for Rotherham

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

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

#### Loneliness and Social Isolation was a Key Challenge

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

#### Sustaining Community Assets – BAMER-led voluntary organisations were lived-experience 'assets'

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

#### In need of adequate financial recognition

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

#### Challenging Loneliness through Social Connection

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

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

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

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

#### Project's Key Message

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

#### Project's Key Recommendations

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

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

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

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

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

**61. ITEMS ESCALATED FROM PLACE BOARD**

There were no issues to be escalated.

**62. ROTHERHAM PLACE BOARD (PARTNERSHIP BUSINESS)**

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

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

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

**64. BETTER CARE FUND**

There was no information to report.

**65. 2026-27 MEETING DATES**

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

|            |                                |
|------------|--------------------------------|
| Wednesday, | 10 <sup>th</sup> June, 2026    |
|            | 2 <sup>nd</sup> September      |
|            | 2 <sup>nd</sup> December       |
|            | 27 <sup>th</sup> January, 2027 |
|            | 24 <sup>th</sup> March         |

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



|                                           |                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>BRIEFING</b>                           | <b>TO:</b>                                                                                                                                                                                                                                                                                                                                                                     | Health and Wellbeing Board                        |
|                                           | <b>DATE:</b>                                                                                                                                                                                                                                                                                                                                                                   | Wednesday 10 <sup>th</sup> June 2026              |
|                                           | <b>LEAD OFFICER</b>                                                                                                                                                                                                                                                                                                                                                            | Lorna Quinn, Public Health Intelligence Principal |
|                                           | <b>TITLE:</b>                                                                                                                                                                                                                                                                                                                                                                  | Rotherham Joint Strategic Needs Assessment (JSNA) |
| <b>Background</b>                         |                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| <b>1.1</b>                                | The Joint Strategic Needs Assessment (JSNA or Data Hub) provides a high-level overview of health need in Rotherham. It is available here > <a href="#">Homepage – Rotherham Data Hub</a>                                                                                                                                                                                       |                                                   |
| <b>1.2</b>                                | The JSNA takes a wide view of health and is concerned with wider social factors that have an impact on people’s health and wellbeing, such as housing, deprivation and employment. It aims to identify health inequalities and gaps in health and care services, documenting unmet need.                                                                                       |                                                   |
| <b>1.3</b>                                | There are many products available for use including topic specific dashboards (e.g. ‘housing’, ‘physical activity’, or ‘culture and leisure’), neighbourhood profiles and small geographies (e.g. ward profiles and small area data), a quarterly update detailing new key findings, and a new deprivation profile highlighting the 2025 update to the Indices of Deprivation. |                                                   |
| <b>Key Issues</b>                         |                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| <b>2.1</b>                                | On average our population live around a third of their life in ill health, 26 years for females and 23 years for males, with the number of the number of years living in ill health increasing. In addition, residents who live in the least deprived areas live on average 10 years longer as a female, and 13 years longer for a male, than the most deprived.               |                                                   |
| <b>2.2</b>                                | The 2025 Indices of Multiple Deprivation show Rotherham is more deprived overall than 82% of local authority districts in England, and within Rotherham inequalities are widening: deprivation scores have got worse in the most deprived areas and decreased in the less deprived areas.                                                                                      |                                                   |
| <b>2.3</b>                                | We have seen increasing prevalence of many health conditions, an additional 37,000 conditions over a ten-year period, and some notable conditions are hypertension, diabetes and depression.                                                                                                                                                                                   |                                                   |
| <b>2.4</b>                                | However, we have seen notable improvements in many areas including an increase in breastfeeding prevalence, HIV testing, and a decrease in smoking at time of delivery.                                                                                                                                                                                                        |                                                   |
| <b>Key Actions and Relevant Timelines</b> |                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| <b>3.1</b>                                | The JSNA has a full annual refresh every year (April/May), but individual dashboards are updated more frequently as and when new data become available.                                                                                                                                                                                                                        |                                                   |
| <b>3.2</b>                                | The next quarterly intelligence update will be July 2026.                                                                                                                                                                                                                                                                                                                      |                                                   |

| Implications for Health Inequalities |                                                                                                                                                                                         |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.1                                  | The JSNA aims to identify health inequalities and where possible considers findings across a range of characteristics including age, ethnicity, gender, deprivation, and health status. |
| Recommendations                      |                                                                                                                                                                                         |
| 5.1                                  | To note the update to the 2026 JSNA and promote use within organisations.                                                                                                               |

# JSNA Update 2026

Rotherham Public Health Intelligence Team

# Introduction

## The Rotherham JSNA

The purpose of the Joint Strategic Needs Assessment (JSNA) is to identify the key issues affecting the health and wellbeing of our residents, both now and in the future.

The JSNA is not one report; it's an ongoing, iterative process presented as a suite of resources. It includes interactive reports, briefings, downloadable reports and datasets that are updated regularly as new analysis and insight becomes available.

As part of these downloadable reports and briefings, there has also been a recently developed health and wellbeing bulletin that can be shared alongside the quarterly intelligence update.

This presentation aims to pull out key updates that are aligned to strategic priorities.

# Section 1 - Breastfeeding

## Strategic Goal

### *Children and young people achieve their potential*

The first 1001 days are where the foundations of future health and wellbeing are built

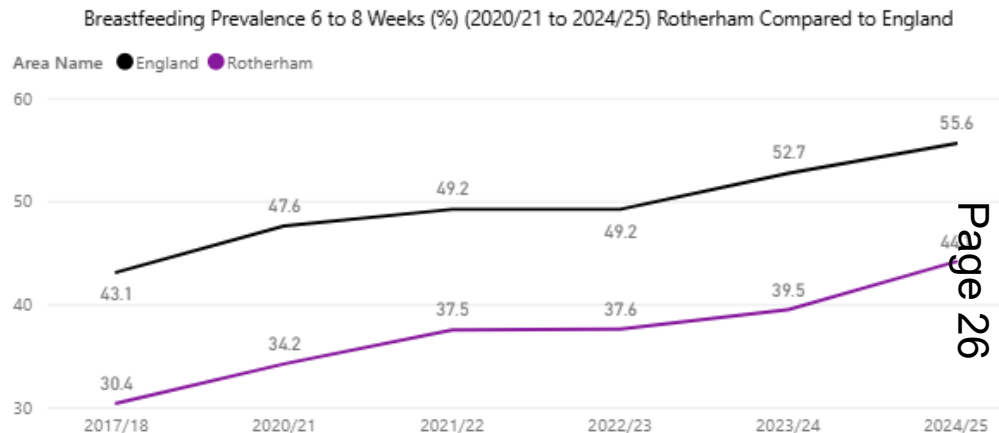
There is a strong body of evidence to show breastfeeding is beneficial to children in numerous ways, including long term outcomes

Rotherham still falls below England in breastfeeding prevalence, but rates are improving.

# Section 1 - Breastfeeding

## JSNA Data

- Breastfeeding prevalence in Rotherham for 2024/25 is **44.1%** following five years of sustained improvement.
- Although currently 11.5 percentage points behind England, Rotherham's rates are improving in line with national trends.
- Rotherham's rates are comparable to rates across England 5 years ago.

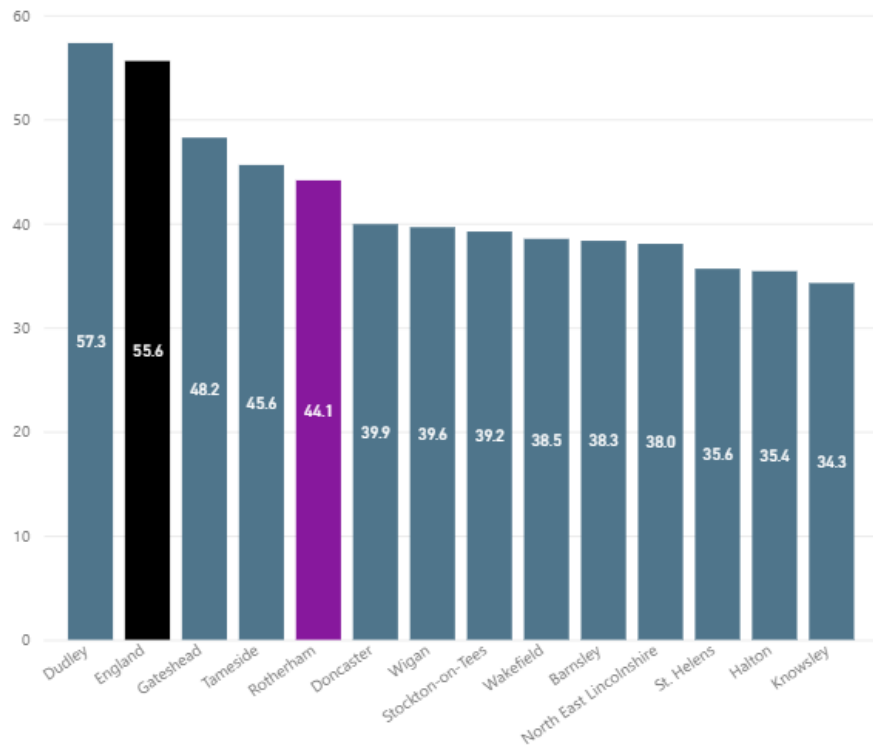


# Section 1 - Breastfeeding

## JSNA Data

- Rotherham is currently placed **4<sup>th</sup>** among our statistical neighbours
- We are ahead of statistical neighbours within South Yorkshire
- Although national data shows a sustained improvement over the last 5 years, more recent data from our infant feeding team indicate that this may plateau.

Breastfeeding Prevalence at 6 to 8 Weeks (%) (2024/25) Rotherham Compared to CIPFA Nearest Neighbours

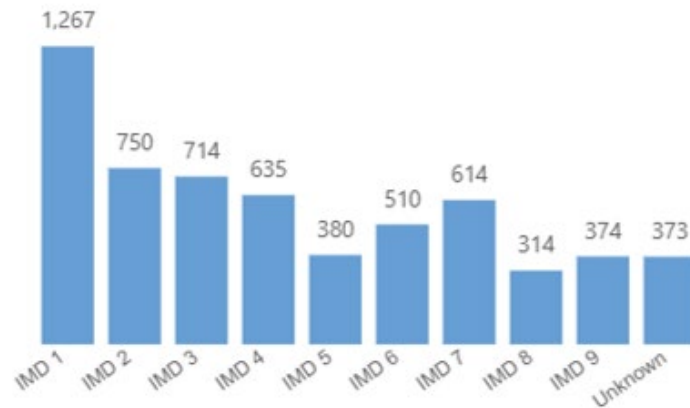


# Section 1 - Breastfeeding

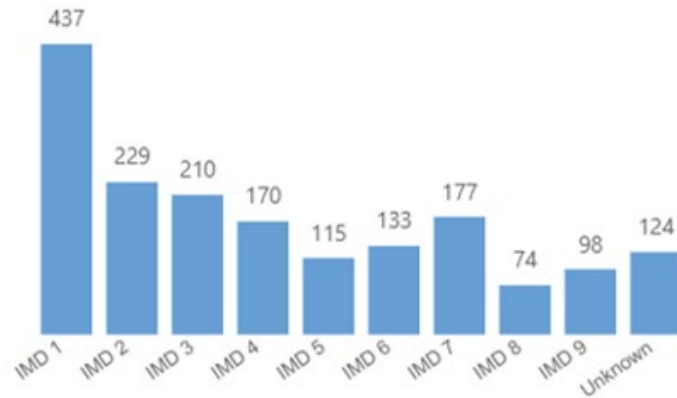
## Delivery - Infant Feeding Team

- Breastfeeding support is a commissioned service delivered by the NHS Infant Feeding Team
- A total of **1,756** mothers were supported in 2025/26, up by 318 on the previous year (22% increase)
- The service provided support across **5,931** contact events in 2024/25, up by 708 on the previous year (a 13.6% increase)
- 34%** of contact events are with mothers from our 20% most deprived deciles, targeting support to help close the inequality gap.

Events by IMD



Patients by IMD



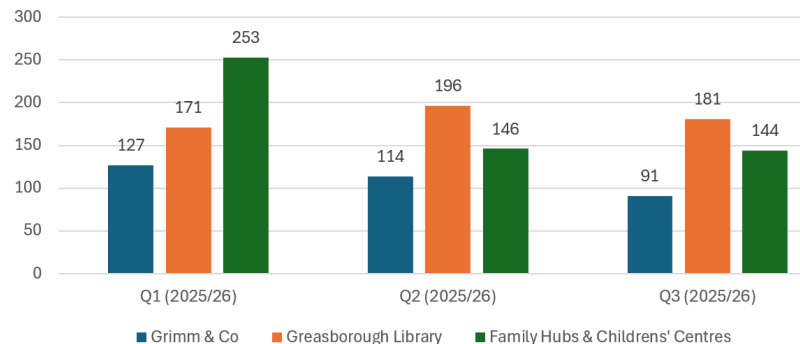


# Section 1 - Breastfeeding

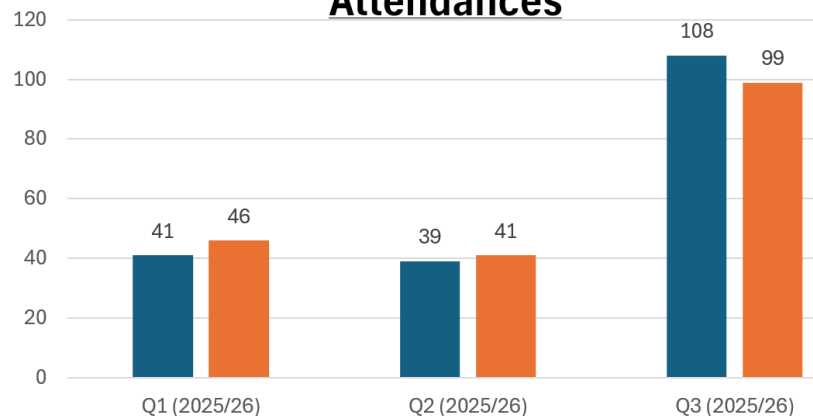
## The offer - Infant Feeding Team

- Togetherness antenatal course – breastfeeding sessions delivered
- Attendances at breastfeeding drop in sessions
- Ferham mother, baby & toddler group – targeted intervention for Pakistani/British Pakistani mothers which has seen a growth in attendance over the year and attendees coming to sessions at other locations
- Level 1 and 2 breastfeeding support training delivered to family hubs staff and voluntary sector workers.

## Breastfeeding Drop-in Attendances



## Ferham Mother, Baby & Toddler Group Attendances



# Section 1 - Breastfeeding

## Challenges ahead

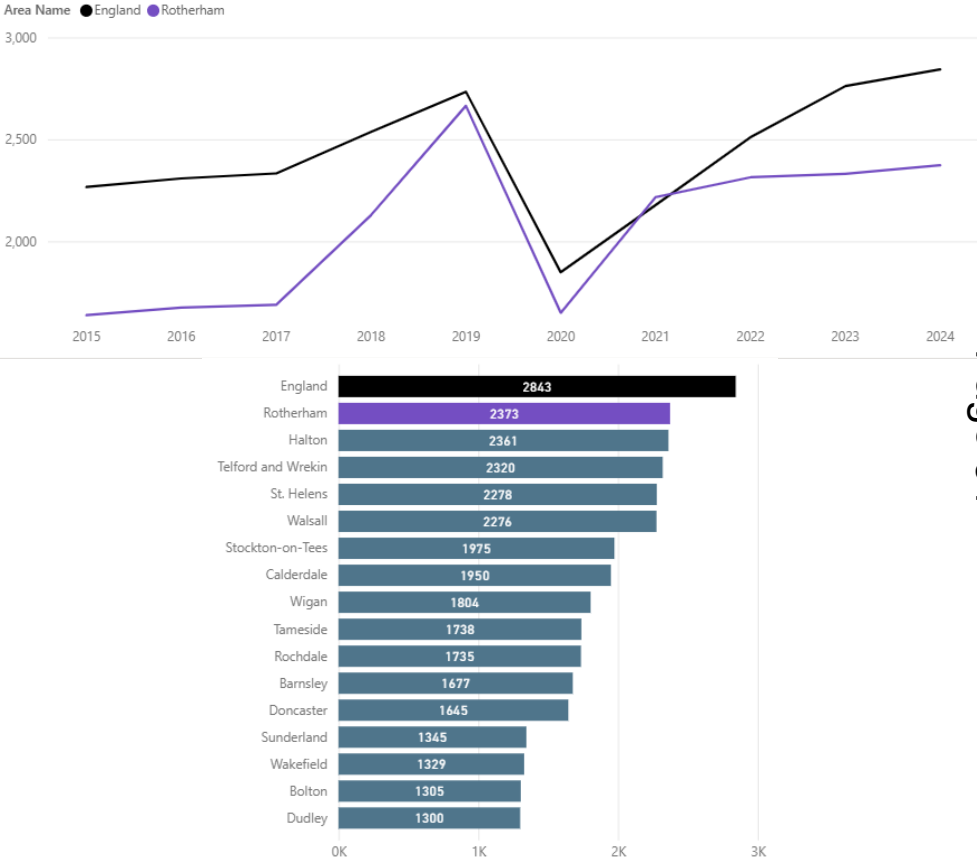
- Infant feeding team has seen a 22% increase in mothers supported and a 13% increase in contact events with no increase in staffing.
- We have seen a 0.8% increase (44.9%) in the 6-to-8-week breastfeeding rates for 2025/26 after five years of sustained improvement, so the rate may be plateauing.
- Despite being behind the England rate for breastfeeding, Rotherham has kept pace with the rate of change.
- There is a risk that if the upward trend continues nationally, the gap between England and Rotherham widens therefore widening health inequalities between Rotherham's children and the national average.

# Section 2 – Sexual Health

## What is working well

- Improvements can be seen in HIV testing rate which has been increasing over time.
- Although currently still lower than England, the rate is increasing and remains higher than our statistical neighbours.
- HIV testing rates declined during 2020 and 2021 but are on their way to being higher than the pre-covid period.

HIV indicator,Rotherham compared to England (Fingertips).

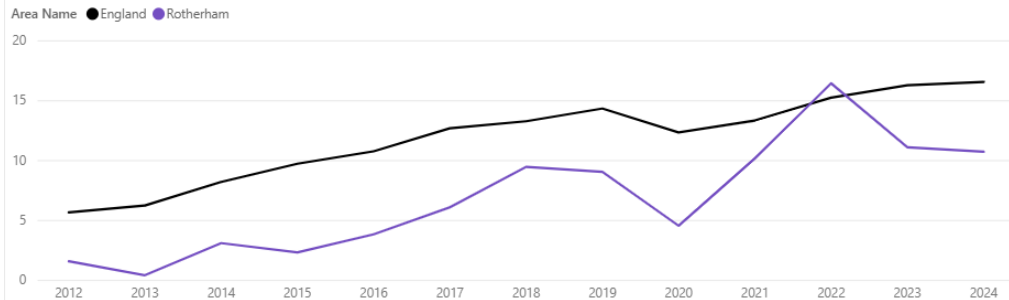


# Section 2 – Sexual Health

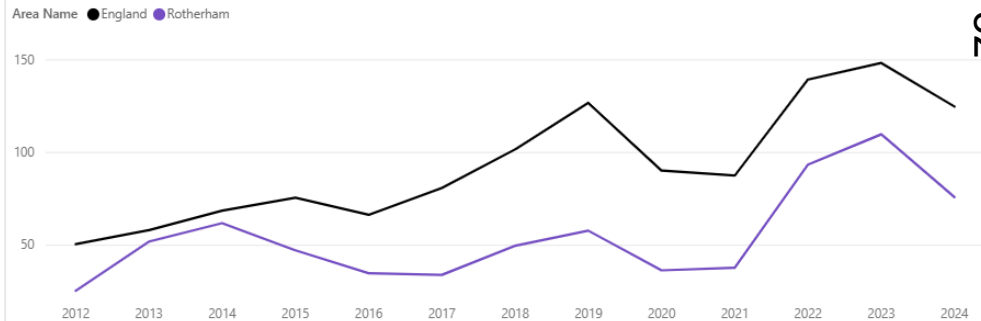
## National picture

- Nationally we are seeing increases in Syphilis diagnostic rate however Rotherham has seen a decrease, and it remains significantly better than that for England.
- Similarly, the Gonorrhoea diagnostic rate is significantly better than for England and has been decreasing.
- However, the chlamydia detection rate for 15- to 24-year-old females in Rotherham remains significantly higher than that for England. We have seen an increase in the proportion of females screened though, whereas England have seen a decrease, which may indicate that in Rotherham we are screening the correct people.

Syphilis diagnostic rate per 100,000 population, Rotherham compared to England (Fingertips).



Gonorrhoea diagnostic rate per 100,000 population, Rotherham compared to England (Fingertips).

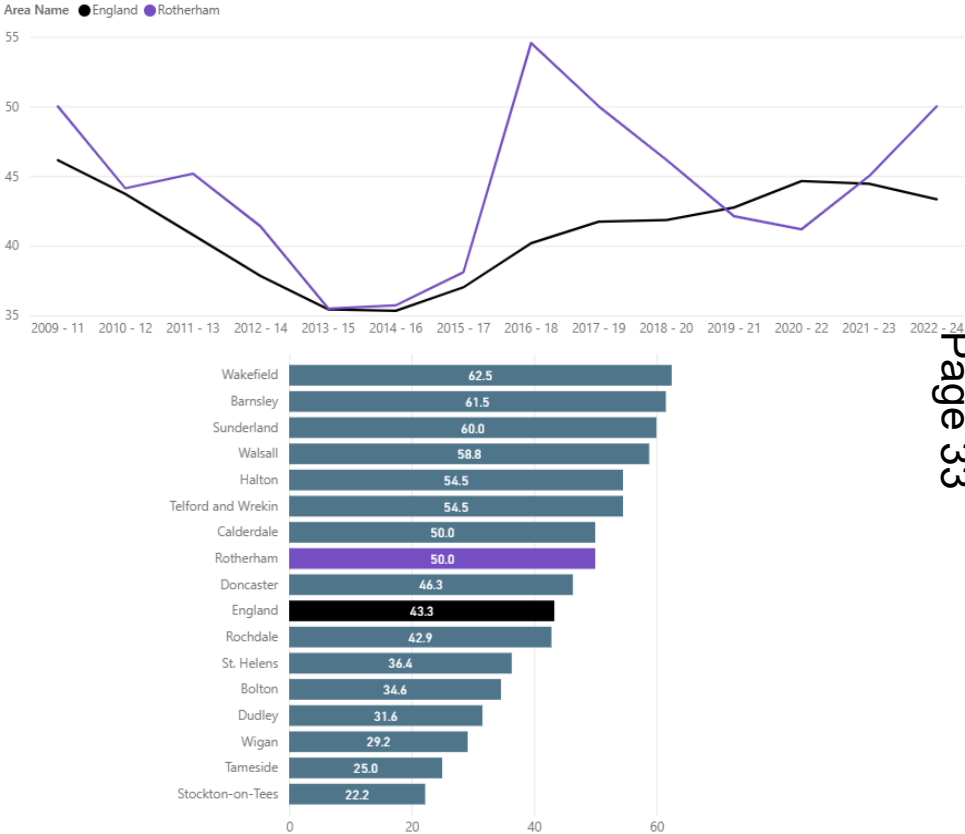


# Section 2 – Sexual Health

## Opportunities for improvements

- The HIV late diagnosis indicator shows the proportion of those who are considered to have late diagnosis (over 91 days) or advanced HIV. It is the most important predictor of mortality and morbidity among those with HIV infection.
- For 2020 to 2022, Rotherham was in the lower third of our nearest neighbours (better), but it has been increasing and now sits in the top half of local authorities and significantly higher than England.
- We are testing lots of people in sexual health services but there needs to be better understanding in wider health services. For example, if people are accessing treatment for repeat infections but are not necessarily being picked up for HIV test until it is late.

HIV: late diagnosis proportion (%) in people first diagnosed with HIV in the UK, Rotherham compared to England (Fingertips).



# Section 2 – Sexual Health

## Delivery

- The Sexual Health service have moved into a new space recently. The service have supported the design of the space, and it is in a location that is easier to access whilst maintaining confidentiality.
- There has been expansion of pharmacy provision of contraception which means we now have greater provision across the borough (~90% of pharmacies have signed up).
  - Though we have struggled to access data on this to note true impact since October, we anecdotally know that general awareness has improved.
- We have a higher rate of long-acting reversible contraception (LARC) in the hospital but less so in primary care. The access to contraception review has taken place to identify opportunities where provision can be expanded and made more accessible across the borough.

# Section 3 – Long-term conditions

## Strategic Goal

### ***Residents live well An Economy that works for all***

Good health is foundational to all of our lives, but many people in Rotherham are living with chronic conditions.

Prevention, early diagnosis, intervention and management of these conditions is key to helping people live as independently and as healthy as possible.

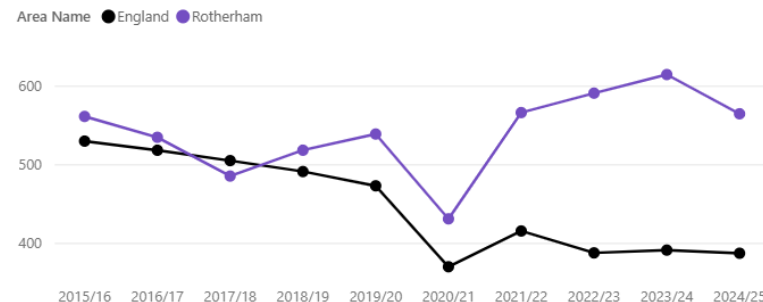
Rotherham has a higher prevalence of long-term conditions, so prevention and management is key to achieving some of our strategic aims.

# Section 3 – Long-term conditions

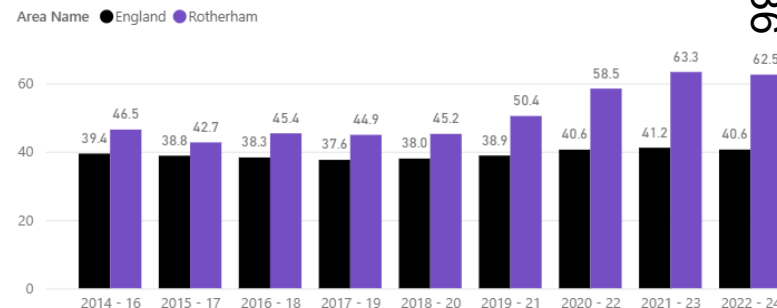
## JSNA Data – Cardiovascular disease (CVD)

- CVD covers four main conditions, three of which we hold data on:
- Coronary heart disease prevalence in Rotherham is **3.8%**, slightly higher but in line with the England level of 3%.
- Stroke and TIA prevalence is **2.4%**, above the England level of 1.9%
- Peripheral Arterial Disease (PAD) prevalence is **0.7%**, in line with the England level of 0.6%
- The key difference in Rotherham is we have significantly higher rates of hospital admissions for CHD than England; **564** per 100,000 compared to 386 for England, and significantly higher under 75 mortality; **62.5** per 100,000 compared to 40.6.

Hospital Admissions due to Coronary Heart Disease, rate per 100,000 (2015 - 2024) Rotherham Compared to England



Under 75 Mortality Rate for Ischemic Heart Disease, rate per 100,000 (2015-17 to 2021-23) Rotherham Compared to England



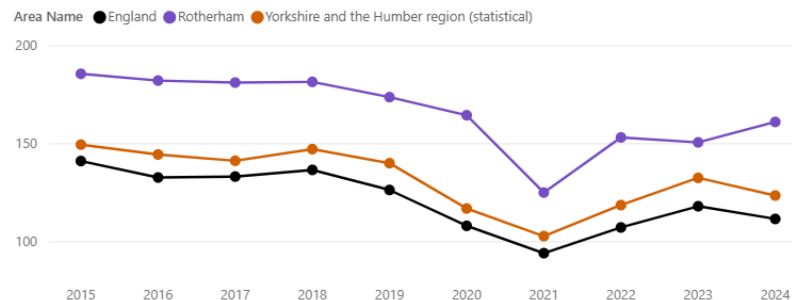


# Section 3 – Long-term conditions

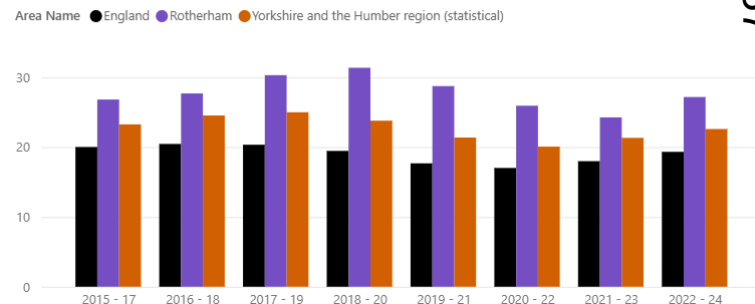
## JSNA Data – Respiratory Conditions

- Respiratory conditions affect 1 in 5 people in England and is the third biggest cause of death.
- Asthma prevalence in Rotherham is **7.9%** compared to 6.5% in England
- COPD prevalence is **3.2%** compared to 1.9% in England
- Lung cancer prevalence is **160.15** per 100,000 compared to 111.99 in England
- Outcomes are again worse for people in Rotherham with significantly higher rates of mortality for respiratory disease overall, and under 75 mortality for preventable respiratory disease.
- All age mortality rate for respiratory disease in Rotherham is **160.82** compared to 111.29 for England (2024).
- Under 75 mortality for preventable respiratory disease is **27.17** per 100,000 in Rotherham, compared to 19.32 in England

Mortality Rate from Respiratory Disease, all ages, rate per 100,000 (2015 - 2024) Rotherham Compared to England



Under 75 Mortality from Respiratory Disease Consider Preventable, rate per 100,000 (2013-25 to 2020-22) Rotherham Compared to England



# Section 3 – Long-term conditions

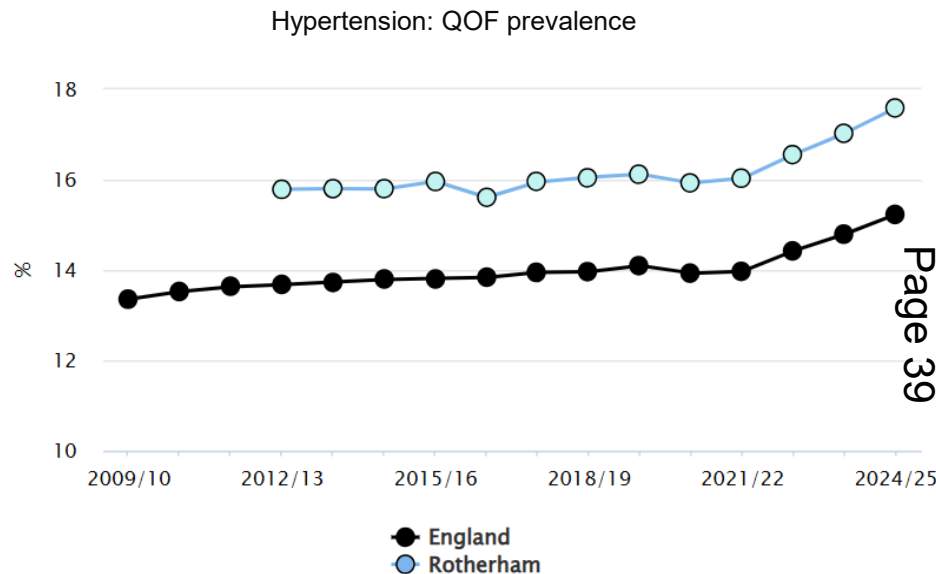
## JSNA Data – Musculoskeletal Conditions

- Musculoskeletal conditions (MSK) impact quality of life with pain, limited motion and reduced ability to take part in daily life, such as attending work.
- Among people living with multiple conditions, musculoskeletal conditions have been reported to cause the greatest impact on overall wellness, independence and quality of life due to increased pain and limited movement.
- In Rotherham, **22.9%** of residents report having a long-term musculoskeletal condition, compared to 18.4% in England.
- Rates of reported MSK condition in Rotherham has remained relatively stable since 2018

# Section 3 – Long-term conditions

## Early detection – NHS health checks

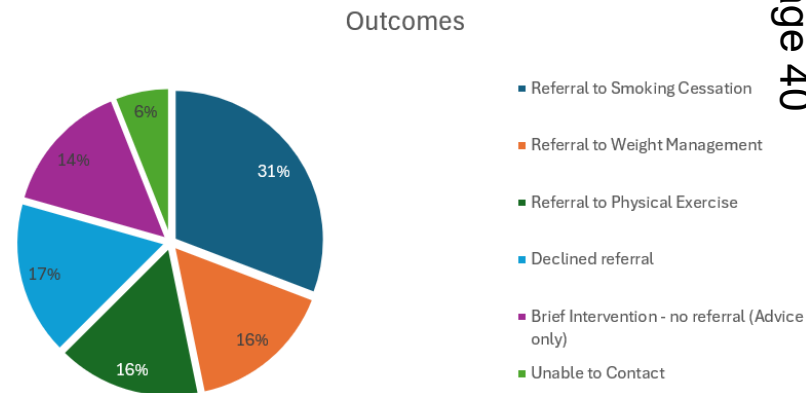
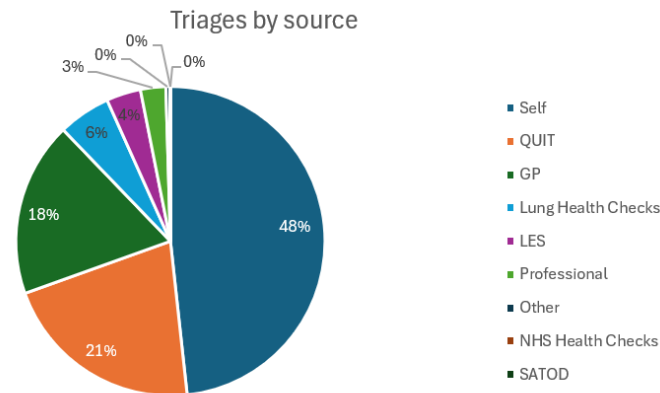
- Hypertension (high blood pressure) is the single most modifiable risk factor for CVD.
- QOF prevalence of hypertension for 2024/25 is **17.6%**, higher than the England level of 15.2%.
- The upward trend after 2020, both locally and nationally is due to the restart of the NHS health checks will have a significant part in it, along with NHS Community Pharmacy Blood Pressure Check Service, which started in 2021 and expand in 2023, alongside of other screening in primary care post COVID.
- The increase in QOF prevalence is likely due to more cases of hypertension being detected, rather than an increase in the level present in the population, which is positive as even modest reduction in blood pressure can improve outcomes.



# Section 3 – Long-term conditions

## Intervention– Rotherham Healthwave

- In 2025/26, Healthwave received **9,827** referrals, 131% of the annual target.
- **48%** of residents referred to the service come through the self-referral pathway.
- Just under one third (31%) of residents are referred into Smoking Cessation services, **16%** of residents are referred into Weight Management and Physical Exercise services respectively.
- **23%** of residents referred to Healthwave do not go onto any service either through declining referral (17%) or were not contactable (6%)



# Section 3 – Long-term conditions

## Intervention– Smoking

- Smoking contributes towards numerous long-term conditions including COPD, CVD and cancers, and residents of Rotherham smoke at rates above the England average.
- **13.5%** of Rotherham residents are current smokers compared to 10.4% in England
- The Local Enhanced Service (Swap to Stop) received **388** referrals in 2025/26
- **129** or **33%** residents referred to LEL quit at four weeks, below the target of 55%
- Smoking cessation service received **1394** referrals in 2025/26
- **1011** were reordered, giving the service a 73% quit rate, more than the 55% target, with **57%** of quitters still quit at three months.

# Section 3 – Long-term conditions

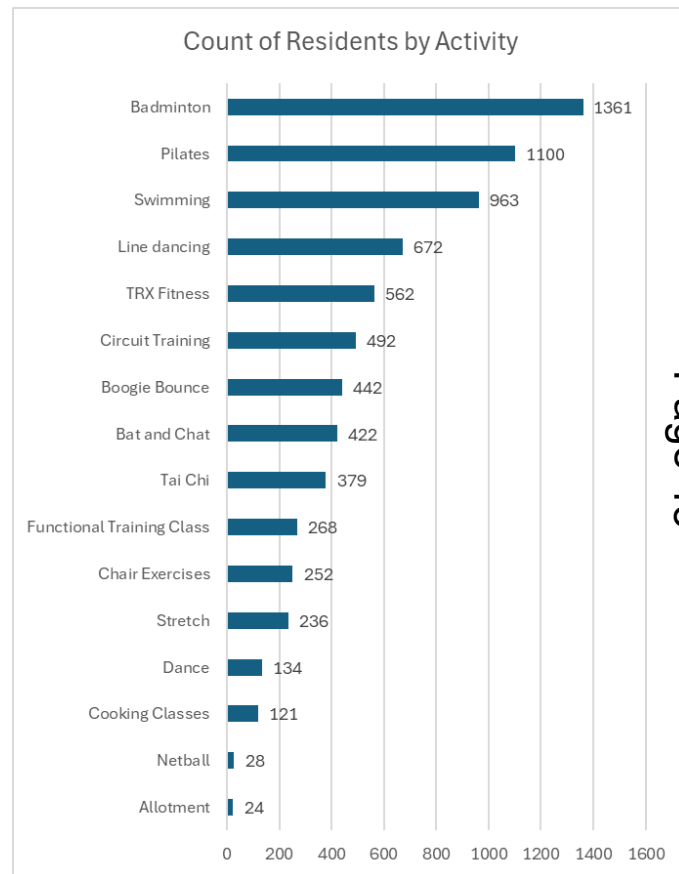
## Intervention– Weight Management

- Excess weight is a significant but modifiable risk for hypertension, cardiovascular disease and musculoskeletal conditions.
- **1026** residents were referred to Tier 2 weight management interventions in 2025/26, exceeding the service target of 1000.
- **37%** achieved a 5% weight loss at 12 weeks (the end of the programme) and **35%** maintained 5% weight loss at 6 months, over the targets of 15% (12 weeks) and 10% (6 months)
- **85** residents were referred to Tier 2 plus, under the service target of 100
- **54%** of residents referred to Tier 2 plus achieved 5% weight loss at the end of the programme (24 weeks), far more than the 10% target.

# Section 3 – Long-term conditions

## Intervention– Wellbeing and Physical Activity

- Being physically active has numerous benefits for physical and mental health and is crucial for preventing or managing many long-term conditions. In addition, wellbeing and physical activity programmes can help prevent falls, make daily tasks easier, improve mental health, and tackle social isolation.
- **3276** residents assessed reported a 60-minute increase in the time they spend physically active.



