HEALTH AND WELLBEING BOARD
2nd September, 2026

Present:-

Councillor Baker-Rogers	Cabinet Member, Adult Social Care and Health (in the Chair)
Jude Archer	Rotherham Place NHS SYICB (substituting for Claire Smith)
Kevin Bradley	Chief Inspector, South Yorkshire Police
Gilly Brenner	Public Health Consultant (representing Director of Public Health)
Nicola Curley	Executive Director of Children and Young People's Services
Councillor Cusworth	Cabinet Member, Children and Young People's Services
Kym Gleeson	Manager, Healthwatch Rotherham
Ray Hennessey	Deputy Director of Strategy, RDaSH
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Jason Page	Medical Director NHS SYICB
Ian Spicer	Executive Director of Adult Care, Housing and Public Health

Report Presenters:-

Denise Cornwall	Health Protection Principal
Oscar Holden	Health and Wellbeing Board Support Officer
Katy Lewis	Carers Strategy Manager
Joanne Martin	Programme Lead for Transformation and Delivery SYICB
Amelia Thorp	Public Health Specialist

Also present:

Jamie Ashton	Director of Business Development, Citizens Advice Rotherham and District
Councillor Ismail	Rotherham MBC (Observer)
Samantha Mullarkey	Governance Advisor

Apologies for absence were received from John Edwards, Chief Executive (RMBC); Andrew Bramidge (RMBC); Emily Parry-Harries (RMBC); Nicola Ennis and Alicia Sansome (South Yorkshire CYP Alliance); Dan Wilson (Rotherham United Community Trust); Claire Smith (SYICB) and Jo McDonough (RDaSH).

15. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

16. 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.

17. COMMUNICATIONS

There were no communications to report.

18. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting held on 10th June 2026.

Resolved:- That the minutes of the previous meeting held on 10th June, 2026, be approved as a true record.

19. HEALTH PROTECTION ASSURANCE REPORT

Denise Cornwall, Health Protection Principal, presented the Health Protection assurance report which provided a summary of the assurance functions of the Council's Health Protection Committee together with performance.

The Board considered the following PowerPoint presentation:-

Health Protection Committee Role

- Provided assurance that arrangements were in place to protect population health
- Multi-agency partnership involving the Council, NHS, UKHSA and other partners
- Oversaw prevention, surveillance, preparedness and response to health threats
- Reported directly to the Health and Wellbeing Board

Key Health Protection Activity 2025/26

- Infectious disease surveillance and outbreak management
- Legionella outbreak investigation
- Support for complex tuberculosis cases
- Infection prevention and control support to care homes and learning disability settings
- Ongoing management of incidents in schools, Early Years and residential care settings

Screening Programme Highlights

- Antenatal and newborn screening meet all key Performance Indicators
- Breast screening uptake improved to 75.5%
- Bowel screening uptake remained above national achievable standard (>60%)
- Continued focus on improving cervical screening uptake particularly ages 25-49

- Strong focus on reducing inequalities and improving access for people with learning disabilities and severe mental illness.

Immunisation and Vaccination Highlights

- Childhood vaccination coverage remained above efficiency standards.
- Continued improvement in MMR uptake.
- RSV vaccination programme successfully embedded.
- Increased flu vaccine uptake across most eligible groups.
- Adolescent vaccination programmes continued to recover post-pandemic.

Healthcare Associated Infections and TB

- Healthcare Associated Infections
  Significant reduction in C.difficile cases
  MRSA remained low (5 community cases)
  Ongoing antimicrobial stewardship programme
  Continued focus on reducing gram-negative bloodstream infections
- Tuberculosis
  Rotherham remained a low-incidence area
  Cases often involved complex social and health needs
  Enhanced case management and targeted screening continued

Emergency Planning and Environmental Health

- Emergency Preparedness
  Refreshed incident management arrangements implemented
  Participation in national pandemic Exercise PEGASUS
  Effective response to severe weather and flooding incidents
- Environmental Health
  10,763 service requests managed
  841 food hygiene inspections completed
  140 housing enforcement notices issued
  89 infectious disease investigations undertaken

