

**HEALTH AND WELLBEING BOARD**  
**24th September, 2025**

**Present:-**

Councillor Baker-Rogers	Cabinet Member, Adult Social Care and Health <b>In the Chair</b>
Chief Insp. Kevin Bradley	South Yorkshire Police (representing Chief Supt Andy Wright)
Nicola Curley	Strategic Director, Children and Young People's Services
Chris Edwards	Executive Place Director, NHS SYICB
Kym Gleeson	Healthwatch Rotherham
Alex Hawley	Public Health Consultant, Public Health (representing Emily Parry-Harris, Director of Public Health)
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Bob Kirton	Managing Director, The Rotherham Foundation Trust
Jason Page	Medical Director, Rotherham Place, NHS SY ICB
Ian Spicer	Strategic Director, Adults, Housing and Social Care

**Report Presenters:-**

Matthew Blomefield	Public Health Intelligence Analyst, RMBC
Rachel Copley	Public Health Practitioner, RMBC
Gilly Brenner	Public Health Consultant, RMBC
Lorna Quinn	Public Health Intelligence Principal, RMBC
Jean Summerfield	Lead Nurse, Child Death Review
Amelia Thorp	Public Health Specialist, RMBC

**Also Present:-**

The Mayor (Councillor Ismail)	
Councillor Brent	
Paul Benson	Private Sector Housing Co-ordinator
Oscar Holden	Corporate Improvement Officer, RMBC
Sue Panesar	Public Health Specialist, RMBC
Alicia Sansome	South Yorkshire CYP Alliance
Sarah Bond	ICB

Apologies for absence were received from Councillor Cusworth, Gavin Boyle (NHS England), Andrew Bramidge (RMBC), Helen Dobson (TRFT), John Edwards (RMBC), Jo McDonough (RDaSH), Emily Parry-Harris (RMBC) and Claire Smith (ICB).

**14. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**15. 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.

**16. COMMUNICATIONS**

There were no communications to bring to the Board's attention.

**17. MINUTES OF THE PREVIOUS MEETING HELD ON 25TH JUNE, 2025**

Arising from Minute No. 11 (Better Care Fund), Bob Kirton raised the issue of how the TRFT could become involved in the discussions for the allocation of funds for the next financial year.

Chris Edwards replied that it would be the annual budget setting process where partners could help in the check and challenge.

Resolved:- That the minutes of the previous meeting held on 25th June, 2025, be approved as a true record.

**18. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

Alex Hawley, Public Health Consultant, Public Health, presented the Director of Public Health 2025 annual report which had focussed on creative health within the Borough and how arts, creativity and culture could be used to improve the health and wellbeing of children and young people in Rotherham.

The following powerpoint presentation was also shown in conjunction with the report:-

**Background**

- In 2025 Rotherham became the world's first Children's Capital of Culture (CCoC) holding a year long festival of celebration
- The journey to this celebration year started in 2017 with the Embassy for Reimagining Rotherham where young people created a vision for Rotherham's future
- CCoC was not only about increasing engagement with the arts, culture and creativity but harnessing the engagement to improve the life chances of Rotherham's children and young people
- Building on the momentum of this celebration year, the Director of Public Health's annual report had explored the role that culture and creativity could play in the health and wellbeing of children and young people

**Why is art, culture and creativity important for children and young people's health**

- Children and young people aged 19 and under made up 23.5% of Rotherham's population
- Creative health meant working with creativity, arts and/or culture to support health and wellbeing. This could include lots of activities such as drama, art, film or writing
- For children and young people, doing cultural and creative things could help with social skills, physical health and mental health

- Teenagers who did art activities outside of school were less likely to do things which could harm their health such as smoke, drink alcohol or use drugs
- Lots of children and young people struggled with their mental health; creative health could help if included as part of mental health support

What matters to young people in Rotherham?

- Children and young people have said
  - They want to feel proud of where they lived
  - They wanted more fun things to do in Rotherham
  - There were quite a few different things that young people worried about including education, mental health, social media and body image
  - Some young people did not feel happy with more Year 10s than Year 7s saying their mental was fair or poor
  - Spending time with friends and family was very important to children and young people with many saying this was the most important thing to them
- The DPH report was therefore split into the 4 CCoC themes which encompassed the above

You're not from New York City you're from Rotherham

- Feeling like you belong helped you to feel happier and could make you healthier
- Being involved in arts and creative pursuits could help young people to get better grades even in subjects that were not related to arts or culture