# Other JSNA data for information

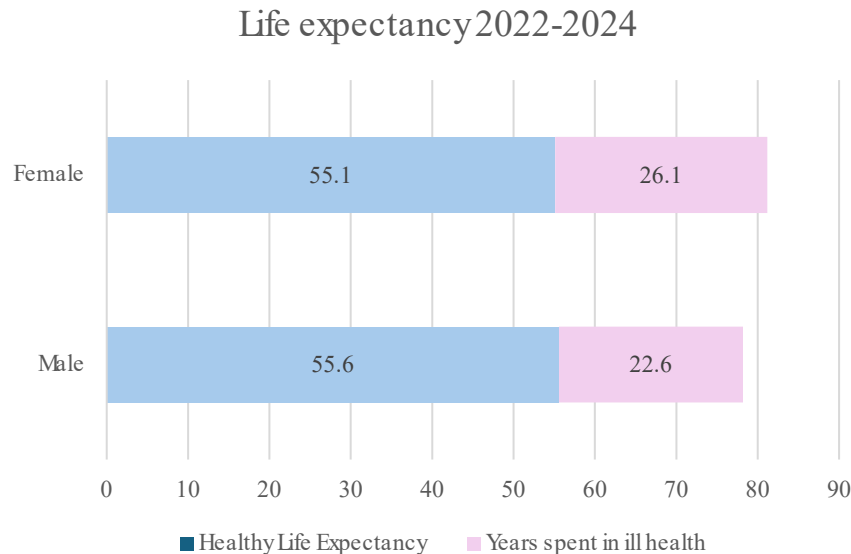


# Life expectancy and healthy life expectancy

On average our population live around a third of their life in ill health:

- 26 years for females
- 23 years for males

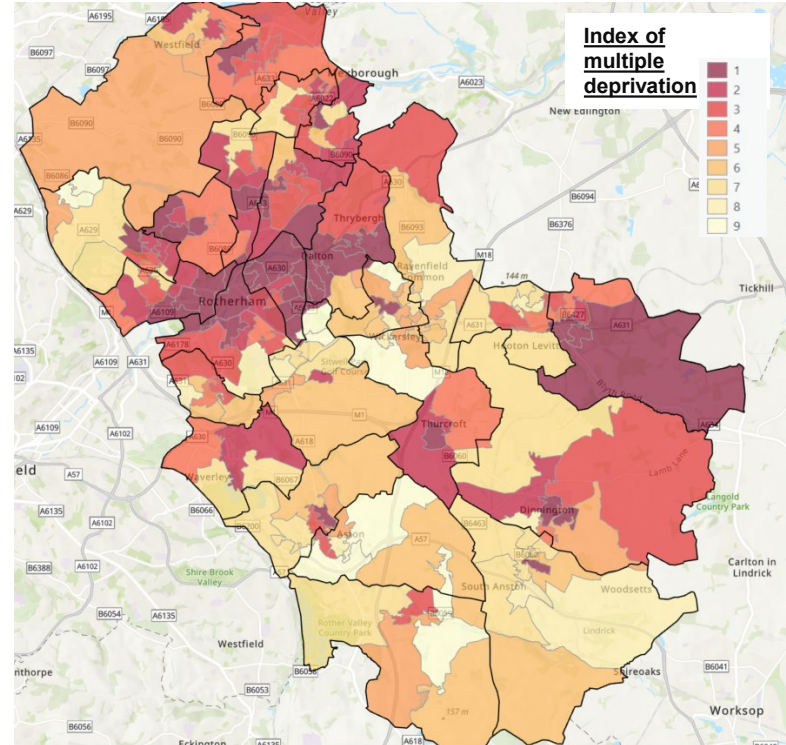
However, whilst overall life expectancy has remained relatively similar, the number of years living in ill health has been increasing (an additional 3 years over the past 10 years)



# Inequality in life expectancy

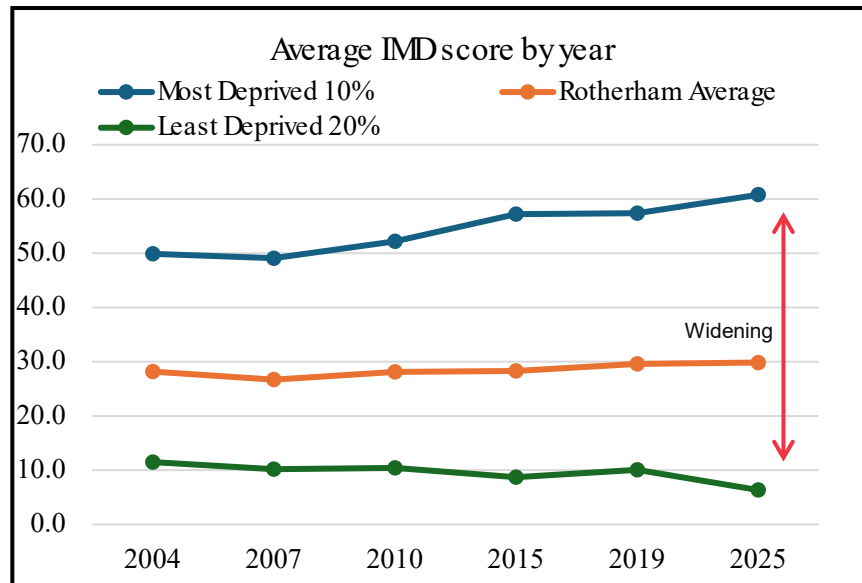
In addition to seeing an increase in years lived in ill health increasing overall, we also experience areas of worse life expectancy than others. Residents who live in the least deprived areas (yellow on the map, right) live on average 10 years longer as a female, and 13 years longer for a male, than the most deprived (red).

This is higher than the national average at 8 and 11 years, respectively.



# Deprivation

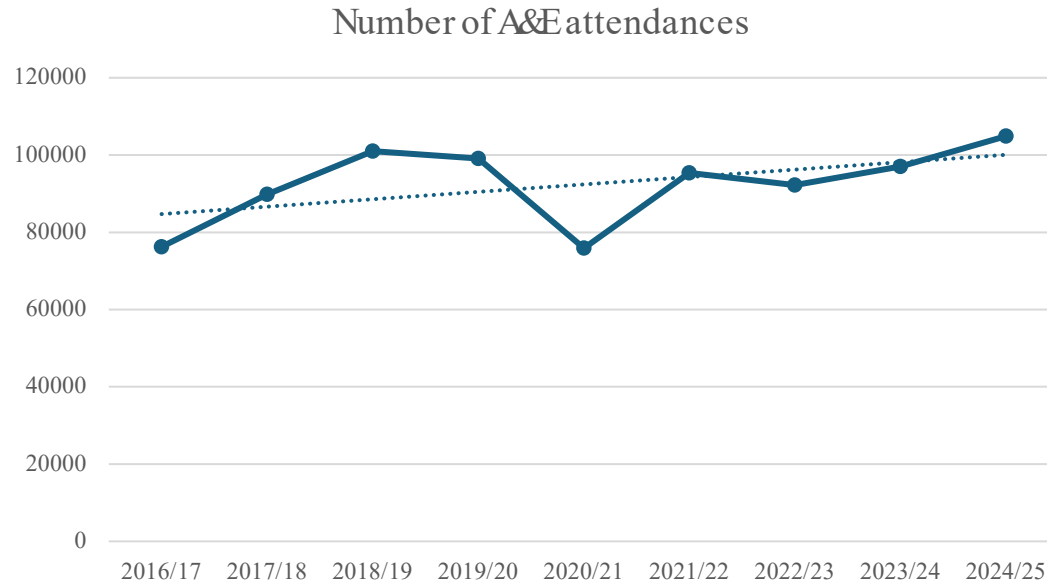
- Rotherham is more deprived overall (IMD) than 82% of local authority districts in England.
- Within Rotherham inequalities are widening: IMD scores have increased in the most deprived 20% LSOAs and decreased in the less deprived areas (right)



- In addition, the proportion of children living in low-income families has increased from 22% in 2014/15 to 30% in 2023/24; this means an additional 4,500 children and young people are living in households struggling to afford basic living standards or keeping up with average living costs.

# Hospital utilisation (1)

- The number of accident and emergency attendances at The Rotherham Foundation Trust has been increasing over the last 10 years (below), with 105,000 in 2024/25.

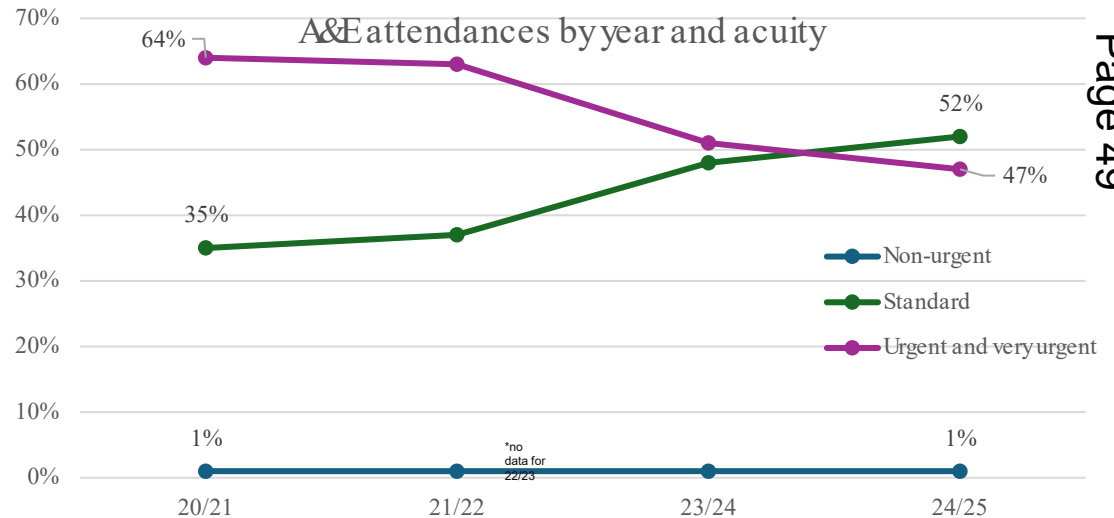
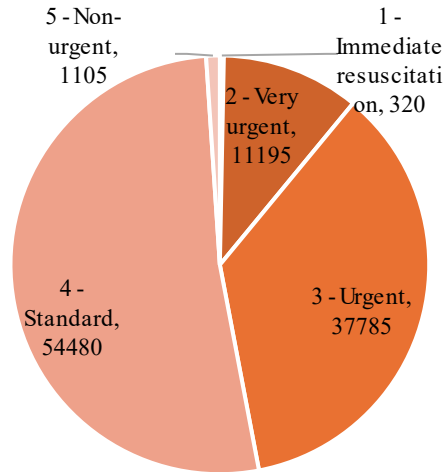


- For overall appointments, there were 101,410 seen 'first outpatient appointments' and an additional 10,455 'first outpatient appointments' that were not attended (9% DNA rate).

# Hospital utilisation (2)

Of the A&E attendances in 24/25, 47% were urgent which means 1100 were non-urgent, and there were 55,000 standard attendances (below, left).

The proportion of appointments with known acuity show a decreasing proportion of 'urgent' appointments, and an increasing number and proportion of 'standard' appointments.



**For any queries, please contact  
Lorna Quinn**

**Lorna.quinn@rotherham.gov.uk**

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>BRIEFING</b>   | <b>TO:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | Health and Wellbeing Board                                                                               |
|                   | <b>DATE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10 <sup>th</sup> June 2026                                                                               |
|                   | <b>LEAD OFFICER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ruth Fletcher-Brown<br>Public Health Specialist<br>Adult Care, Housing and Public Health<br>01709 255867 |
|                   | <b>TITLE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | Rotherham Suicide Prevention Action Plan, 2025-2028                                                      |
| <b>Background</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |
| <b>1.1</b>        | Suicide is complex and rarely attributable to a single cause. For every suicide, many more people attempt to take their own life, often resulting in long-term physical and emotional consequences for individuals and their families.                                                                                                                                                                                                                  |                                                                                                          |
| <b>1.2</b>        | In September 2023, the Government published a five-year cross sector strategy on suicide prevention for England. There were no targets within the strategy but Rotherham’s Suicide Prevention Plan 2025-2028, which was agreed by all Partners of the Rotherham Health and Wellbeing Board in June 2025 (HWB) is aligned to the national strategy. Local and national data and evidence-based practice informs and 2025-2028 Action Plan for Rotherham. |                                                                                                          |
| <b>1.3</b>        | Leadership for suicide prevention remains with Public Health. However, preventing deaths to suicide and supporting all those affected by suicide, requires a partnership approach. Partners of the Health and Wellbeing Board are committed to delivering Rotherham’s Suicide Prevention and Self Harm Action Plan, 2023-2028, alongside communities and most importantly people with living experience.                                                |                                                                                                          |
| <b>Key Issues</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |
| <b>2.1</b>        | In recent years Rotherham has seen a reduction in the rate per 100,000. However, every death has a significant impact on family, friends, services, and the wider community, which is why it remains a priority area for local Partners and Health and Wellbeing Board                                                                                                                                                                                  |                                                                                                          |
| <b>2.2</b>        | Suicide rates in Rotherham are statistically similar to the average for England. The data from the period 2022-2024, shows the rate per 100,000 as:<br><br>o All Person deaths- Rotherham 13.3 compared to 10.9 for England<br>o Male deaths- Rotherham 19.0 compared to 16.8 for England<br>o Female deaths- Rotherham 7.8 compared to 5.5 for England                                                                                                 |                                                                                                          |
| <b>2.3</b>        | Progress with the local actions within the 2025-2028 Action Plan is overseen by partners on the Rotherham Suicide Prevention and Self Harm Group.                                                                                                                                                                                                                                                                                                       |                                                                                                          |
| <b>2.4</b>        | The Rotherham Suicide Prevention Operational Group looks at real time cases resulting in actions to address themes, priority groups, ensuring that support is offered to all those bereaved and affected. Information from this process informs future actions. Both groups have membership from all Health and Wellbeing Board Partners.                                                                                                               |                                                                                                          |

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| 2.5 | The Rotherham Suicide Prevention and Self Harm Group and the Rotherham Suicide Prevention Operational Group are best placed to oversee the of the actions within the current plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2.6 | Progress to date from the action plan for suicide prevention Includes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 2.7 | <p><b>Aim 1 Making Suicide Prevention Everyone's Responsibility</b></p> <ul style="list-style-type: none"> <li>➤ The delivery of bespoke training for staff across the Partnership, examples include Community organisations in South of Rotherham, Faith Leaders and RMBC staff teams- Revenues and Benefits, Regeneration and Environment Manager Forum</li> <li>➤ A suicide prevention workshop was held as part of Safeguarding Awareness Week in November 2025</li> <li>➤ Staff from Rotherham delivered training on autism and suicide prevention as guest speakers at the North East, Yorkshire and Humber Police Negotiator Conference in February 2026.</li> <li>➤ Papyrus has been commissioned to deliver their SPEAK course (Suicide Prevention Explore, Ask, Keep-Safe). This training is available to schools and colleges in the first instance and courses started mid-April. The training will allow attending schools to access the Papyrus School resource, Sinking Feeling, to deliver suicide prevention as part of the new Relationships Sex and Health Education (RSHE) where suicide prevention is included. In the Autumn Papyrus sessions will be promoted to other Partners with a strong focus on the Voluntary and Community Sector (VCS).</li> <li>➤ Launch of Be the One Autism and Suicide Prevention Campaign on 10<sup>th</sup> September 2025. This campaign launched with involvement from Speak Up, RDASH and what was formally known as Rotherham Adult Neurodiversity Support Service. RMBC Communications Leads lead on this delivery and refresh of the Be the One website, with leadership from the Public Health Lead for Suicide Prevention. To date there have been 2,879 visits since new website launched on 10 September. For Facebook performance (10 September to present) there have been 24,114 views (+475%); interactions 1,060 (+4,287.5%). Following the launch, the campaign received media coverage including the Rotherham Advertiser, BBC Radio Sheffield, and Greatest Hits Radio.</li> </ul> |
| 2.8 | <p><b>Aim 2 To support to those bereaved, affected and exposed to suicide</b></p> <ul style="list-style-type: none"> <li>➤ The Sudden and Traumatic Bereavement Pathway for children and young people has been updated and is available on Tri X</li> <li>➤ Walk with Us Resource produced with children and young people bereaved by suicide has been sent out again to all schools and colleges in Rotherham, along with a new Easy Read Version</li> <li>➤ Seventy-two staff from across Rotherham Partner organisations attended a workshop in May 2026 about talking to children who have been bereaved which promoted Amparo support and Walk with Us</li> <li>➤ Amparo is South Yorkshire's commissioned service to support all those bereaved and or affected by suicide. It offers support to children, young people and adults living and or working in South Yorkshire. Amparo have delivered training sessions for Partners across Rotherham, including a session for RMBC Children and Young People's Service. They have also attended community events and hosted their drop-in session for bereaved people, called Cup of Calm at Rotherham Hospice.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |



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| 2.9                                       | <p><b>Aim 3 Reducing suicides amongst high-risk groups by reaching people where they live and work</b></p> <ul style="list-style-type: none"> <li>➤ Testing of the Rotherham Contagion Plan with Partner organisations in April 2026, facilitated by a Department of Health and Social Care (DHSC) colleague.</li> <li>➤ Community Response plan meetings in geographical areas where we have seen a higher number of suicides: - training for local practitioners, distribution of mental health newsletter</li> <li>➤ Rotherham Samaritans Wellbeing Pathway Activity which provides listening calls to people who have accessed Crisis Mental Health support.</li> <li>➤ Be the One Autism and Suicide Prevention Work</li> <li>➤ Domestic Abuse and Suicide Prevention training for Partners, looking at the recommendations from domestic homicide cases</li> <li>➤ Piloting support for people who have been bereaved by suicide through the Vista project.</li> <li>➤ Partnership working to support people experiencing Chronic pain.</li> </ul> |
| 2.10                                      | <p><b>Aim 4 Using data to inform delivery of suicide prevention in Rotherham</b></p> <ul style="list-style-type: none"> <li>➤ Sharing intelligence with South Yorkshire Police (SYP), British Transport police (BTP) and National Highways to look at actions which might need to be taken</li> <li>➤ Suicide Operational Group- using the real time data to inform practice at a Place level</li> <li>➤ A South Yorkshire Coroners Audit has commenced with support from Coroners and Sheffield University.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2.11                                      | <p>Some actions with the local plan are addressed at a South Yorkshire wide level by working with partners represented at the ICB Suicide Prevention Group. This group agreed a plan of action for 2025/2026:</p> <ul style="list-style-type: none"> <li>➤ Consider the impact of deaths at high-risk locations (including railways and motorways)</li> <li>➤ Consider inclusion groups including people who are neurodiverse, LGBTQ+ communities and Older adults</li> <li>➤ Maintain and develop the existing RTS workstream to monitor and response to suspected suicides in real time.</li> <li>➤ Maintain and further develop the existing Bereavement Support offer across SY with a particular focus on developing a peer support model for children and young people.</li> <li>➤ Complete a South Yorkshire coroner's audit and any recommendations.</li> <li>➤ Annual suicide memorial service.</li> </ul>                                                                                                                                      |
| 2.12                                      | <p>Local areas no longer receive national funding for suicide prevention. The funding to support the delivery of the 2025-2028 Rotherham Suicide Prevention Action Plan is limited, with funding from the SY ICB for the web-based system for recording suicides QES, the Amparo contract and the memorial event only. This funding has ensured support until the end of March 2027.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Key Actions and Relevant Timelines</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3.1                                       | <p>The Rotherham Suicide Prevention and Self Harm Group will continue to oversee the implementation of the Action plan through the quarterly meetings. (Quarterly meetings with one face to face meeting each year).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3.2                                       | <p>The Rotherham Suicide Prevention Operational Group will look at emerging trends, themes and groups needing further support. (Operational Group meetings held every six weeks).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| <p><b>3.3</b></p> <p><b>3.4</b></p> <p><b>3.5</b></p> <p><b>3.6</b></p> <p><b>3.7</b></p> | <p>Actions identified in the 2025-2028 are now progressing. For example:</p> <ul style="list-style-type: none"> <li>➤ Continued promotion of the Zero Suicide alliance Training- General and Autism courses (ongoing)</li> <li>➤ Learning from the Vista project will be shared with partner organisations with discussions to look at options going forwards (June/July 2026)</li> <li>➤ Partnership working on a Self-Harm Policy for children and young people (ICB, TRFT, RDASH and RMBC) (May/June 2026)</li> <li>➤ Papyrus training will be promoted to the VCS in September, a report on the take up and feedback from schools and colleges will be produced (August 2026)</li> <li>➤ Continue to work with Sheffield University and SY Public Health Leads on the Coroners Audit (ongoing)</li> <li>➤ Ongoing with national organisations like National Highways and British Transport Police to areas issues at specific locations (ongoing)</li> </ul> <p>Rotherham Public Health Lead for Suicide Prevention is collaborating with other South Yorkshire colleagues to secure funding for suicide prevention activity beyond March 2027. This includes the Real Time Surveillance post on which all areas rely on for accurate and timely data. This SY Police post is funded until March 2027 (ongoing).</p> <p>The Rotherham Public Health (PH) Suicide Prevention Lead will continue to work with Partners of the SY ICB Suicide Prevention Group to progress actions across South Yorkshire. The group is working on a Plan on the Page for 2026/2027 (June/July 2026).</p> <p>The Rotherham Public Health (PH) Suicide Prevention Lead will work the Y&amp;H OHID Community of Interest Group to look at female deaths to suicide, drawing in national expertise. This piece of work will look at lived experience from women. Findings from this will inform the Rotherham action plan (ongoing).</p> <p>The Office of National Statistics Suicide Prevention data should be available September 2026, which along with the Real Time South Yorkshire data, will help monitor changes and inform new areas to action (September/October 2026).</p> |
| <b>Implications for Health Inequalities</b>                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>4.1</b></p> <p><b>4.2</b></p> <p><b>4.3</b></p>                                     | <p>The Rotherham Suicide Prevention Group has members who attend with living experience, and this has informed the development of the 2025-2028 Suicide Prevention and Self Harm Action plan.</p> <p>The latest campaign on Autism and suicide prevention worked with people with living experience. The Be the One website was refreshed with input from Autistic Adults.</p> <p>The data from real time cases, along with the Coroners audit will capture information relating to groups with protected characteristics which will lead to discussions about actions to prevent deaths to suicide.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Recommendations</b>                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>5.1</b></p> <p><b>5.2</b></p>                                                       | <p>The Board to note progress made to date by Partners to deliver actions within the Rotherham Suicide Prevention Action Plan, 2025-2028.</p> <p>The Board to note the Partnership work across South Yorkshire which will also support delivery at Place.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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| <b>5.3</b> | The Board to continue to receive regular updates on progress against priority areas identified in the action plan. Emerging concerns will be escalated when necessary, including concerns regarding funding pressures. |
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# Rotherham Suicide Prevention Action Plan, 2025-2028

Ruth Fletcher-Brown,  
Public Health Specialist

10<sup>th</sup> June 2026

# Suicide rates for Rotherham, 2022-2024

- ➔ The latest suicide data shows that Rotherham has seen a small increase in suicides from 12.6 in 2021-2023 per 100 000 to 13.3 in 2022-2024, however the rate is statistically similar to the average for England at 10.9 per 100,000.
- ➔ Rotherham mirrors the national picture with males still accounting for most of the deaths to suicide in Rotherham. The rate has slightly increased in the period 2022-2024 to 19.0 per 100,000 compared to 17.2 in 2021-23. However, it is still statistically similar to the national average for England at 16.8 per 100,000.
- ➔ Female deaths in Rotherham, the rate in 2022-2024 is 7.8 per 100,000 which has slightly dropped from 8.1 in 2021-2023. It is statistically similar to England at 5.5 per 100,000.

# 2025-2028 Suicide Prevention Action Plan

- Aim 1. Making Suicide Prevention Everyone's Responsibility.
- Aim 2. To support to those bereaved, affected and exposed to suicide.
- Aim 3. Reducing suicides amongst high-risk groups by reaching people where they live and work.
- Aim 4. Using data to inform delivery of suicide prevention in Rotherham.

The Rotherham Suicide Prevention Action Plan should be read in context with other supporting plans which will address the wider determinants.

# Aim 1 Making Suicide Prevention Everyone's Responsibility

**PAPYRUS**

Bespoke training for staff across the Partnership examples include:

- Community organisations in South of Rotherham
- Safeguarding Awareness Week 2025
- North East, Yorkshire and Humber Police Negotiator Conference
- RMBC staff teams- Revs and Benefits, R&E Manager Forum

**SPEAK** – Suicide Prevention  
Explore, Ask, Keep-Safe.

14 x SPEAK sessions (8 x Online and 6 x Face to Face).

Training commenced mid April and in the spring/summer months will be targeted at schools/colleges. Schools and Colleges will then be able to access the 'Sinking Feeling' Toolkit



# Aim 1 Making Suicide Prevention Everyone's Responsibility

The autism suicide prevention campaign launched on 10 September 2025.

- Campaign video views (YouTube and social media): 6,480
- Website visits: 2,879 visits since new website launched on 10 September
- Facebook performance (10 September to end of April): Views 24,114 (+475%); interactions 1,060 (+4,287.5%)
- Promotion at Rotherham United Home Match in February 2026

Following the launch, the campaign received media coverage including the Rotherham Advertiser, BBC Radio Sheffield, and Greatest Hits Radio.



# Aim 2 To support to those bereaved, affected and exposed to suicide

- Sudden and Traumatic Bereavement Pathway updated and available on Tri X
- Walk with Us Resource- Original and New Easy Read Version delivered to all schools and colleges in Rotherham
- 72 staff from across Rotherham Partner organisations attended a workshop in May 2026 about talking to children who have been bereaved which promoted Amparo support and Walk with Us



## Aim 2 To support to those bereaved, affected and exposed to suicide

- Supporting children, young people and adults living and or working in South Yorkshire with practical and emotional support
- Regular Zoom training sessions for Practitioners and during awareness weeks.
- Amparo have attended community events and promoted the service at CYPS Staff event
- Support provided to community and staff groups who have been affected by suicide
- Cup of Calm drop in sessions



**AMPARO**  
support following suicide

## Aim 3. Reducing suicides amongst high-risk groups by reaching people where they live and work

- Testing of the Rotherham Contagion Plan- April 2026 facilitated by DHSC colleague.
- Community Response plan meetings in geographical areas where we have seen a higher number of suicides:- training for local practitioners, distribution of mental health newsletter
- Rotherham Samaritans Wellbeing Pathway Activity
- Be the One Autism and Suicide Prevention Work
- Domestic Abuse and Suicide Prevention training
- Chronic pain work including chronic pain pathway (Rotherham PARTS NHS)

## Aim 3. Reducing suicides amongst high-risk groups by reaching people where they live and work

- Vista Project- attempted suicide prevention pilot implemented in response to real time data which showed a previous attempt as one of three top themes for those who had died by suicide.
- Vista commenced April 2025 and runs to mid July 2026
- Support for people who have attempted suicide or had suicidal ideation where it is a life event. Chronic illness, bereavement/loss, feelings of worthlessness and rejection and social isolation were the most common reasons for individuals accessing the service
- The project uses Recovery Star to monitor progress so each programme is an individualised programme. At Quarter 3, all patients demonstrated improvement in at least three areas of the Recovery Star. The tool covers ten domains, and while not all are applicable to every individual, patients showed progress in an average of 5.3 out of 10 areas.
- Although the data is small, since the project started in April 2025, it appears there has been a reduction in those accessing home treatment team, and a reduction in the number of acute contacts (individual and overall)

## Aim 4 Using data to inform delivery of suicide prevention in Rotherham

- Frequently used locations- Work with SYP, BTP and National Highways
- Suicide Operational Group- using the real time data to inform practice at a Place level
- South Yorkshire Coroners Audit with support from Coroners and Sheffield University



# Additional Support



- Kooth
- Qwell
- EYUP- SHOUT
- Rotherham Samaritans
- RotherHive
- Andy's Man Club
- ASK
- MATT
- RAW
- Men Actually Talking
- Crisis Line

# South Yorkshire Wide Activity

- Memorial Event
- Real Time Surveillance
- Training- older adults and LGBTQI+ communities
- Coroners Audit
- Amparo
- Walk with Us
- Neurodiverse Groups and Suicide prevention toolkit
- 4 Survivors of Bereavement by Suicide Groups in Rotherham





# Next steps

- Implementation of the action plan is overseen by the Suicide Prevention and Self Harm Group, Partners of the HWB are represented on this group.
- Some actions will take place at a South Yorkshire level, subject to funding.
- The Board will receive updates on progress and any emerging concerns.
- We are developing a SY Suicide Prevention Plan on a



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| BRIEFING      | TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Health and Wellbeing Board                                                                               |
|               | DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | HWBB – 10/6/2026                                                                                         |
|               | LEAD OFFICER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sam Longley<br>Public Health Specialist – Best Start and Beyond<br>Adult Care, Housing and Public Health |
|               | TITLE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RMBC Breastfeeding Friendly Borough Declaration                                                          |
| 1. Background |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |
| 1.1           | <p>Rotherham Council formally adopted the Local Authority Declaration on Healthy Weight in January 2020. A key line of action within that document refers to creating supportive environments for all children, young people and parents by:</p> <ul style="list-style-type: none"><li>• promoting good relationships with food and physical activity from an early age, through childhood and into teenage years</li><li>• promoting healthy eating and activity during pregnancy</li><li>• creating supportive environments to help normalise breastfeeding</li></ul> <p>In pursuit of that ambition, in June 2022 a briefing paper was presented to the Health and Wellbeing Board proposing adoption of a Rotherham Metropolitan Borough Council Breastfeeding Friendly Borough Declaration. This was agreed in principle by the Board.</p> <p>A Breastfeeding Friendly Borough Declaration clearly articulates the commitment of the council, the Health and Wellbeing Board and key partner organisations to support ongoing change within a range of contexts towards a common goal, to enable families to make the right choice for them, with appropriate support</p> <p>This briefing aims to provide assurance to the Board by setting out the progress made over the last year.</p> |                                                                                                          |
| 2. Key Issues |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |
| 2.1           | <p><b>Informed and supported choice</b></p> <p>Eight out of ten women stop breastfeeding before they want to, and most report that this is due to feeling insufficiently supported. This also frequently results in feelings of guilt and failure <sup>1</sup>. Rotherham is promoting a compassionate approach to health behaviour choices.</p> <p>The compassionate approach is <i>‘An approach that promotes health gains for all people, without stigma or judgement, and which takes into account the wider context of their lives.’</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |
| 2.2           | <p>In this context the compassionate approach should mean Infant feeding choices are well informed and supported without stigma or blame.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |

### Health inequalities

2.3

Whilst UK breastfeeding rates are comparatively low internationally, within the UK the way rates vary is associated socio-economic status, with economically deprived mothers the least likely to initiate or to continue breastfeeding. Any Rotherham-wide improvement in breastfeeding initiation and continuation rates is therefore likely to have some positive impact on health inequalities and represents one of the key opportunities we have for giving Rotherham children the best start in life.

2.4

### Breastfeeding and climate change

As well as offering many direct health benefits to both infant and mother, increases in breastfeeding rates also has the potential for wider indirect planetary benefits. This is due to the potential reduction in environmental costs that arise from infant formula production and administration, such as emissions from dairy farming, product packaging, shipping, disposal, and water consumption <sup>2</sup>.

### Breastfeeding and the cost of living

Breastmilk is effectively a free and safe resource. Bottle feeding has been estimated to cost on average between £50 and £100 per month, meaning that exclusive breastfeeding for the UNICEF recommended six months is likely to offer considerable financial savings. The British Pregnancy Advisory Service has warned that due to the increased costs of living some bottle-feeding families may have resorted to unsafe practices to reduce costs, such as watering down formula or increasing periods between feeds <sup>3</sup>.

## 3. Key Actions and Timelines

### Progress since June 2025

3.1

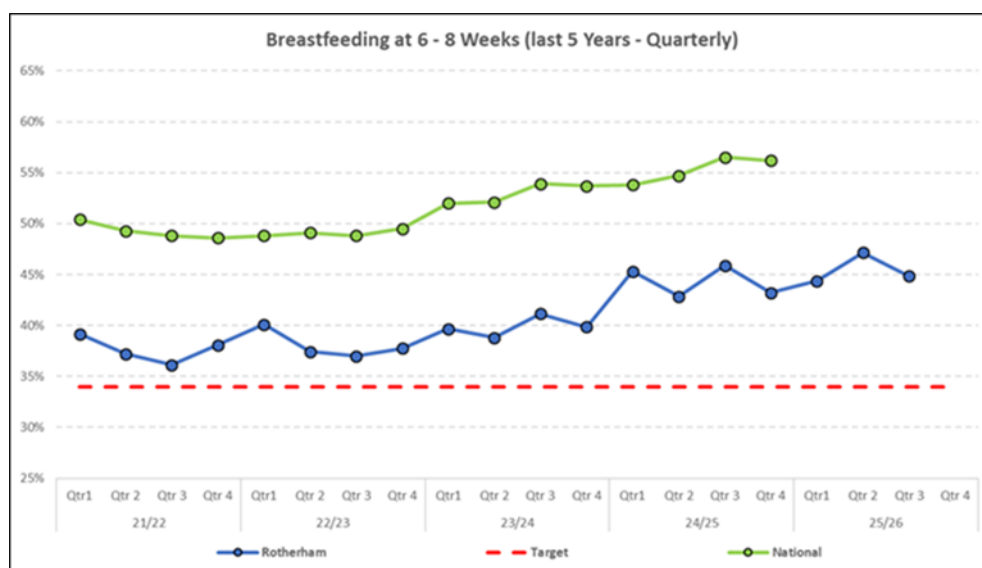
Breastfeeding rates have continued to increase in terms of initiation and continuation.

3.2

Breastfeeding initiation in Rotherham are reported by NHS Midwifery and have continued to increase year on year and for 2025-2026 stand at 60.87% the national average being 75%.

3.3

### Breastfeeding rates at 6-8 weeks



3.4

### Breastfeeding duration

### Rotherham Breastfeeding Duration Rates



3.5

3.6

3.7

Demographic data about the contacts we are having through our Family Hubs to provide breastfeeding support has identified that almost 50% of the people we reach are resident in the 30% most deprived areas of Rotherham. 46.6% of these were with mothers who live in the 30% most deprived areas, with 21.4% living in the 10% most deprived areas. This is very encouraging in terms of reducing health inequalities as we know increasing breastfeeding rates can be a powerful tool for reducing health inequalities, but only when efforts are focused on disadvantaged populations. Without targeted action, improvements may disproportionately benefit already advantaged groups and widen gaps.

3.8

The Children's Centre/Family Hubs have achieved Stage 1 Baby Friendly Initiative and are making good progress towards preparation for stage 2 assessment around May 2027. To achieve this there has been an extensive programme of training delivered to all family hub staff, champion roles have been established, and a process of audit has commenced.

3.9

An Infant Feeding Strategic group has been created with membership from key stakeholders in Rotherham which includes Rotherham Family Hubs, VCS, 0-19 service, midwifery, RMBC public health team and RMBC Children and Young Peoples Service. The group aim is to plan, formulate and implement an Infant Feeding Framework for the promotion, support and protection of breastfeeding and evaluate its effectiveness by reviewing annually.

3.9.1

3.9.2

Rotherham midwifery service achieved gold UNICEF accreditation in January 2026. Gold is the highest level of accreditation and celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships.

3.9.3

RMBC premises have been identified to enable us to support staff and/or the public to be supported to breastfeed. The council neighbourhoods' teams are supporting this, and we are focused on identifying and collaborating with the borough's recreation and leisure spaces to become Breastfeeding Friendly. Opportunities in the future may include the ability to influence Town Centre Regeneration plans through relationships being built with the colleagues in Regeneration and Environment and Town Centre Community Co-ordinators.

3.9.4

3.9.5

Work continues to identify and support other Rotherham businesses to be breastfeeding friendly, joint work completed with TRFT Infant feeding team to produce

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|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.9.6                     | updated resource packs. The council have a directory of business who have signed up to the Rotherham Backs Breastfeeding campaign.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3.9.7                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3.9.8                     | <p>Our GP registrar has taken an opportunity to work with the GP surgery she is placed at, and they have established an Infant Feeding space to create a welcoming environment for breastfeeding. She hopes this can be developed wider into the primary care network.</p> <p>As part of the Family Hubs and Start for Life funded programme Rotherham's antenatal offer will be strengthened and antenatal Infant feeding advice will be delivered using the Togetherness model (formally the Solihull Approach). Providing families with the information required to enable informed choice.</p> <p>Following her recent appointment to the Director of Public Health for Rotherham, Emily Parry-Harries has become a UNICEF Baby Friendly Guardian alongside Cllr Baker-Rogers.</p> <p>National and Global Breastfeeding campaigns have been supported in Rotherham with community events arranged for the Big Global Latch On, a celebration event was held in April 2026 at one of our new Breastfeeding venues in Forge Island.</p> <p>Infant feeding is included in wider public health agendas such as Rotherham Food Network with inclusion in their action plan.</p> <p>Work is planned to make links with Rotherham Chamber of Commerce, Rotherham United and the new Rotherham Health Hub to explore opportunities that may be available to promote breastfeeding in Rotherham.</p> <p>Voluntary Action Rotherham are working closely with the Family Hubs and recruiting and facilitating training for Infant Feeding Peer Supporters. We have a strong passionate group of peer support workers, and we are making plans how these numbers can be sustained particularly through provision of high quality mentoring support.</p> |
| <b>4. Recommendations</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 4.1                       | The Health and Wellbeing Board to reaffirm its support for the ambition for Rotherham to become a breastfeeding friendly borough.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4.2                       | For the board to agree future updates will be provided within the Best Start Local Plan reporting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## References

1. [Barriers to Breastfeeding Briefing Document \(unicef.org.uk\)](https://www.unicef.org.uk/Barriers-to-Breastfeeding-Briefing-Document)
2. [How much does it cost to raise a child? - Times Money Mentor \(thetimes.co.uk\)](https://www.thetimes.co.uk/how-much-does-it-cost-to-raise-a-child)
3. [High cost of infant formula putting babies in danger, UK charities warn | Children's health | The Guardian](https://www.theguardian.com/children/2023/oct/11/high-cost-of-infant-formula-putting-babies-in-danger-uk-charities-warn)
4. [Accreditation - Baby Friendly Initiative \(unicef.org.uk\)](https://www.unicef.org.uk/Accreditation-Baby-Friendly-Initiative)

Appendix A

## Supporting a Breastfeeding Borough Declaration (DRAFT v1)

### Our commitment

The Health and Wellbeing Board is committed to protecting, promoting and supporting breastfeeding through advocacy to the whole of its population, whether they be a member of the public or a member of staff.

