

HEALTH AND WELLBEING BOARD
26th November, 2025

Present:-

Jason Page	Medical Director, Rotherham Place NHS SYICB In the Chair
Chief Inspector K. Bradley	South Yorkshire Police (representing Chief Supt. Andy Wright)
Andrew Bramidge	Strategic Director, Regeneration and Environment
Councillor Cusworth	Cabinet Member, Children and Young People's Services
John Edwards	Chief Executive, RMBC
Kym Gleeson	Healthwatch Rotherham
Tina Hohn	Virtual School Leader for Children in Care (representing Nicola Curley)
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Bob Kirton	Managing Director, The Rotherham Foundation Trust
Emily Parry-Harris	Director of Public Health
Claire Smith	Director of Partnerships, Rotherham Place, NHS SYICB
Ian Spicer	Strategic Director, Adults, Housing and Social Care

Report Presenters:-

Alexandra Hart	Public Health Practitioner, RMBC
Denise Littlewood	Health Protection Principal, RMBC
Joanne Martin	Transformation and Delivery, NHS SY
Lorna Quinn	Public Health Intelligence, RMBC
Hannah Thornton	Director of Services (Projects), Voluntary Action Rotherham
Steph Watt	Urgent and Community Care, NHS SYICB

Also Present:-

Councillor Brent	
Gilly Brenner	Public Health Consultant, RMBC
Millie Dales	Public Health Intelligence Practitioner, RMBC
Alex Hawley	Public Health Consultant, Public Health
Oscar Holden	Corporate Improvement Officer, RMBC
Dawn Mitchell	Governance Advisor, RMBC

Apologies for absence were received from The Mayor (Councillor Ismail), Councillor Baker-Rogers, Nicola Curley (RMBC), Chris Edwards (NHS SYICB) , Nicola Ellis, Toby Lewis (RDaSH) and Joanne McDonough (RDaSH).

26. DECLARATIONS OF INTEREST

There were no Declarations of Interest to report.

27. 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.

28. COMMUNICATIONS

There were no communications to report.

29. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting held on 24th September, 2025.

Resolved:- That the minutes of the previous meeting held on 24th September, 2025, be approved as a true record.

30. 2025/26 WINTER PLAN

Steph Watt, Portfolio Lead Urgent and Community Care, presented a report on the 2025/26 Rotherham Winter Plan together with the following powerpoint:-

Winter 2024/25

- Urgent and Emergency Care Programme focussed on increasing out of hospital pathways as alternatives to avoidable conveyances and admissions and reducing discharge delays
- Additional monies were invested across Place to support system flow over winter utilising Section 75 Better Care monies and the national Discharge Fund together with organisational investment by The Rotherham Foundation Trust (TRFT) and Council

Winter Schedules 2024/25

- Comprehensive vaccination programme co-ordinated across Primary Care, TRFT and the Council supporting vulnerable citizens, care homes and health and care staff
- Increased GP appointments including acute respiratory hub
- ‘PUSH’ Community Health and Social Care Teams responding to non-critical 999 calls to reduce ambulance conveyances, including new respiratory and mental health pathways
- Increased capacity on the virtual ward
- Additional staffing resource including Consultant and resident doctor medical cover, therapy, Social Worker, enablement and portering resource
- Extended opening hours for Community Ready Unit with support to ensure timely medicines
- Extension of patient transport
- Home from Hospital Pathway to reduce waiting times
- Priority services identified for children with plans for temporary reductions elsewhere to support peak pressures
- Reduce in out of area mental health placement
- Robust mental health digital offer

- Rotherham safe space provided additional out-of-hours support for individuals in crisis
- Voluntary sector support through Age UK Hospital Aftercare Service, Urgent and Emergency Social Prescribers and NHS Responders providing post-discharge medicine delivery service

Going into Winter 2025/26

Post Winter/Summer Period

- Successful winter schemes embedded into business as usual
- £7M investment in new medical SDEC and ways of working
- Transfer of Care Hub co-located in the community setting
- High impact work/pro-active care
- Increased capacity virtual ward including remote tech
- Enablement waiting lists reduced from high of 66 to record low of 9 as of 13th August 2025
- Impact of system flow roles
- 4 hour performance improving – 70%+
- NCTR metric improved, metrics for 7, 14 and 21 day delays and discharges pre-5.00 p.m. all compared favourably with the region and those with lower NCTR
- Understanding ED demand work to target and promote alternative pathways

Challenges

- Demand still high in community and ED
- High levels of acuity and complexity reflecting Rotherham's ageing population and demographic
- New ED attendance normal 300+ compared to c270s previously
- Playing out through system flow and pressure on discharge care co-ordination and community pathways
- Record high of 391 attendances as at 20th October 2025
- Escalation beds remained open over the summer
- 30 surge beds open in October
- High levels of scrutiny