Priorities for 2026/27

- Strengthen infectious disease surveillance
- Increase screening uptake and reduce inequalities
- Improve vaccination coverage
- Reduce healthcare-associated infections and antimicrobial resistance
- Strengthen TB prevention and control
- Enhance IPC support n care settings
- Maintain emergency preparedness and resilience
- Protect health through Environmental Health Services
- Continue Health Protection Committee development and assurance

Discussion ensued with the following issues raised/clarified:-

- Comparing outbreak data to previous years was not possible as 2025/26 was the first time the data had been collated in this way. However there was no great difference in the figures.

- The Service was working closely with the housing provider to address the Legionella cases. Work continued to treat the system and a deadline of the end of September 2026 had been set, by which point, a long term action plan was expected to be in place. It was confirmed that residents in the building were being protected.
- The auditing of Learning Disability settings was a positive step. It was confirmed that each setting was looked at individually to reduce impact on the residents.

Resolved:- (1) That the content and key achievements of the 2025/26 annual report be noted.

(2) That the delivery of the 2026/27 priorities be supported.

20. NEIGHBOURHOOD HEALTH

Jo Martin, Programme Lead, Transformation and Delivery, presented an update on the Neighbourhood Working Programme

Significant progress had been made in moving from ambition and programme development towards implementation. A multi-agency Healthy Neighbourhoods Steering Group had been established, providing a mechanism for partners to collectively develop the Programme, with strategic oversight through the Rotherham Place Board.

Rotherham had also invested in a dedicated Place Team to provide the capacity required to support transformation and delivery across the partnership. The Team would work across organisational boundaries, supporting co-ordination, integration and delivery of Healthy Neighbourhoods alongside the wider Place priorities.

The following PowerPoint presentation was given:-

Healthy Neighbourhoods Rotherham – From Ambition to Delivery
Our approach to delivering more preventative, integrated and joined-up care around Rotherham's communities

Why Neighbourhood Health

- From – Service organised around organisations
  People navigating multiple services
  Fragmented support
  Responding when needs escalate
- To – services working together around people and communities
  Earlier, proactive support
  More joined-up care
  Better use of community strengths
  Care closer to home

Our Rotherham Approach – supporting people across the whole journey, from staying well to living with complex needs

- Prevention – helping people stay well
- Rising Risk – identifying need earlier
- Complex Need – Joined-up support when needs were the greatest

Four neighbourhoods agreed for Rotherham

- A common footprint for partners to work around
- Built around whole electoral Wards and population need
- Designed to support sustainable integrated neighbourhood teams
- Balanced population need and inequalities across the 4 neighbourhoods
- Recognised existing service relationships whilst enabling wider partnership working
- The geography enabled neighbourhood working – it did not determine how every service must be delivered

Putting the foundations into place

- Established system leadership
- Agreed our delivery footprint
- Developed our approach
- Agreed year 1 priority
- Invested in delivery capacity
- Moving into delivery

Year 1 Roadmap – Design, Test, Learn and Scale

- Design – develop the Strategy
- Test – test neighbourhood delivery
- Learn – learn and improve
- Scale – prepare for Year 2 implementation

What will success look like

- Stay well for longer – more focus on prevention for healthy communities
- Get help earlier – support before needs escalate to crisis
- Experienced joined-up care – less fragmentation between organisations
- Remain independent – supporting people to live well in their own homes and communities
- Receive care closer to home – where it is safe and appropriate to do so
- Reduce inequalities – using insight to focus support where need was the greatest

Discussion ensued with the following issues raised/clarified:-

- The challenge in bringing this Programme together was noted. The boundaries had been based on calculations and analysis but now needed to be tested.