To achieve this, we support the implementation of a Breastfeeding Borough, which includes some of the measures from the Baby Friendly Initiative (BFI) and adapt these to our local authority ethos and services where appropriate.

#### Stage One: Building a firm foundation

1. We will have a signed breastfeeding statement for the Council that is routinely communicated to all staff. We will share this with all new starters via our electronic induction system and, where appropriate, will have a routine reminder of this policy through our annual training updates.
2. We will continue to show commitment to maintaining an evidence-based level of understanding in relation to infant feeding. This will inform our commissioning and our wider public health agendas.
3. We will work collaboratively with our partners to support a Breastfeeding Borough whilst doing this, we will hold central the well-being of the baby and their mother / parents.

#### Stage Two: An educated workforce

1. We will maintain a level of education that enables staff within, not only our Public Health department, but also our leadership team across the Local authority, to recognise the health and wellbeing benefits of breastfeeding.
2. We will raise the profile of breastfeeding across all our departments through social media postings and local campaigns.

Stage Three: Parents' infant feeding experience, the local authority and partners will:

1. Support the appropriate wider strategic health and wellbeing agenda including 1001 days, the Rotherham Healthy Weight Declaration, the Inequalities and Prevention Strategy and promote the importance of breastfeeding for the health and well-being of their baby.
2. Advocate that the appropriate wider strategic agendas, where possible, support infrastructure which promotes, and supports breastfeeding for every mother and every baby.
3. Recognise that breastfeeding has multifaceted complex challenges within our population, however we will work with our partners to deliver national and local campaigns to support responsive feeding for all babies.

## A Breastfeeding Borough - Places.

### Our commitment

- We will participate in efforts to promote and support breastfeeding as the cultural norm.
- We will encourage breastfeeding as the preferred method of infant feeding.
- All frontline staff working in RMBC's premises which are accessible to the public should support breastfeeding by adopting the following:
- Breastfeeding parents will be given the freedom within public areas to choose where to breastfeed; the presence of a breastfeeding room does not mean that she must choose to use the room.
- Breastfeeding parents will be welcomed when on the premises and will not be asked to cover up or move to another area when breastfeeding.
- If a mother wishes to have more privacy to breastfeed, she will be offered an appropriate location as far as practicable. Toilets or restrooms are not appropriate places for feeding babies and will not be offered.
- We will support breastfeeding parents if they encountered difficulties and show kindness and respect.
- We will create a positive and supportive environment within our local authority buildings (for example, by displaying breastfeeding positive posters in public areas and, as far as practicable, providing a private space for breastfeeding clients).

## A Breastfeeding Friendly Workplace -Policy

### Our Commitment



1. We will recognise the need to support employees to continue breastfeeding after returning to work.
2. Employees who plan or need to express breastmilk during working hours should approach their supervisors to work out an appropriate arrangement through supportive discussion whilst completing a risk assessment with their line manager.
3. Line managers should support breastfeeding employees on return to work by providing an enabling environment for those who are breastfeeding. Specific measures include the following:
  - Allowing lactation breaks (an example, one 30 minute break every four hours) for expression of breastmilk for at least one year after childbirth, and to adopt a flexible approach thereafter.
  - Provide somewhere for hand washing which does not involve a public toilet.
  - Provide a private space with a comfortable chair and an electric outlet for operating the breast pump.
  - Provide refrigerating facilities for safe storage of expressed breastmilk. There is an expectation that the employee will ensure that this would be clearly marked and placed in a separate box within the fridge to prevent colleagues from opening it by accident.
  - All other staff members are requested to support their colleagues to breastfeed by adopting a positive and accepting attitude.
  - Consider if needed, flexible approaches to enable the continuation of breastfeeding when a baby will not take milk from a bottle. This might involve the baby's carer attending the offices, at the cost of the mother, for the 30 minute break every four hours, to allow the mother to breastfeed. This would need a separate risk assessment undertaking.

## A Breastfeeding Borough. Supporting the International Code of Marketing of Breastmilk Substitutes

### Our Commitment

We will also work within the International Code of Marketing of Breastmilk Substitutes and promote healthy infant feeding decision making for all staff and members of the public.

We will support the relevant provisions of the marketing code within our premises:

1. We will not advertise any breastmilk substitutes.
2. We will not give free samples of any product that promotes bottle feeding.
3. We will encourage our partners working within healthcare facilities to adhere to the code of marketing of breastmilk substitutes.
4. We will not support any contact of parents from formula company representatives.
5. We will not accept any gifts or personal samples from any company linked with formula companies.
6. We will not in any of our contact with parents use words or pictures idealising artificial feeding.
7. We will ensure that our information provided to staff and our population is scientific and factual.
8. When discussing formula infant feeding, we will recognise the evidence base regarding the risks of not breastfeeding.
9. Our guidance will support families with robust infant feeding information therefore reducing unsuitable products entering a child's diet.

Signed -

|                 |                     |                                                            |
|-----------------|---------------------|------------------------------------------------------------|
| <b>BRIEFING</b> | <b>TO:</b>          | Health and Wellbeing Board                                 |
|                 | <b>DATE:</b>        | 10 <sup>th</sup> June 2026                                 |
|                 | <b>LEAD OFFICER</b> | Alex Hawley                                                |
|                 | <b>TITLE:</b>       | Best Start Local Plan and Best Start and Beyond Framework. |

## Background

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <b>1.1</b> | <p>There are several purposes of this report:</p> <ul style="list-style-type: none"> <li>• To update the Board on the considerable number of recent national policy initiatives or guidance changes from both the DHSC and the DfE that impinge on our work to improve the health and wellbeing of our babies, children, young people and families.</li> <li>• To provide a specific update in respect of the new requirement for a Best Start Local Plan (for children aged 0-5), and to invite the Board to endorse Rotherham's recently published plan.</li> <li>• To ask the Board to approve a revised version of Rotherham's Best Start and Beyond Framework (for children of all ages 0-19 or 25 with SEND).</li> <li>• To seek guidance from the Board on frequency of future updates it receives within this area, based on a proposal of a broad annual integrated update, rather than disparate project-based updates.</li> </ul> |
| <b>1.2</b> | <b>Key policy and guidance updates</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>1.3</b> | <p><b>National target for Good Level of Development</b></p> <p>In July 2025 the Government published '<a href="#">Giving every child the best start in life</a>', its strategy for improving child development, and for meeting its new ambition for 75% of children at the end of Foundation Stage (age 5) to be achieving a good level of development (GLD) by 2028, as a measure of their readiness to begin formal school-based education.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>1.4</b> | <p><b>Local GLD targets and Best Start Local Plans</b></p> <p>A key part of this strategy was the allocation of local authority targets for proportion of children achieving GLD, including targets for those children eligible for free school meals to ensure that inequalities in outcomes do not increase. Each local authority was asked to publish a Best Start Local Plan by the end of March 2026 to set out how they would achieve these ambitious local targets.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>1.5</b> | <p>The DfE has stated that it will seek to pull out themes and good practice from its reading of all the published Best Start local plans. The way that the good level of development ambition is described, addressed and measured will inform the department's own strategic thinking and how it tailors its ongoing support to local places for realising this ambition through its regional liaison offer.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>1.6</b> | <p><b>Best Start Family Hubs and Healthy Babies programme</b></p> <p>A large part of the government's delivery model to underpin its strategy is the adoption and evolution of the previously targeted Family Hubs and Start for Life programme into the now universal and rebranded 'Best Start Family Hubs and Healthy Babies' programme, backed up with a three-year allocation of funds to every local authority (albeit with supplementary funding specific to the Healthy Babies component only for the</p>                                                                                                                                                                                                                                                                                                                                                                                                                            |

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|            | original targeted 75 local authorities). The intention for this was outlined in the summer last year, with preparatory guidance issued in December, and a readiness survey circulated in January 2026. The programme came into force as of 1 <sup>st</sup> April 2026, but final guidance was not published until 30 <sup>th</sup> March 2026. Further detailed guidance on developing an associated delivery plan is expected before the end of April, and it is anticipated that the local delivery plans will be requested for first submission to the DfE by June.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>1.6</b> | <p><b>Healthy Child Programme revised guidance</b></p> <p>Revised guidance for the provision of the Healthy Child Programme, a mandated duty of the Director of Public Health, was published in February. The revised guidance seeks to provide greater clarity on the roles, responsibilities and purposes of the 0-19s public health nursing services, to ensure greater consistency of service quality nationwide. Best practice expectations include the primacy of the role of Health Visitors in carrying out the key health reviews, and the expectation that the early checks be conducted face-to-face at home. Alongside these guidance changes are a new annual audit of 0-19 service workforce make-up (numbers and skill mix), and an expectation of enhanced assurance processes nationally.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>1.7</b> | <p><b>SEND reforms and SEND Reform Local Plan</b></p> <p>The government published its White Paper for reforming the SEND system in April, with its aim to create an inclusive mainstream education system, with professional support for children and young people that need it via a new 'Experts at Hand' model (EAH). In association with this the government asked the partners in each place, including health, education and childcare settings, to work together to design and deliver a Local SEND Reform Plan, under the local authority's leadership. This is expected to be submitted to the DfE and NHS England by 19<sup>th</sup> June. Local authority funding allocations to support the local SEND transformation and the development of the EAH offer are also expected to be received in June.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>1.8</b> | <p><b>Families First Partnership</b></p> <p>As part of its children's social care reforms, the DfE has published its Families First Partnership (FPP) programme guide in March 2025, and published the Year 2 guided in March 2026. It aims to keep families together, reduce care numbers, and improve safety by focusing on early intervention, family support, and multi-agency child protection.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>1.9</b> | <p><b>NHS 10-year plan and Neighbourhood Health Framework</b></p> <p>'Fit for the Future', the ten year health plan for England was published in July 2025, setting out an ambition to achieve three radical shifts in how the NHS operates:</p> <ul style="list-style-type: none"> <li>• hospital to community</li> <li>• analogue to digital</li> <li>• sickness to prevention</li> </ul> <p>Alignment with the aspirations of this all-age health plan is explicitly sought throughout many of these policy interventions for children and young people. In particular, the imperative to deliver health services within the community and at an earlier stage of developing need accords strongly with the aims of the Healthy Child Programme, the Best Start Family Hubs and Healthy Babies programme and the Families First Partnership, for example.</p> <p>In March this year, the government published its Neighbourhood Health Framework. Within the national NHS goals, objectives and metrics for neighbourhood health services, children and young people are identified as a priority cohort. With respect to broader neighbourhood health ambitions for prevention and delivering additional benefits, best start considerations are not mandated, but alignment with other initiatives including Best Start Local Plans and Best Start Family Hubs and Healthy Babies are explicitly encouraged. Every place – ICBs and local authorities working through Health</p> |

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|             | and Wellbeing Boards - is expected to produce an associated Neighbourhood Health Plan by April 2027.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>1.10</b> | <p><b>Changes to ‘best start’ advisory arrangements between DfE and local authorities</b></p> <p>Changes within how the DfE organises its regional liaison offer is taking place to bring together interactions relating to Early Years education and sufficiency and the Best Start Family Hubs and Healthy Babies programme, in order to move toward a more integrated and holistic ‘best start’ support offer.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>1.11</b> | <p><b>Rotherham’s Best Start Local Plan</b></p> <p>The government agreed local targets for proportion of children achieving GLD by the end of academic year 2027/28, and asked each local authority to publish a Best Start Local Plan to set out how it intends to meet the target. Rotherham received final confirmation of its targets in November 2025.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>1.12</b> | <p>The target proportion of children in Rotherham Metropolitan Borough Council achieving a Good Level of Development at the end of the 2027/28 academic year is now set at a minimum of 73.3%. The target will only be met if it is also the case that the proportion of children eligible for Free School Meals (FSM) and achieving a Good Level of Development at the end of the 2027/28 academic year is at least 56.6%.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>1.13</b> | <p>In order to meet the end of March publication deadline for the Best Start Local Plan, a summit was held at the beginning of December, led by Rotherham Council and bringing together multi-agency partners, aiming to foster collaborative discussion and actionable strategies for improving early years development outcomes. Presentations provided a comprehensive needs analysis with a range of quantitative and qualitative information, including feedback from children and families, delivered by Children and Young People’s Services, Early Years Education and 0-19 Public Health.</p>                                                                                                                                                                                                                                                                                             |
| <b>1.14</b> | <p>Participants engaged in two workshops: the first focusing on current practices and the second on generating ideas for doing things differently. The summit concluded by agreeing the appropriate next steps, informing the development of the Best Start Local Plan. The Summit captured examples of current activity evidencing delivery of a comprehensive early years support system through integrated health checks, family engagement, robust multi-agency delivery including a vibrant voluntary and community sector and workforce development. Collectively, these actions aim to improve school readiness, reduce inequalities, and foster strong home learning environments.</p>                                                                                                                                                                                                     |
| <b>1.15</b> | <p>The plan adopts the ‘Four Cornerstones’ of the Rotherham Charter as its key guiding principles: 1. Welcome and Care 2. Value and Include 3. Communicate 4. Work in Partnership. Informed by these principles, the outcomes of the partnership summit and the analysis of local need, six shared priorities were agreed as the core ambitions of the plan.</p> <ul style="list-style-type: none"> <li>• Strengthening early communication, language, and literacy for all children</li> <li>• Increasing early education access for disadvantaged children</li> <li>• Improving the quality of early years provision, including Reception, for all children</li> <li>• Identifying needs early and supporting children with SEND and vulnerable families</li> <li>• Providing joined-up family support through our Family Hubs</li> <li>• Tackling inequalities across the 0–5 system</li> </ul> |
| <b>1.16</b> | <p>The plan was approved by RMBC Cabinet on 16<sup>th</sup> March and was formally published on the Council’s website on 26<sup>th</sup> March, at this URL address:<br/> <a href="https://www.rotherham.gov.uk/homepage/508/the-best-start-in-life">https://www.rotherham.gov.uk/homepage/508/the-best-start-in-life</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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| 1.17                     | <p><b>Rotherham's Best Start and Beyond Framework</b></p> <p>The Health and Wellbeing Board approved the Best Start and Beyond Framework in June 2022. The framework sets out four key phases within the start to life (up to transition to adulthood), six key underlying principles for ways of working, and five key lenses for examining the system around babies, children, young people and families. It is intended to set the context for how the Best Start and Beyond Steering Group examines, assures and improves the conditions and services that affect the health and wellbeing of Rotherham children, with its central purpose being the achievement of Aim 1 in the Health and Wellbeing Strategy.</p>                                                                                              |
| 1.18                     | <p>In the summer of 2025, the Best Start and Beyond Steering Group agreed a refresh of the framework, for which formal approval from the Health and Wellbeing Board is now sought. The changes proposed are not substantial:</p> <ul style="list-style-type: none"> <li>• the updated version of Aim 1 of the Health and Wellbeing Strategy is now included</li> <li>• there has been a modification to the five lenses in the framework, which are now set as: 1) Vulnerability; 2) Family System; 3) Transitions; 4) Health, including physical and mental health; 5) Accessibility</li> <li>• a helpful 'framework on a page' summary is now included at the front of the document</li> </ul>                                                                                                                     |
| 1.19                     | <p>The four key life stages included in the plan are: the first 1001 days; the early pre-school years; school years (primary and secondary); and transition to adulthood. Given the ongoing emphasis of the Best Start Family Hubs and Healthy Babies programme and the Best Start Local Plan on the start to life up to commencement of formal education, the Framework serves an important purpose to ensure that the whole scope of the Health and Wellbeing strategy remains in focus.</p>                                                                                                                                                                                                                                                                                                                       |
| <p><b>Key Issues</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2.1                      | <p>As is set out in the document itself, the Best Start Local Plan is not starting from scratch, but sits alongside other key extant local strategies including the Early Years Education &amp; Childcare Strategy, the Early Help Strategy, the Child Poverty Strategy ('No Family Left Behind'), the Rotherham SEND Strategy, and of course the Health and Wellbeing Strategy. Added to this are all the new parallel policies and programmes described above, including the Best Start Family Hubs and Healthy Babies programme, the Families First Partnership programme, the SEND Reform Local Plan, the revisions to the Healthy Child Programme, and the Neighbourhood Health Framework.</p>                                                                                                                  |
| 2.2                      | <p>In view of this complexity, the plan itself is intentionally pitched at a high level, given that much of the detailed actions that underpin its ambitions sit elsewhere. The included governance structure is also intended to simplify the picture somewhat. However, this is not to underplay the scale of the challenge to implement the plan in a way that maintains a clear line of sight, avoids mere repetition of other plans, and does risk "hitting the target but missing the point". In reality, there is a huge partnership effort already taking place to achieve outcomes of value to Rotherham children. The keys to implementing the plan lie in identifying opportunities for innovation that address unmet needs or add value to existing effort, and in how we choose to measure success.</p> |
| 2.3                      | <p>With this in mind the next steps proposed for implementing the plan are to produce and publish (as a technical appendix) a more in-depth needs assessment; to develop and agree a theory of change logic model for how proximal and distal activities within the system are expected contribute to GLD and related outcomes; to agree a set of metrics to measure change and progress towards the desired outcomes; to map existing</p>                                                                                                                                                                                                                                                                                                                                                                           |

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|                                           | operational or planned activities within related programmes, and existing related working groups; to identify gaps and opportunities for enhanced effectiveness; to determine lead officers for agreed new activity and the need for any new operational or task and finish groups.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>2.4</b>                                | The governance described in the plan gives the main oversight role for the Best Start Local Plan to the existing Best Start and Beyond Steering Group, with a reporting line directly to the Health and Wellbeing Board. This fits with this group's existing responsibility for reporting into the Board on key activity in relation to Aim 1 of its strategy. The broader scope of the Best Start and Beyond Framework should ensure that all ages of children are within the remit of this group, notwithstanding the pre-school focus of the Best Start Local Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>2.5</b>                                | Guidance is sought from the Board on how frequently it should receive updates from this group, and whether these updates should cover the whole of the concerns of Aim 1, or should be focused on specific outcomes or programmes. For example, this same session of the Board will be receiving a separate update on activity associated with its Breastfeeding Friendly Borough. In reality, much of the activity in this area takes place through the Infant Feeding workstream of the Best Start Family Hubs and Healthy Babies programme, which in turn form a key part of the delivery of the Best Start Local Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>2.6</b>                                | With respect to the Best Start and Beyond Framework, the main issue to bring to the Board's attention is that of capacity to give commensurate consideration to the health and wellbeing needs of school-age children, given the early age focus of the Best Start Local Plan and the pre-eminence of the GLD targets. Teenagers experience very different needs as a result of important biological and social changes that occur at this age. Furthermore, the impacts of the SEND reforms are most likely to be felt by children of this age, with as yet unclear implications of how the 'Experts at Hand' model might impinge on the health sector.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>2.7</b>                                | Another point for the Board to be aware of in this respect is that while the revised Healthy Child Programme (HCP) does provide much improved clarity about the role of School Nurses within a revised set of four 'high-impact areas', it nevertheless remains an unmandated part of the HCP, perhaps putting School Nursing at a disadvantage in competing for resources to discharge the mandated responsibilities of the guidance and recommended quality standards of Health Visiting in respect of the first 1001 days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>2.8</b>                                | The government published its Neighbourhood Health Framework in March 2026, setting out guidance for how neighbourhood health supports the three shifts detailed in the 10 year Health Plan (Hospital to Community; Sickness to Prevention; Analogue to Digital). With respect to NHS goals, objectives and metrics, this includes identifying children and young people as a priority cohort. Additionally, Best Start Local Plans, Best Start Family Hubs, SEND reforms and Families First Partnership are all mentioned in the context of how ICBs and local authorities can seek to enable neighbourhood health to deliver additional benefits. Whilst these are not mandated as expected inclusions within Neighbourhood Health Plans, Health and Wellbeing Boards are "encouraged to ensure alignment between neighbourhood health and Best Start local plans". Exactly what this would look like in practice probably needs further exploration, and the DHSC Early Years Strategy Team has indicated that they are working on this and may provide some further guidance in due course. It is clear, however, that although Best Start Family Hubs clearly do co-locate and co-deliver health and other services in a community setting, they are not seen as constituting Neighbourhood Health Centres as described by the framework, but rather as a complementary offer. |
| <b>Key Actions and Relevant Timelines</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| 3.1                                         | <ul style="list-style-type: none"> <li>• To produce and publish a more in-depth needs assessment as a technical appendix to the Best Start Local Plan (a first draft needs assessment is appended).</li> <li>• To develop and agree a theory of change logic model for how proximal and distal activities within the system are expected contribute to GLD and related outcomes (a first draft indicative example has been included as an appendix to this briefing).</li> <li>• To agree a set of metrics to measure change and progress towards the desired outcomes.</li> <li>• to map existing operational or planned activities within related programmes, and existing related working groups.</li> <li>• To identify gaps and opportunities for enhanced effectiveness.</li> <li>• To determine lead officers for agreed new activity and the need for any new operational or task and finish groups.</li> <li>• Develop a high-level implementation plan for the Best Start Local Plan including summary actions from other plans, and newly identified actions to address gaps in provision or opportunities to add value to existing activity.</li> <li>• To agree a key topic focus for applying the Best Start and Beyond Framework within school-age cohort.</li> <li>• To agree a forward plan of reporting into the Health and Wellbeing Board for progress against Best Start Local Plan outcomes and wider actions and outcomes within Aim 1 of the Health and Wellbeing Strategy. Proposal to replace disparate updates (e.g. Family Hubs, Breastfeeding Declaration, etc.) with an annual overview update. This could be supplemented by an additional briefing during the year, picking out and focusing on an identified topic of interest (e.g. teenage health, neighbourhood health, etc.)</li> </ul> |
| <b>Implications for Health Inequalities</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4.1                                         | The local target for achieving a Good Level of Development seeks to achieve at least equal benefit for children disadvantaged by their socioeconomic background (based on eligibility for free school meals).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4.2                                         | Reducing health inequalities is also an underpinning principle of the Best Start & Beyond Framework.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 4.3                                         | The revised guidance for the Healthy Child Programme, and the guidance for the SEND reforms espouse universal, targeted and specialist services that are commensurate to different levels of need.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Recommendations</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 5.1                                         | <ul style="list-style-type: none"> <li>• That the Health and Wellbeing Board endorse the published Best Start Local Plan (appended to this briefing)</li> <li>• That the Health and Wellbeing Board approve the refreshed version of the Best Start and Beyond Framework (appended to this briefing)</li> <li>• That the Health and Wellbeing Board note the range of policy updates reported in this briefing and the concomitant local system response.</li> <li>• That the Board consider and approve a reporting pattern for Best Start Local Plan and wider Aim 1 progress, based one overview report, and one more focused topic-based report during the course of the year</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |



## Best Start in Life – Indicative Logic Model

Source: Best Start in Life Local Plan – <https://www.rotherham.gov.uk/downloads/file/4893/the-best-start-in-life-local-plan>

| NEED                                                                                                                                                                                                | INPUTS                                                                                                                                                                         | ACTIVITIES                                                                                                                                                                                                          | OUTPUTS                                                                                                                                                                                         | OUTCOMES                                                                                                                                                                   | IMPACT                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• GLD below national levels (64.3%)</li> <li>• Strong age-2 outcomes not sustained</li> <li>• Gaps: FSM, boys, SEND</li> <li>• Rising SEND demand</li> </ul> | <ul style="list-style-type: none"> <li>• Family Hub network</li> <li>• Multi-agency workforce</li> <li>• Aligned strategies</li> <li>• Shared data &amp; governance</li> </ul> | <ul style="list-style-type: none"> <li>• Promote early language &amp; play</li> <li>• Increase early education access</li> <li>• Improve EY &amp; Reception quality</li> <li>• Early SEND identification</li> </ul> | <ul style="list-style-type: none"> <li>• High Hub engagement</li> <li>• Increased early education take-up</li> <li>• Earlier SEND &amp; SALT support</li> <li>• Stronger transitions</li> </ul> | <ul style="list-style-type: none"> <li>• Improved communication</li> <li>• Better early learning access</li> <li>• Reduced escalation</li> <li>• Narrowing gaps</li> </ul> | <ul style="list-style-type: none"> <li>• Higher GLD outcomes</li> <li>• Reduced inequality</li> <li>• School-ready children</li> <li>• Lower long-term demand</li> </ul> |

### Context & External Dependencies

| Local System Context                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Rotherham has a population of approx. 265,800, with significant socio-economic challenges</li> <li>• Around 30% of children aged 0–15 live in relative low-income households</li> <li>• Deprivation is unevenly distributed, with some neighbourhoods experiencing concentrated disadvantage</li> <li>• Early development outcomes are strong at age 2–2½, but decline by Reception</li> <li>• Literacy and communication are the weakest EYFS areas locally (writing and word reading)</li> <li>• SEND prevalence is higher than national (over 20%) and EHCP numbers have increased sharply</li> <li>• Family Hub engagement is high, providing a strong platform for early intervention</li> <li>• National early years, childcare and SEND reforms continue to shape delivery and funding</li> </ul> |

### Assumptions

| Key Assumptions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Early intervention has the greatest impact on long-term outcomes</li> <li>• Improving quality and consistency in early years reduces inequality</li> <li>• Speech, language and communication are foundational to school readiness</li> <li>• Joined-up services reduce duplication, delay and escalation of need</li> <li>• Family Hubs act as trusted access points when visible and accessible</li> <li>• Sustained improvement depends on workforce capability and stability</li> </ul> |

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## **Best Start Local Plan Needs Assessment**

The findings in this needs analysis – from [Nesta's Best Start in Life](#) data - highlight current strengths while also identifying clear areas where targeted action is required to achieve the 2028 Good Level of Development (GLD) ambitions and reduce inequalities.

### **Key Areas of Need**

#### **1. GLD attainment gap -**

- Children eligible for Free School Meals (FSM) have significantly lower GLD outcomes compared with the overall rate.
- Children with Special Educational Needs (SEN), particularly those with Speech, Language and Communication Needs, the most common primary need locally.
- Children with English as an additional language, who may face additional language development barriers.
- Boys, who consistently underperform compared with girls at GLD level.
- Summer-born children, who are developmentally younger at assessment and therefore less likely to achieve GLD.

#### **2. Impact of poverty and deprivation -** Rotherham has high levels of deprivation, with 45,401 FSM-eligible children across primary and secondary schools.

#### **3. Increasing need for support through Education, Health and Care Plans (EHCP) -** The number of EHC requests in Rotherham has risen sharply over the past five years, increasing from around 471 in 2019 to almost 959 in 2024.

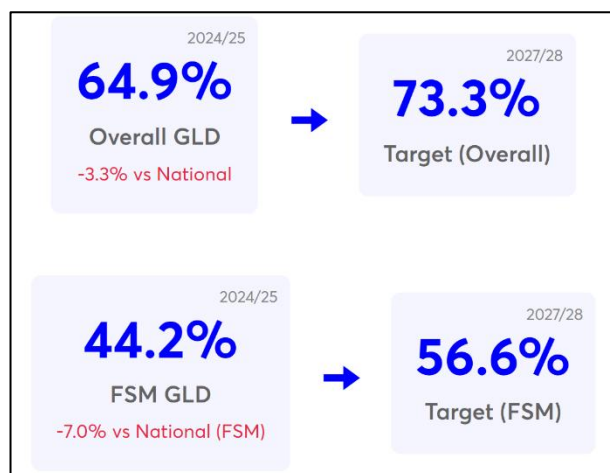
### **Strengths**

1. **Strong early child development at 2-2.5 years** - 88.9% of children meet ASQ-3 expected levels, 7.5 percentage points above the national average.
2. **Good take-up of ECEC entitlements** - Good levels of participation in early education for 3 and 4-year-olds.

## **Best Start Local Plan Needs Assessment**

3. **Clear existing infrastructure for family support** - Rotherham has 3 Family Hubs, 16 Family Hub Network sites, and 15 libraries.
4. **Strong demographic insights** - Population and deprivation mapping enables identification of priority areas and groups.

### **Rotherham's GLD Targets**



In 2024/25, overall GLD is 64.9% (1,942), which is 3.3 percentage points below the national figure, with a target of 73.3% by 2027/28.

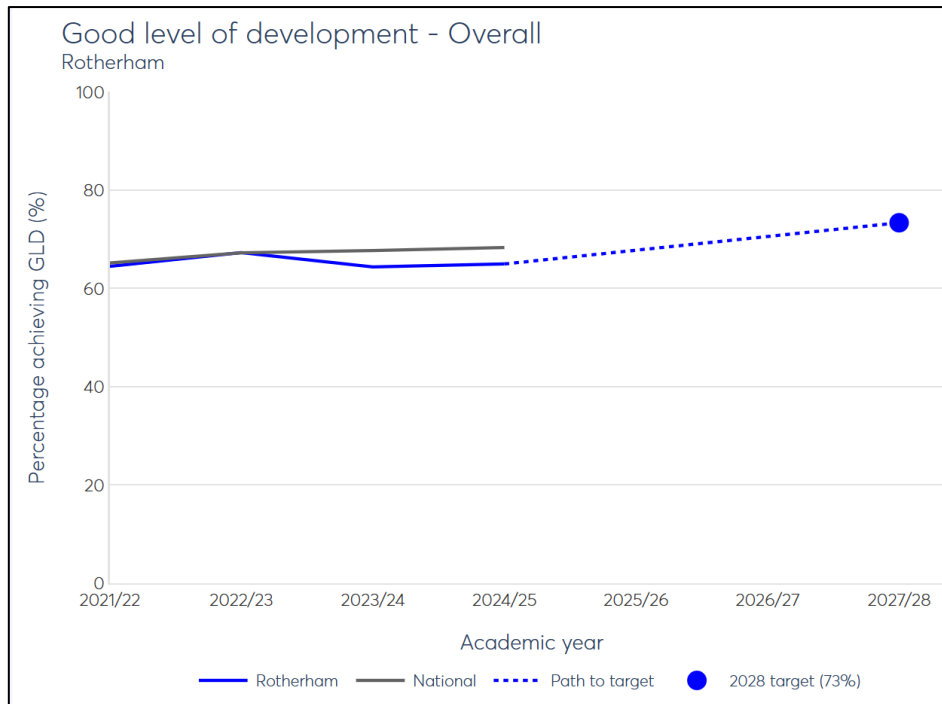
Outcomes for children eligible for Free School Meals are lower, with FSM GLD at 44.2% (242), 7 points below national, and a target of 56.6% by 2027/28.

To achieve these ambitions, Rotherham will need 250 additional children to reach GLD overall and 67 additional FSM children to meet the FSM-specific target.

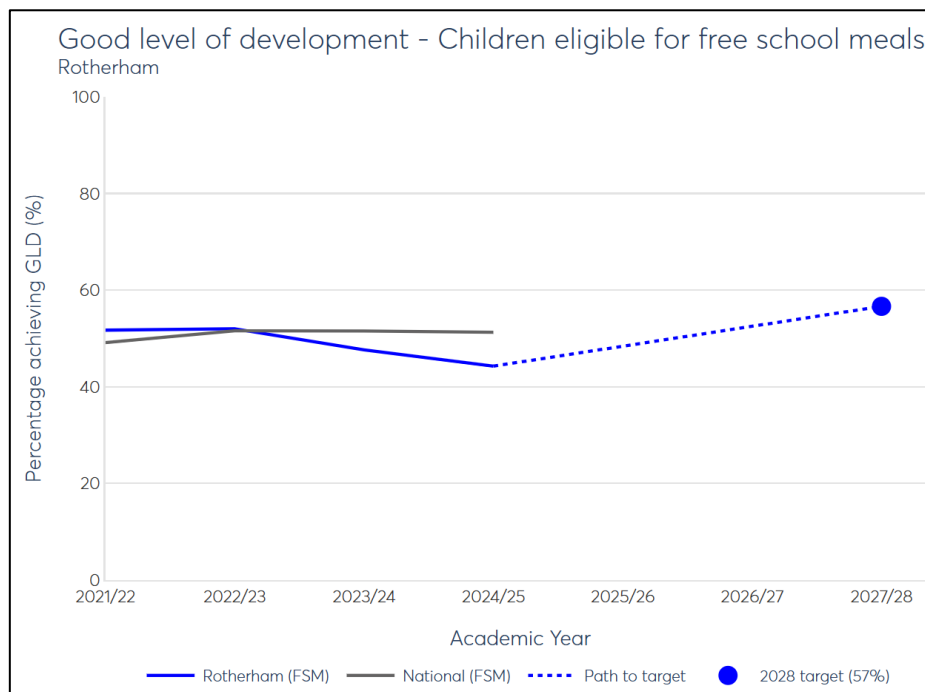
### **GLD Over Time and Targets**

Overall, GLD outcomes in Rotherham have remained broadly stable over recent years, sitting just below the national average. After a small drop in 2023/24, Rotherham's GLD rate is at around 65% in 2024/25, compared with a slightly higher national rate.

## **Best Start Local Plan Needs Assessment**



GLD outcomes for children eligible for Free School Meals in Rotherham have declined from 2021/22 to 2024/25, falling from just above the national figure to 44% in 2024/25. Over the same period, the national FSM rate has remained broadly stable.



## **Best Start Local Plan Needs Assessment**

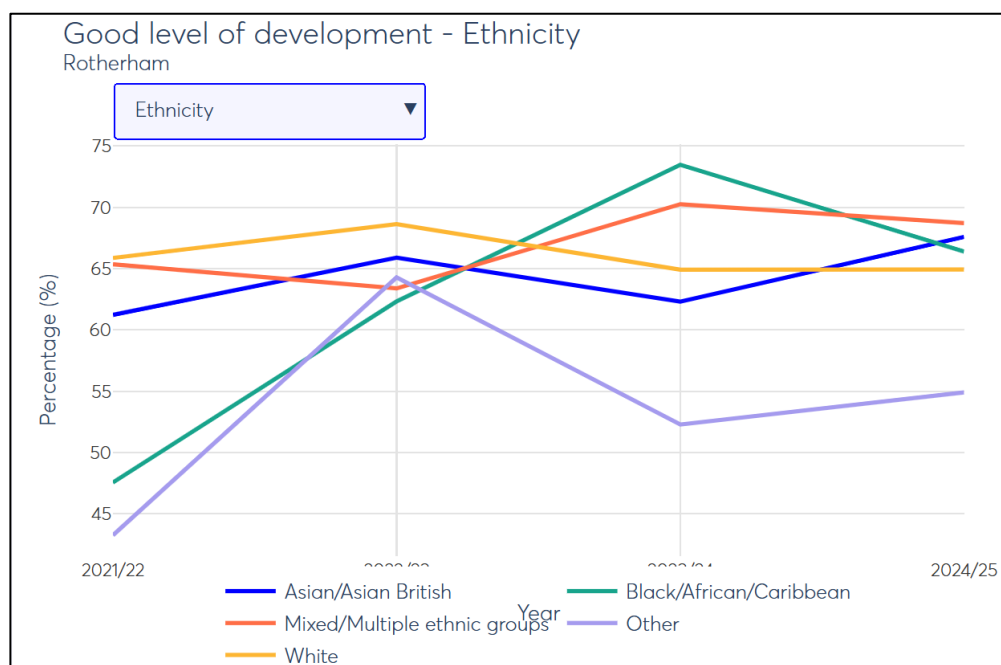
The attainment gap between the overall cohort and children eligible for Free School Meals (FSM) is wider in Rotherham than it is nationally, highlighting a greater level of inequality locally.

### **Ethnicity**

Since 2021/22, there has been a narrowing of the outcome inequalities seen in minority ethnic groups, with Black/African/Caribbean figure rising from 47.5% to 66.4%. Similar, but more subtle trends can be seen in the Asian/British Asian and the mixed/multiple ethnic cohorts.

Although several minority ethnic groups have improved their GLD outcomes, White children have not followed this upward trend. As a result, the narrowing of inequalities may reflect both rising attainment in minority groups and a lack of comparable progress within the White cohort.

Note that because minority ethnic cohorts are smaller, their GLD percentages are more sensitive to year-on-year changes. Small movements in the absolute number of children can produce relatively large percentage shifts, which should be considered when interpreting trends in outcomes.



## **Best Start Local Plan Needs Assessment**

### **Gender**

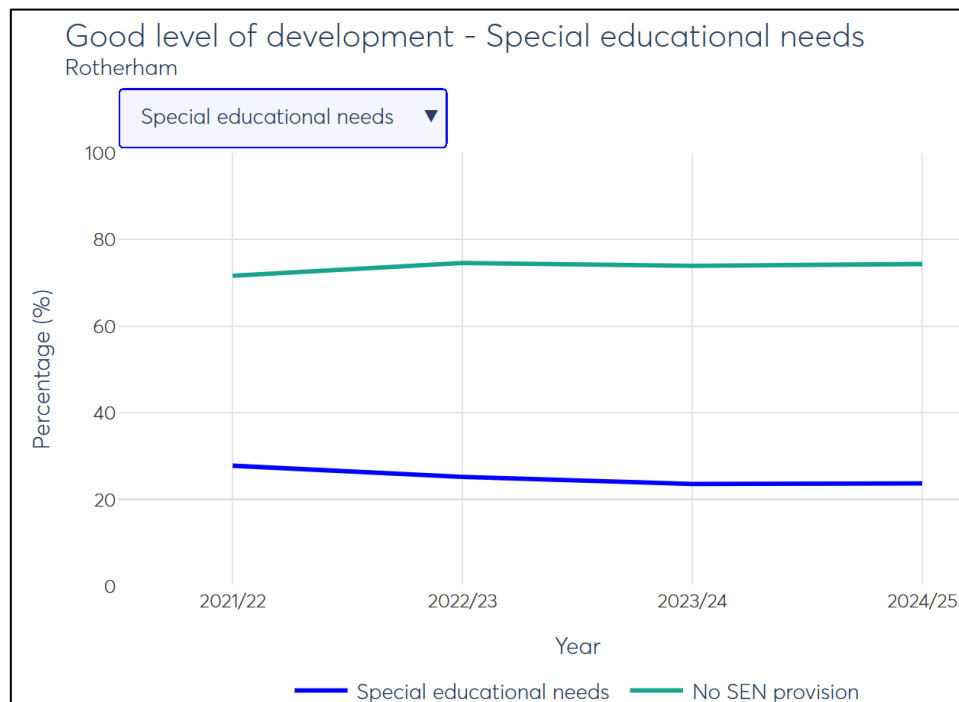
There is a persistent and significant gap in GLD achievement between boys and girls, and this has remained unchanged since 2021/22. Boys continue to be less likely to achieve a GLD than girls, with a 14.4 percentage point difference in 2024/25. This ongoing disparity indicates that boys may require more targeted support in the early years.