Who we are, where we come from

- Health in Rotherham was generally worse than the average for England and this was partly due to some people in Rotherham eating unhealthily, smoking and drinking alcohol. For many people they started doing these things from childhood or being a teenager
- Arts and culture could help reduce negativity, lift mood, calm and increase proactivity providing a positive impact on mental health

Plug In and Play

- Some people were concerned about the impact social media was having on young people
- Creative content online may offer an alternative to social media that was better for young people's mental health
- Creative activities like drama clubs, music groups, writing circles or book clubs helped to bring children and young people together and feel less lonely

The world beneath our feet

- Access to green space was one of the many neighbourhood-specific characteristics that affected health and neighbourhoods with greater access to green space tended to have greater life expectancy

- Some young people in Rotherham were worried about the impact of climate change but opportunities to spend time in nature and look after the environment could help

**Recommendations**

1. A comprehensive evaluation of the Children's Capital of Culture programme to be completed including consideration of the role of the programme in supporting the health and wellbeing of Rotherham's children and young people
2. A legacy programme to be delivered, building on the learning from the year-long festival of celebration, the evidence of the benefits of cultural and creative arts activities to health and wellbeing and linking up with wider initiatives such as the SYMCA Year of Reading.
3. Cultural and creative activities in Rotherham to strive to be welcoming and inclusive for families and to tackle inequalities in access.
4. Partners and stakeholders across the local education sector to value and champion arts and culture and work to increase access and reduce inequalities to arts education.
5. Long-term and sustainable funding to be identified to support work to engage children and young people in the arts, culture and creativity.
6. Partners and organisations to learn from the success of genuine co-production as a means for children and young people to be empowered to work with us on more of the things that matter most to them.
7. Physical activity to remain embedded when the Rotherham Cultural Strategy was refreshed, acknowledging the role it plays in culture and creative activity and the benefits to health and wellbeing and wider outcomes.
8. Opportunities for local research to be explored that built on some of the gaps identified through the report, including the role of creativity in supporting positive health behaviours and to better understand the impact of school on young people and their mental wellbeing.
9. The valuable contribution of the arts, culture and creativity to children and young people's mental health to be harnessed acknowledging that mental health was an area of increasing need and system-wide partnership working was vital to ensuring enough support for children and young people.
10. The preferred communication methods of children and young people to be used to ensure that they were aware of fun things to do and places to go locally.

It was noted that the report was published annually in September/October with the steering group meeting in late 2025 to discuss the topic of the 2026 report.

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

- It was a statutory requirement that every local authority Director of Public Health produced an independent annual report
- The report contained 10 recommendations but could not mandate any action on them. They would be discussed by the Director of Public Health Annual Report Steering Group and the report disseminated as widely as possible
- It was suggested that the report should be submitted to the Rotherham Together Partnership
- Work was ongoing but the full evaluation of activity would include numbers, health outcomes etc.
- Voluntary Action Rotherham had drawn down £1M National Lottery funding for social, emotional and mental health support for children. It was an opportunity to showcase that work
- The learning gained from CCoC would be used to inform the processes and procedures to improve/reduce the inequalities that children experienced across the Borough. The quantitative information i.e. the numbers of people coming through doors were known; it was the qualitative information i.e. focus groups, legacy and relationship building that was needed. Any differences in equalities would be highlighted in recommendations going forward
- The level of funding secured for the CCoC was a one off, however, an element of the events that had taken place had been embedded through existing funding streams

It was emphasised that it was not the official CCoC report; it was the Director of Public Health's report with the theme of creativity and health and there would be opportunities to highlight further the opportunities mentioned. It would also be referred to in the CCoC evaluation.

Resolved:- (1) That the 2025 Director of Public Health report be noted.

(2) That the conclusions of the report be supported.

## **19. HEALTHY HOMES PLAN**

Rachel Copley, Public Health Practitioner, presented a briefing on the Healthy Homes Plan which sat within Aim 4 of the Health and Wellbeing Strategy.

The proposed Plan would be an annually refreshed document outlining the significance of poor housing on health and wellbeing in Rotherham and the key steps being taken to improve the housing sector.

The following powerpoint presentation illustrated the purpose of the Plan:-

What is the Healthy Homes Plan?