- Concerns raised that children and young people were not a focus of this Programme. Board members asked that children's mental health and families be included.
- It was important to start on a small, focussed area (such as frailty) as there were no extra resources and just 3 members of staff responsible for delivery.
- Suggestion that the specific focus on frailty could be expanded past considering individuals to consider support for carers and that this wider focus would help to break the current systemic problems.
- Board members encouraged to continue to hold the team to account but be patient with progress and note that the Programme was in its first 12 months and may develop its focusses in the future.
- Important not to rush or overcomplicate the Programme in Year 1 and a robust evaluation would take place to ensure lessons were learnt.

Resolved:- (1) That the programme and the developing Year 1 approach be noted.

(2) That the continued development of Healthy Neighbourhoods as Rotherham's approach to more integrated, preventative care be supported.

(3) That Neighbourhood Working, prevention and earlier intervention across the Rotherham Partnership be championed.

(4) That the focus be maintained as to whether the work was improving outcomes, reducing health inequalities and making a difference for residents.

21. TOBACCO CONTROL UPDATE

Ameilia Thorp, Public Health Specialist, presented an update on the progress of the Tobacco Control Programme with the aid of the following PowerPoint presentation:-

Why prioritise tobacco control

- Smoking was the leading cause of preventable death and ill health in Rotherham and England
- Smoking rates in Rotherham continued to be higher than national rates (13.5% compared to 10.4%)
- Biggest contributor to health inequalities
- Rotherham had worse outcomes than England on some indicators used to monitor the impact of smoking on population health

Smoking Prevalence

Year	Rotherham	England
2014	19.4%	17.8%
2024	13.5%	10.4%

Smoking at Time of Delivery		
2014/15	18.4%	11.7%
2024/25	8.8%	6.1%

Quit for Good – April, 2025-March, 2026
- 1,754 people set a quit date
- 1,212 people successfully quit
- 6th highest successful quit rate out of 153 authorities in England (69%)
- Highest number of people setting a quit date resulting in the highest number of successful quits since 2016-17

Work Plan:
Strategy and Coordination
- Actions within the 'Strategy and Coordination' priority area have remained on track, with quarterly Tobacco Control Steering Group meetings continuing to bring partners together to oversee delivery of the Work Plan. Local data is also regularly updated, analysed and reported through appropriate channels to inform priority setting and the planning of tobacco control activity.

Community Stop Smoking Service
- Personalised quit plans
- In-person and virtual options
- Medications to support quitting
- Nicotine replacement therapy
- Support groups in community venues across the Borough
- Vape starter kits

Smoking in Pregnancy Service
- Highest successful quit rate recorded, 91% of people setting a quit date successfully stopping smoking
- Smoking prevalence in pregnancy had reduced over time
- Supporting people to quit increasingly required intensive, personalised and sustained interventions due to increased likelihood of complex needs
- Improved quit outcomes highlighted effective support for pregnant smokers with complex needs

Reducing variation
- Local enhanced service
  Expanded support into Primary Care
  Supported 388 people (2025-26)
- Strengthened referral pathways
  Very Brief Advice (VBA) training delivered to Tenancy Support Team
  Plans to expand this over the coming year into other housing and health services
- Cardio Vascular Disease workplace health checks
  Opportunity to reach manual workers

1,875 health checks completed since 2025

Enforcement

- Key achievements in 2025-26
  Permanent Trading Standards Manager now in post
  New reporting pathway established for schools to report vaping and underage sales concerns
- Progress had been challenging due to limited Trading Standards capacity creating risks to delivery of this priority
- Proposal developed to outline investment required to fully resource Trading Standards within RMBC
- Tackling illicit products support
  Reduced smoking and vaping uptake among children and young people
  Protection from unsafe and unregulated products
  Community safety and safeguarding
  Disruption of organised criminal activity

Stop the Start: Campaigns

- Continued membership of Breathe (Yorkshire and Humber Collaborative) and the South Yorkshire Tobacco Control Alliance
- Supported the delivery of 2 regional stop smoking campaigns
- Yorkshire and Humber campaign generated significant media coverage across local, regional and national broadcast, print and online outlets
- Coverage significant improved locally because of a local resident who shared his story