### **Special Educational Needs (SEN)**

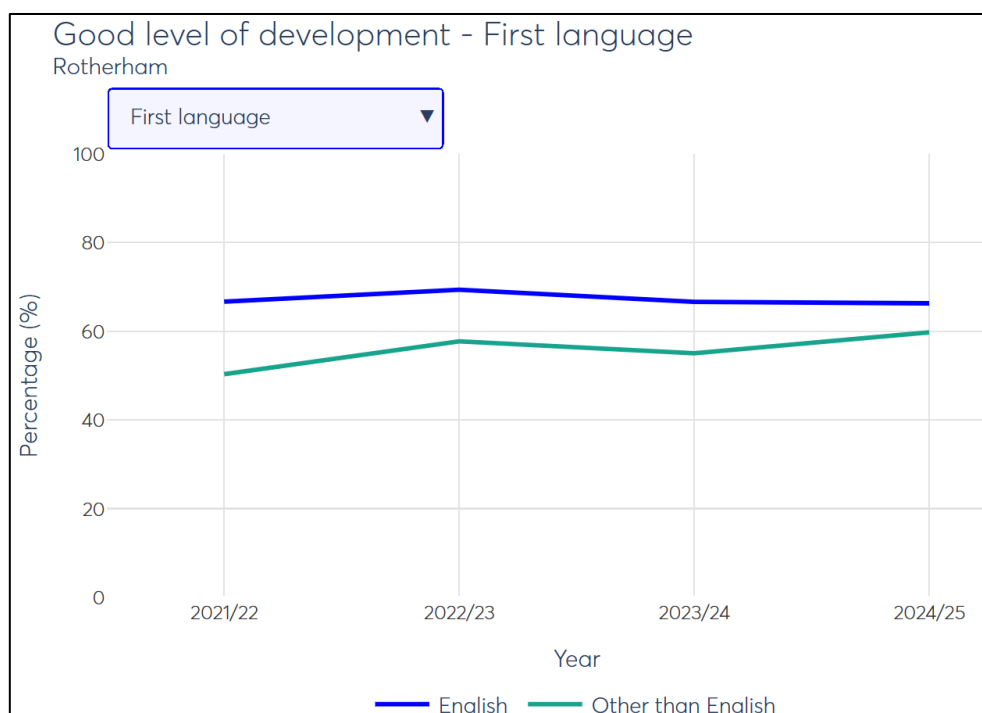
A group which needs targeted support and intervention are children with SEN. There is a substantial achievement gap between those with SEN and those without (23.7% compared to 74.3% in 2024/25). The achievement gap between these two groups is also increasing with the difference in 2021/22 being 43.8 percentage points compared to 50.6 in 2024/25.

## **Best Start Local Plan Needs Assessment**



### **First Language**

Children whose first language is English continue to achieve higher GLD results than children whose first language is not English. In 2024/25, 66.3% of children with English as their first language achieved a GLD, compared to 59.7% of children with another first language. Although the gap between these two groups still exists, it has begun to narrow.

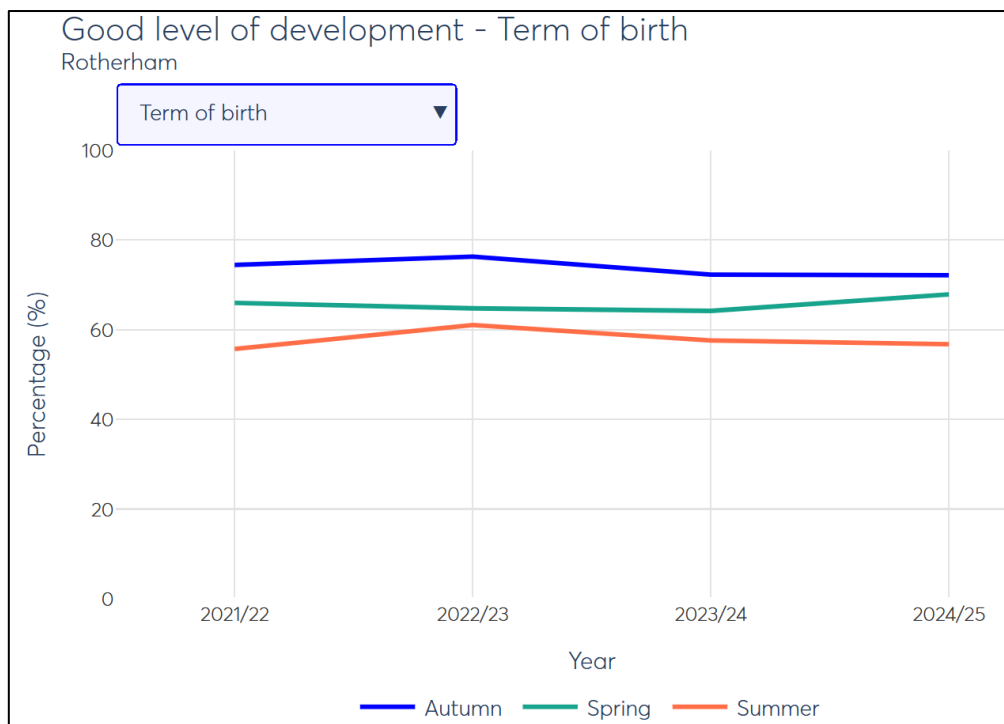




## **Best Start Local Plan Needs Assessment**

### **Term of Birth**

There is a consistent pattern in GLD outcomes based on term of birth, with Autumn-born children achieving the highest results and Summer-born children achieving the lowest.



This reflects the maturity gap, where Summer-born children are almost a full year younger than some of their peers at the point of assessment and therefore have had less time to develop key early learning skills.

While the gap changes slightly year to year, the trend remains the same, highlighting the need for targeted early support for younger children within the cohort.

## **Achievement Across EYFSP Areas of Learning**

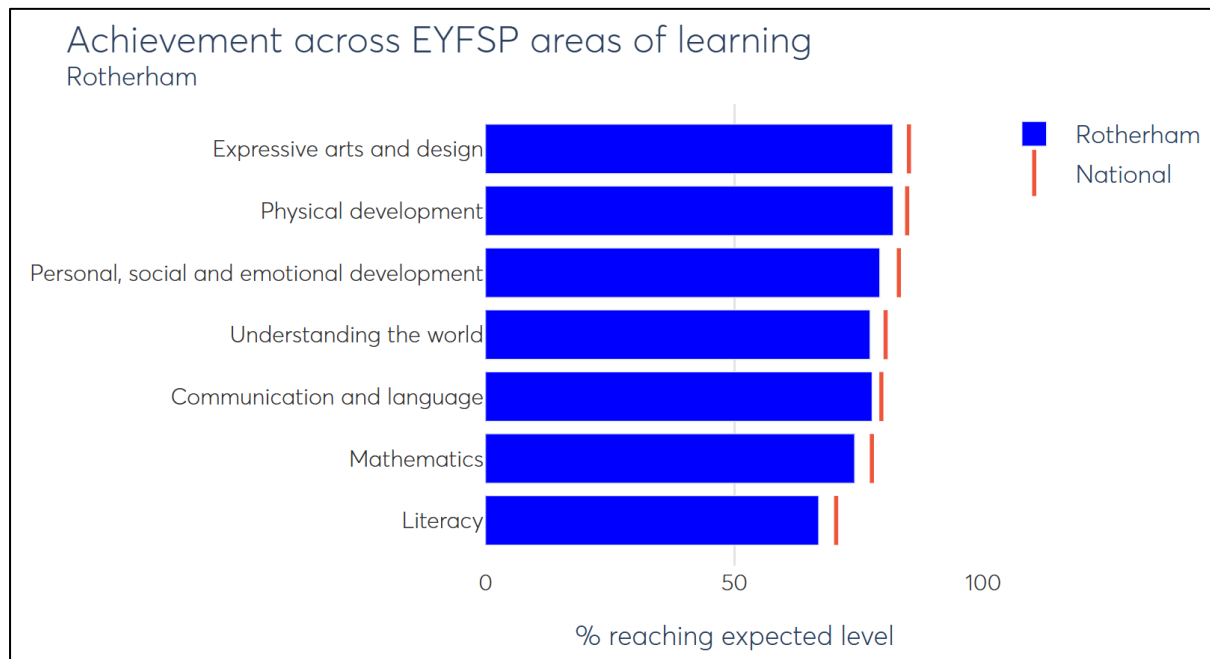
Rotherham follows national trends around which areas of learning the most children are reaching the expected level in.

The area where Rotherham's achievement is closest to the national level is in communication and language where the percentage point difference in children reaching the expected level is 1.8.

## **Best Start Local Plan Needs Assessment**

The highest inequality in achievement is for personal, social, and emotional development. The percentage of children reaching the expected level in Rotherham is 79.2% compared to the national average of 83.1% (3.9 percentage point difference).

Other areas of learning have differences ranging from 2.8% to 3.5%.

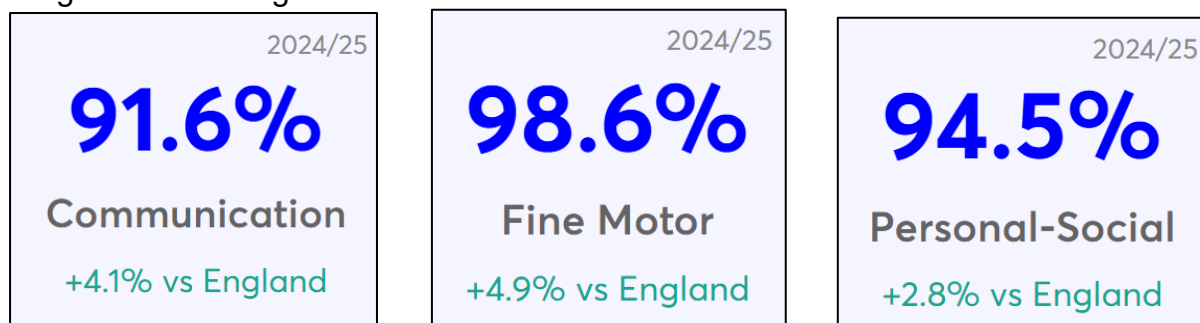


## **The Common Outcomes Framework**

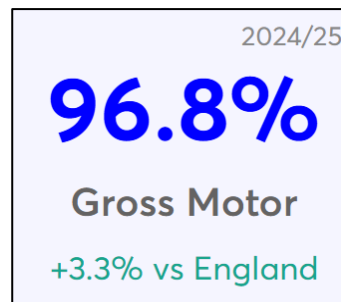
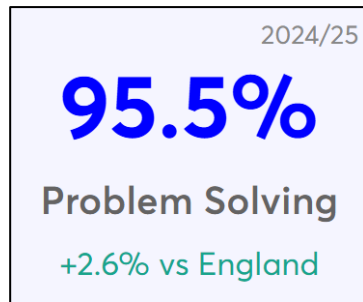
### **ASQ-3**

At the 2 to 2.5 year health review, 88.9% of children in Rotherham were at or above the expected level in all five areas of development (communication, gross motor, fine motor, problem solving, and personal-social skills). This is 7.5% above the national average of 81.4%.

93.2% of children in Rotherham received the ASQ-3 as part of the Healthy Child Programme or integrated review.



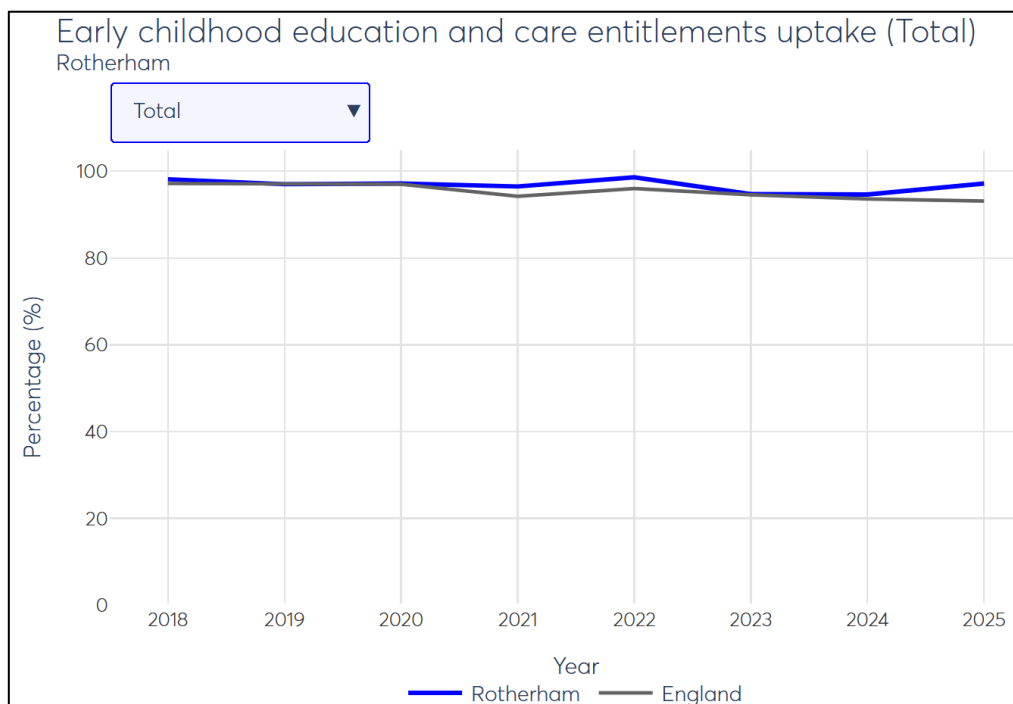
## **Best Start Local Plan Needs Assessment**



### **ECEC Entitlements Data**

Rotherham has consistently high uptake of early education and childcare entitlements across all age groups, performing above the national average (97.2% compared to 93.1%). Although there are fluctuations, uptake in Rotherham remains strong, with a noticeable increase again in 2025 after a dip in 2023 and 2024. In contrast, the national overall uptake shows a steady decline over the same period.

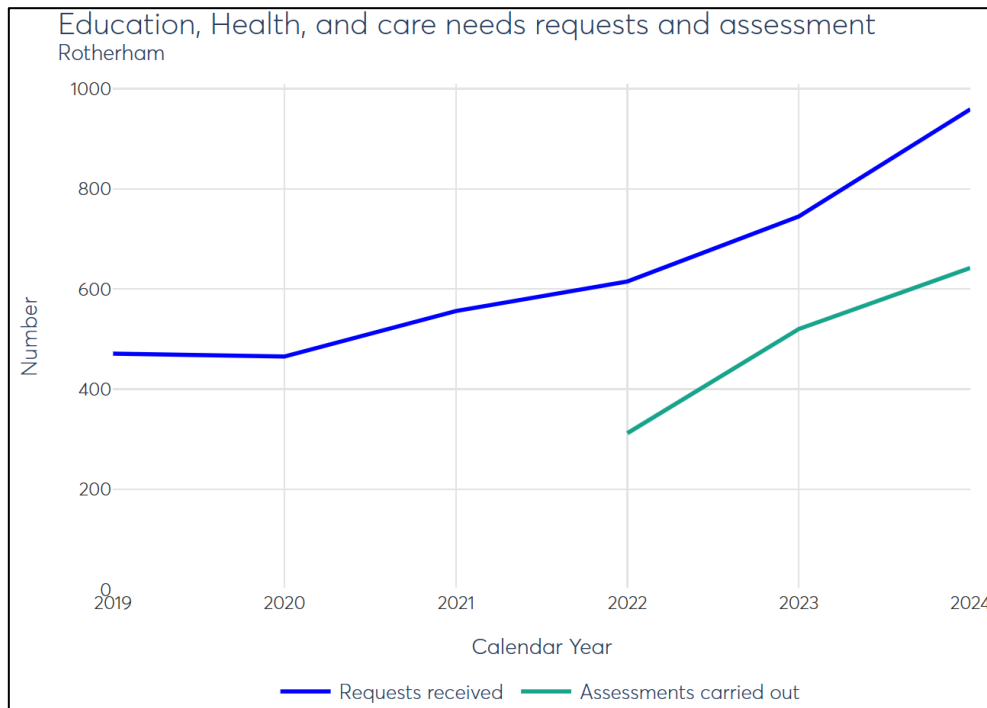
- 2-year-olds: 83.5% (813) compared to 65.2% nationally.
- 3-year-olds: 95.5% (2,805) compared to 90.6% nationally.
- 4-year-olds: 98.8% (2,923) compared to 95.6% nationally.



## **Best Start Local Plan Needs Assessment**

### **Education, Health and Care Plans**

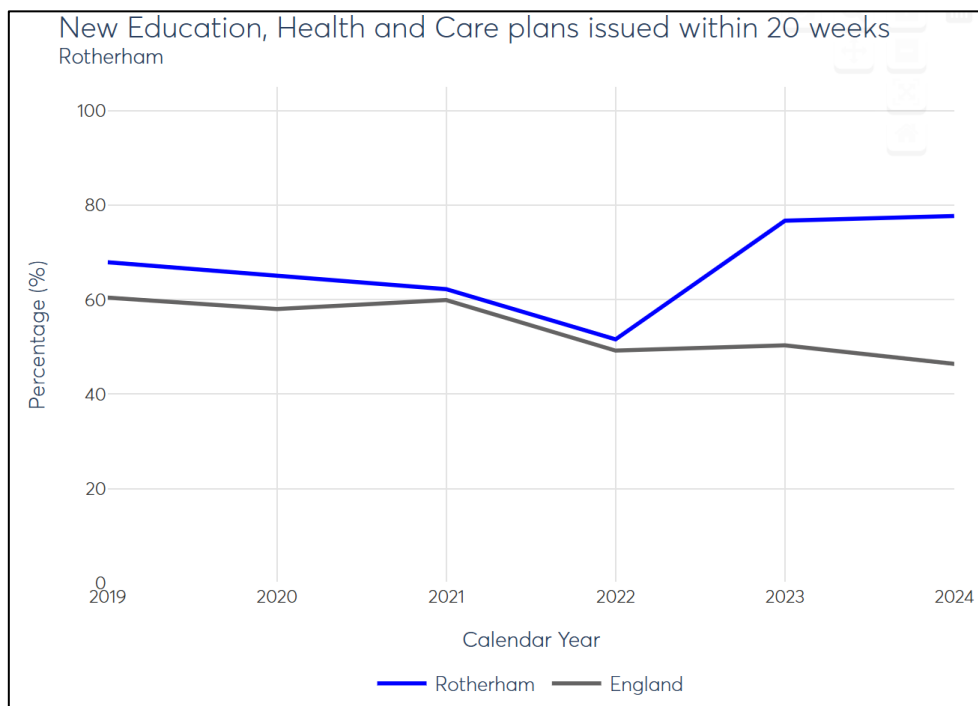
The number of EHC requests in Rotherham has risen sharply over the past five years, increasing from 471 in 2019 to 959 in 2024. Assessments carried out have also increased since 2022, but at a slower rate than requests, creating a gap between demand and capacity. This indicates growing need within the local population and increasing pressure on SEND services.



When observed alongside the rising number of EHC needs requests, the data on plans issued within 20 weeks shows how demand affected service capacity. Between 2019 and 2022, the percentage of ECHPs issues within 20 weeks in Rotherham fell from around 67.9% to 51.6%, coinciding with the large increase in requests.

However, despite continued rises in demand into 2023 and 2024, timeliness improved significantly to around 77.7%, placing Rotherham well above the national average.

## **Best Start Local Plan Needs Assessment**



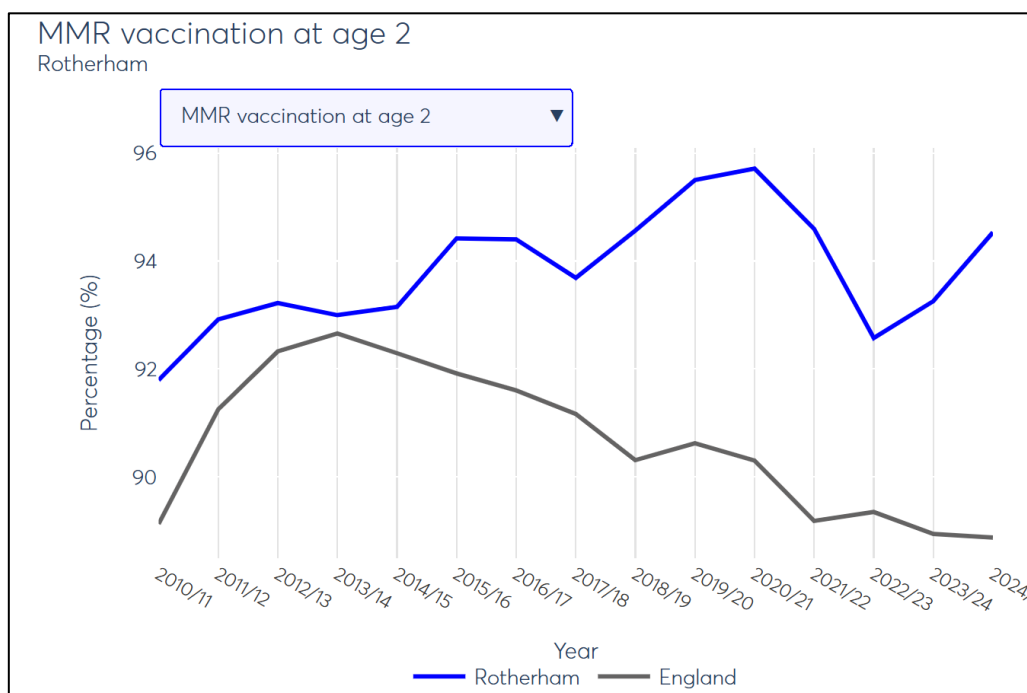
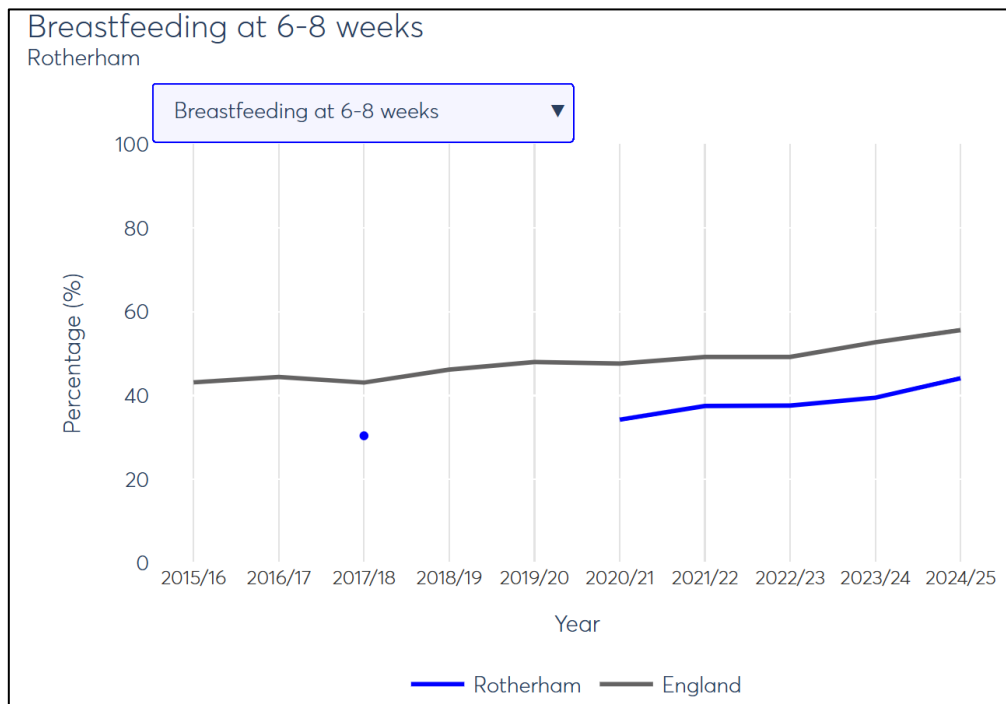
## **Health Outcomes**

Children's early health outcomes are strong predictors of their later health and wellbeing, and data on uptake of health services can be a proxy for access to appropriate healthcare and support. Health outcomes can highlight large social inequalities, with children from more deprived backgrounds being less likely to have good health in their earliest years.

- 70.8% of Reception-aged children in Rotherham are a healthy weight, showing that most children enter school with a healthy BMI and broadly in line with national expectations.
- 23.5% of 5-year-olds have obvious dentinal decay, slightly higher than the national average of 22.4%, indicating that oral-health remains an area where further preventative work could have impact.
- MMR vaccination rates are strong, with 94.5% receiving the first dose by age 2 and 90.2% completing two doses by age 5, both above England's averages and showing good engagement with immunisation services.

## **Best Start Local Plan Needs Assessment**

- 44.1% of infants are breastfed at 6–8 weeks, which is below the England rate but has been improving since 2020/21, suggesting positive progress though further support may still be beneficial.
- Premature birth rates are 84.7 per 1,000 births, higher than the England average of 77.0 per 1,000.



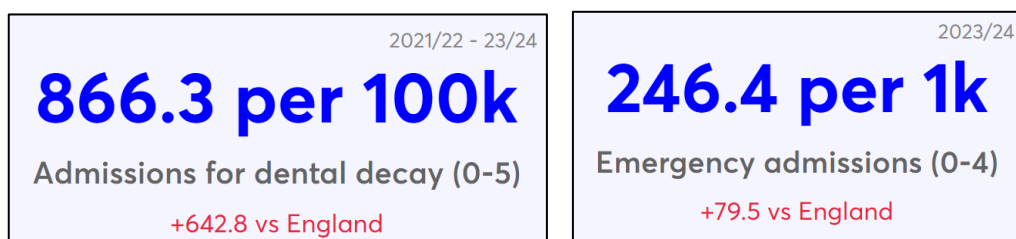
## **Best Start Local Plan Needs Assessment**

### **Hospital Admissions**

Hospital admission rates for young children in Rotherham are higher than the England average across various areas:

- The rate of emergency admissions for children under 1 year old is 638.0 per 1,000 - significantly higher than the England average of 387.0
- Emergency admissions for 0–4-year-olds are 246.4 per 1,000, which is 79.5 per 1,000 above the national figure.
- Injury-related admissions for the same age group are 124.2 per 10,000, exceeding England by 21.1 per 10,000.
- Admissions of infants under 14 days are also higher at 139.9 per 1,000, compared with a national rate that is 51.2 per 1,000 lower.

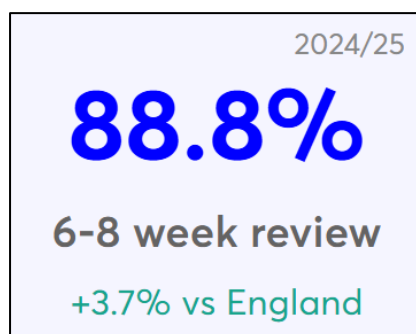
The most notable difference is in dental decay admissions for 0–5-year-olds. Rotherham's rate is 866.3 per 100,000, compared to the national average of 207.2 per 100,000 - meaning local admissions are around four times higher than the national level.



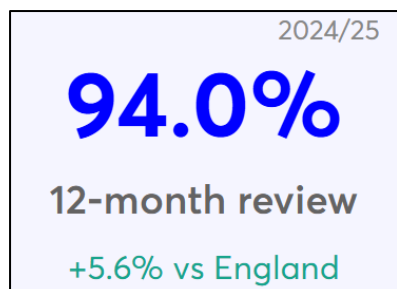
Overall, these comparisons show that while most children do not require hospital care, Rotherham experiences higher rates of avoidable admissions.

### **Health Services**

## **Best Start Local Plan Needs Assessment**



The health visiting indicators show a strong pattern of engagement with most statutory reviews in Rotherham. Completion of the 6–8-week review is 88.8%, which is 3.7 percentage points higher than the England average.



Uptake remains strong at later checkpoints, with the 12-month review at 94.0% (+5.6% vs England) and the 2–2.5-year review at 91.2% (+10.4% vs England), both well above national levels.

ASQ-3 completion is also high at 93.2%, sitting only 0.7 percentage points below England. The only area slightly lower than the national average is new birth visits within 14 days, at 83.2%, which is 2.0 percentage points lower than England.

Overall, Rotherham performs strongly across key early health contacts, with most reviews exceeding national rates.

## **Children in Need and Children Protection Plans**

Safety encompasses both the physical and emotional safety of children in all their environments, including home, early childhood education and care (ECEC) settings and school, and the community.

While these children represent a relatively small proportion of your total population of children, they are likely to be some of the most vulnerable.

As of March 2025:

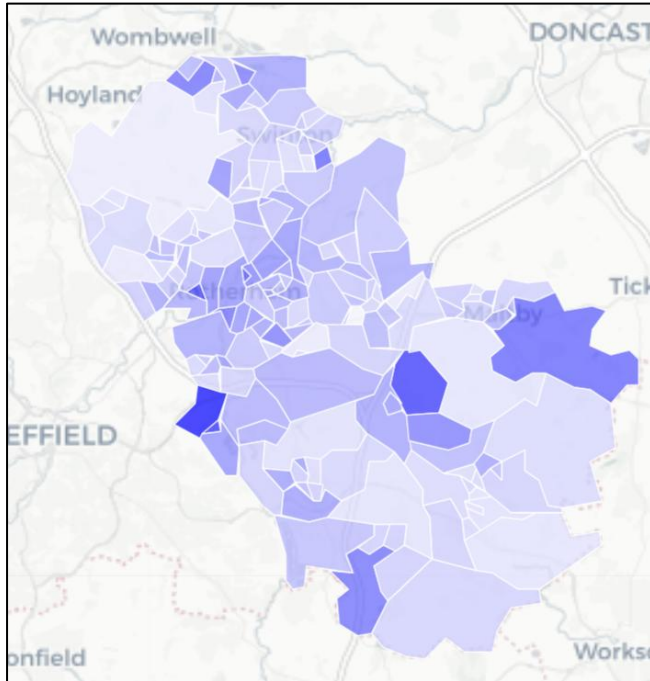
- 2,860 children in need
- 1,350 new CiN referrals started during year
- 313 child protection plans

## **Rotherham's Population**

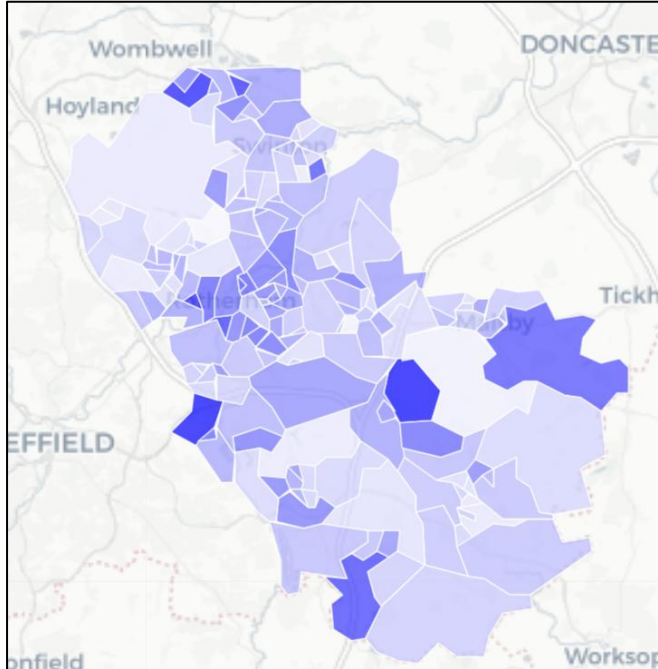


## **Best Start Local Plan Needs Assessment**

The 2021 Census recorded 265,791 residents in Rotherham, there are approximately 17,918 children aged 0-5, and a total of 62,646 children and young people aged 0-19.



Distribution of the 0-5 age group in Rotherham



Distribution of the 0-19 age group in Rotherham

## **Best Start Local Plan Needs Assessment**

### **Ethnic Groups**



| Ethnic Group                                             | Rotherham | National |
|----------------------------------------------------------|-----------|----------|
| White                                                    | 91.0%     | 81.7%    |
| Asian, Asian British or Asian Welsh                      | 5.3%      | 9.3%     |
| Mixed or Multiple ethnic groups                          | 1.5%      | 2.9%     |
| Black, Black British, Black Welsh, Caribbean, or African | 1.1%      | 4.0%     |
| Other ethnic groups                                      | 1.1%      | 2.1%     |

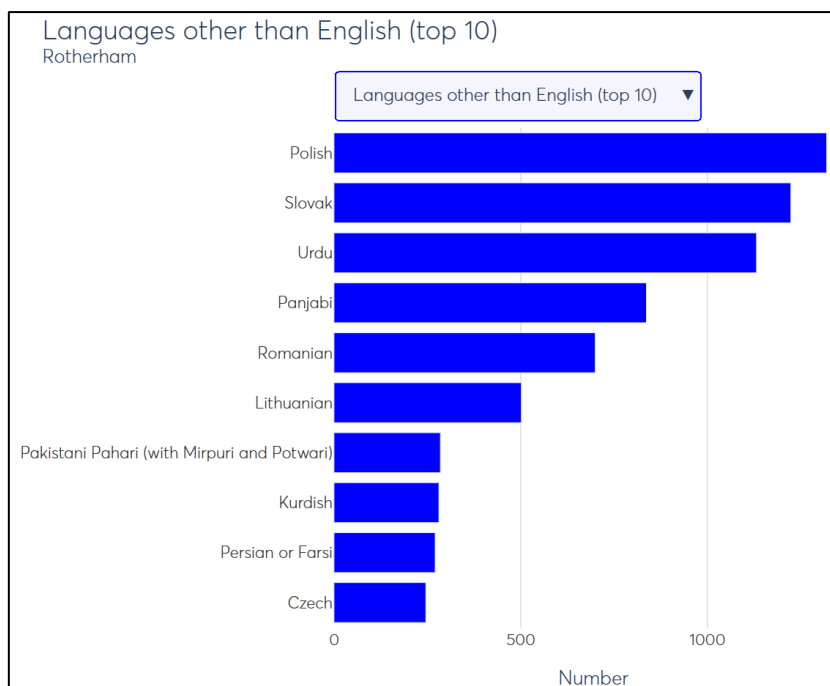
Rotherham has a much less diverse population than the national average, with 91.0% of residents identifying as White compared with 81.7% nationally. The largest minority group locally is Asian, Asian British or Asian Welsh (5.3%), though this remains lower than the UK figure of 9.3%. All other minority ethnic each make up around 1-1.5% of Rotherham's population, significantly below national levels.

### **Languages**

4.1% of residents in Rotherham speak a language other than English as their main language at home. This is lower than at the national level where 8.9% of people have a main language which isn't English.

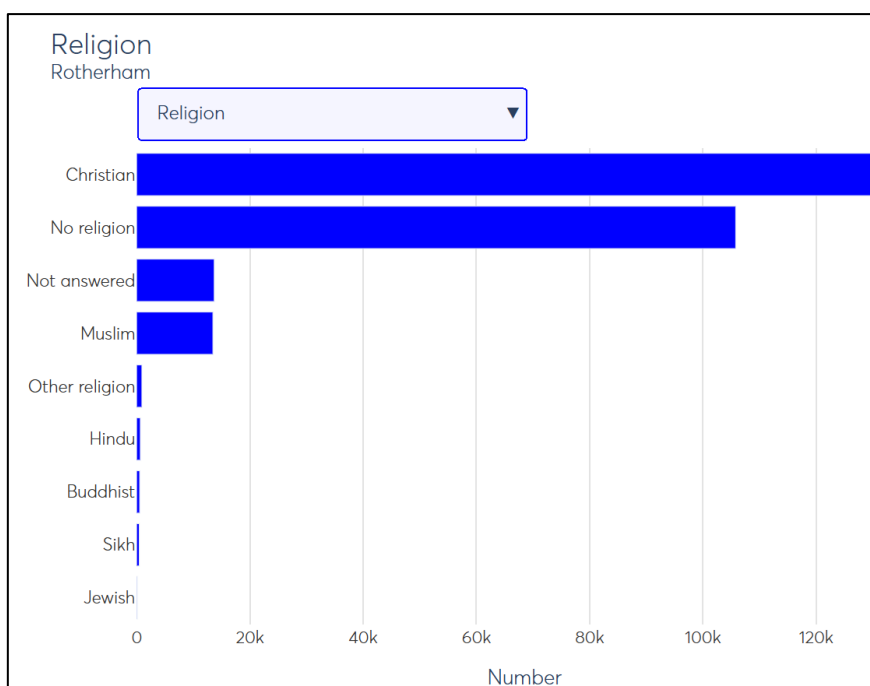
## **Best Start Local Plan Needs Assessment**

The most common language spoken in Rotherham, other than English, is Polish which is spoken by 0.5% (1,320) of the population. This matches the national picture where 1.1% of the population speak Polish as a main language.



## **Religion**

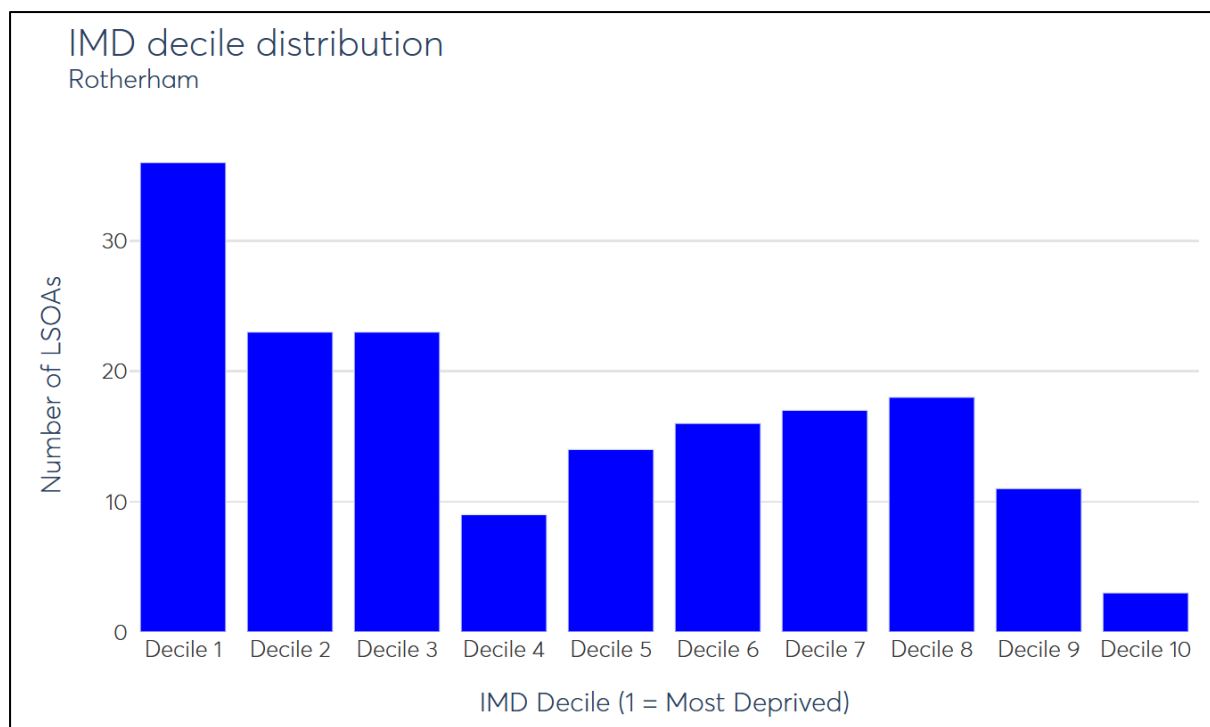
Christianity is the most common religion in Rotherham, with 49.0% of residents (130,136 people) identifying as Christian, which is slightly higher than the national average of 46.2%. The second largest group locally is residents reporting no religion, accounting for 39.8% (105,800 people), which is also above the England figure of 37.2%.