- Collaboration between Housing and Health Directorates using data that indicates the impact of poor housing on health and outlines the importance of cross-sector action to tackle this issue

Main sections of the Plan

- Current Housing and Health Strategies
- Local demographic and housing data
- Health risks in housing
- Available support
- The action plan

Plan Content: Current Housing and Health Data in Rotherham

- Rotherham housing data – total dwellings 122,000 (approximately)  
15.30% private rented  
64% owner-occupied  
20.70% Council housing
- Rotherham Demographics  
Population – 270,000  
Deprivation – 35<sup>th</sup> most deprived local authority  
Life expectancy has decreased  
Rotherham has higher rates of Asthma, Heart Disease, Stroke, Lung Cancer and MSK issues

Action Plan – split into 3 themes

1. Intelligence and evidence gathering
2. Reducing fuel poverty in Rotherham
3. Increasing support and assistance to tackle housing related health risks

The full version of the document and action plan was attached as an appendix to the report submitted and would be published on the Rotherham Joint Strategic Needs Assessment (JSNA) Housing page.

The action plan would be a regular agenda item on the Rotherham Energy Network meetings which were held every 6 weeks with any major changes to the action plan or full document submitted to the Public Health and Housing Strategic Management Teams.

Discussion ensued with the following issues highlighted/raised:-

- The plan was refreshed annually and hosted on the Joint Strategic Needs Assessment website
- A paragraph could be added to the report with regard to poverty, overcrowded housing and increasing levels of children in poverty
- Housing was the one area that the Health Service's portfolio and the wider determinants had the less impact. Was there anything the NHS could do to change this?

- In discussions regarding the neighbourhood pilot, Housing had expressed potential interest in the Health Hub
- South Yorkshire Children and Young People Alliance was doing a lot of work in terms of children with Asthma. Was there an opportunity to link that up?
- TRFT to evaluate what could be delivered in people's homes with the aim of the traditional hospital work being conducted within the home setting as well as in the hospital
- A range of respiratory conditions contributed to the low age expectation in the Borough. Working with the Fire Service and other agencies around health and wealth checks and checking on the domestic environment would be a good showcase of neighbourhood working
- The Housing Strategy should be shared widely to give the opportunity for an understanding of the challenge within Rotherham around housing and what that meant on the ground for delivery of care and support. The Strategy looked at the broader challenge and might be helpful for partners to have an understanding of it
- In order for people to access the help they needed for their homes they needed to know what help was available. The Rotherham Winter Health Being event was to be held on 8<sup>th</sup> October in Riverside House. Partners across Public Health, the Community Energy Team etc. would be present with information available for any members of public to take away or discuss with staff
- The Housing Strategy was aligned with the Healthy Homes Plan
- Housing Services were engaging with Public Health, the Climate Change Team and in particular the Community Energy Officer who had events planned throughout the year using all forms of engagement such as social media

Resolved:- That the Healthy Homes Plan and its action plan be noted.

## **20. TOBACCO CONTROL UPDATE**

Amelia Thorp, Public Health Specialist, provided an update on measures being taken locally to improve tobacco control with the aid of the following powerpoint presentation:-

Why prioritise tobacco control

- Smoking was the leading cause of preventable and early deaths in the UK and Rotherham
- Smoking was the greatest contributor to the total burden of disease in Rotherham
- Smoking rates in Rotherham > all England (14.5% vs 11.6%)
- Smoking was the single largest driver of health inequalities locally and nationally

**National Timeline**

- Government Commitment  
In 2019 the Government made a commitment to make England Smokefree by 2030  
Smokefree defined as <5% prevalence
- The Khan Review  
Published 2022  
Independent review into the Government's smokefree ambition  
Recommendations:-
  - Increase investment
  - Increase age of sale
  - Offer vapes as a substitute for smoking
  - Prioritise prevention in the NHS
- Stopping the Start  
Government plan to create a smokefree generation  
Launched 2023  
Aimed to address Khan review recommendations  
Included launch of Swap to Stop and Smoking in Pregnancy Incentives Schemes
- Tobacco and Vapes Bill  
Introduced to House of Commons in 2024  
Proposes:
  - Increasing age of sale of tobacco products
  - Ban on display and advertising of vapes
  - Expand smokefree measures to some outdoor settings
  - Strengthen enforcement activity

**Local Timeline**

- An Internal Audit and Health Needs Assessment was undertaken in 2022 resulting in the establishment of the Rotherham Tobacco Control Steering Group and development of a 3 year multi-partner tobacco control workplan

**Local Achievements**

- Launch of a new Community Stop Smoking Service in October 2023
- Implementation of national schemes including Swap to Stop and Smoking in Pregnancy Incentives
- Embedded hospital provision of specialist stop smoking services for patients at TRFT and RDaSH
- Expansion of tobacco treatment services to all staff at TRFT and RDaSH
- The development of a dashboard of indicators to enable meaningful tracking of progress against the strategy and work plan
- The development of a Rotherham Position Statement on Vapes