National Performance Metrics 2025/26

- Reduce ambulance wait times for Cat 2 (stroke, heart attacks, sepsis and major trauma) from 35 minutes to 30
- Eradicate ambulance handover delays – maximum 45 minutes
- Ensure 78% of people who attend ED were admitted, transferred or discharged within 4 hours
- Reduce number of patients waiting over 12 hours for admission or discharge
- Reduce the number of people waiting over 24 hours in ED for mental health care
- Tackle discharge delays initially focussing on those over 21 days (14 and 7 days). Aim for complex discharge within 48 hours
- Increase the number of children seen within 4 hours

National Learning re Vaccinations 2024/25

- Importance of vaccination uptake to reduce attendances/staff sickness
- Plan for peaks based on southern hemisphere and monitor actual impact with flexibility to adapt plans
- Need to build annual leave/staff sickness into plans
- Review IPC what has and has not worked and how connects with overarching plan
- Consider how staff vaccination programme can be incentivised

National Priorities for 2025/26/Rotherham Plans

- Improve vaccination uptake and reduce sickness
Targeted plans to increase citizen/staff vaccination rates in Primary Care, Public Health and TRFT. TRFT aiming for 5% increase
Joint working to target areas of high foot fall for over 75s/immunosuppressed
Staffing/resources based on southern hemisphere – peak from New Year/February and national data
Staff wellbeing support and targeted rotas to cover annual leave/sickness
- Improve access to Primary Care
High impact respiratory, diabetes and proactive care pathways including highly complex frail patients
Community-based multi-disciplinary co-located Transfer of Care Hub to reduce avoidable conveyances, admissions and discharge delays through referral, triage and allocation to community pathways
Investment in enablement to embed D2A pathway and release capacity for UCR and virtual ward
Expansion of the virtual ward including remote tech to support 'amber' acuity including SDEC hypertension
Community X-ray pilot for care homes
Enhanced mental health offer – safe space, crisis support, on-line/text support
- Increase the number of people receiving urgent care in Primary, Community and Mental Health settings including UCR and virtual ward
- Meet the 45 minute ambulance handover standard - W45 live from September
- Improve flow through hospitals including meeting 4 hour performance and ambulance standards, reduce 12 hour and discharge waits
ACT/RMBC service re-design service improvements – releasing capacity
Additional medical, clinical staff and porters to support periods of high demand
Increased capacity for care co-ordination/timely decision making via TOCH
New single referral form to streamline processes and reduce delays
Improved process for out-of-area discharges

- Extended transport hours
- Reduced TTOs and Age UK TTO delivery service
- Set local target to improve discharge times
- Discharge trajectory across pathways. Review of system flow in community bed base. New dashboard and system escalation process
- Reduce lengths of stay for those requiring overnight emergency admissions
- Understanding demand in ED targeted action plan
- Medical SDEC opened July 2025 reducing need for overnight admission, new paperless processing
- Extended/consistent SDEC opening

Organisation Development, Communications and Engagement

- Whole system working together to support right care, time, place and reduce pressure on individuals/teams
- Targeted organisational development work
- Champion roles
- Communications and engagement plan with national, SY ICB and local plans aligned
- Local communications informed by understanding ED demand analysis

Discussion ensued with the following issues raised/clarified:-

- The virtual ward was currently focussed on those patients with hypertension and allowed them to be monitored at home and not brought into hospital for monitoring
- Section 25 monies had been used to “grow” enablement
- Ongoing high demand seen particularly as move into the winter with a lot of poorly patients in hospital. Delayed discharges were checked on a daily basis. The Out of Hospital Pathways were working but these were people who needed to be in hospital
- There were additional appointments in practices and also through the Respiratory Infection Hub
- The Yorkshire Ambulance Service had worked hard with the Trust to introduce a new pathway around mobile x-rays which was being piloted in care homes. Good feedback was being received from the homes
- W45 was a national initiative where if an ambulance had been waiting for more than 45 minutes the crew handed over the patient regardless of what the position was in ED. A whole new process had been put in place in the acute hospital to manage that situation and had been used as a national exemplar
- A number of schemes were in place to support the health and wellbeing of staff together with organisational development support and training around the changes being implemented
- The Emergency Department Care Hub provided an alternative to ED. Some patients were directed straight there from Primary Care

- A key part of the Winter Plan was the communication plan. Members of the public complained that they could not get an appointment; they could but may not be at the time and place they wanted. Work was being undertaken around understanding ED demand and why people attended when they did

Resolved:- That the information provided be noted.