## **Best Start Local Plan Needs Assessment**

### **Poverty and Deprivation**

In 2024/25, there were 45,401 children eligible for free school meals in Rotherham across all state-funded primary and secondary schools. Additionally, in 2025, 20.5% (172) of homeless households had dependent children, including 122 single-parent households.

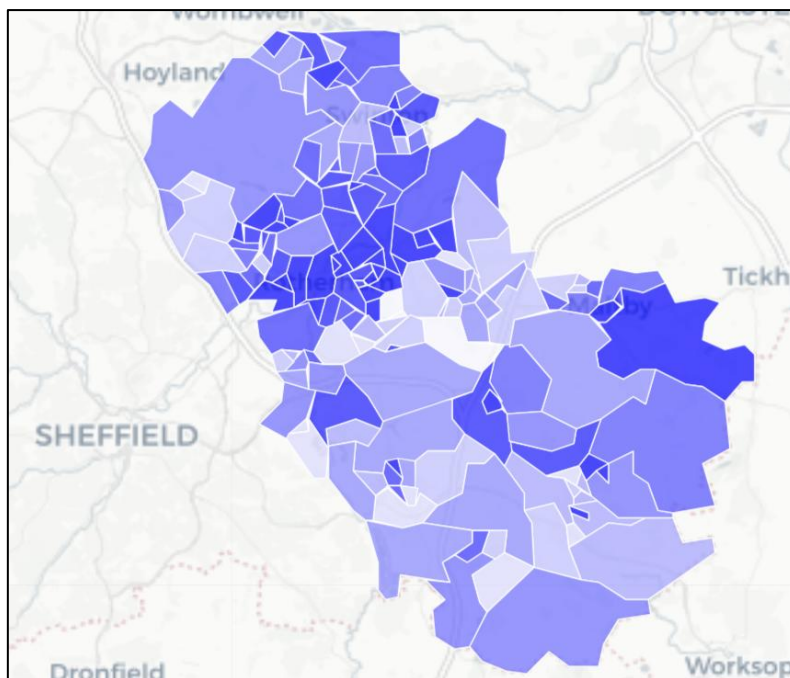


Rotherham's deprivation profile shows that the borough experiences high and widespread levels of disadvantage compared with the rest of England. In 2025, Rotherham is ranked as the 43<sup>rd</sup> most deprived district nationally, indicating that deprivation is a significant factor influencing local outcomes.

Around 21.2% of the borough's LSOAs fall within the most deprived 10% of areas in England, and almost half (48.2%) are within the 30% most deprived, demonstrating that deprivation is not limited to a small number of neighbourhoods but affects communities across the borough.

In total, around 21.4% of residents live in the most deprived 10% of areas.

## **Best Start Local Plan Needs Assessment**



IMD Deciles by LSOA – darker areas are more deprived

The top 5 most deprived LSOAs in Rotherham are:

- Eastwood Village
- Ferham
- Town Centre
- East Herringthorpe North
- Aston Northwest

## **SEND**

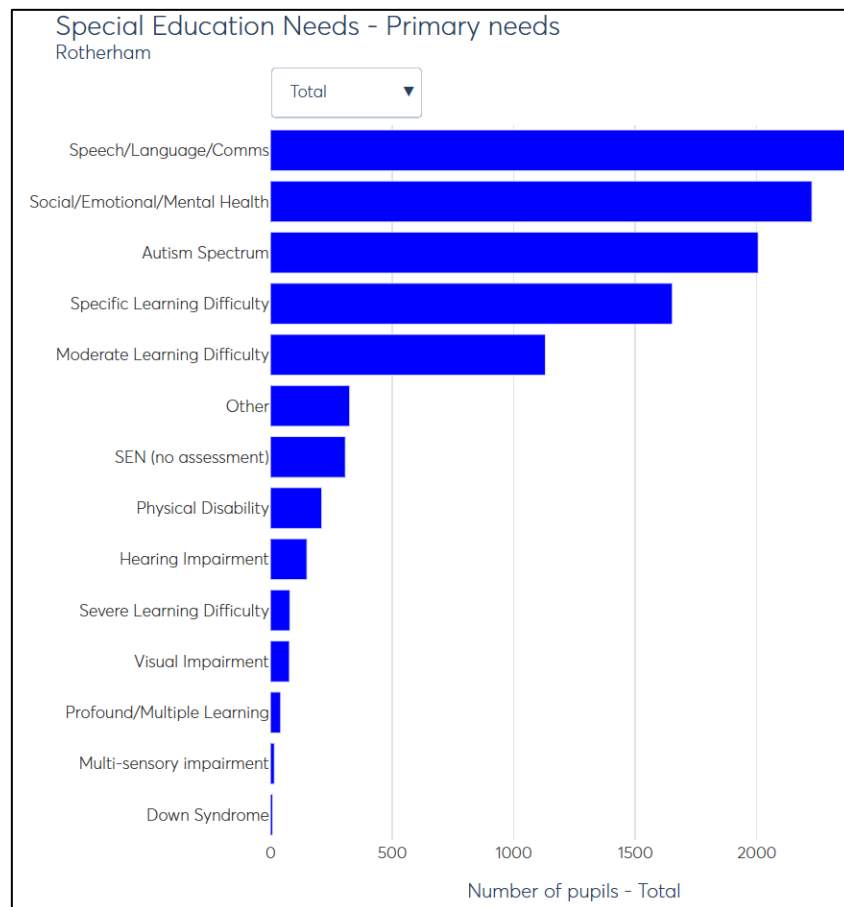
In the 2024/25 academic year, 10,608 pupils in Rotherham were identified as having Special Educational Needs. Of these, Speech, Language and Communications needs is the most common primary need (2,371 pupils). Speech, Language and Communications was the most common primary need for all education levels apart from post-16 where Autism Spectrum was the most common (102).

The top three most common primary needs were the same for Early Years, Reception, Key Stage 1, and Key Stage 3:

- Speech, Language and Communications

## **Best Start Local Plan Needs Assessment**

- Social, Emotional, Mental Health
- Autism Spectrum



## **Rotherham's Current Service Offer**

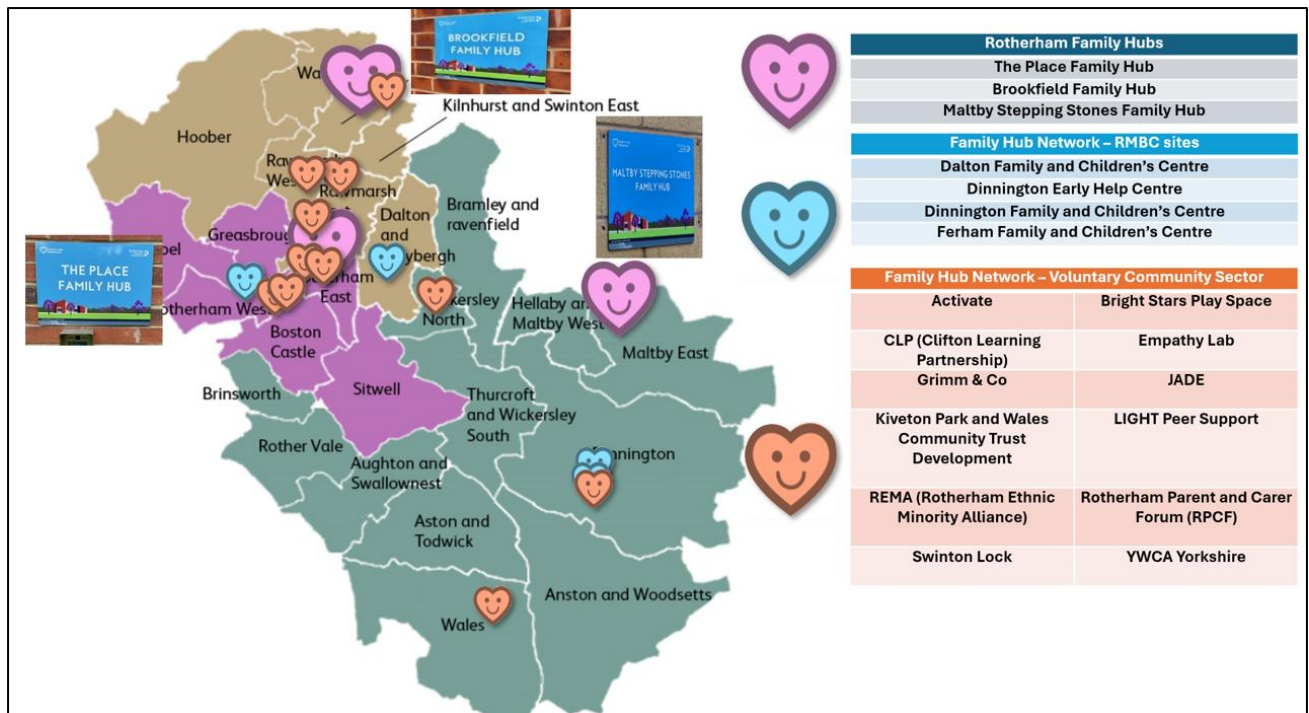
There are three main family hub sites in Rotherham:

- The Place Family Hub
- Brookfield Family Hub
- Maltby Stepping Stones Family Hub

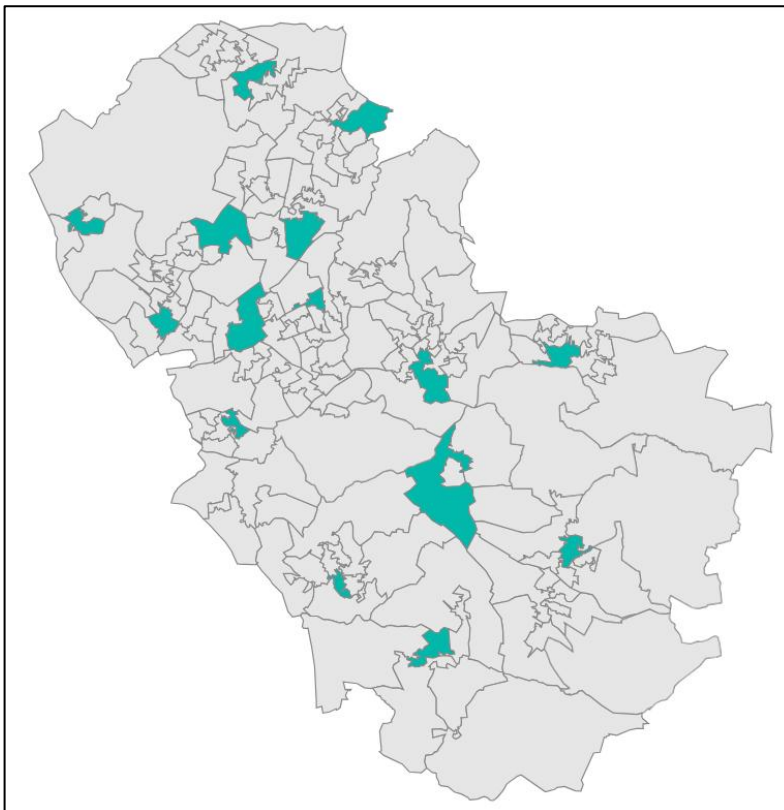
In addition, there is a broader Family Hub Network made up of 4 RMBC sites and 12 voluntary organisations which also deliver services for families in various locations across the borough. Rotherham also has 15 libraries.

## Best Start Local Plan Needs Assessment

### Rotherham's Family Hub Network



### Libraries in Rotherham



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## Best Start Local Plan & Best Start and Beyond Framework

Health and Wellbeing Board update

10<sup>th</sup> June 2026

Alex Hawley, Consultant in Public Health

# Purpose of Report

- Update on national policy changes
- Present Best Start Local Plan (0–5)
- Seek approval of refreshed Best Start and Beyond Framework
- Agree future reporting approach

# National Policy Context

Overlapping changes across health, education, early help...

- 75% Good Level of Development by 2028
- Best Start Family Hubs & Healthy Babies
- Healthy Child Programme guidance
- SEND reforms
- Families First Partnership
- NHS shift: prevention & community

# What This Means Locally

- Best Start Local Plan required – published by end of March this year
- Alignment across multiple programmes
- Focus on school readiness outcomes
- Strong partnership delivery needed

# Rotherham Targets for GLD

- 73.3% children achieve GLD by 2028
- 56.6% GLD for FSM pupils
- Explicit focus on reducing inequalities

# Our Approach in the plan

## A Shared Vision

Every child in Rotherham thrives in their earliest years – safe, nurtured, curious, and ready for a lifetime of learning and wellbeing.

## Work in genuine partnership with parents and carers

The Four Cornerstones



## Quality of Early Years

Smooth transitions

Early intervention

Tackling inequalities early

Connected services

# 6 Priority Areas

- 1 Strengthening early communication, language and literacy for all children
- 2 Increasing access to early education for disadvantaged children
- 3 Improving the quality of Early Years Provision, including Reception for all children
- 4 Identifying needs early and supporting children with SEND and vulnerable families
- 5 Providing joined-up family support through Rotherham's Family Hubs
- 6 Tackling inequalities across the 0–5 System

# Best Start and Beyond Framework

A framework for ensuring the best start to life for all Rotherham children and young people, from pre-conception through to becoming an adult.

## Key phases of the life course

The first 1001 Days (from conception to 2 years, but also including consideration of pre-conception phase)

The early pre-school years of life

The school years – primary and secondary

The transition to adulthood, including up to age 25 for those with special educational needs and disabilities (SEND).

|               |                                                                                                                                       |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Vulnerability | Consider potential areas of vulnerability, such as poverty, domestic violence, parental substance use, housing instability and so on. |
| Family System | An opportunity to look at family dynamics, family resources and parent-child relationships.                                           |
| Transitions   | Take into account moments of transition and change for every child and young person.                                                  |
| Health        | A holistic approach to the health of a child, their parents or carers, including physical and mental health.                          |
| Accessibility | Consider how people access services, including first language and digital technology.                                                 |



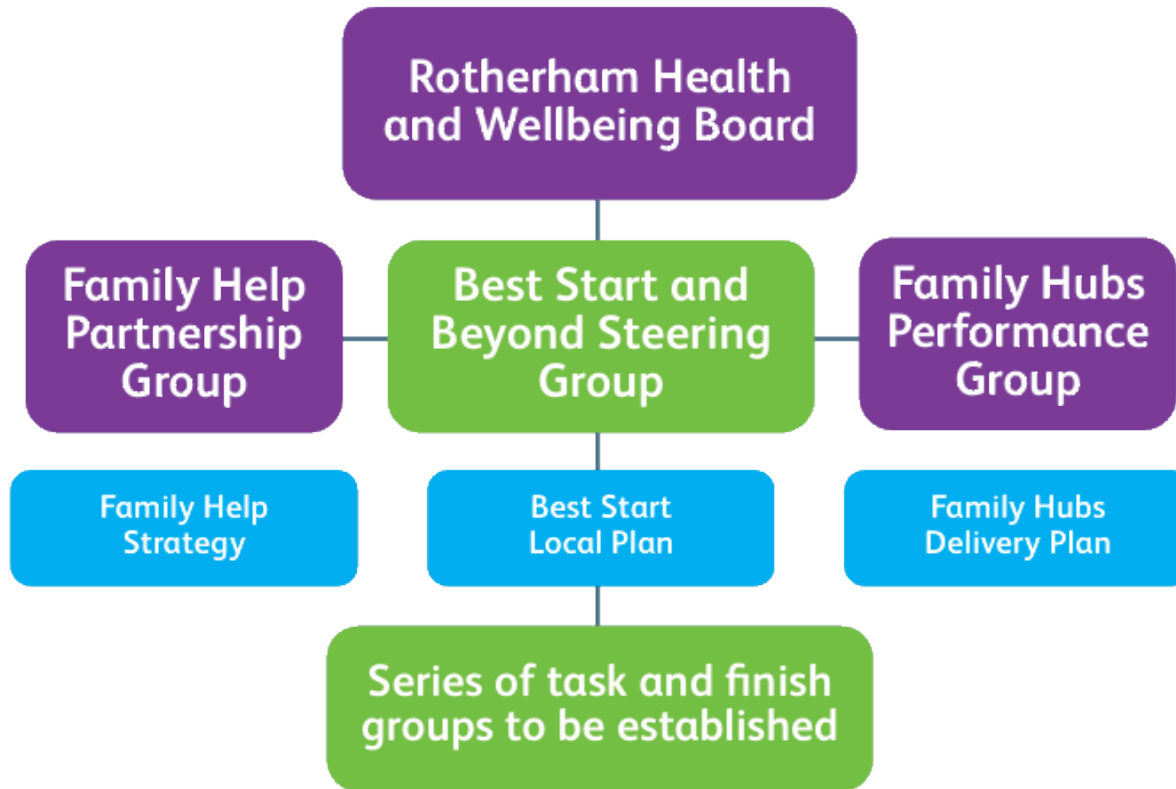
# Key Challenges

- Complex system of overlapping programmes
- Risk of duplication vs added value
- Maintaining clear outcomes focus
- Capacity across whole 0–25 pathway

# Implementation Priorities

- Detailed needs assessment
- Theory of change + metrics
- Map activity & identify gaps
- Develop implementation plan
- Involvement of all key partners across health, education, early help, social care voluntary sector and others - e.g. potentially important role for Housing

# Governance



Best Start & Beyond Steering Group oversight  
Reports to Health and Wellbeing Board  
Aligns to Aim 1 of HWB Strategy

# Next steps

- A more in-depth needs assessment for GLD
- Develop and agree a theory of change logic model for GLD
- To agree a set of metrics to measure change and progress towards the desired outcomes.
- To map existing operational or planned activities within related programmes
- To identify gaps and opportunities for adding value.
- To determine lead officers for agreed new activity
- Develop a high-level implementation plan for the Best Start Local Plan
- To agree a key topic focus for applying the Best Start and Beyond Framework within school-age cohort.
- To agree a forward plan of reporting into the Health and Wellbeing Board for Best Start Local Plan and other outcomes within Aim 1

# Recommendations

- Endorse Best Start Local Plan
- Approve refreshed framework
- Note policy context
- Agree reporting approach

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|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| BRIEFING                           | TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Health and Wellbeing Board                         |
|                                    | DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 June 2026                                       |
|                                    | LEAD OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Oscar Holden, Health and Wellbeing Support Officer |
|                                    | TITLE:                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Health and Wellbeing Board 2025-26 Annual Report   |
| Background                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |
| 1.1                                | The Rotherham Health and Wellbeing Board Annual Report 2025/26 outlines activity and progress during the first year of delivery under the refreshed Health and Wellbeing Strategy 2025–2030. The Board brings together system leaders across health, care, voluntary and community sectors to improve population health, reduce inequalities, and promote integrated working.                                                                                      |                                                    |
| 1.2                                | <p>The Strategy focuses on four key aims:</p> <ul style="list-style-type: none"><li>• Best start in life for children and young people</li><li>• Improved physical health across the life course</li><li>• Improved mental health and wellbeing</li><li>• Addressing wider determinants of health</li></ul> <p>The report reflects a focus on prevention, partnership working, and measurable impact through an updated Action Plan and performance framework.</p> |                                                    |
| Key Issues                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |
| 2.1                                | <b>Persistent health inequalities:</b> Significant gaps remain in life expectancy and healthy life expectancy between the most and least deprived communities, driven by socio-economic factors such as poverty, housing, and access to services.                                                                                                                                                                                                                  |                                                    |
| 2.2                                | <b>Demographic pressures:</b> An ageing and growing population is increasing demand for health and care services, particularly relating to long-term conditions.                                                                                                                                                                                                                                                                                                   |                                                    |
| 2.3                                | <b>Cost of living impacts:</b> Financial hardship continues to affect physical and mental health outcomes and access to support.                                                                                                                                                                                                                                                                                                                                   |                                                    |
| 2.4                                | <b>System transformation pressures:</b> Ongoing changes within the South Yorkshire Integrated Care Board (ICB) and wider system present challenges for capacity and delivery.                                                                                                                                                                                                                                                                                      |                                                    |
| 2.5                                | <b>Need for prevention focus:</b> Continued shift required from reactive care to early intervention and prevention across all strategic aims.                                                                                                                                                                                                                                                                                                                      |                                                    |
| Key Actions and Relevant Timelines |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |
| 3.1                                | <b>2025–2026 delivery highlights:</b> <ul style="list-style-type: none"><li>• Implementation of Baby Pack programme (launched April 2025) to support early years outcomes</li><li>• Delivery of Children’s Capital of Culture (2025) to improve wellbeing and opportunity for young people</li></ul>                                                                                                                                                               |                                                    |

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.2                                         | <ul style="list-style-type: none"> <li>• Launch of Neighbourhood Health Pilot (April 2026) to strengthen preventative, community-based care</li> <li>• Delivery of Winter Plan (Nov 2025–Mar 2026) to manage system pressures</li> <li>• Rollout of “Be The One” suicide prevention campaign (Sept 2025 onwards)</li> <li>• Introduction of poverty proofing within mental health services</li> <li>• Adoption of Healthy Homes Plan and strengthened VCSE engagement.</li> </ul> <p><b>2026/27 priorities will be:</b></p> <ul style="list-style-type: none"> <li>• Delivery of updated Health and Wellbeing Action Plan</li> <li>• Ongoing development of neighbourhood health models</li> <li>• Continued focus on suicide prevention, health protection, and tackling loneliness</li> <li>• Embedding Health in All Policies approach</li> <li>• Strengthening partnership response to health inequalities.</li> </ul> |
| <b>Implications for Health Inequalities</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4.1                                         | <p>The report highlights that health inequalities remain a central challenge across Rotherham, with deprivation strongly linked to poorer outcomes. Actions taken during 2025/26 demonstrate a targeted approach to reducing these inequalities, including:</p> <ul style="list-style-type: none"> <li>• Universal early years support (Baby Packs) to reduce inequality at birth</li> <li>• Targeted neighbourhood health models focused on high-risk populations</li> <li>• Poverty proofing of services to remove financial barriers</li> <li>• Investment in community and voluntary sector infrastructure to reach underserved groups</li> <li>• Addressing wider determinants such as housing quality and fuel poverty.</li> </ul>                                                                                                                                                                                   |
| 4.2                                         | <p>These approaches reflect a whole-system commitment to prevention, equity, and early intervention, though sustained effort and cross-sector alignment remain essential.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Recommendations</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 5.1                                         | <p>The Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> <li>• Note the content and key achievements of the Annual Report 2025/26</li> <li>• Contribute to the finalisation of the case studies provided for each priority of the Strategy and suggest any improvements</li> <li>• Support the continued delivery of the Health and Wellbeing Strategy throughout 2025–2030.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



# Health and Wellbeing Board Annual Report 2025/26

10<sup>th</sup> June 2026

Oscar Holden, Board Support Officer

# The Context

- Life expectancy at birth in Rotherham is 77.8 years for males (79.1 years nationally) and 80.9 years for females (83.1 years nationally) (2021-2023)
- The average healthy life expectancy at birth was 56 years for males, (61.5 years nationally) and 55.6 years for females (61.9 years nationally)
- 21.1% of the population, with a limiting long-term health problem or disability in 2021 (17.5% nationally)
- Rotherham has an ageing population with 55,872 people aged 65 years or over. This is 20.2% of the population, (18.4% nationally)
- Rotherham is more deprived than 82% of local authority districts in England.

**Aim 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**

### **Baby Packs**

- Universal early help offer providing every expectant family with essential baby items via midwives, while linking parents into Family Hubs and support services from pregnancy
- Helps reduce financial pressure, improve early years outcomes, and ensure all children have an equal start.

### **Children's Capital of Culture**

- Borough-wide programme of free creative, cultural and sporting activities shaped by young people, with strong youth leadership and participation
- Builds confidence, skills, wellbeing and a sense of belonging, while tackling inequalities in access to opportunities.

## **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**

### **Neighbourhood Health Pilot**

- National pilot delivering proactive, community-based care, identifying residents at risk earlier and supporting them locally to manage long-term conditions
- Focuses on prevention areas such as diabetes, heart health, smoking and obesity, reducing hospital demand.

### **Winter Plan**

- Multi-agency system response to winter pressures, including vaccination programmes, respiratory hubs and expanded out-of-hospital care
- Led to shorter wait times, improved urgent care access, and better support for vulnerable residents.

## **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**

- Suicide prevention initiative encouraging residents to recognise distress, start conversations, and seek help early
- Includes community engagement and lived experience stories to reduce stigma and build confidence to act.

### **Poverty Proofing (RDaSH)**

- Review of mental health services to identify and remove financial barriers such as travel costs and access issues
- Introduced practical changes (e.g. outreach appointments, clearer support info), improving access, engagement and equity in care.

## **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**

- Strategic focus on improving housing conditions (e.g. damp, cold, fuel poverty) to prevent illness and reduce health inequalities
- Encourages upstream intervention and cross-sector collaboration beyond traditional healthcare.

### **VCSE Sector Collaboration**

- Recognises voluntary organisations as key partners in tackling issues like isolation, poverty and access to support
- Strengthens community resilience, early intervention, and trusted links to vulnerable groups.

# Looking Ahead

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

- Carry out the agreed Action Plan which and core activities 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 its impact.

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| BRIEFING   | TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Health and Wellbeing Board                        |
|            | DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | June 2026                                         |
|            | LEAD OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Carole Foster, Moving Rotherham Programme Manager |
|            | TITLE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Moving Rotherham Partnership Update               |
| Background |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |
| 1.1        | Physical activity has benefits that are wide ranging; not only reducing health risks and improving physical and mental health outcomes, but it can also positively influence economic prosperity, such as through improved productivity, as well as community and social connectedness.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |
| 1.2        | The Moving Rotherham Partnership have been working together to improve levels of physical activity and sport across the borough. In April 2025, Rotherham was successful as a Sport England Place Expansion partner, securing a £455K development award grant. This paper describes an update on the delivery of the Moving Rotherham Programme over 2025-26, including the development grant and associated learning and evaluation of the projects. It also sets out a draft 5-year Physical Activity Strategy for Rotherham developed with partners from this learning and a proposed full award bid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| Key Issues |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |
| 2.1        | <b>Moving Rotherham delivery 2025-26</b><br><br>A wide range of activity, engagement and evaluation work was delivered through the development phase. This included creative physical activity programmes in green spaces, a behaviour-change health coaching offer, extensive school-based consultation, and system-level inclusion work. Activity took place in trusted community settings such as schools, GP practices, libraries, community hubs and local parks, demonstrating strong partnership working and an asset-based approach. This work engaged thousands of residents and stakeholders across the borough, generating valuable insight into the barriers to, and enablers of, physical activity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |
| 2.2        | <b>Evaluation and learning outcomes 2025-26</b><br><br><ul style="list-style-type: none"><li><b>Children and young people consultation</b> was a key strength of the development phase, with engagement delivered through School Games, FLUX, Children’s Capital of Culture (CCoC) and Rotherham United, using a range of creative and inclusive methods. The School Games survey engaged <b>1,756 children in Key Stages 2 and 3</b>, alongside <b>244 parents of KS1 pupils</b>, with strong reach into priority groups, including <b>37.5% from the most deprived communities</b> and <b>47.5% reporting additional needs or uncertainty about additional needs</b>. CCoC delivered creative consultation with under-18s across youth cabinets, panels and groups, reaching <b>8 youth groups and 70 participants</b>, many from SEND, LGBTQ+, high-deprivation and non-school settings, with creative methods proving particularly effective for those less interested in traditional sport. FLUX further supported consultation through <b>40 creative outdoor sessions</b>, engaging <b>over 600 children and young people</b> as part of delivery-based engagement. Targeted engagement by Rotherham United focused on groups less likely to access mainstream provision, including children and young people not in mainstream education and those accessing faith-based settings.</li></ul> |                                                   |

- **1:1 behaviour change support** in Rotherham for people with long-term health conditions was delivered through the Every Move Counts programme and the leisure centre exercise referral pathway. Every Move Counts provided a structured 12-week intervention for adults with long-term health conditions, receiving **375 referrals** and achieving a 60.3% engagement rate, with strong reach into communities typically less active, including residents from the most deprived areas. Participants reported increased physical activity levels and improvements in mood and emotional wellbeing. This offer was complemented by the leisure centre exercise referral programme, which supports people into Active Health sessions and leisure centre membership following a 12-week period, with 32.1% of participants from the 20% most deprived communities, demonstrating effective reach and impact across the borough.
- **Community engagement and delivery** was achieved through a range of place-based and co-produced approaches. FLUX delivered 40 creative outdoor physical activity sessions, engaging **810 people** from early years, families, older adults, disabled young adults, care home residents and global majority communities, while embedding consultation to better understand perceptions of green spaces and barriers to activity. Yorkshire Sport Foundation worked intensively in 5 priority neighbourhoods - Greasbrough, Rawmarsh, Masbrough/Bradgate, East Herringthorpe and East Dene - to identify key barriers and enablers to physical activity using an asset based, community-led approach.
- **System collaboration, training and development** activity supported system leaders, healthcare professionals, community members and partners to strengthen capability and confidence to promote physical activity. This included cross-sector inclusion events and workshops to embed inclusive practice, training for healthcare professionals in GP settings to increase confidence in physical activity conversations, and development activity for community and voluntary sector partners. Learning from delivery also identified future priorities, including building confidence among adult caregivers to support children's activity in outdoor spaces, helping to shape next steps for workforce development and system change. This work has also focussed on expanding reach across partners and sectors, such as workshops with planning, housing and regeneration colleagues to consider ways in which environments can be designed and improved to facilitate and promote active everyday lives.
- Some **key learning themes** were identified that came through all the work which included:
  - Trusted settings and trusted relationships drive participation and engagement
  - There is a demand for both online and offline activity and information options (support digital inclusion, accessibility of online/ telephone but increased impact from face to face). Demonstrating the need to be adaptable and flexible to different groups (marketing, comms and delivery all different).
  - The need to use existing networks as well as build new networks.
  - The importance and challenges of embedding programmes into existing pathways.
  - Visibility and representation are essential for all groups - older people, families, disabled people, all want to see more people like themselves out doing activities.
  - There is a need for strong communication and marketing to increase the visibility of local offers to the public and stakeholders.
  - Sustained work, longer term activities ie going every week not one-off is critical to building confidence, engagement and lasting impact.

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.3 | <p><b>Proposed 5-year Physical Activity Strategy</b></p> <p>The draft strategy is appended.</p> <p>It sets out <b>5 core principles</b> as ways of working together. These have been developed from the evaluation outcomes and in collaboration with System Leaders. We have together committed to:</p> <ul style="list-style-type: none"> <li>• Join things up</li> <li>• Start with people</li> <li>• Explore and be brave</li> <li>• Build for the long term</li> <li>• Embed equity, diversity and inclusion</li> </ul> <p>We have chosen <b>3 priority audiences</b> that align with the Sport England's Uniting the Movement strategy:</p> <ul style="list-style-type: none"> <li>• Children and young people,</li> <li>• People with long-term health conditions and/or disabilities, and</li> <li>• Communities where activity levels are lowest.</li> </ul> <p>To ensure we work effectively with these audiences, we are also prioritising <b>3 enabling themes</b> of:</p> <ul style="list-style-type: none"> <li>• Communication,</li> <li>• Inclusion, and</li> <li>• Place making system change.</li> </ul> <p>As we are working using a systems approach, there will obviously be overlap between these priorities and themes.</p> <p>We are also mindful, that whilst we have focused on getting the least active people more active, we will not completely remove our focus from supporting those people who are currently active to stay active. There are thousands of people in Rotherham active every week through a range of sport, leisure or informal activity. For them to stay active, we need to continue to ensure facilities are suitable, a skilled workforce or volunteer network is available, and activities remain accessible.</p> <p>The strategy describes how we will seek to understand our progress. We recognise that creating a more active borough within a constantly changing context is a significant and long-term challenge. To achieve this ambition, it is essential that we focus on creating the conditions that enable sustainable change, rather than short term activity alone. We will collect stories of inspiration, monitor and evaluate data and insight and continue to assess how well we are working as a system by engaging in the National Learning and Evaluation Partnership and regularly completing a system maturity matrix.</p> |
| 2.4 | <p><b>Proposed Place Expansion main award bid</b></p> <p>The funding applied for reflects the priorities of the strategy and gaps in capacity and provision. The main elements of the funding will be:</p> <ul style="list-style-type: none"> <li>• Programme Manager role to continue to provide necessary capacity to oversee the programme of work and provide a key stakeholder point of contact and support the networks</li> <li>• Communication platform development and comms lead capacity – funding to support capacity with partners to promote Moving Rotherham via social media, increase brand awareness and engagement and provide a source of information about physical activity opportunities in Rotherham</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

- Children and young people staffing capacity through School Games or partners to use the Creating Active Schools framework to develop how schools support wider physical activity, including promoting and providing activities out of school and supporting parents with the information about what their children can engage in.
- Supporting cycling confidence and skills development and opportunities for families, children and young people.
- Continuing the Every Move Counts referral scheme to support people with long-term conditions to access health coaches to enable and build confidence in sustainable physical activity.
- Community Activation budget to support Community Wellbeing Champions and others to build on local assets and opportunities in target communities identified by Sport England, such as supporting new training or providing equipment or new opportunities to increase activity.
- Providing training opportunities, especially with regards to improving inclusion, supplemented by support through AccessAble.
- Continued support to partners in the system, including networking events and developing an annual award ceremony to celebrate and raise awareness of the activity delivered by partners across the borough.

Other funding and capacity has been identified to deliver the wider Moving Rotherham strategy to complement the Sport England Place Expansion funding.

For example, we will undertake a Built Facilities Plan and Open Spaces Strategy to look at where investment is best spent in the future and identifying increasing demand and need so that we can direct capital funding, which is available through other Sport England funding opportunities, as well as other sources of funding such as Section 106 monies.

Other partners are contributing a range of capacity in-kind, including:

- Public Health funding Community Wellbeing Champions through Voluntary Action Rotherham, and support to evaluation and analysis
- Voluntary Action Rotherham providing walk leader training through the Ramblers and developing a way of promoting activity through expansion and re-design of the Gismo website and database
- Connect Healthcare supporting the Every Move Counts scheme,
- Culture Sport and Tourism working with National Governing Organisations in a range of sports to develop and improve coaching capacity and facilities
- Places Leisure delivering their Healthy Communities programme of exercise support for people with long-term conditions
- Not forgetting the huge number of important partner organisations and volunteers who deliver and promote physical activity in a range of different ways across the borough.

### Key Actions and Relevant Timelines

- |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3.1</b> | <ul style="list-style-type: none"> <li>• April 2025-March 2026: Sport England Place Partnership development award delivery</li> <li>• April 2026 – June 2026: Evaluation and learning and strategy writing and main award development</li> <li>• 1<sup>st</sup> June 2026: Sport England Place Expansion main award bid submission</li> <li>• Mid-September 2026: Expected decision from Sport England on main award</li> <li>• October 2026: Seek approval to spend main award from Cabinet</li> <li>• October 2026-March 2028: Main award delivery alongside wider Moving Rotherham partnership work</li> </ul> |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3.2</b>                                  | We are awaiting further information from Sport England with regards to likelihood of further funding after the main award period. Given the continued investment in Local Delivery Pilot areas to date, we would expect not to face a cliff edge in funding following the main award in March 2028. However, national budgets have not been agreed, so no commitments have been made regarding the future funding for Place Expansion areas at this time.                                                                                                                                                                                                                                                                             |
| <b>Implications for Health Inequalities</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>4.1</b>                                  | <p>Evidence shows that opportunities to be physically active are not equally distributed across Rotherham. For some people, being active is far more difficult due to factors such as income, geography, poor health, disability, age, social circumstances, design and safety of neighbourhoods, and access to facilities. These barriers are not about motivation or personal choice, but about the environments and conditions people live in. This inequality in opportunity results in exacerbation of health inequalities.</p> <p>As can be seen in the strategy and proposed Sport England main award bid, we are focusing our priorities on those who are least active, therefore seeking to address health inequalities.</p> |
| <b>Recommendations</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>5.1</b>                                  | <p>Health and Wellbeing Board members are asked to:</p> <ul style="list-style-type: none"> <li>• Endorse the Moving Rotherham Physical Activity and Sport Strategy 2026-31.</li> <li>• Support the delivery of the Moving Rotherham Physical Activity and Sport Strategy 2026-2031.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Appended:

- Moving Rotherham Physical Activity and Sport Strategy 2026-2031.
- Moving Rotherham Evaluation 2025-26

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## Physical Activity & Sport Strategy for Rotherham

### 2026-2031



Rotherham working together to  
enable everyone to be active.



I am excited to share with you Rotherham's new 5-year physical activity and sport strategy. It sets out our shared approach to enabling people across the borough to move more.

This strategy:

- Sets out the Moving Rotherham vision, showing how physical activity and sport can support healthier, happier and more connected communities;
- Brings people together around a shared purpose, strengthening collaboration across partners and sectors;
- Outlines guiding principles and clear priorities to align action and support collective impact.

Creating a more active Rotherham must be inclusive and reach everyone. To inform this strategy, we have heard from thousands of different Rotherham people about what helps and hinders them from being active. Those voices have helped us create this set of priorities.

This strategy is for everyone who lives or works in the borough. Individuals, groups and organisations all have a role in shaping the physical and social environment in Rotherham. To support everyone to be more active we need to work together with partners who have the reach, influence, and trusted relationships with the people and communities who will benefit the most from being more active.

This is a call to action; we need you to join us to together achieve our vision so:  
**“the conditions exist where everyone in Rotherham is able to move more, in ways that feel enjoyable and meaningful, to improve health, happiness and quality of life.”**



Emily Parry-Harries  
Director of Public Health for Rotherham

### A note on language:

The terms 'physical activity' and 'movement' are used throughout this strategy to describe all forms of being active. This includes sport and non-competitive physical activity or exercise, as well as the informal and incidental activity that is part of everyday life.

The term 'system' is used to describe the broad range of factors that influence physical activity, including people, places, policies, environments, services and organisations. It is only by working with all these different factors that we can enable people to be more active.