**Local Stop Smoking Services and Support Grant (LSSSSG)**

- Launched alongside the Government's plan in 2023 with ringfenced funding to support an additional 360,000 people to quit smoking nationally



- Rotherham was allocated £384,845 for 2024/25, similar amount (to be confirmed annually) each year through to 2028/29

#### Local Impact

- Supported the delivery of a Local Enhanced Service (LES) including training of staff in primary care to identify, triage and offer stop smoking interventions
- Initially targeted to focus on high-prevalence and high risk groups with capacity to expand in future
- Funding also set aside to support additional capacity in the Community Stop Smoking Service

#### South Yorkshire Tobacco Control Alliance (SYTCA)

- Collaborative partnership between the four local authorities within South Yorkshire and the ICB and wider partners from the public, private and voluntary sector aiming to collectively accelerate our efforts in eliminating smoking across our region and contribute to the achievement of making South Yorkshire Smokefree by 2030

#### South Yorkshire Campaign

- Development of the South Yorkshire Brand “Smokefree Starts” in 2023 with the first campaign focusing on Smoking and Mental Health launched in March 2024
- Campaign materials included:
  - Smokefree Starts website
  - TV and radio advertising
  - Information resources for professionals
  - Information leaflets and posters for the public
  - Social media content
- Follow-up campaign launched in November 2024

#### South Yorkshire Contribution to Yorkshire and the Humber

- Mass media campaign
  - 8 week mass media campaign launched in March 2025 including TV and radio advertising, OOH advertising, digital and social media advertising, search engine optimisation and launch of campaign website signposting to local services
  - Campaign evaluation found that 30% of smokers cut down the amount they smoked and 15% made a quit attempt following seeing the campaign
- Training programme
  - Developed in partnership with all 15 Yorkshire and Humber local authorities and the National Centre for Smoking Cessation and Training (NCSCT). It was a 5 year programme aiming to advance the knowledge and skills of those involved in commissioning, managing and delivering tobacco dependency treatment services across Yorkshire and the Humber

Work Plan 2025-2029 – Ambition – for Rotherham to become smokefree by 2030 (<5% prevalence)

- A. Strategy and Co-ordination. Deliver a co-ordinated tobacco control policy, strategy, governance and monitoring system
  - 1. Create a shared vision, plan, governance structure and set of policies for effective tobacco control across Rotherham
  - 2. Improve the availability and use of local data on tobacco use, exposure and related health outcomes
- B. Quit for good. Encourage and support smokers to quit for good
  - 3. Provide high quality community-based smoking cessation support
  - 4. Deliver a smoke free NHS
  - 5. Eliminate tobacco dependence in pregnant women
  - 6. Work with local employers to help staff to quit
- C. Enforcement. Tackle suppliers of cheap, counterfeit and illicit tobacco and nicotine-containing products through delivery of effective enforcement
  - 7. Create a hostile environment for tobacco fraud and underage sales through intelligence sharing
  - 8. Tackle illegal activity including sales of counterfeit and illegal nicotine containing products
  - 9. Change perceptions about illegal tobacco sales and the harms of buying and using illegal vape products
- D. Reduce variation in smoking rates by tackling inequalities
  - 10. Deliver targeted and tailored smoking cessation services and communications to reach groups with highest prevalence of smoking.
- E. Stop the start. Reduce the number of people taking up smoking particularly young people
  - 11. Support schools to minimise uptake of smoking and e-cigarette use amongst Rotherham children and young people
  - 12. Reduce exposure to second-hand smoke and de-normalise smoking by expanding and enforcing smokefree place policies
  - 13. Use targeted and mass communication to change attitudes and social norms around smoking and increase quit attempts

#### Vaping in Children

- Recent local data shows that most students (74%) report never trying vaping, however, the overall number regularly vaping has been increasing since 2017
- A Vaping Harms Action Plan was being developed in response

#### Rotherham Position Paper on Vapes

- Vapes are significantly safer than cigarettes and were a valuable harm reduction tool and quitting aid for adults
- Young people should be discouraged from vaping

- Vaping amongst pregnant people was safer than tobacco smoking but was not risk free
- A better balance was needed between minimising promotion of vapes to young people whilst allowing promotion to adults who smoked
- We do not have all the answers now but on balance there was sufficient evidence to take action to improve the health of local people