31. WORKING WITH THE VOLUNTARY AND COMMUNITY SECTOR TO PROVIDE A MORE INTEGRATED APPROACH TO CARE

Hannah Thornton, Director of Services, Voluntary Action Rotherham, presented a report on the work being undertaken to further understand the role of the Voluntary Community and Social Enterprise Sector (VCSE) in contributing to the health, wellbeing and care across the Borough.

The following powerpoint presentation was given:-

Rotherham VCSE – State of the sector 2024

- 1,399 organisations – the majority of which were small (£10,000-£100,000) or micro (under £10,000 income)
- 3,388 employees worked in charities in Rotherham
- £120M estimated contribution of employees to the economy per annum
- 6,017 people volunteered in charities in Rotherham
- £17M estimated contribution of volunteers to the economy per annum
- 1,774 people were trustees in charities in Rotherham
- Overall income of charities in Rotherham - £97M
- Many organisations had a focus on diversity, equity and inclusion. Some were specifically dedicated to serving particular groups including:-
 - Older people (26%)
 - Disabled people (21%)
 - People who were educationally or economically disadvantaged (14%)
 - Communities experiencing racial inequity (13%)
 - Young people (13%)

Connecting with People's Health

- Specialist and condition-specific
 - Condition-specific peer support, Domiciliary Care, Specialist Carers support, Palliative Care, Counselling and Therapy
- Health creation and maintenance
 - Physical and mental wellbeing, family support, creative health, faith and spirituality, support for older people, nature connection, local community hubs, social connection
- Addressing wider determinants
 - Learning skills and digital inclusion, information, advocacy and benefits advice

Connection with people where they are

- Social-economic groups and deprivation
- Inclusion health and vulnerable groups
- Protected characteristics in the Equality Duty
- Geography

Funding

- Grants from Trust and foundations (31%)
- Fees and earned income (22%)
- Grants from the public sector (18%)
- Contracts of service agreements (11%)

Primary Care – Proactive Care

- Risk stratification of patients
 - Moderate to severe frailty patients with 2+ hospital admissions in the last 12 months
 - Diabetes and high risk of admission
 - Respiratory and high risk of admission
- Rotherham Social Prescribing Service
- Dementia Carers Resilience Service
- Micro-Commissioned Support

Urgent and Emergency Care Centre

- Identification of patients on/awaiting discharge
 - Integrated Discharge Team
 - Urgent Therapy Team
 - Reablement Team
 - Healthy Hospitals Programme
 - Community Hospital Admission Avoidance Team

Social Prescribing Community Hub Network

- Cortonwood Comeback Centre
- High Street Centre, Rawmarsh
- Unity Centre, Town Centre
- Kimberworth Park Community Partnership
- Dinnington Area Regeneration Trust
- The Learning Community, Dinnington
- Treeton Village Community and Resource Centre
- Kiveton Community Hub
- Rawmarsh Social Prescribing Hub

Primary Care – Integrated Mental Health Hubs

- Care Provision for people living with SMI
- In the context of the CMHT this included psychosis, bipolar disorder, personality disorder diagnosis, eating disorders, severe depression and mental health rehabilitation needs
- May be co-existing with other conditions such as frailty, cognitive impairment, neurodevelopmental conditions or substance use

Social Prescribing – Return on Investment

- Sheffield Hallam University's 4 year evaluation of the Service (published August 2024) identified
 - Reduced in-patient admissions for all patients who had been admitted to hospital more than twice in the 12 months prior to RESPS support
 - Reduced attendances at A&E for patients below the age of 80 during the 12 months following RSPS support

Discussion ensued with the following issues raised/clarified:-

- It had helped individuals secure £1.3M in additional benefits
- Somehow in the label "health and wellbeing" there was a need to fit in Primary Care
- The need to include LGBTQ+
- Need to reflect the increasing male suicide rate
- Important to engage with the public in a non-medicalised way and in a language they would understand
- The emphasis on the person and their journey/pathway made a big difference to service-led response
- Collaboration was vitally important to strengthen available resources

Resolved:- That the examples of partnership, integration and voluntary, community and social enterprise infrastructure be noted.

32. SCHOOL SURVEY ANALYSIS

Lorna Quinn, Public Health Intelligence Specialist, presented an analysis of the health and wellbeing related questions of the Rotherham School Survey and trend analysis.