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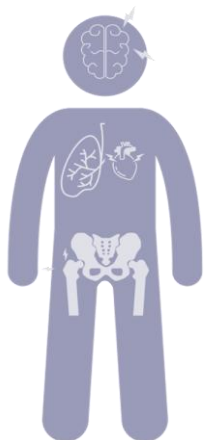
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# »»» CONTEXT

The national Chief Medical Officer's guidelines recommend that **everyone should move regularly, every day**. This includes activities that raise our heart rates and how fast we are breathing, as well as activities that build strength and balance. Being active is a **proven way to protect and improve physical and mental health**.

## Why be active?

### BENEFITS FOR INDIVIDUALS



It **reduces the risk of long-term conditions** such as heart disease, type 2 diabetes, cancer, obesity, dementia and musculoskeletal problems, and it can also help to **stop some conditions from worsening**. It supports better coordination, flexibility, and energy levels, enabling people to carry out everyday tasks more effectively.

Being active can have a powerful impact on mental wellbeing by reducing stress, anxiety, and symptoms of depression through the release of endorphins, often referred to as 'feel good' hormones. It can boost self-esteem and confidence as individuals develop skills, achieve goals, and experience a sense of accomplishment. It can provide opportunities for social interaction and teamwork, helping to build relationships, reduce feelings of isolation, and improve overall mood.

### BENEFITS FOR THE ECONOMY



The health and happiness that physical activity can promote can help keep us **fit for work**. The many ways to be active can **generate jobs** and support the leisure sector to thrive. By staying healthier, we can **live independently** for longer and rely less on health and care services.

### BENEFITS FOR COMMUNITIES



Being active is often something we do together or in shared public spaces. By coming together to enjoy and take part in physical activity or sport, **communities are strengthened** and more connected. Sport and physical activity can support diverse communities to come together in inclusive ways through a shared common purpose. Rotherham people have talked about how being active in the outdoors is a way they love to spend time with **friends and family**.

## Building on what's strong

Rotherham benefits from an abundance of **natural assets**. The borough has award-winning public parks, Country Parks, a higher-than-average proportion of green space, as well as rivers, lakes, canals and trails that provide everyday opportunities for walking, cycling and other recreation.

The borough also has a **proud sporting heritage**, with facilities such as the AESSEAL New York Stadium, which hosted matches during the UEFA Women's European Championships 2022, and Herringthorpe Stadium, home of Olympic champion Peter Elliott. Rotherham has successfully hosted other events including the Tour of Britain, National Open Water Swimming events at our country parks, and British Cycling regional BMX events, and local events such as Uplift Festival and the School Baton Relay as part of Rotherham's Children's Capital of Culture Festival Year 2025.



As well as green and blue spaces and high-quality leisure facilities, Rotherham also has a **well-embedded and trusted network of local partners**, including community and voluntary organisations, physical activity providers, sports clubs, community groups and larger organisations.

Rotherham benefits from strong partnerships beyond its boundaries, working closely with the Active Partnership Yorkshire Sport Foundation and with other experts such as the National Centre for Sport and Exercise Medicine (NCSEM) in Sheffield. Through its **Place Expansion partnership with Sport England**, the borough works collaboratively to apply evidence-led approaches and maximise the role of physical activity in addressing health and wellbeing priorities.



# The challenges

However, there are many features of modern life which reduce opportunities to move routinely. Sedentary jobs, car-dependent travel, screen-based entertainment and more complex lives and time pressures have all contributed to lower levels of daily movement. Data shows that a significant proportion of Rotherham people do not meet the recommended physical activity levels necessary to improve health, with **1 in 3 adults in Rotherham inactive** (doing less than 30 minutes activity a week)\* which is below the national average.

Evidence shows that **opportunities to be physically active are not equally distributed** across Rotherham. For some people, being active is far more difficult due to factors such as income, geography, poor health, disability, age, social circumstances, design and safety of neighbourhoods, and access to facilities. These barriers are not about motivation or personal choice, but about the environments and conditions people live in.

To address this, **everyday movement needs to be designed back into daily life in Rotherham**. This includes making it easier to walk, wheel or cycle to local shops and services, accessible and inclusive participation in organised sport or exercise, and increased opportunities for informal movement such as spending leisure time and playing in local parks and public spaces.

The scale of this challenge is significant. It will require considerable focus of time, resource, capacity and strategic intent, to influence the relevant levers to improve the conditions which will make being active possible and appealing to everyone.



\*The latest Sport England Active Lives Adult Survey, (covering Nov 2024 to Nov 2025, published April 2026), provides the most up-to-date picture of physical activity levels in Rotherham. In Rotherham, only 60-62% of adults are classed as active, meeting the recommended at least 150 minutes of activity per week. A further 8-10% are fairly active, completing between 30 and 149 minutes each week. However, around 30-33% of adults are inactive, doing less than 30 minutes of activity per week. When compared to the national picture, Rotherham performs below average. Across England, 64.6% of adults are active and only around 22-23% are inactive. This means Rotherham has approximately 8-10 percentage points more inactive adults than the national average.

# »» HOW CHANGE WILL HAPPEN

This strategy is underpinned by a set of shared core principles that reflect how partners across Rotherham believe change should happen. They represent what is most important in creating a borough that is healthier, happier and more connected through sport, physical activity and movement. They describe how partners will work together through providing a common approach and set of expectations. These principles are not prescriptive or restrictive. Instead, they offer a flexible, practical framework to guide decision making, align collective action and support collaboration across different organisations, communities and sectors.

## We have together committed to:

### Join things up

Developing and communicating a shared narrative  
Connecting the 'system' to more of itself – connecting people and organisations together across sectors and specialties  
Collaborating across organisations in equally mutually beneficial ways

### Start with people

Involving communities in thinking, decision making and delivery of change  
Developing the confidence, capacity and capability of our workforce and communities  
Inspire strategic leaders to help leverage change  
Engage and include those facing inequality and who are least active

### Explore and be brave

Be brave and take risks in trying new and bold things  
Do things differently but keep doing things that have worked well  
Learn and iterate as we go  
Build aspirations and a vision for the way change can happen

### Build for the long term

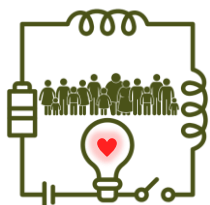
Think about how our work becomes sustainable  
Build on local assets and strengths of our place and communities  
Embed physical activity into every part of 'system'

### Embed equity, diversity and inclusion

Consider the factors that influence and impact on capability, opportunity and motivation for physical activity  
Ensure activity opportunities are appropriate, varied, motivate and appeal to our diverse communities  
Strive for inclusivity, reaching those who are least active and most excluded, and including those with lived experience in our design and planning

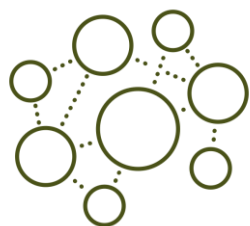
# »» HOW WE WILL WORK TOGETHER

Working collaboratively across communities, partners and sectors is essential to achieving meaningful change across the borough. No single organisation can do this alone; we must unite around a shared purpose to create a strong and sustained movement for change.



Each partner is one part of a complex, interconnected system. By aligning our efforts, we can influence **process, practice and policy**, ensuring that physical activity is embedded throughout the system. Central to this approach is a commitment to placing **people and communities at the heart of everything we do**, enabling joined-up action that delivers lasting impact.

Change will be driven through **collective action and shared leadership** across Rotherham. By working together through the Moving Rotherham Partnership and governance structures, partners will align behind a single borough-wide vision and strategy to influence the system levers that influence physical activity outcomes.



At the heart of Moving Rotherham is a '**Big Active**' network of people and organisations from across the borough who act as a catalyst for change. This network spans a wide range of sectors, roles and communities, with different amounts of time, influence and capacity. The Moving Rotherham structure is intentionally designed to be inclusive, ensuring that organisations and individuals can engage in ways that reflect their role, expertise and reach.

Within this network are other networks with a specific focus, including the **Inclusive Activity network**, a range of **sports networks**, and groups working together on communications and other priorities or projects.



A strategic partnership group of '**System Leaders**' meet regularly to work together to drive and monitor delivery of planned activity and to share insight, learning and evaluation. Oversight and governance is provided by the **Moving Rotherham Board** who report into the **Rotherham Health and Wellbeing Board** and **Cultural Partnership Board**.

Aligned to our priorities and through delivering this strategy, we seek to expand our networks and engagement with the wider Rotherham community so that everyone is aware of or inspired by Moving Rotherham.



# »» OUR PRIORITIES

We have together identified **3 priority audiences** that align with Sport England's Uniting the Movement strategy:



CHILDREN &  
YOUNG PEOPLE



PEOPLE WITH  
LONG TERM HEALTH  
CONDITIONS AND/OR  
DISABILITIES



COMMUNITIES WHERE  
ACTIVITY LEVELS  
ARE LOWEST

To ensure we work effectively with these audiences, we are also prioritising **3 enabling themes** of:



COMMUNICATION



INCLUSION



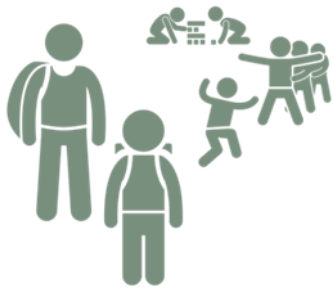
PLACE MAKING &  
SYSTEM CHANGE

As we are working using a systems approach, there will obviously be overlap between these priorities and themes.

We are mindful, that whilst we have focused on getting the least active people more active, we will not completely remove our focus from supporting those people who are **currently active to stay active**. There are thousands of people in Rotherham active every week through a range of sport, leisure or informal activity. For them to stay active, we need to continue to ensure facilities are suitable, a skilled workforce or volunteer network is available, and activities remain accessible.



## PRIORITY 1: CHILDREN &amp; YOUNG PEOPLE



Children and young people are a key priority for Rotherham. They are at a formative stage of life, developing habits and behaviours that will shape their **long-term health, wellbeing and life expectancy**. What happens in childhood and adolescence can set the trajectory for the rest of life.



Investing early in positive physical activity and sport experiences can have a profound and lasting impact, setting habits with the potential to improve both quality of life and healthy life expectancy. Schools, early years settings, families, community organisations and local environments all play a critical role in shaping opportunities for children and young people to move more. Children's earliest physical activity is through play and developing the basic skills of movement. There is joy and benefits to be had through active play continuing throughout the life course.

By creating supportive environments and positive experiences, and by strengthening the connections between schools, families and communities, Rotherham can help children and young people build confidence, resilience and a lifelong relationship with movement. These early interventions do not just benefit individuals but contribute to healthier communities and a stronger future for the whole borough.





## PRIORITY 2: LONG TERM HEALTH CONDITIONS &amp;/OR DISABILITIES



Rotherham has a comparatively high number of people living with **one or more long term health condition**, often developing earlier in life than in other areas. This is reflected in the level of support provided through adult social care, with higher levels of care packages for working age adults compared to many neighbouring places. Long term conditions can affect every aspect of daily life, including employment, relationships, independence, hobbies and family life.

Physical activity plays a critical role in **preventing, managing and living well** with long term health conditions. Increasing activity levels can help people live more years in good health, reduce pain and symptoms, and support better physical and mental wellbeing. For those already living with long term conditions, regular movement can improve confidence, function and overall quality of life.

People experience many **touchpoints with health and social care services** throughout their lives. These interactions represent key opportunities to support and influence positive behaviour change. By working across the system, we aim to strengthen these touchpoints and increase **training and development for the workforce**, ensuring that every opportunity to encourage and support physical activity is maximised. The ambition is for physical activity to be fully **embedded within health and care pathways**, supported by the right structures, processes and ways of working so that movement is considered a core part of everyday practice as prevention and treatment.

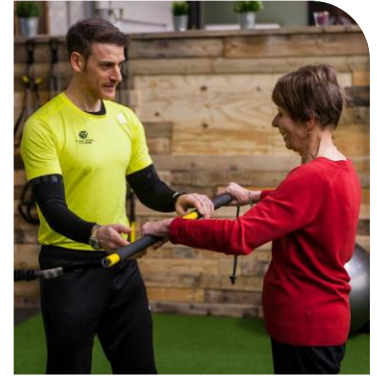


## PRIORITY 3: COMMUNITIES WHERE ACTIVITY LEVELS ARE LOWEST

The Moving Rotherham ambition is that **everyone in Rotherham can experience the benefits of physical activity in ways that work for them**, supporting the development of healthier and happier communities across the borough. Communities are not defined solely by geography; they can also be shaped by shared identity, heritage, culture, faith, interests, employment, or lived experience.



Communities are at the heart of Rotherham and central to this strategy. Health is shaped in the places where people **live, work, learn and play**, and through the relationships, behaviours and social connections that develop over time. Strong communities play a vital role in increasing physical activity levels and supporting long term health and wellbeing. Community life, social connection and having a voice in local decisions are all key influences on positive health outcomes.



Many communities with the lowest levels of physical activity also experience the greatest challenges, including **poor health, disability and wider inequalities**. Some neighbourhoods are more likely to experience poverty and lower incomes, and these also face barriers such as poorer access to green space. The interplay of the various factors of inequality can mean being active is difficult for many people. In our work we set out to make an extra effort to support those who need it most.



Involvement in physical activity and sport has the power to help rebalance these inequalities by bringing people together, reducing antisocial behaviour, strengthening social cohesion and supporting positive mental health. The building blocks for change already exist within communities, including local knowledge, skills, social networks and trusted community organisations and settings. The most sustainable and successful change happens when **communities themselves are supported to lead and take action**.



We have heard from communities how transport and access to opportunities and feelings about their environment, can negatively influence their ability to take part in physical activity. Together we will support more people to **walk, wheel and cycle for short journeys** across Rotherham. To achieve this, walking and cycling must be made **accessible, safe and convenient**, becoming an enjoyable, normal and realistic choice for everyday travel close to home. Public transport also plays a vital role, whilst sedentary car use for short daily journeys should be a last option for those who are able to walk, wheel or cycle.

## THEME 1: COMMUNICATION



Effective communication and consistent messaging are essential to the success of this strategy. Behaviour change is significantly more powerful when messages are **shared, reinforced and amplified collectively**, rather than delivered in isolation. Creating the right platforms and conditions for connection is therefore critical to enabling change at scale. We know not everyone is aware of all the opportunities to be active that already exist in our borough and we want to make it easier for them to find out.

Our ambition is to provide and support **inclusive channels for communication**, working closely with communities and partners to share learning, celebrate success and build momentum. By communicating in a clear, joined up and accessible way, we can strengthen connection, grow a shared movement and support lasting behaviour change across Rotherham.

## THEME 2: INCLUSION



There are deep and persistent inequalities within our communities, with those who are excluded often experiencing significantly poorer outcomes. For people who face barriers to inclusion, **quality of life and healthy life expectancy can be up to 20 years lower** than for those who are more advantaged.

Inclusive practice is therefore essential across Rotherham. Too many people are marginalised due to a wide range of factors, including disability, long term health conditions, poverty, culture, language, age, gender, caring responsibilities and social isolation. The barriers faced inter-relate and are complex, far reaching and often compounded over time.

As a borough, we must work collectively to **identify and remove these barriers**, while providing the right support, adaptations and enabling environments to ensure everyone can participate. By embedding inclusion into everything we do, Rotherham can become a fairer and more equitable borough, where everyone has the opportunity to experience the benefits of physical activity, connection and a good quality of life.







Place-making and system change is the enabling theme that pulls together ways of working to influence levers of change. It is about support across the borough to influence and change physical environments, service interactions, facilities and opportunities that support a more physically active way of life across the borough.

**Without the right skills, knowledge and confidence**, meaningful and sustainable change cannot take place. Developing a strong, informed and capable workforce and community is essential if physical activity is to become the norm rather than the exception, and if progress is to be maintained for future generations. Education and training for individuals, organisations and sectors are therefore key components to our collective ability to communicate effectively. Investing in, and amplifying, education, training and workforce development focused on the benefits of physical activity and sport is a key catalyst for behaviour change. To sustain and build on our already active population, we must ensure that the coaching, officiating, and the volunteer workforce is effectively supported so that opportunities for our residents can continue and grow.



There are many organisations and policies that influence physical activity opportunities directly or indirectly without intention. This theme is about bringing a focus of intention to decisions and plans to facilitate active ways of life, such as influencing local green and blue space, public realm, housing developments, regeneration plans, delivery of local services such as libraries or health care, so that these **promote and facilitate physical activity and reduce barriers to access and opportunity**.

Last and not least, we need to keep adapting to our **changing world**. We will need to find ways of being resilient to our changing weather and must be mindful of the impact of our activities on climate change and nature recovery, so that we can sustainably enjoy being active in our local environment and leave a legacy of a healthy active world for the generations that follow.

# »» UNDERSTANDING OUR PROGRESS

We want to be able to demonstrate progress against our **vision** so:

**“the conditions exist where everyone in Rotherham is able to move more, in ways that feel enjoyable and meaningful, to improve health, happiness and quality of life”.**

Creating a more active borough within a constantly changing context is a significant and long-term challenge. To achieve this ambition, it is essential that we focus on **creating the conditions that enable sustainable change**, rather than short term activity alone. This requires strategic leadership, shared commitment and collective action to deliver the mission of enabling everyone in Rotherham to be physically active.

## STORIES OF CHANGE

Stories of change and success are powerful motivators. They help to inspire others to get involved, take action and believe that change is possible.

In Rotherham, we are working to develop the **online platforms, community networks and human connections** needed to share and amplify these stories. We need the support of communities, organisations, partners and individuals to help grow the message and extend its reach. By sharing success and lived experience, we aim to create a borough wide movement for change and develop champions of physical activity and sport across Rotherham.

## DATA & INTELLIGENCE

Sustainable change takes time. Building confidence, commitment and belief in the impact of this work requires strong **data, evidence and insight**. Monitoring progress and measuring change are essential to understanding what is working and where further action is needed.

Moving Rotherham works closely with partners, both local and national, to capture change through collecting and evaluating data and insight. This shared evidence base supports learning, improvement and the development of both small scale and large- scale funding opportunities for partners.

We will continue to produce an **annual report** that reflects progress, learning and stories from across the borough. This report will be a key tool to celebrate success, share impact and continue to build momentum.

## WHOLE SYSTEM APPROACH

Across the borough wide network, it is important to understand what is working well, where gaps exist and where opportunities for greater impact can be realised. System change is complex and involves many stakeholders, but meaningful progress depends on **working together with shared purpose**. We will continue to support, facilitate and track progress through the **System Maturity Matrix**, in partnership with Sport England and the National Evaluation and Learning Partnership (NELP). This approach will help ensure consistent learning, accountability and system wide development.

## »» WHAT HAPPENS NEXT?

Success depends on the collective efforts of organisations both large and small, leaders, groups and individuals all playing their part.

We will develop an action plan to capture core activities and projects that contribute to the delivery of the strategy. These will be monitored and reviewed, with progress reported as described in the governance processes in this strategy.

### Get involved or keep informed:



BE PART OF  
MOVING ROTHERHAM  
THROUGH WORKING  
TOGETHER WITH US  
TO ACHIEVE  
OUR VISION

SHARE YOUR  
THOUGHTS AND  
MESSAGES THROUGH  
YOUR SOCIAL MEDIA  
PLATFORMS



CONNECT AND  
RECEIVE UPDATES  
THROUGH THE  
MOVING  
ROTHERHAM  
NETWORKS



FIND OUT  
MORE ON  
OUR WEBSITE



SHARE THIS  
STRATEGY





## Annual Evaluation Report

### 2025/26



Working to ensure that the conditions exist where everyone in Rotherham is able to move more, in ways that feel enjoyable and meaningful, to improve health, happiness and quality of life.



# FOREWORD

I am pleased to share an evaluation and learning report which summarises some of the key findings from the work of the Moving Rotherham Partnership during 2025-26. This has been an important year during which we have been able to increase our capacity and focus on physical activity in Rotherham through becoming a Sport England Place Expansion partner.

In this year during the development phase of our Place Expansion funding, we have focused on learning more from the people of Rotherham - how they would like to move more, the barriers they face and the opportunities they can identify for ways we can change things together. The various organisations that work together as the Moving Rotherham Partnership have delivered a range of projects covering different focus audiences and settings from early years to grandparents, and from parks to GP surgeries and schools.

Importantly we have reflected and learnt about how organisations can work better together to create the conditions for change that enable everyone to be active. We want to share our findings so that you can use them to inform your work and support us in helping create a more active borough with opportunities for everyone to move more.

The Moving Rotherham Partnership will draw on these findings to develop a new Physical Activity and Sport Strategy for Rotherham, setting out our priorities over the next 5 years. It will inform our main award bid to Sport England and the action plan to drive and monitor delivery against the outcomes we set out to achieve. We are committing to delivering a further evaluation report next year to continue to share our learning.



**Emily Parry-Harries**

Director of Public Health for Rotherham  
& Chair of Moving Rotherham Board



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# »» SETTING THE CONTEXT

Moving Rotherham is a borough-wide initiative that aims to make physical activity a normal part of everyday life for everyone. Enabling people move more needs to be a shared responsibility - across communities, organisations, and individuals - so that together we can create the conditions that make it easier and more enjoyable to be active. Being active isn't just good for your health and wellbeing - it's good for our communities and for Rotherham as a whole.

There has been lots of learning that has come before this year, and we build on the strengths of that accumulated learning - the strong partnership of organisations working together, the major events hosted, the community groups supported, and the facilities and green and blue spaces our borough has to offer.

The road map shows just some of the significant stepping stones on our journey so far.



Together we have been working to a vision that:

**"People in Rotherham are proud to live in and contribute to stronger, thriving communities by engaging with physical activity and sport."**

# ACTION PLAN

During 2025-26 an action plan was used to track against 5 strategic aims aligned to the Sport England Place Expansion outcomes (shown below in green). A series of workstreams (shown in purple) pulled together themes of work aligned to these outcomes. These workstreams included specific projects led by System Leaders partner organisations and with funding through the Sport England development award.



A theory of change model was developed prior to the development award funding to identify the range of inputs, activities, outputs and short, medium and long-term impacts of the overall Moving Rotherham programme. The key outcomes expected for the development phase 2025-26 are highlighted in orange.



# » EVALUATION METHODOLOGY

This evaluation aims to explore and discuss the cross-cutting learning from the Moving Rotherham workstreams and summarise important findings to inform work as it progresses.

The data has come from individual evaluations from each of the delivery partners who have been involved in the delivery of the workstreams. Each partner presented at an evaluation event to summarise their findings. The slides from this event are included in a separate appendix document. **(Appendix i)** Where partners collected survey results or patient data, this is analysed and also included in the appendix for further detail. Each partner also provided an evaluation report and the responses from these have been thematically analysed to draw out key cross-cutting themes and learning.



# »» ACTIVITIES & OUTPUTS

## What has happened this year?

A wide range of activities, consultations, and evaluations were delivered. Delivery across the development phase combined creative physical activity in green spaces, a behaviour-change health coaching programme, extensive school-based consultation and system level inclusion work.

Activities were embedded in trusted settings including schools, GP practices, libraries, community hubs and local parks, reflecting strong partnership working and asset-based approaches. This work achieved significant community and stakeholder engagement leading to strong insight into barriers and enablers of physical activity. Thousands of people across the borough were engaged through this work. Collaboration across networks of partners brought a variety of training and development opportunities for system leaders, healthcare professionals, community members and other key stakeholders.







Partnership working has been central to the success of Moving Rotherham. A key strength in the borough is the existing networks and partnerships, and these strong relationships have been crucial to delivery.

At the start of this year, the various groups have been formalised to create a clear **governance structure**, whilst facilitating all partners to engage in meaningful ways according to their strategic reach, delivery and capacity. At its heart, Moving Rotherham’s Big Active Network is the collection of all stakeholders with an interest in furthering the vision. A committed group of partners have formed a System Leaders group to meet more regularly to jointly deliver on the action plan and this is overseen by the Moving Rotherham Board which provides strategic oversight and a governance route through to Cultural Partnership Board and the Health and Wellbeing Board.



During this phase, **networks** across the borough have developed further through **stakeholder events** such as the Inclusive Active Network, Healthy Place Making, System Leaders meetings and through individual organisations collaborating e.g. School Games, Yorkshire Sport Foundation (YSF), Voluntary Action Rotherham (VAR), leisure centres, primary care organisations and Every Move Counts (EMC). Through the EMC programme, strong **relationships** were formed with GP practices, Primary Care Networks, and voluntary sector organisations. This strengthened clinical to community pathways, and it is through this partnership developing that sustainable physical activity can become embedded into routine healthcare service delivery.





Healthy Place Making workshops were held with a wide range of stakeholders from different Council departments and other sectors. These focused on housing developments and town centre regeneration and the opportunities for embedding physical activity. Best practice was shared, relationships developed and opportunities identified to work together in the future.

There are many examples of how individual partners have contributed to the wider system ambitions. Rotherham's network of leisure centres delivered by Places Leisure at Aston cum Aughton, Maltby, Rotherham and Wath, are key community assets demonstrating outstanding partnership working and hosting a wide range of programmes that support prevention, rehabilitation and long-term health condition management. They are embedded within local neighbourhoods, trusted by residents and well placed to reach people who many not otherwise engage in physical activity. For example, the Rotherham leisure centre complex partnered with Rotherham United Community Trust (RUCT) to launch a new football group with the Russell Street Mosque and stayed open late during Ramadan to offer sports sessions and an opportunity to breakfast together for the local community.

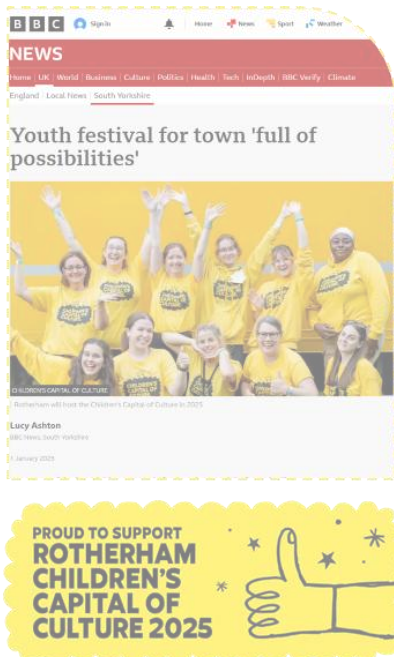


Rotherham Council's Sport and Leisure undertook a coordinated, borough-wide programme of infrastructure development and participation network expansion across Rotherham. This included the production of a new **Playing Pitch Strategy**, the development of a portfolio of up to seven 3G artificial grass pitches, the refurbishment of park tennis courts and the growth of running and cycling networks. The work was delivered over an extended period through a combination of strategic planning, capital investment and community engagement activity- operating across a range of settings including formal sports facilities, public parks, academies and local communities. The approach has been place-based and partnership-led, targeting areas of greatest need and focusing on increasing capacity and access to physical activity opportunities. The work targeted key audiences of children and young people, residents on low incomes and individuals living with long-term health conditions. Strong relationships have been built with clubs, national governing bodies of sport, community organisations and internal Council teams, creating a connected delivery system that aligns infrastructure with participation outcomes.



The Council's Sport and Leisure officer commissioned Eleven Design to develop some **branding options** for the Moving Rotherham partnership. A System Leaders workshop was also held to discuss how to develop a marketing campaign and the communication channels needed.

Various partners have led successful **campaigns** to raise awareness of physical activity opportunities, including the Leisure Centre's Kickstart the year ahead, Rotherham United Community Trust 100 years project and facilitating the BBC to film and raise awareness of Powerchair football fundraising.



It has been helpful to draw on **learning from the Children's Capital of Culture Festival Year marketing evaluation**. They saw a significant national and local coverage of positive news stories about Rotherham, with a noticeable improvement in positive responses online such as through comments on Facebook posts. It was beneficial to have a non-Council branding for a partnership delivered programme with its own unique identity. Facebook was successful in reaching parents who in turn supported children and young people's engagement.

The engagement through surveys from **schools to parents** has shown that many don't know about physical activity opportunities in their local area and would expect to receive that information from school, but schools currently aren't providing it. This provides an opportunity to improve reach and visibility.

We heard through community engagement and the inclusive network how **visible representation** i.e. 'seeing people who look like me', is really important for inclusive engagement and reach and to normalise physical activity for everyone.





FLUX delivered **40 creative outdoor physical activity sessions** across **3 locations** in Greasbrough, Masbrough and Rawmarsh, led by a team of **6 artists**. They successfully engaged **810 people** across early years groups, families, older adults, young disabled adults, care home residents, global majority communities, childminders, and schools. Sessions were co designed and delivery-based consultation was embedded within activities to better understand perceptions of green spaces and barriers to physical activity. A large network of relationships was built with libraries, community groups schools, RMBC teams, councillors, and supported housing providers.



Yorkshire Sport Foundation (YSF) engaged **5 priority communities**: Greasbrough, Rawmarsh, Masbrough/Bradgate, East Herringthorpe and East Dene. **104 people** were involved in consultation to identify key barriers and facilitators to engaging in physical activity. **(Appendix ii)** YSF reflected on the existing programme Active Through Football which focuses on sustained community engagement and working co-productively to identify community assets, increase activity levels and create sustained behaviour change. The programme has had **737 attendees** with over **1000 repeat attendances**. Demonstrating how investing in upskilling local people to deliver activities and focussing on fun and social activities that embrace activity without it always being the primary focus and are key to successful community engagement.





Every Move Counts (EMC) was established as a new team of **3 Health Coaches** and a **Team Leader** to deliver a structured **12-week individual behaviour change programme** to adults with long term health conditions. **375 referrals** were received and a **60.3% engagement rate** was achieved. Participants were **mostly female (63%)** and from the **most deprived quintile (41.4%)**, demonstrating good reach to patients typically less engaged in physical activity. (**Appendix iii**) Delivery took place in community venues and via the telephone to increase accessibility for housebound patients. During the programme, the referral process was adapted to increase number of referrals through self-referrals as well as widening the referral criteria.

Additional 1:1 support in the borough is offered through Rotherham leisure centres' exercise referral programme. This offers 1:1 support for people with long term health conditions for 12 weeks followed by an onward journey to Active Health sessions and access to mainstream leisure facilities. Referrals have been received from National Diabetes Prevention Programme, Active Together (cancer pathway), Healthwave (weight management service) and some GP practices. This programme has been successful in engaging patients in the most deprived areas, with **32.1% of participants** from the 20% most deprived areas.

The pulmonary rehabilitation programme has been a continued success across Rotherham leisure complex and Maltby leisure centre, expanding to also run at Aston, with referrals from Breathing Space NHS secondary care pulmonary rehab services. Other **long-term health condition specific exercise classes** also exist in the borough, such as those delivered by Functional Fitness.

Voluntary Action Rotherham who delivers the Rotherham Social Prescribing Service, commission the Places Leisure centres Active Minds programme. Referrals are received to support patients with access to leisure centres and 1:1 support from an instructor as they need. In the last quarter, 18 new Active Minds referrals and 8 new Severe Mental Illness referrals were received.

## Active Minds Programme

### Our 12-week project

Every Move Counts delivered **training** in GP surgeries to increase healthcare professional's confidence in having conversations about physical activity. **3 GP practices** joined the **Active Practice Charter**, reflecting growing system commitment to promoting movement. This aimed to change the culture in GP practices and health care settings and give healthcare professionals the skills and confidence to have conversations about physical activity.



The Inclusive Active Network delivered a **cross-sector stakeholder event in July 2025**, with **45 attendees**, to initiate a borough wide **Inclusive Activity Network** and to understand the current physical activity offer in the borough. Activity alliance presented data and research, and 2 organisations presented examples of delivering activities to disabled people.

Activity Alliance were partnered with to deliver their Leading Inclusion Programme in which they delivered **3 workshops** to **17 stakeholders**, to empower organisations to embed inclusive practices across their work and help people gain tools and insights to drive positive change, so that disabled people have equal opportunities to be active. An **Inclusive Activity Pledge** has been developed for partners to demonstrate their visible commitment.







A strength in consultation this year has been engaging a diverse range of children and young people (CYP) across the borough. School games, FLUX, Children's Capital of Culture (CCoC) Ambassadors and RUCT all delivered CYP consultation, targeting different groups and through a variety of creative engagement methods.

## SCHOOL GAMES

Through School Games, **12 schools completed the Creating Active Schools assessment**, PE leads were engaged and a growing number of schools developed an Active Schools Development programme. **1,756 children** in Key Stage 2 and Key Stage 3 completed a survey asking their views on physical activity. An additional **244 parents** of Key Stage 1 children completed the survey. **37.5% of respondents were in the most deprived quintile**, and **47.5% of respondents reported they had or were not sure if they had additional needs**, highlighting a success in reaching students who may have less access to physical activity opportunities. (**Appendix iv**)



CCoC delivered interactive and creative sessions with under 18s in Council Youth Cabinet, with the CCoC Youth Programming Panel and other youth groups. They reached **8 youth groups** and had 70 responses. CYP in this consultation were spread across LGBTQ+ groups, CYP not in school, high deprivation areas, SEND groups and **63.5% of participants reporting additional needs**. The creative activities were particularly effective at engaging CYP in consultation who had little interest in sports or physical activity. (**Appendix v**)



Of the FLUX creative outdoor physical activity sessions in green spaces, over **600 CYP** were participants, ranging from early years to older teenagers.



RUCT targeted two key groups: **CYP not accessing mainstream education** and **CYP accessing mosques**, as well as faith leaders speaking on behalf of their communities. Engaged with **10 active participants** within alternative education provision, **68 CYP** via an online consultation with mosques, and an inter-faith steering group with leaders and representatives from **14 different faith organisations**.



# »» COMMUNITY VOICE & CO-DESIGN

Across the Moving Rotherham partnership, community voice and co design have been central to shaping both strategy and delivery, ensuring activity is grounded in lived experience and the local context of the borough.

FLUX Rotherham, through their delivery-based consultation, actively adapted delivery in response to what communities enjoyed and requested. Every Move Counts embedded participant feedback into programme design, refining messaging, simplifying referral processes and expanding demand for home based and accessible activity options, with outreach insights directly influencing where and how promotion took place, such as promotion through libraries.

The voices of children and young people across the borough were amplified through CCoC, School Games and RUCT consultation with a diverse range of CYP. The established relationships that these organisations have with CYP in the borough enabled trusted and open conversations.

The Inclusive Activity Network brought stakeholders together to co produce early priorities and action plans, while also highlighting the need to further expand involvement from people with lived experience of disability.

These approaches demonstrate a **strong, shared commitment across partners to listening, co design and adapting** provision in direct response to community insight.



## »» WHO DID WE REACH?

Overall, the programmes achieved **broad reach** across communities, with engagement strongest where **trusted relationships**, existing infrastructure and senior level support were already in place.

FLUX Rotherham reached 810 people, including **families, early years settings, home educated children, supported housing residents and older adults**, with particularly strong engagement from **grandparents and childminders**. The majority of participants (over 600) were **children and young people**, alongside smaller but meaningful reach into adults in **supported housing, global majority groups and disabled young people**.

People with **long-term conditions and/or disabilities** were successfully reached across several programmes, although this typically required intentional targeting, rather than relying on existing engagement within physical activity networks. The Every Move Counts programme was specifically designed to engage people with **long-term health conditions**. While initially focused on a narrower clinical cohort, it expanded its referral pathways over time, enabling engagement with a broader range of participants, including many with **complex and multiple health conditions**.

The Every Move Counts programme successfully reached groups often under-represented in physical activity programmes, including **females, people aged 55-59 and residents in the most deprived communities**. However, even targeted programmes identified persistent gaps. The programme was less effective in reaching **digitally excluded, housebound individuals, people with language barriers and those not connected to health or community services**, highlighting the need for adaptations such as telephone-based support and translation.

Rotherham leisure centres also demonstrated growing success in inclusive provision, particularly through their inclusive swimming programmes, which engaged over 80 **children and young people with SEND** across Aston-cum-Aughton and Maltby sites. This reflects the potential of adapting mainstream provision to better meet diverse needs.

Both School Games and CCoC consultations reported high proportions of respondents with **additional needs**, indicating good reach into this group. However, CCoC highlighted that **SEND children and young people often required additional support to engage meaningfully**, with implications for future planning around resourcing, accessibility and inclusive engagement methods.

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The Inclusive Active Network plays a key system-level role by working with **stakeholders across the borough** to improve engagement among **people with disabilities**. A key learning is the need to ensure that the voices of **people with lived experience** are central to programme design and delivery, supporting more responsive and inclusive approaches.

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Across the programme, there was successful engagement of CYP, particularly through existing infrastructure such as **Schools Games, FLUX, Council-led established groups and RUCT**. Partners noted that engagement was stronger with stakeholders who were already committed to physical activity, or where there was already an established working relationship. School Games had the most successful engagement in schools where there were already **senior leadership members actively involved**.

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The programmes engaged a diverse range of CYP, with high levels of **CYP reporting additional needs** in School Games and CCoC surveys, strong engagement of **SEND YP and YP with disabilities**. RUCT consultation successfully reached an often-under-represented group of CYP - **those not in mainstream education and those accessing mosques**, although engagement was strongest where prior relationships with RUCT existed.

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**Collectively, these findings highlight both the strengths of relationship-based engagement and the continuing challenge of reaching those least connected to services. At an individual level, multiple intersecting barriers to engagement compound the effect and require targeted interventions to ensure equitable access.**



# »» IMPACT

What did we find out and what difference has this made?

The Moving Rotherham partnership has generated significant system wide learning and local impact by combining community insight, behaviour change support and strengthened partnership working to improve physical activity across the borough. The work has increased visibility of physical activity, strengthened cross-sector coordination and relationships, enhanced engagement in trusted community settings, and generated rich consultation insight and important key learning themes.

Through FLUX, RUCT and CCoC trusted relationships were built with diverse communities, ensuring the voices of children, young people, families and older adults were listened to. This community feedback has identified a strong appetite for **creative, non-competitive, playful and outdoor physical activity**. It also identified **gaps in confidence** about how to play and be active with young children, and in **knowing what opportunities are already available**.

The Inclusive Activity Network strengthened connectivity across the borough, revealing **gaps in provision for disabled people**, fostering **new partnerships** between stakeholders and resulting in a shared commitment to inclusion. The development of the local pledge allows organisations to publicly commit to embedding inclusive approaches across their work, listening to and acting on the voices of disabled people, working collaboratively with partners across Rotherham and contributing to a more inclusive and active borough.

YSF delivered a final report (also included in the appendix document) (Appendix vi) which describes the key features they identified as important in working collaboratively with communities from the conversations they had with community organisations and stakeholders.



The Council's Playing Pitch Strategy has improved our **understanding of local facilities** and demand for sport. This will support prioritisation of improvements and developments of community infrastructure that supports sport and physical activity.