Discussion ensued with the following issues raised/clarified:-

- The data on vapes was not as strong as that on tobacco; there was a need to understand the prevalence of vapes
- The South Yorkshire Tobacco Alliance had contributed to the delivery of a Joint Yorkshire and Humber mass media campaign launched in March 2025. It was well received but difficult to ascertain if that translated into quit attempts
- The difficulties of enforcement with regard to illicit tobacco. There were wider networks of Trading Standards that were in communication on a national level as well as sharing intelligence but it was ongoing work
- There was a Trading Standard representative on the Tobacco Control Steering Group who fed into the action plan
- Should there be stronger wording than “young people should be discouraged from vaping”
- 86% of the people in Rotherham did not smoke; when speaking to the remaining 14% it was the one joy in their lives whilst acknowledging that they knew they had to quit
- The TRFT had been part of the successful quit programme screening just under 2,000 people a month, 90% of which received advice as well 50% getting support with nicotine replacement therapy as well
- The Maternity Service had supported people to reduce the rate of smoking at time of delivery. It was well below 10% and in that last month had reduced further to 5%. That had been delivered at cost pressure at the Trust because of decisions that had been made and trying to work through that as partners. A lot of the work would be recognised as a key part but was not something that was always commissioned so it was a challenge
- Agencies were all trying to do the right things but were members of the public being given an overview of all the different interventions available and what success they were having
- The Stop Smoking Services in England was celebrating 25 years of service. A series of events was to be hosted in Rotherham to celebrate the number of people who had managed to quit in Rotherham over the 25 years. There was also to be a local event for the professionals to give thanks to them as part of the annual Stoptober campaign

- Was it better to promote what vapes should be used for i.e. a smoking cessation tool rather than a negative message? Young people tended not to see the link between smoking tobacco and vaping so consideration needed to be given as to how it should/could be promoted

Resolved:- (1) That the Tobacco Control Work Plan, developed by the Rotherham Tobacco Control Steering Group be approved and that Board members seek to provide the leadership, support and resources required to enable effective implementation of the priority actions within the organisations they represent.

(2) That further discussion take place between the Strategic Director of Children and Young People's Services and Public Health with regard to the way forward relating to vaping.

(3) That the development of the Vaping Harms Action Plan, developed with key local stakeholders, be supported.

## **21. CHILD DEATH OVERVIEW PANEL ANNUAL REPORT 2024-25**

Alex Hawley, Child Death Overview Panel (CDOP) Chair, and Jean Summerfield, Lead Nurse Child Death Review, presented the CDOP annual report 1<sup>st</sup> April, 2024 to 31<sup>st</sup> March, 2025.

The powerpoint presentation highlighted:-

### **Foreword and Context**

- First standalone Rotherham CDOP report
- Transitioned oversight from Safeguarding Children Partnership to Health and Wellbeing Board
- Administrative support now provided by Rotherham NHS Foundation Trust
- Tribute to Sharon Pagin and welcome to Jean Summerfield
- South Yorkshire CDOP having less frequent meetings
- Backlog of cases reduced despite organisational changes

### **CDOP Purpose and Structure**

- The Panel included RMBC – Public Health and Social Care; TRFT – Safeguarding, Paediatrics, Midwifery; South Yorkshire Police; RDaSH; ICB; Children's Hospice
- Statutory function to review deaths of children (under 18 years) excluding stillbirths and planned terminations
- To categorise cause of death
- To consider the importance/relevance of factors present within 4 key domains – factors intrinsic to the child; factors in social environment including family and parenting capacity; factors in the physical environment and factors in service provision

- To identify modifiable factors and prevent opportunities
- To update the National Child Mortality Database
- To share learning and take whatever improvement actions were identified within the system to prevent future deaths or reduce vulnerabilities

#### South Yorkshire CDOP Network

- Covered Barnsley, Doncaster, Rotherham and Sheffield
- Enabled identification of regional themes and trends
- Pragmatic shift in 2024 and was now a community of interest with less frequent meetings
- Still valuable for shared learning and data comparison

#### Rotherham CDOP 2024-25

- 8 meetings held (2 additional to reduce backlog)
- 29 cases reviewed (20 deaths in 2024/25)
- 22 active cases ongoing (delays due to inquests, reports, investigations)
- Age distribution – highest in neonates (0-27 days)
- Place of death – mostly hospital-based
- Ethnicity – majority white; some Asian, Black, Mixed
- Collaboration with agencies to improve timeliness

#### Modifiable Factors

- 4 cases (14%) had modifiable factors
- National average 43% of cases had modifiable factors
- Issues included – seatbelt use in modified vehicles, tracheostomy management in babies and inter-professional communication
- National common factors – parental smoking, high maternal BMI, supervision issues, poor inter-agency communication