Stop the Start: Children and Young People

- In recent years concerns have shifted from youth smoking to increased levels of youth vaping
- The latest Rotherham School Survey reflected this:
  95% of students report never smoking
  78% of students report never vaping
- As a result, many actions previous included in this priority area had been transferred to the new Reducing Vaping Harms Action Plan to better address emerging challenges

Reducing Vaping Harms

- Establishment of the Reducing Vaping Harms Group
- Development of the Reducing Vaping Harms Action Plan
- Publication of the Vape (and Associated Products) Guidance for Schools
- Roll out of training off for schools that supports them to embed a “Vape-free approach”
- Progressed towards embedding a dedicated Children and Young People’s Stop Smoking and Vaping Advisor into the Community Stop Smoking Service
- Updated the Rotherham Position Paper on Vapes

The Chair stated that she was very proud of the progress made to date and wanted to place on record her thanks to all involved and also noted the efforts made by local schools.

Discussion ensued with the following issues raised/clarified:-

- It was confirmed that the data was self-reported via surveys conducted on both an annual and a 3 year basis. It was noted that both sets of figures matched to assure their validity.
- The negative impact of vapes on children was discussed. It was noted that the Children and Young People's Partnership Board were focussing on this issue.

Resolved:- (1) That the progress made to date by partners to deliver actions within the Tobacco Control Work Plan be noted.

(2) That the progress made to date by partners to deliver actions with the Reducing Vaping Harms Action Plan be noted.

(3) That the updated Rotherham Position Paper on Vapes, developed in partnership with key stakeholders across the Borough, be approved.

22. THE BOROUGH THAT CARES ALL-AGE STRATEGY 2026-2031 AND CARER CONNECT UPDATE

Katy Lewis, Carers Strategy Manager, presented an update on progress during the first quarter of the Strategy's implementation.

The following presentation provided an overview of the launch of the Strategy and the co-design process undertaken with partner organisations to identify key actions as well as an update on the progress of Carers Connect, the new digital tool for carers funded by the Accelerating Reform Fund (ARF):-

Launch Event 9th June, 2026

- 84 attendees with 16 market place stalls hosted by partner organisations
- Target audience of colleagues in voluntary, community and social enterprise organisations, Adult Social Care and frontline health professionals to champion the Strategy and Carer Connect

Care Connect Rotherham – Carer Connect and AI Assistant - Robin

- No need to fill in a form, search the web or wait for call centre staff
- Everyone's situation is unique so just ask your question your way
- Does not matter if there were spelling mistakes
- If it was not clear Robin will ask you a clarification question
- If knowing where you are caring for someone, advisor will ask for an area or postcode

- Responses were immediate
- Carers could pick up the conversation again at any point
- The advisors would also keep in contact

Keeping in touch with Carers
Scheduled messaging spanning 18 weeks from first communication

- South Yorkshire carers said they would benefit from this messaging and wanted it – they also had the ability to opt out
- Enabling and driving an ongoing conversation with carers
- Being able to proactively promote services e.g. Respite, local events, information etc.
- Promoting carer wellbeing
- Better understanding of what carers wanted from South Yorkshire services
- Ability to broadcast messages to carers as a one-off message in development
- Keep in touch with carers that do not use social media

Communication Plan

- Multi-channel communications campaign
- To raise awareness and encourage engagement
- Social media and newsletter
- Storytelling featuring a carer and an Elected Member
- Complemented by targeted media engagement including press releases for local media

Social Media

- Activity focused on increasing awareness and understanding of Carer Connect
- Facebook, Instagram and LinkedIn
- Views – 30.6k
- Reach – 134k
- Link clicks – 135
- Comments and likes – 74

Newsletter

- Rotherham Roundup e-newsletter
- Reached over 10,000 subscribers
- Generated 31 clicks to Carer Connect webpage

Media Coverage

- Targeted media engagement secured The Star and Rotherham Advertiser
- Additional coverage secured through BBC Radio Sheffield

First Quarter 2026/27 Update
Internal Activity

- Improving advice, information and guidance to increase the AI Assistant's navigation ability
- Linking the CQC Improvement Action Planning with the Carers Strategy objectives

Partner Activity

- RDaSH improved carer identification processes and employee support
- TRFT improved carer identification and access to advice, information and guidance
- Family Action improved young carer identification, producing a toolkit for professionals

Discussion ensued with the following issues raised/clarified:-

- The innovation was welcomed.
- It was confirmed that, whilst Voluntary, Community and Social Enterprise were helping with the roll-out of Carers Connect, the take-up needed to be better and the Service was working on selling the benefits more.
- It was part of the ongoing media plan to include information on Carers Connect in the Ward Newsletters.