Overall, these programmes have **enhanced visibility of physical activity opportunities**, improved coordination across sectors, and begun to shift towards more aligned system laying strong foundations for sustained, inclusive approaches to increasing physical activity in Rotherham.

Many partners used delivery-based consultation so have directly impacted on individuals through increased physical activity and behaviour change work **improving individual confidence and ability to engage in physical activity**.

Across programmes, partners have targeted key groups where physical activity is lowest for consultation and delivery. FLUX and YSF consultation focussed on Greasbrough, Rawmarsh, Masbrough/Bradgate, East Herringthorpe and East Dene. YSF noted from their community consultation that **residents specifically identified gaps** such as women-only swimming, gentle or chair-based exercise, inclusive sessions for disabled people and spaces where people feel safe and free from judgement. These are the areas where exclusion from physical activity is most visible. Active for Health also showed that when activity linked clearly to health needs and was delivered appropriately, longer-term engagement improved.

Similarly, FLUX identified **walking programmes** as an important and scalable method of engaging people who are less physically active. **Creative activities** were another key tool used by FLUX and CCoC to engage with people who had less interest in physical activity and to build up confidence in social physical activity.

Every Move Counts demonstrated impact at both individual and system levels. At a system level, it strengthened clinical to community links and provided training to healthcare professionals to **increase system capability and confidence** in having conversations about physical activity. On an individual level a significant majority of participants felt that the programme helped them to engage in physical activity '*a great deal*', helped them **achieve increased activity levels** of more than 60 minutes of physical activity per week, and noticed 'some' or 'significant' **improvement in mood** or emotional wellbeing since completing the programme. Similarly, the pulmonary exercise programme resulted in **reduction in anxiety levels**, and **increased life satisfaction of participants**. One participant reporting '*feeling alive again*' and his wife saying, '*he is like a new man*', after 10 weeks on the programme.

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Consultation by FLUX with CYP with disabilities identified an important theme of **fear** being passed on from adult carers, but that YP with disabilities **enjoy the social element** of being outdoors together. This further highlights the **opportunities for training and confidence building of adult caregivers** to help young people engage with physical activity, particularly in outdoor spaces.

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School Games generated valuable insight at scale, which will enable schools to tailor their physical activity and sport priorities based on pupil feedback as well as identifying key barriers and facilitators to physical activity for CYP in the borough. Overall, **56.1% of respondents fully actively travel to school**, with the percentage increasing in older children from 44.9% in Key Stage 1 to 60.5% in Key Stage 3. Respondents overall felt they did a little **more physical activity since primary school** (6.3 on a 1-10 scale). However, there was a **broad variance** of respondents ranging from much less to much more. Most common reasons cited for doing less physical activity included **time, opportunities** and energy or **motivation**. Notably, these were similar to the reasons for doing more with the top three facilitators to increased levels of physical activity in secondary school being opportunities, independent and energy or motivation. Other key barriers to physical activity highlighted were **confidence, screentime** and **boring**.

Interestingly, '**don't know where**' was highlighted as an important barrier to physical activity reported by nearly 40% of Key Stage 1 parents. Key Stage 1 parents responded that their key sources of information about physical activity are **school and online**. This demonstrates a key opportunity to improve primary schools' engagement and communications with parents, as well as a need to enhance the online visibility of the physical activity offers across the borough. For 70% of Key Stage 1 parents, the key facilitator to engaging in physical activity was making things **less expensive**, and this sentiment has been mirrored across consultations including with YSF and FLUX.

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RUCT identified demand for **non-competitive beginner-friendly** session with focus on **social participation**, promoting opportunities to come with a friend or meet new friends.

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FLUX identified a key barrier to engagement in green space physical activity as a lack of confidence among adult caregivers. While opportunities for outdoor activity may be available, caregivers felt uncertain about **how to use green spaces safely** or in a way that supports children physical activity. A key consideration for future delivery is targeting training or confidence building sessions to enable adults to support children to be physically active more confidently in outdoor spaces.

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Across programmes, consultations identified a shared understanding of barriers and facilitators to physical activity were identified. In addition to the insight from School Games surveys, further barriers including **cost, transport, safety, confidence, litter and seasonal challenges** were consistently identified, alongside clear facilitators such as **free, accessible, sociable and non-competitive activities**.

**Medium- and longer-term impacts** of the programme are expected to emerge over time, extending beyond immediate impact of participation or engagement numbers. Consultation activity has consistently emphasised sustainability, with learning from delivery, and community feedback actively informing longer-term planning. This work is shaping the development of the borough's new 5-year physical activity strategy, embedding principles of inclusion, accessibility and community led design into future policy and investment bids. In addition, the programme has contributed to increased system wide capability, particularly through the training delivered to professionals and partners.

## » CHALLENGES

Several challenges were identified across the planning, delivery and evaluation phases of the work.

Engagement and **consistency** across partners varied. Not all partners attended the scheduled monthly coordination meetings, which limited their awareness of wider delivery activity and reduced opportunities for collaboration. Similarly, not all partners consistently updated their action plans, requiring additional follow-up and support through 1:1 meetings. Despite this, the use of regular action plan reviews provided a strong structure for maintaining accountability and progressing delivery.

In addition, a number of **programme-specific challenges** were identified, including initially restrictive referral processes within Every Move Counts, poor weather impacting engagement in outdoor activities for FLUX Rotherham, and the practical challenges of analysing and interpreting large-scale datasets generated through the School Games. Overall, despite these challenges, strong progress was achieved.

Capacity constraints among key stakeholders meant that consultation activity often engaged partners with **existing strong relationships**, such as schools already well connected to School Games and youth groups with established links to CCoC. Whilst having the benefit of good engagement and high numbers of reach, it potentially limits or **misses the perspectives of less engaged** organisations and communities. **Time pressures** were frequently cited as a barrier, affecting programme delivery, the depth of consultation and, in some cases, limiting opportunities for cross-sector collaboration. The variation in start dates across different workstreams made it difficult to align activity and establish a consistent pace from the outset.

**Aligning timelines** across infrastructure development and community delivery has required careful consideration, in addition to managing community expectations relating to time to build periods. This is particularly true of active travel projects where building a vision, can lead to expectations that are slow to reach delivery due to the processes and build time involved.

The theme with least progress was **communications**, in part due to lack of capacity and in part due to a decision to align other timeframes. It was difficult to identify and refine key target audiences without the findings from the consultation work. However, the evaluation now provides a more targeted and effective approach moving forward. At this stage there is also the scope to align to development of a borough-wide webtool to support activity finding alongside other community provision and information making a more holistic and useful website and the ability to align comms and promotion.

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Digital exclusion remained a challenge, restricting engagement for some groups and presenting a need for more flexible marketing strategies.

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On a systems level, a key challenge was developing a robust understanding of the National Evaluation and Learning Programme System Maturity Matrix and the associated **monitoring and evaluation requirements**. Although a dedicated post was initially allocated to lead this area, the project manager had greater system, network and physical activity knowledge and awareness so took on this responsibility to fully understand the required outcomes and theoretical frameworks, and to ensure they were embedded within both the Theory of Change and the delivery plan. This, as well as recruitment processes to put the programme manager in post, contributed to delays in the early stages of mobilising the programme.

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Evaluation presented further challenges due to the need to balance **tight turnaround** times with multiple reporting requirements. This included meeting internal council processes, fulfilling reporting obligations, and aligning with the NELP Spring Evaluation. These competing demands created significant pressure. However, delays were not an option due to the fixed delivery period running until March 2028 and the need to maintain continuity for certain contracts, where funding for roles would otherwise have ceased.

# »» CONTRIBUTION TO SYSTEM CHANGE

Overall, this work has contributed to establishing a more coordinated, borough-wide approach to sport and physical activity provision. It has strengthened partnerships across sectors, including sport, health, planning, highways, schools and community organisations. The schemes have created more aligned ways of working between strategic leadership and local delivery. This has increased organisational confidence and capability in delivering large-scale, integrated interventions, while embedding a shared focus on outcomes related to physical activity and health.

The Moving Rotherham Board has brought together a wide range of key organisations delivering at scale, many of whom are well positioned to influence policy, strategy, and system-level change. This has already resulted in tangible outcomes; for example, collaboration between RUCT and Places Leisure led to adjustments in leisure centre opening times to accommodate Eid, ensuring greater accessibility for individuals observing fasting.

The Healthy Placemaking Network has also supported system change through the development of smaller, focused task groups. These groups are driving collaboration across areas such as active travel, transport, regeneration, and green spaces, working collectively to create more inclusive and inspiring environments that encourage physical activity across different population groups.

In addition, strengthened links between Planning and Public Health have led to joint work on a “healthy checklist,” helping to ensure that the design and development of local spaces actively support and enable physical activity within communities.

**Overall, this work has contributed to the development of new partnerships, more integrated ways of working, and increased confidence and capability across the system, helping to embed physical activity within wider strategic and operational practice.**





# »» LOOKING INTO THE FUTURE

Across the Moving Rotherham partnership, there is strong potential to scale and sustain future work that prioritises trust, accessibility, collaboration and system integration. On a systems level, this work has demonstrated the importance of adopting a whole-system approach that integrates infrastructure, participation and community engagement. Future delivery should continue to prioritise place-based investment, strengthen the alignment between strategic planning and operational delivery. It also highlights the need to maintain a clear focus on inclusion and reducing inequalities to ensure that investment benefits those who face the greatest barriers to being active.

Future work should centre trusted settings as anchors for delivery, recognising that participation is strongest where people feel safe and where relationships already exist, such as schools, community venues, faith spaces and healthcare settings. It should maximise use of existing networks while investing in new cross sector partnerships, strengthening collaboration across health, education, culture, sport and the voluntary sector. A strong commitment to community led co design should underpin any future programmes, ensuring that people with lived experience are meaningfully involved in shaping priorities, delivery models and evaluation.

Prioritising joined up clinical and community pathways, embedding activity into routine practice and referral routes will be vital to support sustainability and reduce reliance on short term engagement.

Flexibility must be built in throughout, with adaptable communications and delivery approaches that respond to the needs of different groups and actively address accessibility and inclusion. Creative and inclusive delivery models should be used to reduce barriers, build confidence and maximise enjoyment, while a clear focus on visibility and representation will ensure that a wide range of communities see themselves reflected in activity.

Individual partners have highlighted areas of their programmes that have the greatest potential for sustainable scaled up work. From FLUX, three scalable strands have emerged: confidence building for adult influencers to support use of outdoor spaces, creative and inclusive activity linked to the design and use of physical park spaces close to home, and creative walking programmes that can be adapted across the borough's extensive network of green spaces, offering a low cost, accessible form of physical activity with clear opportunities for cross organisational collaboration.

Every Move Counts demonstrates strong potential for scale through its 1:1 behaviour-change coaching model embedded within routine health pathways, with referral systems that could be expanded across all GP practices and further supported through targeted training for GP trainees to strengthen system wide recognition of physical activity.

The Inclusive Activity Network has already established a sustainable platform for long-term impact through inclusion training, shared learning and newly formed partnerships, providing a strong foundation for continued sector development.

School Games highlights the value of strengthening school to community connections, particularly by engaging parents and increasing completion of the Creating Active Schools framework, alongside using insight into high demand activities to better target provision.

YSF recommended future investment across trusted community connectors, reducing practical barriers such as transport, embedding activity into existing settings, all supported by improved local communication, including offline routes.

Finally, both Children's Capital of Culture and RUCT point to the importance of sustained, long-term engagement with under-represented groups, with recommendations for further targeted consultation through pupil referral units and young people not in employment or education.

## »» SUMMARY OF KEY LEARNING THEMES

1. Trusted settings and trusted relationships drive participation and engagement.
2. Requirement for varied communication methods including both online and offline options (support digital inclusion, accessibility of online/ telephone but increased impact from face to face). Need to be adaptable and flexible to different groups (marketing, comms and delivery all different).
3. Need to use existing networks as well as build new networks.
4. Embed opportunities or programmes into existing pathways and touchpoints.
5. Visibility and representation essential for all groups - older people, families, disabled people all want to see more people like themselves out doing activities
6. Need strong communication to increase visibility of local offer to the public and stakeholders.
7. Sustained work, longer-term activities (establishing commitments to weekly not one-off sessions) is critical to building confidence, engagement and lasting impact.



# » CONCLUSION

The development phase was successful in achieving the outcomes it set out to achieve:

**Collaboration across sectors increased and strengthened.** There is a strength of partnership working that can continue to flourish and build.

There was an **increased understanding of local facilities** and needs. There is now a Playing Pitch Strategy to describe the development requirements for meeting a range of sports needs across the borough. This could be expanded further to better understand the wider development requirements of public realm, green and blue spaces and other leisure providers, especially to facilitate better access to non-competitive everyday physical activity opportunities.

There was an **increased awareness of physical activity opportunities** through healthcare training and referral-based coaching, and through community-led activity. However, there is potential to expand awareness further through supporting schools to communicate opportunities to parents and through use of greater marketing and communication channels.

Community voice has been successfully gathered to **articulate the motivations and barriers to activity**. For parents there is a lack of confidence in how to facilitate early play and social physical activity outdoors. Creative activities were successful in engaging people who might not recognise themselves as active or motivated by physical activity. There was a desire for non-competitive, accessible and social local activity, such as walking groups.

The Every Move Counts referral programme has used health coaching to support inactive long-term conditions **patients start and maintain regular activity**. Places Leisure and other providers are also successfully supporting patients with health conditions to access and maintain regular physical activity. There is potential to improve referral pathways and connections to community activity provision, but patients who participated improved their wellbeing and activity levels successfully.

Training sessions have enable **healthcare professionals increase their knowledge and confidence** about physical activity and working with GP practices to use the Active Practice Charter has focussed staff on the potential benefits of physical activity for themselves and their patients.

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Through training and network events **providers now better understand how to become more inclusive**, with the opportunity to openly and honestly discuss challenges and approaches and share ideas and best practice. Providers are keen to commit to a pledge to continue this approach and facilitate ongoing improvements.

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Through school-based surveys, activity sessions, and other engagement opportunities, **children and young people's voices have articulated their motivations and barriers to activity**. For young people, time, opportunity and motivation provide both a barrier and facilitator to engagement. Screen time impacts on activity levels and motivations and therefore we must be mindful of the risk and opportunity this creates. There was a broad range of activities that appealed to children and young people, ranging from mainstream sports to less traditional physical activity, such as climbing, recreational cycling and parkour.

The Moving Rotherham Partnership will now use this evaluation to inform a new **5-year Physical Activity and Sport Strategy** with clear priorities for future work and ways of working. This will ensure the application to Sport England for main award funding for 2026-28 is aligned to this vision and approach and to the wider partnership capacity and programmes of work.

Choose an item.



## Better Care Fund 2026-27 Narrative return

### Introduction and guidance

This return has been designed to enable ICBs and local authorities, working with Health and Wellbeing Boards (HWBs), to submit information which demonstrates how their plans for the Better Care Fund (BCF) meet the national conditions and planning requirements for 2026-27. Completing and submitting the BCF narrative return is a required part of the overall BCF submission process. Planning leads should ensure that all questions within this narrative return are fully addressed.

This year, the length of the narrative return has been reduced. This reflects feedback on the benefits of a more focused BCF assurance process. In completing the return, HWBs, ICBs and local authorities may wish to develop more detailed joint plans for BCF expenditure for their own use and/or draw on other joint plans.

Each question in the return has a suggested length of around a page (around 500 words) and we would generally expect the overall submission to be around 2500 words. These act as a guide to support a more focused assurance process rather than strict limits.

The narrative provided in this return should align with the expenditure plans and the ambitions for the national metrics set out in your BCF excel numerical return.

When completing the narrative return, please use the following documents for guidance and support, these can be found on the [BCF Exchange](#):

- **Planning Principles:** outlines what good practice looks like in relation to each narrative question and aligns with the relevant national conditions.
- **Metrics Handbook:** provides the formal technical specifications for the national metrics within the framework, including the rationale, methodology, required data inputs and worked examples.

### Submission Requirements:

- Each HWB area must have its own BCF excel numerical return, but a single narrative BCF return covering multiple HWBs may be submitted where this reflects local integrated working arrangements.
- Each HWB area included in a combined narrative return should provide clarity and state any specific details relevant to the separate HWBs within the narrative questions (and more words may be required for this than a single HWB return). Local authorities, ICBs and HWBs for each area should formally sign off the shared narrative return and their individual numerical excel BCF return.
- The deadline for completing this narrative return is **19 May 2026**.

- Please submit this return to both: [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) and your regional better care manager(s).

### Submission details

*Mandatory to complete, please do not submit a return without completing the details below:*

| <b><i>Adapt as necessary</i></b> | <b>HWB area 1</b>                        | <b>HWB area 2</b> |
|----------------------------------|------------------------------------------|-------------------|
| <b>HWB</b>                       | <b>Rotherham</b>                         |                   |
| <b>ICB</b>                       | <b>South Yorkshire (Rotherham Place)</b> |                   |
| <b>ICB</b>                       |                                          |                   |
| <b>ICB</b>                       |                                          |                   |

**1. Please provide a short statement setting out the rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services.**

Rotherham has a strong record of partnership working across Health, Social Care and the Voluntary and Community Sector (VCSE) to deliver positive outcomes for local people. Our Better Care Fund (BCF) objectives align with the NHS 10-year plan, the five-year commissioning intentions and the Council's Adult Social Care Strategy, all of which prioritise helping people live independently at home for longer. The shared ambition is to shift focus from sickness to prevention, from hospital to home and from analogue to digital. Current BCF investment is organised around six themes: prevention; community-based care (including intermediate care); integrated working; care management and coordination; support for carers; targeted support for high-need cohorts; and digital innovation.

Rotherham has a population of around 271,195, with rising demand driven by significant health inequalities and an ageing population. Thirty-six percent of residents live in the most deprived national quartile, with life expectancy gaps of up to 10 years. Healthy life expectancy is six years below the national average. There is a high prevalence of long-term conditions and disabilities. Currently, 25.8% of the population is over 65, with an expected increase of 8.2% by 2030. The number of people aged over 80 is projected to rise by 17.6% to 18,700. For those aged 65 and over with a primary need of learning disability, numbers are expected to increase by 8.5% to 1,291. Despite investment in alternative pathways to the Emergency Department (ED), attendances continue to rise and are being investigated. While admissions remain relatively stable, there has been a 5% increase in complex discharges between 2024–25 and 2025–26, indicating greater acuity and complexity, likely linked to reductions in avoidable admissions and earlier discharge.

We are approaching 2026–27 as a transition year. We will continue to progress development of integrated neighbourhood working, out-of-hospital pathways and system flow. This will incorporate activity and learning from national pilot programmes secured by Rotherham and SYICB, including the National Prevention Accelerator Site, the Integrated Neighbourhood Programme and Pathways to Work. We will strengthen neighbourhood capacity, in line with our five-year commissioning intentions, through redevelopment of our home-from-hospital model, expansion of clinical pathways and investment in enablement, including a new discharge-to-assess pathway. Neighbourhood teams will focus on reducing health inequalities through increased uptake of over-40s health checks, supporting young adults with emerging mental and physical health needs and building on our proactive care model for highly complex frail people, typically in their last year of life and at greatest risk of avoidable admission.

However, given projected growth in demand and cross-system financial pressures, we recognise these actions alone will not deliver the scale of left shift required. During 2026–27 we will review how urgent and emergency care is delivered, with a view to redesigning pathways, modernising ways of working and realigning resources. This will be a whole-system, diagnostic-led approach, underpinned by strong operational ownership and effective use of data. The work will be informed by:

- i. A diagnostic to understand ED demand, with targeted activity to reduce attendances from high-intensity users, the top five referring GP practices, care homes, high-impact conditions (respiratory, CVD, diabetes) and 25–40-year-olds.
- ii. A strategic review of community health services to identify operational and financial opportunities to reduce duplication and increase capacity.

- iii. A review of intermediate care and the commissioned bed base to right-size pathways, grow support at home and reduce reliance on bedded care, including long-term care.
- iv. Re-tendering of the Rotherham equipment service, with potential for a joint service with Sheffield and Doncaster to achieve efficiency savings.

Following a RAG review of BCF-funded schemes, we do not intend to make significant changes to BCF allocations in 2026–27 while these reviews are underway. We will continue to invest in services designed to prevent avoidable acute and community admissions and strengthen system flow:

**i. Multi-disciplinary intermediate care:** We will enhance the intermediate care pool, particularly Pathway 1 discharge to assess (D2A), by deepening integrated working between therapy and enablement teams. This will support faster, more accurate assessments, reduce discharge delays, reduce the size of care packages and minimise reliance on community beds. Resource will be redirected from a de-commissioned private bridging service into in-house capacity.

**ii. Hospital at Home expansion:** We will grow our Hospital at Home model as a core admission-avoidance and early-discharge pathway, increasing the number of clinical pathways to expand capacity and support more people safely at home.

**iii. Support for carers, direct payments and the VCSE sector:** Investment in carers, personalised support and VCSE partners will increase independence, resilience and the ability to manage at home, reducing escalation to urgent care and supporting smoother system flow.

**iv. Specialist provision:** To support those at high risk of admission or long lengths of stay including mental health, learning disabilities, stroke, neuro-rehabilitation and Breathing Space (respiratory). A review of high-intensity users will streamline identification and ensure proactive, targeted intervention.

**v. Digitisation and technology-enabled care:** We will expand shared care records, remote monitoring, online training and system-wide command information to improve visibility, early detection of deterioration and coordinated decision-making, reducing avoidable admissions.

Teams will be required to adopt more integrated ways of working, with enhanced care coordination and a stronger focus on productivity, value for money and impact. The future model will be funded through reallocation of existing resource, with additional targeted investment from the increased NHS contribution.

Oversight of the transition and delivery of in-year BCF goals and national metrics will continue through the Health and Wellbeing Board, supported by the Integrated Neighbourhood Programme, Urgent and Emergency Care and BCF governance frameworks.

2. **Please provide a brief explanation of the rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Please also set out how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long term admissions to residential care and nursing homes.**

The BCF metrics and goal-setting process are aligned with wider health and care commissioning priorities, including model neighbourhoods, national urgent and emergency care (UEC) metrics, and plans to expand community capacity to support a left shift away from ED, acute care and community bedded provision. System-level population health modelling has projected increases

in demand, complexity and acuity if growth continues unchecked. These projections have informed targets to stabilise or reduce demand through preventative actions, including alternative pathways to ED, new models of working, increased integration and targeted investment.

Questions 4 and 5 outline Rotherham's three-tiered governance, assurance and performance management approach at system and service level. Key details for each BCF metrics are summarised below.

### **Emergency admissions to hospital for people aged 65+ per 100,000 population**

Planned figures are based on observed activity from locally held SUS data, providing timely intelligence consistent with South Yorkshire approaches. Rotherham is on track to meet the 2025/26 year-end goal. Analysis of 2024/25 and 2025/26 shows stable admissions with no significant growth. Planning aims are for 0% growth in ED attendances. As reducing avoidable attendances is expected to increase acuity, the 2026/27 planning target applies a 1% growth in average admissions across the previous two years to reflect underlying demand and seasonal variation. The figures used for number of admissions on the Numerical Template submission are taken from HES data. The HES data is several months behind and rounds to the nearest 5. We have applied the 1% growth to the number as reported in the SUS data. SUS data is timelier, enabling more accurate baseline and quarterly reporting. It also provides additional detail on admissions (allowing further drill-down analysis), is routinely used across our system, and is well understood by our providers. This approach has been taken following discussion with the BCF metrics advisors, however, it should be noted that it does result in the figures appearing to show a reduction when the narrative states a 1% growth.

Operational performance is monitored daily at pathway and Place level through system flow meetings. Whole-system oversight is provided by the Urgent and Emergency Care Group and the South Yorkshire Alliance Board, with performance meetings assuring home- and bed-based discharge pathways and community services.

### **Average length of discharge delay for all acute adult patients**

Recent changes to measurement make year-on-year comparison difficult. Benchmarking across South Yorkshire shows wide variation in data. We note, further guidance is expected. We will use 2026/27 as a baseline to develop a time series and assess improvement activity. Local SUS data used to replicate the measure indicates that we are not on track to meet this target in 2025/26.

In 2024/25, 82.7% of adult patients were discharged on their DRD, with an anticipated rise to 84.7% by the end of 2025/26. The average delay was 4.9 days, with monthly variation. A deep dive into discharge performance will take place as part of the winter debrief, with an initial aim to reduce delays over 21 days in 2026/27. BCF-funded schemes and wider planning are expected to improve monthly DRD performance by 2 percentage points compared with the equivalent month in 2025/26 and reduce average delays by half a day. Metrics may need adjustment in Q1, subject to guidance.

### **Long-term support needs of older people met by admission to residential or nursing care**

Fewer people than anticipated were admitted into formal care in 2025/26. All decisions for care home placements are reviewed by the Strength Based Eligibility Forum within Adult Social Care to ensure least-restrictive options are considered first, based around the principles of personalisation and a strengths-based approach. Around 70% of people receive home-based services before stepping up to bedded care, indicating that investment in home support is delaying admission. The 2026/27 target maintains current admission levels, derived through



regression modelling and service knowledge. Modelling extends the positive trend while accounting for rising demand, and service insight ensures caution regarding how long delays can be safely sustained, alongside inflationary and external pressures. Alignment with Client Level Data (CLD) has improved reporting stability.

### **Proportion of people aged 65+ discharged into reablement who remain in the community after 12 weeks**

The Council re-designed the enablement service in 2025/26 with a change in leadership and management and increased investment including new roles to improve flow on and off pathways and regular reviews of progress to have timely changes to support interventions. Improvements also include proactive in-reach into the acute bed base to support earlier discharge.

Improvements to the OT provision in the service allow for greater OT intervention and oversight to improve access to equipment and Assistive Technology. Increased emphasis on timely assessment creates flexibility to provide support where it is needed, increasing longer term independence and reducing the need for formal on-going care. Further analysis of productivity, capacity and demand will take place during 2026/27 through the intermediate care review to release resource and inform future resourcing requirements. CLD data and the BCF dashboard will support monitoring and goal setting, although data lags remain a challenge. Benchmarking will inform future resource allocation and targets.

A core part of the 2026/27 system wide diagnostic work is to review what data, management information and insights currently exist within and across partner organisations, how they are used and who they can be accessed by to support urgent, emergency and community care. The outcome will be used to bring together a consistent data set, accessible by all partners, to inform evidence based whole system decision making for use in strategic decision-making forums such as the BCF /UEC governance and delivery groups, and operationally by services. The work will review consistency of data definitions and data quality to improve outputs. Data quality is also being addressed through the community service review and within individual services.

### **3. Please provide a short explanation of the planned impact of BCF funding on achievement of goals.**

Population health and demographic trends (question 1) indicate rising demand that could negatively affect BCF metrics if left unchecked. Despite a 6% rise in ED attendances and a 10% increase in TOCH referrals between October and March 2025/26, performance largely improved: ED 4-hour performance rose, ambulance handover times fell from 39.60 to 16.77 minutes, category 2 response times improved from 28.73 to 21.82 minutes, and acute/community admission rates remained on target. Discharge delays remained challenging. BCF investment therefore focuses on admission avoidance, improved discharge pathways, and strengthened home-based community support, particularly enablement, to reduce reliance on acute and long-term residential care and improve system flow.

### **Prevention: Reducing Avoidable Hospital Admissions**

Integrated neighbourhood objectives aim to increase self-care, improve quality of life and reduce demand on primary, community and urgent care including acute admissions. Funded services will target:

- i. Adults over 40 who have not accessed health checks and are at risk of developing LTCs. People in deprived communities develop conditions earlier and remain undiagnosed for longer; Rotherham is currently an outlier for 'healthy' people presenting to unscheduled care, suggesting unmet need.
- ii. Adults aged 18–39 with one physical LTC and depression, who are more likely to deteriorate quickly, develop additional LTCs earlier and experience prolonged ill health.
- iii. Frail people with four or more LTCs and multiple admissions. Building on a pilot of 105 patients which showed reductions in medications, ambulance visits, admissions, out-of-hours GP calls and deaths. Those receiving a comprehensive geriatric assessment had 37% fewer admissions.

We will expand out-of-hospital pathways to deflect conveyances from ED and reduce avoidable admissions, including:

- New virtual ward pathways and an integrated Hospital at Home model with urgent community response services for flexible resource allocation.
- A new 'PULL' model for lower-level ambulance referrals, complementing the existing 'PUSH' model that reduces ED conveyances by c.39 per month.
- Continuing the community X-ray pilot, which delivered c.73 care-home X-rays, improving outcomes and reducing ambulance/ED demand.
- Digital innovation such as remote monitoring and self-care tools for early deterioration detection.

### **Reduced Hospital Discharge Delays**

We will continue investing in integrated physical and mental health, therapy, enablement and social care to support timely assessment and coordinated discharge. Resource will be re-distributed to develop:

- The multi-disciplinary TOCH to improve referral quality, decision making and reduce delays.
- Home-from-hospital and enablement in-reach to identify early discharge opportunities and reduce length of stay.
- A discharge-to-assess therapy and enablement model to reduce long-term care needs through targeted short-term intervention.
- Digital tools including shared care records, an IMC bed dashboard and system flow command centre.
- Ring-fenced winter-pressure support including social care capacity, extended discharge hours, pharmacy, transport and increased enablement capacity.

### **Reduced Admissions to Long-Term Residential Care**

c.70% of people receive care at home indicating progress in delaying admission. Alongside the above, we are investing in lower-level support through the All-Age Carers Strategy 2026–2031,

including a new Carer Connect app. Joint VCSE commissioning provides lifestyle and wellbeing support that reduces isolation and prevents decline.

A review of community OT services found 30% of users received more care than potentially required. Resource is being redirected to equipment provision, triage, trusted assessors, digital solutions, housing OTs and discretionary discharge funds to support independence for longer. We are exploring a joint equipment service with Sheffield and Doncaster. DFG funding will continue to support rapid home adaptations and time-critical interventions.

### **Increased Independence at Home Following Enablement**

We are decommissioning an independent Home from Hospital service to expand in-house enablement capacity for both admission avoidance and discharge, enabling more timely support. This helps people reach and maintain a baseline at home, reducing admission/readmissions. Service improvements will focus on productivity to increase capacity including digitised record keeping and new roles to assess on and off service releasing care hours.

### **4. Please outline how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.**

Rotherham uses a three-tiered approach to evaluating productivity, impact and value for money, enabling effective information sharing without duplication. Service specifications set out required qualitative and quantitative metrics, which are monitored within organisations and through ICB performance meetings. Service improvement, innovation and national performance measures are overseen through programme boards and cross-system assurance groups. The BCF Operational and Executive Group specifically monitors BCF-funded inputs, outcomes and metric goals, reporting to the Health and Wellbeing Board and wider governance structures. (See question 5).

Commissioning intentions align with the Health and Wellbeing Strategy and the Rotherham Place Partnership Health and Care Plan, which outline how health and care partners will deliver shared priorities. All commissioning plans, including the BCF Plan, are designed to maximise value for the "Rotherham pound". Rotherham's strategic commissioning approach is evidence-based, drawing on population health needs identified through the annual Joint Strategic Needs Assessment (JSNA) and capacity and demand modelling.

National datasets are used to benchmark performance, particularly for four-hour performance, bed occupancy and discharge delays. These include ECIST North Dashboards, the Rotherham A&E Flow Pack, the NEY Discharge Ready Date Report and the Weekly Discharge Report. The ICB has developed InSYghts dashboards, including an Integrated Performance Report, Urgent Care Board Report, Benefits Bank (measuring the impact of change) and population health data. Intelligence from national and local equipment service communities of practice and ADASS has informed plans for re-commissioning of the equipment service particularly in relation to key decisions around lead commissioner, credit or block model and financial baselining. We have aligned our standard and specials stock list with Sheffield for efficiencies and developed a joint specification informed by specs from Leicester and Kirklees.

Population health analysis and risk stratification tools, including Eclipse, have shaped the proactive care and neighbourhood model. The BCF-funded Population Health Lead has contributed to a new insights' dashboard analysing ED attendances, which has informed five workstreams to reduce avoidable attendances and admissions and guide future investment.

Rotherham is an active member of local and national communities of practice, using good practice to inform local developments such as the establishment of a co-located, integrated, multi-disciplinary Transfer of Care Hub following visits to Barnsley and Oldham and Bradford's discharge-to-assess pathway, with bookable slots and ring-fenced resource. Following a presentation at the NEY Regional Networking Event in Leeds, Rotherham has hosted visits and webinars for areas interested in the nurse consultant-led hospital-at-home model and the integration of unplanned care services.

A joint health and social care mapping exercise has been completed for 2026/27, reviewing all BCF-funded schemes, applying a RAG rating and assessing current spend, future needs and objectives. This provides assurance that investment is targeted appropriately (see question 3). However, future funding will be conditional on transitioning to new delivery models, increasing integration and improving productivity to support the left shift, and neighbourhood agenda.

To support this, strategic reviews of community health services; intermediate care and the commissioned bed base and re-procurement of our equipment service are underway. These reviews will assess productivity, capacity and demand and ensure that future investment is aligned to need, supports system flow and maximises the impact of BCF resources. Work is informed by a new Theograph digital tool developed to provide a visual display of which services an individual is accessing and when. Information can be accessed as a summary or at an individual level to identify areas of duplication and opportunities to improve signposting and streamline care.

A key driver of service re-design and pathway development is to increase productivity. For example, the development of the Home from Hospital enables a larger pool of staff with a greater skills mix which is deployed according to the level of acuity. The advanced nurse practitioner service which previously only supported care homes is now part of this service, supporting complex triage, clinical telephone advice and home visits to those who would otherwise be in hospital. Lower level cases are seen by the urgent community response avoiding a potential admission. The introduction of remote technology has enabled patients to be monitored remotely, where safe to do so, further releasing capacity. The multi-disciplinary TOCH team enables rapid triage, bridging to support earlier discharge and an expanded discharge to assess approach which is reducing over prescription of care. Our home first measures have reduced the reliance on bedded care, including a reduction in winter spot beds from over £100k to c.£30k this winter. Productivity has been increased by digitising paper-based processes including SDEC and enablement services and the introduction of a single referral form to TOCH, now used across all discharge pathways, with a focus on improving the quality of information and a process review. We have reduced the burden of reporting, using national data sets wherever possible and automating reports, with monthly desk top monitoring and a reduced number of review meetings.

**5. Please outline your robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement.**

Rotherham has a strong record of joint commissioning between health and social care, supported by a joint commissioning framework and governance structure. This includes joint needs assessment, supply mapping, market analysis, pooled budgets and performance management. These arrangements have enabled the development of a community offer built on a shared commitment to supporting people with complex needs to remain independent at home for longer.

The BCF Section 75 Agreement for 2026/27 is approved by the Health and Wellbeing Board, whose membership includes the Cabinet Member for Adult Social Care and Health, Elected

Members, Chief Executives, senior officers from the Council, South Yorkshire ICB and TRFT, GP leads, Voluntary Action Rotherham and Healthwatch. The Board holds overall accountability for delivery of the BCF Plan and the Section 75 Partnership Framework Agreement.

Key responsibilities of the Health and Wellbeing Board include monitoring performance against national and local BCF metrics, receiving exception reports, agreeing the BCF Commissioning Plan and approving commissioning or decommissioning decisions relating to BCF-funded services.

The BCF Executive Group is chaired by the Cabinet Member for Adult Social Care and Health and includes SY ICB Executive Place Director, Director of Partnerships/Deputy Place Director, Director of Financial Transformation, Health and Care Portfolio Lead and Strategic Commissioning Manager. From the Council, the Executive Director of Adult Care, Housing and Public Health, Director of Public Health, Service Director, Strategic Commissioning, Service Director, Adult Care and Integration and Head of Finance (Adult Care, Housing and Public Health).

Key responsibilities of the BCF Executive Group include:

- Making recommendations on the strategic direction and management of the BCF to the Health and Wellbeing Board.
- Overseeing delivery of the 2026/27 BCF Plan.
- Reviewing performance against objectives and metric goals, adjusting focus and/or resources where required.
- Managing the strategic operation of the BCF Partnership Agreement.
- Setting the strategy, framework, priorities and criteria for the BCF.
- Assuring feasibility, business planning, achievement of outcomes and budget strategy.
- Monitoring delivery through quarterly meetings and ensuring timely, high-quality reporting to NHS England, and
- Ensuring schemes are delivered effectively and mitigating unintended consequences.

A BCF operational group is co-chaired by the ICB Director of Finance (Rotherham) and the Service Director, Strategic Commissioning. Membership includes SY ICB Health and Care Portfolio Lead, Senior Data Analyst, Strategic Commissioning Manager and the Council Head of Service for Access, Performance and Business Intelligence Manager and Consultant in Public Health.

Its function is:

- To co-ordinate the delivery of the BCF Performance Measures, metrics and Action Plan.
- To create the funding plan to be signed off by the Executive Group.
- To ensure that effective performance management of the BCF Performance Measures takes place and where performance is not meeting targets, appropriate and timely action is taken, providing assurance and escalation to the Executive Group where required.
- To ensure the BCF conditions are met.
- To co-ordinate partner activity within the BCF Plan, ensuring that all elements of the plan are linked together to deliver positive outcomes and assess impact.
- To monitor and ensure the Rotherham BCF Scorecard is updated on a quarterly basis and to circulate to the Executive Group.
- To review risk and to oversee the implementation of mitigating actions.
- To ensure the customer journeys/experience are delivering increased customer satisfaction as shown by the delivery of the measures and the plan.

Development of the BCF Plan has involved senior leadership from the Council and ICB, commissioning, adult care and integration, public health, strategic housing, Disabled Facilities Grant leads, finance, performance and intelligence teams. The Plan has been agreed by the Council and ICB Chief Executives and the Chair of the Health and Wellbeing Board.

The BCF monitoring framework will be strengthened in 2026/27 to align more closely with neighbourhood ambitions and place greater emphasis on impact and value for money - to inform future decision-making. Both the Neighbourhood and BCF governance structures report into the Place Board and Health and Wellbeing Board.

As the BCF underpins Place plans, activity is also reviewed through wider Place governance arrangements. The Place Board provides the strategic and collective leadership for the Place Partnership to deliver the ambitions of the Place Partnership and the Rotherham Place Plan. It is the forum where all partners come together to formulate, agree and implement strategies to deliver the Place Plan. The Board works across boundaries to improve person centred experience and outcomes. Sub-groups include the Mental Health, Learning Disability and Autism Group and the Urgent and Emergency Care Group, which reports into the South Yorkshire Alliance Board. These arrangements will be adapted in 2026/27 to reflect changes to ICB roles and responsibilities, while maintaining a strong Place focus and exploring opportunities for economies of scale across South Yorkshire.

A monthly meeting between the Council, ICB and TRFT Executive teams supports strategic development and addresses in-year pressures, particularly in urgent and emergency care. BCF metric goals are aligned to this work, ensuring a clear line of sight between governance, operational activity, improvement work and whole-system flow.