#### Learning and Actions

- Themes/actions identified at CDOP inform local practice
  - Safe Sleep campaign enhancement planned
  - Task and Finish Group reviewed neonatal deaths (2021/22)
  - Most deaths linked to deprivation and chronic conditions
  - Learning shared with professionals and networks e.g. swimming lessons partnership for children with learning disabilities
- Task and Finish Group reviewed infant/neonatal deaths. Findings:
  - Most deaths due to prematurity/immaturity
  - Some avoidable deaths due to care delays
  - No evidence of a single factor explaining increase in numbers

#### National Trends

- 3,577 child deaths in England 2023/24 (down 4% vs previous year)
- Child deaths at 29.8 per 199k children
  - Black children: 55.4 deaths/100k
  - Asian children: 46.8 deaths/100k
  - White children: 25.5 deaths/100k
- Children in most deprived areas >2x death rate of least deprived. Deprivation strongly linked to mortality
- Infant deaths (within 1<sup>st</sup> year of life) = 61% of total child deaths
- Neonatal deaths (within 28 days of birth) = 42% of total child deaths
- Infant mortality rate (under 1 year): 3.9 per 1,000 live births – a slight increase from the previous year

#### Next Steps

- Thematic review of modifiable factors
- Strengthen multi-agency collaboration
- Focus on health equity and early intervention
- Continue to work to improve the Safe Sleep offer
- Targeted interventions for high risk groups
- Continue backlog reduction and monitoring delays
- Thematic review of modifiability factors
- Influence training, service delivery and policy
- Aim – reduce inequalities and prevent child deaths

#### Conclusion

- CDOP delivered statutory responsibilities effectively
- CDOP maintained rigorous review standards
- Continued to strive towards timely and thorough reviews
- Identified modifiable factors and learning points
- Continued commitment to learning, prevention and family support
- Focus on reducing inequalities and improving child outcomes
- Persistent challenges: deprivation and inequalities
- Commitment to prevent, partnership and family voice
- Ongoing work to improve outcomes for children and families in Rotherham

Discussions ensued with the following issues raised/clarified:-

- It was a statutory requirement under the [Working Together to Safeguard Children guidance in England](#) to have a CDOP and every child that died was required to have their history looked at by a Panel
- The CDOP was in a very strong position now having processed the backlog and transitioned to the HWBB
- The report was to be considered at the Rotherham Safeguarding Board Executive
- The CDOP review would be focussing quite specifically on ethnicity and correlation with deprivation

- Stillbirths were not included in DCOP reviews. Legally a stillbirth was not defined as the death of a person. Under UK law, a Coroner or CDOP could not review a death unless there was an independent life to begin with, however, Maternity Services within the TRFT, reviewed every stillbirth

Resolved:- (1) That the Child Death Overview Annual Report be noted.

(2) That the report be approved for publication.

## **22. PHARMACEUTICAL NEEDS ASSESSMENT**

Lorna Quinn, Public Health Intelligence Specialist, together with Matthew Blomefield, Public Health Intelligence Analyst, presented the Pharmaceutical Needs Assessment for the period 2025-28 with the aid of the following powerpoint presentation:-

### **Process**

- Legislation required that Health and Wellbeing Boards produce an assessment of the need for pharmaceutical services. The assessments (Pharmaceutical Needs Assessments (PNAs)) were due every 3 years
- A steering group met annually (or as frequently as required) to provide supplementary updates and to refresh the full document each year
- The previous PNA covered 2022-2025; this document covered 2025-28
- The draft document was shared for 60 days consultation on 14<sup>th</sup> July 2025
- The PNA would be published September 2025 and would be reviewed as necessary following any changes in provision

### **Regulation Requirements**

- A map of current provision
- A summary of local health need
- Conclusions
  - If there was sufficient choice with regard to obtaining pharmaceutical services in Rotherham
  - Pharmaceutical services that were necessary to meet the health needs of the population
    - ❖ All essential services
    - ❖ Advance Services (Pharmacy First; Hypertension case-finding, Flu Vaccination)
    - ❖ Locally commissioned services (needle exchange, supervised consumption and emergency hormonal contraception)
  - If there were identified future need for pharmaceutical services e.g. new housing developments
  - If there were any other NHS services that affected pharmaceutical service needs

### Main Findings

- Overall access to pharmaceutical services in Rotherham was good. Most of the population lived within easy access of a pharmacy and good physical access was supplemented by increasing growth in national online service provision
- As of January 2025, there were 65 pharmaceutical service providers for the area of Rotherham Health and Wellbeing Board. This included:-
  - 61 pharmacies
  - 1 dispensing appliance contractor (DAC)
  - 3 dispensing GP practices
- A local population of 268,267 (mid-2022 – most recent estimate for local areas) indicates 22.7 pharmacies per population head in Rotherham
- As there was no set definition for 'need', access, resident choice and current use of pharmacies had been reviewed