Resolved:- (1) That the actions taken to comment implementation of the Strategy and the launch of the digital tool, a key element to the multi-channel approach to advice, information and guidance for carers, be noted.

(2) That a further update on Carer Connect be submitted to the Health and Wellbeing Board in September 2027.

23. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Oscar Holden, Health and Wellbeing Board Support Officer, presented the Board's Terms of Reference for its annual report to support the effective delivery of the Health and Wellbeing Strategy 2025-30. The Terms of Reference had been updated following a review of governance arrangements and incorporated:-

- Amendments to Board membership
- Leadership arrangements
- Quorum requirements
- Review dates
- Supporting documentation

Membership had been refreshed to reflect current Partnership priorities. Key changes included:-

- Addition of a South Yorkshire Children and Young People's Alliance representative
- Addition of a Citizens Advice Rotherham and District representative
- Removal of the Healthwatch representative
- Amendment of the Rotherham Doncaster and South Humber NHS Foundation Trust representative from Chief Executive to Director of Strategic Development
- Amendment of attendance arrangements relating to senior Council representation

Governance and operational working had been updated to reflect current arrangements including references to the South Yorkshire Integrated Care Strategy, partnership reporting arrangements and Board responsibilities. The separate Memorandum of Understanding relating to Board Sponsors contained within the previous version had also been removed from the revised Terms of Reference document.

Changes to the leadership arrangements included the removal of the named Vice-Chair position held by the Rotherham Place Medical Director. During the meeting it was confirmed that Shafiq Hussain, Chief Executive of Voluntary Action Rotherham, had been confirmed as the new Vice-Chair of the Health and Wellbeing Board.

The previous quorum requirement for both a RMBC and Integrated Care Board representative to be present at a Board meeting had been replaced with the requirements for at least one RMBC representative to be present for the meeting to be quorate.

The Terms of Reference detailed:-

- The role of the Health and Wellbeing Board
- Responsibilities
- Expectations of the Health and Wellbeing Board Member
- Membership
- Governance
- Quorum
- Meeting arrangements
- Engaging with the public and providers

The next review would be scheduled for September 2027.

Resolved: (1) That the amendments made to the Terms of Reference since the previous review be approved.

(2) That the implementation of the revised governance and membership arrangements be supported.

(3) That the next formal review of the Terms of Reference take place in September 2027.

24. ITEMS ESCALATED FROM THE PLACE BOARD

There were no items to discuss.

25. BETTER CARE FUND

It was noted that the Council and the NHS South Yorkshire Integrated Care Board had jointly developed the Better Care Fund Call-Off Partnership Agreement and Work Order for 2026/27.

The Agreement reflected the requirements of the national Better Care Fund Framework, supported local health and care priorities and set out the governance, financial and commissioning arrangements required to deliver integrated Health and Social Care Services in Rotherham.

Resolved:- That the Better Care Fund (BCF) Call-Off Partnership/Work Order for 2026/27 be approved.

26. ROTHERHAM PLACE BOARD PARTNERSHIP BUSINESS

The minutes of the Rotherham Place Board Partnership Business meetings held on 20th May, 17th June and 15th July, 2026, were noted.

Health Hub Consultation

Gilly Brenner, Public Health Consultant, informed the Board that the Town Centre Health Hub Phase 2 consultation was now open and would run until 28 September 2026. She encouraged all to take part and confirmed that the Health and Wellbeing Support Officer would circulate further information on this matter after the meeting.