BCF finance and commissioning functions are embedded within the new SY ICB Target Operating Model. The Rotherham BCF will continue to support two joint ICB–Council roles that provide strategic and operational leadership for the BCF.

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| Better Care Fund 2025-26 EOY Reporting Template                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
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| <b>1. Guidance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Overview</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <p>The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements for 2025-26 (refer to link below), which supports the aims of the BCF Policy Framework and the BCF programme, jointly led and developed by the national partners Department of Health and Social Care (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE).</p> <p><a href="https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#introduction">https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#introduction</a></p> <p><a href="https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026">https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026</a></p> <p>As outlined within the planning requirements, quarterly BCF reporting will continue in 2025-26, with areas required to set out progress on delivering their plans by reviewing metrics performance against goals, spend to date as well as any significant changes to planned spend.</p> <p>The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.</p> <p>BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.</p> <p>In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.</p> <p>BCF reports submitted by local areas are required to be signed off HWB chairs ahead of submission. Aggregated data reporting information will be available on the DHSC BCF Metrics Dashboard and published on the NHS England website.</p> |  |
| <p><b>Note on entering information into this template</b></p> <p><b>Please do not copy and paste into the template</b></p> <p>Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <p>Data needs inputting in the cell</p> <p>Pre-populated cells/Not required</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <p><b>Note on viewing the sheets optimally</b></p> <p>To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.</p> <p>The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.</p> <p>Please DO NOT directly copy/cut and paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy and paste', please use the 'Paste Special' operation and paste Values only.</p> <p>The details of each sheet within the template are outlined below.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Checklist ( 2. Cover )</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <p>1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.</p> <p>2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'</p> <p>3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.</p> <p>4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.</p> <p>5. Please ensure that all boxes on the checklist are green before submission.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>2. Cover</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <p>1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric goals from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.</p> <p>2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.</p> <p>3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to: <a href="mailto:england.bettercarefundteam@nhs.net">england.bettercarefundteam@nhs.net</a> (please also copy in your respective Better Care Manager)</p> <p>4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>3. National Conditions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <p>This section requires the Health &amp; Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.</p> <p><a href="https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/">https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/</a></p> <p>This sheet sets out the four conditions and requires the Health &amp; Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.</p> <p>In summary, the four National conditions are as below:</p> <p>National condition 1: Plans to be jointly agreed</p> <p>National condition 2: Implementing the objectives of the BCF</p> <p>National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) (and section 75 in place)</p> <p>National condition 4: Complying with oversight and support processes</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>4. Metrics</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <p>The BCF plan includes the following metrics (these are not cumulate/YTD):</p> <ol style="list-style-type: none"> <li>1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)</li> <li>2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)</li> <li>3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)</li> </ol> <p>Plans for these metrics were agreed as part of the BCF planning process outlined within 25/26 planning submissions.</p> <p>Populations are based on 2024 mid year estimates, please note this has been updated from the Q2 template to match the DHSC metrics dashboard.</p> <p>Within each section, you should set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care.</p> <p>The bottom section for each metric also captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.</p> <p>The metrics worksheet seeks a short explanation if a goal has not been met - in which case please provide a short explanation, including noting any key mitigating actions. You can also use this section to provide a very brief explanation of overall progress if you wish.</p> <p>In making the confidence assessment on progress, please utilise the available metric data via the published sources or the DHSC metric dashboard along with any available proxy data.</p> <p><a href="https://dhexchange.kahootz.com/Discharge_Dashboard/groupHome">https://dhexchange.kahootz.com/Discharge_Dashboard/groupHome</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>5. Income &amp; Expenditure</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <p>This section requires confirmation of an update to actual income received in 2025-26 across each fund, as well as spend to date at Q3. If expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.</p> <p>On the 'DFG' row in the 'Source of Funding' table, 'Updated Total Income for 25-26' this should include the total funding from DFG allocations that is available for you to spend on DFG in this financial year 2025-26. 'EOY Actual Expenditure' should include total amount that has been spent at year-end, even if the application or approval for the DFG started in a previous quarter or there has been slippage.</p> <p>The template will automatically pre-populate the planned income in 2025-26 from BCF plans, including additional contributions. Please enter the update amount of income even if it is the same as in the submitted plan. Note that the extra £50m DFG top-up that had been introduced at the start of the year is now included in the total DFG amount therefore please include this in your total actuals expenditure.</p> <p>Please also use this section to provide the aggregate End of Year Spend. This tab will also display what percentage of planned income this constitutes.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

## Better Care Fund 2025-26 EOY Reporting Template

### 2. Cover

Version 1.0 [unlocked]

#### Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

|                                                                                               |                                                            |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Health and Wellbeing Board:                                                                   | Rotherham                                                  |
| Completed by:                                                                                 | Steph Watt                                                 |
| E-mail:                                                                                       | <a href="mailto:steph.watt@nhs.net">steph.watt@nhs.net</a> |
| Contact number:                                                                               | 07961 361 921                                              |
| Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission? | Yes                                                        |
| If no, please indicate when the report is expected to be signed off:                          | Wed 10/06/2026                                             |

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

**Question Completion** - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'.

#### Complete

|                         | Complete: |
|-------------------------|-----------|
| 2. Cover                | Yes       |
| 3. National Conditions  | Yes       |
| 4. Metrics              | Yes       |
| 5. Income & Expenditure | Yes       |

For further guidance on requirements please refer back to guidance sheet - tab 1.

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2025-26 EOY Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Rotherham

| Confirmation of Nation Conditions                                                                                                                     |              |                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| National Condition                                                                                                                                    | Confirmation | If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition: |
| 1) Plans to be jointly agreed                                                                                                                         | Yes          |                                                                                                                                                                                  |
| 2) Implementing the objectives of the BCF                                                                                                             | Yes          |                                                                                                                                                                                  |
| 3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place | Yes          |                                                                                                                                                                                  |
| 4) Complying with oversight and support processes                                                                                                     | Yes          |                                                                                                                                                                                  |

Checklist

Complete:

Yes

Yes

Yes

Yes

Selected Health and Wellbeing Board:

Rotherham

For metrics time series and more details:[BCF dashboard link](#)

For metrics handbook and reporting schedule:[BCF 25/26 Metrics Handbook](#)

4.1 Emergency admissions

| Plan                                                                        |                          | Apr 25 Plan | May 25 Plan | Jun 25 Plan | Jul 25 Plan | Aug 25 Plan | Sep 25 Plan | Oct 25 Plan | Nov 25 Plan | Dec 25 Plan | Jan 26 Plan | Feb 26 Plan | Mar 26 Plan |
|-----------------------------------------------------------------------------|--------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Emergency admissions to hospital for people aged 65+ per 100,000 population | Rate                     | 1,915.1     | 2,073.3     | 2,032.9     | 1,957.4     | 1,878.3     | 1,893.0     | 2,088.0     | 1,955.6     | 2,104.6     | 2,297.8     | 1,997.9     | 2,202.1     |
|                                                                             | Number of Admissions 65+ | 1,041       | 1,127       | 1,105       | 1,064       | 1,021       | 1,029       | 1,135       | 1,063       | 1,144       | 1,249       | 1,086       | 1,197       |
|                                                                             | Population of 65+        | 54,357.0    | 54,357.0    | 54,357.0    | 54,357.0    | 54,357.0    | 54,357.0    | 54,357.0    | 54,357.0    | 54,357.0    | 54,357.0    | 54,357.0    | 54,357.0    |

|                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assessment of whether goal has been met in Q4:                                                       | On track to meet goal                                                                                                                                                                                                                                                                                                                                                                                 |
| <div>You may use this box to provide a very brief explanation of overall progress if you wish.</div> | <div>This reporting covers Quarter 4 of 2025–26. Using locally held SUS data, there has been a consistent position below plan across the quarter. In January, the actual figure was 2,253.6 compared with a planned 2,297.8, below plan. In February, the actual was 1885.7 against a planned 1,997.9, below plan. In March, the actual was 1964.8 compared with a planned 2,202.1, below plan.</div> |

4.2 Discharge Delays

| Original Plan                                                                                                                                                           | Apr 25 Plan | May 25 Plan | Jun 25 Plan | Jul 25 Plan | Aug 25 Plan | Sep 25 Plan | Oct 25 Plan | Nov 25 Plan | Dec 25 Plan | Jan 26 Plan | Feb 26 Plan | Mar 26 Plan |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days) | 0.65        | 0.72        | 0.65        | 0.63        | 0.68        | 0.66        | 0.71        | 0.65        | 0.65        | 0.69        | 0.66        | 0.71        |
| Proportion of adult patients discharged from acute hospitals on their discharge ready date                                                                              | 84.1%       | 84.1%       | 84.1%       | 84.1%       | 84.1%       | 84.1%       | 84.1%       | 84.1%       | 84.1%       | 84.1%       | 84.1%       | 84.1%       |
| For those adult patients not discharged on DRD, average number of days from DRD to discharge                                                                            | 4.09        | 4.52        | 4.10        | 3.97        | 4.28        | 4.12        | 4.46        | 4.09        | 4.09        | 4.36        | 4.15        | 4.43        |

|                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assessment of whether goal has been met in Q4:                                                       | Not on track to meet goal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <div>You may use this box to provide a very brief explanation of overall progress if you wish.</div> | <div>This report covers data for the fourth quarter of 2025–26 relating to the Discharge Ready Date (DRD) metric. Local SUS data shows that in January, the recorded average was 0.65 compared with a planned 0.69. The figure increased in February to 0.74 above the planned 0.66, and further increased in March to 0.85, above the planned 0.71.</div> <div>Across the three months of Quarter 4, the proportion of adult patients discharged on their date of discharge was 83.5% in January, 84.2% in February, and 82.7% in March.</div> <div>For adult patients not discharged on their DRD, the average time from DRD to discharge increased across the quarter, from 3.97 days in January to 4.67 days in February and 4.94 days in March, exceeding the planned figures of 4.15 and 4.43 days for February and March respectively.</div> <div>It has been challenging to provide robust figures for this metric. Reflecting on 2025–26, the metric was newly introduced and trusts varied in how they recorded it, making it difficult to produce accurate planned figures.</div> |

4.3 Residential Admissions

| Actuals + Original Plan                                                                                                                  |                      | 2023-24 Full Year Actual | 2024-25 Full Year CLD Actual | 2025-26 Plan Q1 (April 25- June 25) | 2025-26 Plan Q2 (July 25- Sept 25) | 2025-26 Plan Q3 (Oct 25-Dec 25) | 2025-26 Plan Q4 (Jan 26-Mar 26) |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------|------------------------------|-------------------------------------|------------------------------------|---------------------------------|---------------------------------|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Rate                 | 556.3                    | 590.5                        | 150.9                               | 150.9                              | 152.7                           | 152.7                           |
|                                                                                                                                          | Number of admissions | 298.0                    | 321.0                        | 82.0                                | 82.0                               | 83.0                            | 83.0                            |
|                                                                                                                                          | Population of 65+*   | 54357.0                  | 54357.0                      | 54357.0                             | 54357.0                            | 54357.0                         | 54357.0                         |

Better Care Fund 2025-26 EOY Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board: Rotherham

|                                   | 2025-26        |                                |                            |
|-----------------------------------|----------------|--------------------------------|----------------------------|
| Source of Funding                 | Planned Income | Updated Total Income for 25-26 | DFG EOY Actual Expenditure |
| DFG (including top-up)            | £4,068,939     | £4,068,939                     | £3,363,125                 |
| Minimum NHS Contribution          | £28,410,232    | £28,410,232                    |                            |
| Local Authority Better Care Grant | £17,864,126    | £17,864,126                    |                            |
| Additional LA Contribution        | £2,582,038     | £4,493,038                     |                            |
| Additional NHS Contribution       | £0             | £0                             |                            |
| Total                             | £52,925,335    | £54,836,335                    |                            |

|                                |             | % of Planned Income |
|--------------------------------|-------------|---------------------|
| End of Year Actual Expenditure | £52,175,290 | 95%                 |

|                                                                                                                                                                                                                                                                               |                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| If expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change. | DFG increased allocation as per grant letter February 2026. Additional LA contribution agreed at Executive Board Quarter 1 2025/26. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

Yes

Yes

Better Care Fund 2024-25 EOY Reporting Template

6. Year End Impact Summary

Selected Health and Wellbeing Board:

Rotherham

Confirmation of Statements

| Question statements                                                                                                          | Confirmation | If the answer is "No" please provide an explanation: |
|------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------|
| Overall delivery of BCF has improved joint working between health and social care                                            | Yes          |                                                      |
| Our BCF schemes were implemented as planned in 2025-26                                                                       | Yes          |                                                      |
| The delivery of our BCF plan 2025-26 has had a positive impact on the integration of health and social care in our locality. | Yes          |                                                      |

Checklist

Complete:

Yes

Yes

Yes

Highlight success and challenges within reference to the most relevant enablers from SCIE logic model:

Logic model for integrated care - SCIE

| Success and Challenges                                                 | Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 key successes observed towards driving the enablers for integration  | 1. The BCF has supported a left shift from hospital to home. A key part of this is our integrated Transfer of Care Hub (TOCH) which sees the co-location of our integrated discharge team (including nurses, social workers and support workers), health including access to the virtual ward and urgent community response, therapies, enablement, Yorkshire Ambulance Service and the VCSE (Age UK, hospital after care and social prescribers). TOCH supports admission avoidance and earlier discharge through real time MDT decision making and in-reach into the acute setting . More accurate community assessments reduce the overall cost of care and patient outcomes are improved by supporting more people at home.<br>2. Our proportionate care project found that over 30% of people had more care than needed. We have used BCF monies to invest in our jointly commissioned equipment service and DFG money to                                                                                                                                                           |
| 2 key challenges observed towards driving the enablers for integration | 1. Although there has been significant investment of resource and finance in our alternative pathways to ED, demand has increased. We have conducted a deep dive into attendances and identified 5 cohorts to focus on. Increased demand has been reflected in increased complex discharges and higher demand for post discharge support at home and in community bedded care. That said, our 4 hour performance, ambulance wait times and unplanned admissions metrics have all improved compared to the previous year, evidencing more effective working, including the work outlined above.<br>2.We have had a number of recruitment challenges particularly in relation to expanding our enablement capacity, social workers, impacting on timely assessments, and some management and integrated roles such as our strategic commissioning officer role. This has impacted on delivery of some of our planned changes as well as some service delivery. Bridging arrangements have been put in place for enablement shortages and interim arrangements for key roles where possible |

Yes

Yes

| Minutes                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Title of Meeting:</b>      | <b>PUBLIC</b> Rotherham Place Board: Partnership Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Time of Meeting:</b>       | 9.30am – 10.30am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Date of Meeting:</b>       | Wednesday 18 February 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Venue:</b>                 | Committee Room 1, Rotherham Town Hall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Chair:</b>                 | John Edwards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Contact for Meeting:</b>   | Lydia George: lydia.george@nhs.net/<br>Wendy Commons: wcommons@nhs.net                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Apologies:</b>             | Wendy Allott, Director of Financial Transformation - Roth, NHS SY ICB<br>Richard Jenkins, Chief Executive, The Rotherham NHS Foundation Trust<br>Chris Edwards, Executive Place Director, NHS SY ICB<br>Anand Barmade, Clinical Director, Connect Healthcare Rotherham<br>Dr Jason Page, Medical Director, Rotherham Place, NHS SY ICB<br>Shahida Siddique, Non-Executive Member, NHS SY ICB<br>Shafiq Hussain, Chief Executive, Voluntary Action Rotherham<br>Cllr Joanna Baker-Rogers, H&WB Board Chair, Rotherham MBC<br>Toby Lewis, Chief Executive, Rotherham, Doncaster and South Humber<br>NHS Foundation Trust<br>Andrew Russell, Director of Nursing Rotherham & Doncaster, NHS SY ICB |
| <b>Conflicts of Interest:</b> | General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Quoracy:</b>               | Confirmed as quorate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

**Members:**

John Edwards (**JE**), Chief Executive, Rotherham MBC  
Emily Parry-Harries (**EPH**), Director of Public Health, Rotherham MBC  
Claire Smith (**CS**), Director of Partnerships Rotherham Place, NHS SY ICB

**Participants:**

Lydia George (**LG**), Transformation & Partnership Portfolio Manager, NHS SY ICB  
Mat Cottle-Shaw (**MCS**), Chief Executive Officer, Rotherham Hospice  
Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham  
Bob Kirton (**BK**), Managing Director, Rotherham NHS Foundation Trust  
Simon Langmead (**SL**), Clinical Director,  
Ian Spicer (**IS**), Deputy Chief Executive, Rotherham Metropolitan Borough Council

**In attendance:**

Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB  
Joanne Martin (**JM**),  
Emma Royle (**ER**), NHS SY ICB

**Minute Taker:**

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



| Item Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Discussion Items                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 44/02/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Public & Patient Questions             |
| There were no questions from members of the public.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
| 45/02/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Palliative and End of Life Care Update |
| <p><b>NHS SY ICB</b><br/>ER presented slides summarising hospice services from a commissioning perspective including:</p> <p>an update on national policy developments, including the Assisted Dying Bill, increased parliamentary scrutiny of palliative care and hospice sustainability, and the forthcoming PEoLC Modern Service Framework, which will introduce national standards for identification, 24/7 access, integrated care, and specialist provision.</p> <p>Rotherham continues to meet the South Yorkshire early identification target, with 0.78% of the population identified as being in the last year of life; this target is expected to increase under the new national framework.</p> <p>ReSPECT implementation is improving, with a significant increase in recorded plans and a growing proportion of people on the palliative care register having a plan in place.</p> <p>Quality performance remains strong, with Rotherham exceeding the national average on the majority of National Audit of Care at the End of Life (NACEL) indicators, and continued improvement in previously weaker areas.</p> <p>Costing analysis highlighted variation in hospital use and costs by place of death, reinforcing the importance of strengthening community-based and hospice care to reduce avoidable hospital activity.</p> <p>Key risks include ICB capacity following organisational changes, the ending of Macmillan leadership funding in May 2026, financial pressures on hospices, and higher-than-average hospital admissions in the last 90 days of life.</p> <p>2026 priorities include implementation of My Personal Wishes, further development of integrated neighbourhood working, bereavement and children and young people workstreams, and continued system-wide improvement in PEoLC delivery.</p> <p>The Board noted further achievements, including additional Marie Curie funding, strengthened children and young people's services, strong CQC ratings across hospice provision, and improved data and public-facing resources.</p> <p>JM advised that this work will be incorporated into the Neighbourhood programme for people with co-morbidities, including the rollout of <i>My Personal Wishes</i>. There is a statutory requirement to hold an End of Life Care meeting, which will need to be considered further going forward.</p> <p>JE thanked ER for the update.</p> |                                        |

## Rotherham Hospice Update

MCS gave the key highlights:

Hospice at Home activity remains stable, with referrals now possible at the point of end-of-life care diagnosis, a relatively new development.

Inpatient occupancy for Quarter 3 is around 83%; activity for patients with stays of less than 24 hours is not fully captured in datasets. Most patients are admitted for symptom control rather than to die, with effective flow being critical.

Hospice at Home referrals and visits contributed positively to the avoidance of hospital admissions and GP appointments.

Additional counselling staff have been introduced, and partners were asked to be mindful that the Hospice offers children's bereavement and counselling services, although noting that the service is currently over capacity.

Financially, income and expenditure have both increased year on year, with a small improvement in the year-to-date deficit, although cost pressures and sustainability risks are emerging in the second half of the year. MCS explained that an independent charity it is reliant on fund raising and legacies, both of which are non-recurrent. Although the overall position remains positive.

Work is underway nationally with Hospice UK and the government on a revised costing and funding model, with local data from partners contributing to the national picture.

The organisation is undergoing significant change, including plans for growth, exploration of a larger building and restructuring of clinical services. Which will help respond to rising demand, improve access and 24/7 resilience, strengthen governance, and close the gap between commissioned funding and delivery costs. Consultation with staff has commenced.

Subject to additional staffing, the Hospice aims to increase capacity and rebalance its workforce. MCS will circulate the press release on the proposed changes and consultation to partner organisations for cascading as appropriate.

SL acknowledged the work with families on end-of-life conversations and proposed that MCS attends a Primary Care Clinical Directors meeting to outline the forthcoming Hospice changes to GPs.

The Chair thanked MCS for the update, recognised the quality and strong reputation of the Hospice, including its national awards and Outstanding CQC rating, and confirmed partners' support as the Hospice undertakes significant change, with a commitment to consistent messaging across Place.

**46/02/26**

## Healthwatch Update

KG presented the Healthwatch report covering Quarters 2 & 3 for information.

KG highlighted that the team has been expanded with the addition of two new members. Demand for information and access to services continues to increase, and this will need to be considered in the context of future changes to the Healthwatch service.

Communications cards and templates are available to partners to support care navigation. The patient communications group within TRFT has now been formalised into a committee, with an expanded role including the Waiting Well service, and a framework is being developed in partnership with TRFT.

Surveys have been undertaken, with some concerns identified in relation to a pharmacy; further information can be shared if required, although a report is due next quarter.

KG advised that further communications work is needed to ensure the public understand how to access services, and that a clear communications strategy is required.

A report on adult social care is being drafted, following a recent mystery shopping exercise.

On behalf of TRFT, BK acknowledged and welcomed Healthwatch's work in engaging with people.

JE thanked KG for the update.

**47/02/26**

**Visit by National Neighbourhood Health Lead**

Members noted the communications briefing outlining a visit to Rotherham by Minal Bakhai, Clinical Lead for the National Neighbourhood Health Implementation Programme, as part of the Rotherham and Doncaster neighbourhood pilot sites.

Discussions had focused on three priority areas: prevention (including targeted health checks for over-40s), reducing risk in 18–39 year olds, and coordinated support for people with complex frailty, aligning with Rotherham's neighbourhood health ambitions.

The visit included observation of a multidisciplinary team (MDT) meeting at Broom Lane Medical Centre, demonstrating joined-up working across primary care, community services, social care, and social prescribing to support people with complex needs.

Engagement with the Voluntary, Community and Social Enterprise (VCSE) sector highlighted the role of social prescribing, including a visit to You Asked We Responded (YAWR) Services, showcasing culturally appropriate and community-based support.

Feedback from the national team was highly positive, recognising the strength of partnership working, the local delivery model, and the long-term vision for neighbourhood health in Rotherham.

JE thanked all those who attended and noted that the visit had been successful.

**48/02/26**

**Communications to Partners/Promoting Events & Consultations**

Rotherham Show (September 2026) – noted scope for collaborative working around the Neighbourhood approach; MCS to co-ordinate nearer the time.

**49/02/26**

**Draft Minutes and Action Log from Public Place Board**

The minutes from the meeting held on 17 September 2025 were agreed as a true and accurate record.

The action log was reviewed.

**50/02/26**

**Risks and Items for Escalation to Appropriate Board**

None.

**51/02/26**

**Future Agenda Items:**

### ***Standing Items***

- To be confirmed

**52/02/26**

### **Date of Next Meeting**

There will be no meeting held in October due to a Place Board development session. The next Place Board will be on **Wednesday 18 March 2026** in the John Smith Room, Town Hall, Rotherham.

## **Members**

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

## **Participants**

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



| Minutes                       |                                                                                                                                                                                                                       |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Title of Meeting:</b>      | <b>PUBLIC</b> Rotherham Place Board: Partnership Business                                                                                                                                                             |
| <b>Time of Meeting:</b>       | 9.45am – 10.30am                                                                                                                                                                                                      |
| <b>Date of Meeting:</b>       | Wednesday 15 April 2026                                                                                                                                                                                               |
| <b>Venue:</b>                 | John Smiths Room, Town Hall, Rotherham                                                                                                                                                                                |
| <b>Chair:</b>                 | John Edwards                                                                                                                                                                                                          |
| <b>Contact for Meeting:</b>   | Lydia George: <a href="mailto:lydia.george@nhs.net">lydia.george@nhs.net</a><br>Kirsty Gleeson: <a href="mailto:Kirsty.gleeson@nhs.net">Kirsty.gleeson@nhs.net</a>                                                    |
| <b>Apologies:</b>             | Shafiq Hussain, Voluntary Action Rotherham<br>Shahida Siddique, NHS SY ICB<br>Emily Parry-Harries, RMBC<br>Toby Lewis, RDaSH<br>Matt Cottle-Shaw, Rotherham Hospice<br>Ian Spicer, RMBC<br>Anthony Fitzgerald, SY ICB |
| <b>Conflicts of Interest:</b> | General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.                      |
| <b>Quoracy:</b>               | Confirmed as quorate.                                                                                                                                                                                                 |

### Members:

John Edwards (**JE**), Chief Executive, Rotherham MBC  
 Claire Smith (**CS**), Director of Partnerships Rotherham Place, NHS SY ICB  
 Dr Jason Page (**JP**), Medical Director, Rotherham Place, NHS SY ICB  
 Anand Barmade (**AB**), Medical Director, Connect Healthcare Rotherham

### Participants:

Lydia George (**LG**), Transformation & Partnership Portfolio Manager, NHS SY ICB  
 Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham  
 Bob Kirton (**BK**), Managing Director, Rotherham NHS Foundation Trust  
 Simon Langmead (**SL**), Neighbourhoods Lead, Rotherham Place  
 Cllr Joanna Baker-Rogers (**JBR**), Health & Wellbeing Board Chair, Rotherham MBC

### In attendance:

Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB  
 Joanne Martin (**JM**), Programme Lead – Transformation & Delivery, NHS SY ICB

### Minute Taker:

Kirsty Gleeson, Transformation and Delivery Project Officer (Rotherham), NHS SY ICB

| Item Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Discussion Items                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 53/04/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Public & Patient Questions                                                                                                                                                                                                                                         |
| There were no questions from members of the public.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                    |
| 54/04/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Neighbourhood Health Framework:<br><a href="https://www.gov.uk/government/publications/neighbourhood-health-framework/neighbourhood-health-framework">https://www.gov.uk/government/publications/neighbourhood-health-framework/neighbourhood-health-framework</a> |
| <p>Members were asked to note the publication of the National Neighbourhood Health Framework (March 2026), which sets out the Government's approach to establishing a neighbourhood health service across England. The framework signals a fundamental shift in care delivery: from hospitals to communities, from reactive treatment to prevention, from fragmented services to integrated models of care.</p> <p>The framework defines the key deliverables, expectations, and governance arrangements that must be followed by local authorities, Place-based Partnerships, and Health and Wellbeing Boards. It establishes five National Minimum Goals that the Rotherham system is required to deliver, with a particular focus on: improving outcomes and access to general practice, enhancing patient experience and continuity of care. Delivery through strong Place-level leadership, alignment of financial and commissioning arrangements and system-level assurance to support consistent implementation</p> <p>Next steps are to schedule a workshop for mid-May 2026, ahead of the next Place Board meeting to support the development of a Rotherham-specific plan setting out how neighbourhood health will be implemented locally in line with the national framework.</p>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                    |
| 55/04/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | National Neighbourhood Health Improvement Programme Wave One Summary of Achievement Report                                                                                                                                                                         |
| <p>JM presented a report summarising what Rotherham Place achieved during Wave One of the National Neighbourhood Health Implementation Programme, which ran from September 2025 to March 2026.</p> <p>As part of the programme, partners were asked to complete a Place-level review using a "360 assessment" that looked at how well organisations work together. This assessment took place in October 2025 and again in February 2026. People were asked to rate themselves and their organisations against a set of collaborative behaviours, with results showing the percentage who agreed or strongly agreed with each statement.</p> <p>The October results gave a clear picture of where the partnership was at that time. The response rate in February was lower, likely due to organisational changes taking place across the system. This means the February results may reflect a mix of Place-level work and wider programmes rather than the Place partnership alone. While some scores improved, reflecting ongoing discussions and joint problem-solving, it was noted that the findings are based on a relatively small number of responses.</p> <p>Overall, Rotherham Place has moved from the mobilising phase into the development stage and is now well on the way to delivering its plans. The report reflected on the partnership's progress, highlighting what has been achieved so far, what has helped enable this progress, and the challenges that have been worked through. One key learning has been that using data to target activity helps improve decision-making.</p> |                                                                                                                                                                                                                                                                    |



Next steps and future milestones have been identified. Regional teams have fed back to the national programme, advising that changes should not be introduced too quickly to allow local systems time to embed new ways of working.

JM also highlighted the Proactive Care model now embedded in Rotherham. This includes structured monthly multidisciplinary team (MDT) meetings, based on risk stratification, and incorporates social prescribing delivered by the voluntary and community sector (VCS). Early evidence shows this integrated approach is having a positive impact on patients.

**56/04/26**

## **Communications to Partners/Promoting Events & Consultations**

Healthwatch Rotherham is currently conducting a survey to gather vital insight for an upcoming report exploring inequalities in healthcare related to female health.

**57/04/26**

## **Draft Minutes and Action Log from Public Place Board**

The minutes from the meeting held on 18 February 2026 were agreed as a true and accurate record.

The action log was reviewed.

**58/04/26**

## **Risks and Items for Escalation to Appropriate Board**

**Health Bill 2026** – KG from Health Watch provided an update that the Health Bill will not go through Parliament this week as originally planned and has been delayed until July. It was noted that the Healthwatch contract ends in March 2027. After this date, there would be no independent patient voice represented on the Place Board or Health and Wellbeing Board (HWBB) unless alternative arrangements are agreed.

Members discussed whether the Place Board and HWBB wish to continue having an independent patient voice. JE and JBR will discuss this further and bring back a recommendation.

**Action: JE/JBR**

**59/04/26**

## **Future Agenda Items:**

### **Standing Items**

- To be confirmed

**60/04/26**

## **Date of Next Meeting**

Members formally recorded their thanks to LG for her support to the Rotherham Place Board over several years, recognising her contribution and commitment to the partnership and wished her well for the future.

The next meeting will be held on: **Wednesday 20 May 2026 at 9.30 –10.30am**, John Smith Room, Rotherham Town Hall

## **Members**

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

## **Participants**

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

| Minutes                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Title of Meeting:</b>                | Rotherham Place Board: <b>ICB Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Time of Meeting:</b>                 | 10.45 – 11.30am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Date of Meeting:</b>                 | Wednesday 18 February 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Venue:</b>                           | Committee Room 1, Rotherham Town Hall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Chair:</b>                           | Claire Smith                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Contact for Meeting:</b>             | Lydia George: lydia.george@nhs.net/<br>Wendy Commons: wcommons@nhs.net                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Apologies:</b>                       | <p>W Allott, Director of Financial Transformation Rotherham, NHS SYICB<br/>           Dr A Barmade, Medical Director, Connect Healthcare Rotherham<br/>           Cllr J Baker Rogers, H&amp;WB Board Chair, RMBC<br/>           M Cottle-Shaw, Chief Executive Officer, Rotherham Hospice<br/>           C Edwards, Executive Place Director (Rotherham) NHS South Yorkshire Integrated Care Board<br/>           J Edwards, Chief Executive, Rotherham Metropolitan Borough Council<br/>           A Fitzgerald, Place Director – Rotherham &amp; Doncaster, NHS SYICB<br/>           S Hussain, Chief Executive, Voluntary Action Rotherham<br/>           R Jenkins, Chief Executive, The Rotherham NHS Foundation Trust<br/>           B Kirton, Managing Director, The Rotherham NHS Foundation Trust<br/>           T Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust<br/>           A Russell, Director of Nursing – Rotherham &amp; Doncaster, NHS SY ICB<br/>           I Spicer, Deputy Chief Executive, Rotherham Metropolitan Borough Council<br/>           C Harrison, Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust<br/>           Dr J Page, Medical Director, (Rotherham), NHS SY ICB<br/>           S Siddique, Independent Non-Executive Member, NHS SY ICB</p> |
| <b>Conflicts of Interest:</b>           | General declarations were acknowledged for Members as providers/commissioners of services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Quoracy:</b><br><b>(NOT Quorate)</b> | <p>No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.</p> <p><b>Due to not being quorate, the papers were noted for information. Required decisions have been taken via Place Executive Team</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

**Members:**

Claire Smith (**CS**), Director of Partnerships (Rotherham) NHS SY ICB (deputising)

**Participants:**

Lydia George (**LG**), Transformation & Partnership Portfolio Manager (Rotherham), NHS SY ICB  
 Kym Gleeson (**KG**), Healthwatch Manager, Healthwatch Rotherham  
 Simon Langmead (**SL**), Neighbourhood Lead, Connect Healthcare Rotherham  
 Emily Parry Harries (**EPH**), Director of Public Health, RMBC  
 Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB

**In attendance**

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

| Item Number      | Discussion Items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>187/02/26</b> | <b>Place Integrated Performance Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                  | <p>JA provided an overview of current performance against ICB priorities highlighting:</p> <ul style="list-style-type: none"> <li>– Performance against the 4-hour UEC standard remained challenged, with an actual position of 65.9% against a target of 78%.</li> <li>– Category 2 ambulance response times continued to meet the 30-minute standard, reflecting good performance.</li> <li>– Bed occupancy was reported at 92%, in line with the target.</li> </ul> <p>Handover performance showed a slight deterioration, although the 15-minute target was largely being achieved. Community waiting times of over 52 weeks remained an area of concern.</p> <p>Virtual ward performance continued to fluctuate, with improvement activity ongoing to support delivery against targets. Primary care delivered the highest number of appointments despite ongoing pressures, and patient experience within general practice remained strong.</p> <p>Diagnostic activity continued to increase but remained below the target position. Performance against the 18-week standard showed improvement. The cancer 28-day standard was achieved at 82.1%, representing a deterioration from the previous period, while performance against the 62-day standard remained challenging, with mitigating actions in place.</p> <p>Data timeliness issues were noted in relation to cancer diagnosis, and the 31-day standard was not being met; mitigating actions were being progressed at both local and system levels.</p> <p>Members noted that overall, the system remained in a challenged position across multiple performance areas.</p> <p>Place Board noted this month's performance.</p> |
| <b>188/02/26</b> | <b>Rotherham Quality, Patient Experience and Safety Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                  | <p>The report was presented for information for members to review. Any points for clarification can be sent to AR by email.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>189/02/26</b> | <b>ICB Board Assurance Framework, Risk Register and Issues Log</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                  | <p>All members had received and reviewed the board assurance framework, risk register and issues log.</p> <p>The ICB's new operating model will take effect from 1<sup>st</sup> July 2026. Work continues with partners around arrangements post ICB with the ICB is supporting a review of the Place Plan to reflect new priorities for Rotherham Place Partnership.</p> <p>The documents were noted and there were no new risks to be added.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>190/02/26</b> | <b>Feedback from Rotherham Place Executive Team (RPET)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                  | <p>CS advised that RPET had noted and agreed actions relating to several service contracts. These included a reduction and extension of the Social Prescribing contract with Voluntary Action Rotherham to March 2029 due to identified duplication, support for the planned use of Quality Contract funds for estates feasibility work (subject to ICB Executive approval), agreement to a potential one-year extension of the Mindler/IESO talking therapies contract while efficiencies are explored, and approval of a one-year extension of the Dementia Carers Resilience Service with Crossroads Care Rotherham to June 2027.</p> <p>Place Board Members noted the business conducted through Rotherham Place Executive Team.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



|                                                                                                                                                                                                                                                                                                                                                  |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>191/01/26</b>                                                                                                                                                                                                                                                                                                                                 | <b>Minutes and Action Log and Assurance Report from the last Meeting</b> |
| <p>The minutes from the meeting held on Wednesday 18 February 2026 were accepted as a true and accurate record.</p> <p>The action log was reviewed and up to date. No concerns were identified.</p> <p>The assurance report for the SY Integrated Care Board noted that there are no actions arising from the minutes to be escalated.</p>       |                                                                          |
| <b>192/02/26</b>                                                                                                                                                                                                                                                                                                                                 | <b>Communication to Partners/Promoting Consultations &amp; Events</b>    |
| None.                                                                                                                                                                                                                                                                                                                                            |                                                                          |
| <b>193/02/26</b>                                                                                                                                                                                                                                                                                                                                 | <b>Risks and Items for Escalation</b>                                    |
| Members noted that live work is being undertaken on business continuity in readiness for the implementation of ICB model changes.                                                                                                                                                                                                                |                                                                          |
| <b>194/02/26</b>                                                                                                                                                                                                                                                                                                                                 | <b>Forward Agenda Items</b>                                              |
| <p>Standing Items</p> <ul style="list-style-type: none"> <li>– Rotherham Place Performance Report (monthly)</li> <li>– Risk Register (Monthly for information)</li> <li>– Place Prescribing Report (Quarterly)</li> <li>– Quality, Patient Safety and Experience Dashboard (Bi- monthly)</li> <li>– Quarterly Medical Director Update</li> </ul> |                                                                          |
| <b>195/01/26</b>                                                                                                                                                                                                                                                                                                                                 | <b>Date of Next Meeting</b>                                              |
| The next meeting will take place on <b>Wednesday 18 March 2026</b> in the John Smith Room, Rotherham Town Hall.                                                                                                                                                                                                                                  |                                                                          |

### Membership

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

### Participants

|                              |                                                            |                                                                                 |
|------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------|
| Emily Parry-Harries          | Director of Public Health                                  | Rotherham Metropolitan Borough Council                                          |
| Christina Harrison           | Care Group Director                                        | Rotherham, Doncaster and South Humber NHS<br>Foundation Trust                   |
| Shafiq Hussain               | Chief Executive                                            | Voluntary Action Rotherham                                                      |
| Ian Spicer                   | Strategic Director, Adult Care,<br>Housing & Public Health | Rotherham Metropolitan Borough Council                                          |
| Richard Jenkins              | Chief Executive                                            | The Rotherham NHS Foundation Trust                                              |
| John Edwards                 | Chief Executive                                            | Rotherham Metropolitan Borough Council                                          |
| Toby Lewis                   | Chief Executive                                            | Rotherham, Doncaster and South Humber NHS<br>Foundation Trust                   |
| Cllr Joanna Baker-<br>Rogers | H&WB Board Chair                                           | Rotherham Health and Wellbeing Board/<br>Rotherham Metropolitan Borough Council |
| Dr Anand Barmade             | Medical Director                                           | Connect Healthcare Rotherham                                                    |

|                 |                                                               |                                           |
|-----------------|---------------------------------------------------------------|-------------------------------------------|
| Bob Kirton      | Managing Director                                             | The Rotherham NHS Foundation Trust        |
| Kym Gleeson     | Service Manager                                               | Healthwatch Rotherham                     |
| Mat Cottle-Shaw | Chief Executive                                               | Rotherham Hospice                         |
| Lydia George    | Transformation & Partnership<br>Portfolio Manager (Rotherham) | NHS South Yorkshire Integrated Care Board |
| Gordon Laidlaw  | Head of Communications (Roth)                                 | NHS South Yorkshire Integrated Care Board |