### Access

- In Rotherham 23% of the population did not have access to a car or van in their household, therefore, access had been reviewed to include walking time and walking distance alongside drive time:
  - 83.4% of the population of Rotherham lived within a 15 minute walk of a Rotherham-based pharmaceutical service provider
  - 93.2% of the 20% most deprived population lived within a 15 minute walk of a Rotherham-based pharmaceutical service provider
  - 98.9% of the population lived within 15 minutes on public transport on a weekday morning
  - 100% of Rotherham-based residents lived within a 10 minute drive of a Rotherham-based pharmaceutical services provider during rush hour
  - Including cross-border pharmacies had a marginal impact on the proportion of Rotherham residents within 15 minutes walk or 1.6 km (1 mile) of a pharmaceutical services provider

### Resident Choice

- In a resident survey conducted with Healthwatch Rotherham, residents fed back that access and convenience were the biggest influencers of pharmacy choice
- The most common method of access was driving although this was slightly less likely for participants living in the 2 most deprived deciles than those living in less deprived areas
- Participants living in the 2 most deprived deciles were as likely to rely on delivery from a pharmacy as those in less deprived areas
- Participants living in the 2 most deprived deciles were slightly more likely to cycle or take public transport to a pharmacy than those in less deprived areas
- Residents also commented on their preferred days and times which had been incorporated into the recommendations



#### Pharmacy Use

- Essential services were offered by all pharmacy contractors but not all services register to provide advanced or locally commissioned services
- For Essential and Advanced Services, the number of pharmacies providing each service was calculated based on the number of pharmacies that had provided that service once or more in 2024
- Locally Commissioned Services data was provided by contractors and the Strategic Commissioning Team in Adult Care, Housing and Public Health at RMBC
- Service provision of these had been detailed within the document including at Ward level and findings considered in the document

#### Conclusions – Necessary Services

- Based on the information available at the time of developing this Pharmaceutical Needs Assessment, no current gaps in the provision of essential services within or outside normal working hours had been identified
- However, if one of the 100-hour pharmacies reduced their hours or there was a loss of weekend or evening hours, there would be a need

#### Conclusions – Advanced Services

- This Pharmaceutical Needs Assessment had detailed the distribution of these within Rotherham and Wards. Based on the data available the Health and Wellbeing Board was satisfied that there was sufficient capacity to meet the demand for these advanced services
- However, if one of the 100-hour pharmacies reduced their hours or there was a loss of weekend or evening hours, there would be a need

#### Conclusions – Future Need

- The document had reviewed population growth in line with forecasts and housing developments that would deliver new homes within the timeframe of the document
- There were no new housing developments of significant size during the lifetime of the document and the population projections were not predicted to increase to sufficient size to create unmet pharmaceutical need providing services remained as they were at the time of writing

#### Conclusions – Other Services

- The document notes the number of pharmacies that had signed up to provide and were providing the advanced and enhanced services listed below:-
  - Lateral Flow Device Tests Supply Service
  - New Medicine Service
  - Emergency Hormonal Contraception
  - Needle and Syringe Provision Needle Exchange
  - Palliative Care
  - Over the counter medication Labelling Scheme

- It was satisfied that the current demand could and would be met by the existing providers

**Next Steps**

- Publication of the 2025-28 PNHA
- The Steering Group continue to meet annually
- Further analysis in the Public Health Team to look at access to provision by public transport, walking and car use. This will be hosted on the Joint Strategic Needs Assessment

**Discussion ensued with the following issues raised/clarified:-**

- It was not expected that there would be sufficient home owners moving onto the Waverley estate during the lifetime of this PNA for enhanced provision and similarly at Bassingthorpe Farm. However, this would be monitored by the Steering Group
- In such areas as Waverley, that were very near to a bordering local authority, consideration was given to Rotherham's provision plus a one mile buffer
- Any changes in pharmacy provision would be monitored including any closures and out of hours
- More analysis would be undertaken on the number of members of public who did not have access to a car
- The PNA looked specifically at the time it took to get to a pharmacy or the distance to a pharmacy; it did not take into consideration whether there was a "safe" walking route. The data was quite limited in terms of safety but it was something that could be picked up in the analysis as part of the wider consultation on public transport and access to transport
- The timing of public transport was also not included but could be fed into the wider analysis

**Resolved:-** That the findings of the 2025-2028 Pharmaceutical Needs Assessment be noted.

**23. EVALUATION OF THE 3-4 MONTHS HEALTH VISIT CHECK**

Lorna Quinn, Public Health Intelligence Principal, presented the initial findings from the implementation of an additional visit within the Healthy Child Programme (HCP).

The following powerpoint presentation was also shown in conjunction with the report:-

**Background**

- Successful application to work with the National Institute for Health and Care Research (NIHR) Public Health Intervention Responsive Studies Teams (PHIRST) based at Nottingham University

- The aim was to evaluate the impact of the 3-4 month health visit, an additional visit which was previously available to only families requiring enhanced support but offered to all parents through Family Hubs funding until March 2026
- Practitioners review child development, provide guidance on breastfeeding and safe weaning and support parental mental health

#### Methods

- Qualitative
  - 15 individual interviews with parents
  - 2 focus groups with parents (including one with parents who had not taken up the visit)
  - Focus groups with 7 nursery nurses, 4 Public Health staff and commissioners
  - Factors associated with delivery and uptake of the visit were examined
- Quantitative
  - Tracking month-by-month how many eligible babies received it and whether it happened on time. Visit completion was described by demographic factors including socio-economic deprivation, ethnicity, maternal age and parity and developmental scores at 3-4 months
  - The children's 12 month development scores were compared before and after the review controlling the demographic factors

#### Reach

- The 3-4 month visit began in September 2023 but was targeted
- General rollout to the entire population began from January 2024
- On average just under 200 babies and their families received a 3-4 month visit each month

#### Qualitative Key Findings

- Parents valued having an additional visit between the 6-8 week and 9-12 month reviews and the visit was positively supported
- There were positive opinions of the service and family hubs
- Community groups, such as those delivered at a local mosque, provided an important way of delivering information and support to diverse communities
- Parents felt the visit was more developmentally focused than other visits, aligning with nursery nurse skills in developmental screening
- The visit supports parents' knowledge and preparedness for upcoming developmental milestones, providing parental reassurance

#### Quantitative Findings - Demographic

- 3-4 month visit rates stabilised at around 80%
- Before adjusting for potential confounders, 3-4 month visit rates were lower for older mothers, those who already had a child and those in IMD deciles 5 and 6

**Quantitative Findings - ASQ**

- Of those who received the visit, the ASQ completion was around 80%

**Quantitative Key Findings**

- The 3-4 month visit uptake was equitable across socio-economic deprivation, ethnicity and maternal age group but families with more than one child were around 70% less likely to receive a visit
- Maternal mood recording rates were consistent across deprivation quintiles and ethnic groups
- At the 9-12 month visit, children eligible for a universal 3-4 month visit had higher likelihood of scoring above the close-monitoring cutoff in the ASQ domain of problem solving

**Next Steps**

- These findings provided evidence for Rotherham stakeholders to consider when deciding on the future of the review and may contribute to the wider national debate on delivery of the Healthy Child Programme
- A detailed report would be published by November describing the findings further
- Meetings with Public Health Senior Management Team and Family Hubs Operational Group would share the detailed report and to discuss the future commissioning options

**Conclusion**

- Overall the evaluation indicated that the 3-4 month review was a valued addition to the Healthy Child Programme, offering a point of contact between the 6-8 week and 9-12 month visits and supporting families during a period of rapid developmental change
- The visit appeared feasible to deliver, culturally adaptable and acceptable to parents
- Work remained for ongoing data collection to monitor outcomes and to discuss future commissioning options

**Discussion ensued with the following issues raised/clarified:-**

- The term 'parent' was used to refer to the parents, carers and guardians eligible for a 3-4 month visit
- Parents were suggesting that the additional visit would be more beneficial (5-6 months), however, the 3-4 months visit was in line with the national Child Programme
- No studies since 2015 had specifically assessed adding a universal 3-4 month review. The review was not nationally mandated; the Council was evaluating its impact to assess the case for retaining it locally and to influence wider national debate on delivery of the Healthy Child Programme

**Resolved:-** That the findings from the 3-4 visit within the Healthy Child Programme be noted.

**24. ITEMS ESCALATED FROM PLACE BOARD**

Chris Edwards, Executive Place Director, NHS SYICB, reported Rotherham had been selected as a Neighbourhood Pioneer Pilot. There had been 42 national pilots identified in South Yorkshire and Rotherham, Doncaster and Barnsley had been successful. Workshops were to be held to work out how to bring Acute Services into neighbourhoods.

Resolved:- That, when appropriate, a report be submitted to a future meeting of the Board.

**25. BETTER CARE FUND**

Chris Edwards, Executive Place Director, NHS SYICB, reported that the BCF plan would be shared with TRFT.