The following powerpoint presentation was given:-

Participation Overview

- All 16 Rotherham secondary schools responded
- Feedback was also received from the Pupil Referral Unit in Rotherham and students who were elective home educated
- A total of 4,602 students participated in the 2025 survey
- 2025 participation rate – 62.4% of eligible students took part. Total survey participants – combined = 4,602 Year 7 = 2,519 and Year 10 = 2,083

Overall Positive Trend

- Decrease in alcohol consumption, decrease in regular smoking (below 2% regular), decrease in 'poor' physical health (-20% fair and poor) and a decrease in students who do not eat breakfast (1 in 6)

Overall Negative Trend

- Increase of Year 10's regularly vaping, increase in poor mental health and an increase in bullying

Health and Wellbeing

- 4 in 5 young people reported their physical health as excellent or good
- 4 in 5 young people exercised at least twice a week
- 90% of young people had been to a dentist in the last 12 months
- 63% of young people reported their mental health as good or excellent
- 40% of young people had been bullied in the last 6 months but this was higher in younger years and girls

Factors to consider

- Those who did regular physical activity were less likely to have poor mental health
- Young people who engaged in culture were less likely to experience poor mental health and there were positive associations with physical activity

Next Steps

- To promote and refer to the results when considering the needs of our children and young people
- Opportunities to support the physical activity and culture element
- Document to be published alongside the Joint Strategic Needs Assessment
- Further work with CYPs
- Colleagues could request bespoke analysis

Discussion ensued with the following issues raised/clarified:-

- The survey was circulated in July/August. Pupils were given dedicated time to complete it
- The outcome of the survey was sent to all school leaders for them to consider the results for their particular school
- The survey included Year 7 and 10 pupils in alternative provision and special schools. There was likely to be a difference in the responses but that would be within the indepth analysis
- Work was to take place shortly with children and young people working with the School Games Organisation in schools to facilitate inschool engagement
- A real emphasis of the Sport England work was to give children and young people an opportunity to try different activities and have fun
- Elected Members each had small funding pots and may wish to use it to fund activities in their area – Ward specific data would be helpful

Resolved:- That the findings of the 2025 School Survey be noted.

33. HEALTH AND WELLBEING PRIORITIES UPDATE

Oscar Holden, Corporate Improvement Officer, presented an update on the Health and Wellbeing Priorities. The Health and Wellbeing Board Strategy 2025-30 was agreed at the Board's meeting in June and endorsed by Cabinet on 15th September, 2025 (Minute No. 40 refers). The priorities, agreed in principle, were:-

- Priority 1: We will reduce the prevalence of smoking in Rotherham to 5% by 2030
- Priority 2: We will increase the wellbeing of the people of Rotherham to above national average by 2030
- Priority 3: We will increase the proportion of people who feel they have the support and resources they need to manage their own health
- Priority 4: We will promote environments which support and enhance wellbeing

The finalised wording and metrics for the priorities had been further discussed at a meeting on 24th November, 2025:-

Priority 1 "We will reduce the prevalence of smoking in Rotherham by 5% by 2030"

Metrics

- Smoking rate (from existing Public Health metrics)
- Another metric that potentially measured smoking prevalence by areas of deprivation

Priority 2 "We will increase the good mental health of the people of Rotherham towards the national average by 2030"

Metrics

- Happiness measure for adults and a similar source for children and young people (from the Joint Strategic Needs Assessment)
- Life satisfaction question (Office of National Statistics)

Priority 3 "We will increase the proportion of people who feel they have the care and resources they need to support their own health"

Metrics

- Measure for soft services access
- Measure for families and wider support

Priority 4 "People in Rotherham have access to environments that promote their health and wellbeing and they understand why this matters"

Metrics

- Community Safety measure (from existing Safer Rotherham Partnership metrics)
- One other metric that will include one of the following: access to healthy food, adults take recommended exercise, air quality, public transport

Action Plan

Meeting	Priority focus at Board meeting	Report/Strategy focus at Board meeting	Other significant item
2026			
June	Priority 1	Integrated Care Board Forward Plan	Integrated Care Strategy
September	Priority 2	Joint Health and Wellbeing Strategy	Other Special Interest Groups System Plans
November	Priority 3	Joint Strategic Needs Assessment	Better Care Fund
2027			
January	Priority 4	Pharmaceutical Needs Assessment	Review of system pressure for winter
March	Review of year	Director of Public Health report	Forward plan

Oscar also reported on the following feedback from the Children and Young People's Partnership Board as follows:-

- Consider the suggestions for smokefree zones, mental health support and family-friendly initiatives
- Explore ways to promote services and activities such as through social media and in community spaces
- Continue to involve children, young people and families in shaping and renewing the strategy priorities.

Councillor Baker-Rogers had been invited to the next Partnership Board meeting in January to continue to involve children and young people in the Health and Wellbeing Board. These would be considered further once the new action plan was in place.

Discussion ensued with the following issues raised/clarified:-

- Healthwatch UK had put together a detailed consultation and feedback on the 4 priorities. These would be discussed at the January Board meeting
- Some of the measures were easier to measure than others. Metrics were needed that would give sufficient confidence that they were improving
- Children and young people had been rarely mentioned in the past but were now feeding their views into the priorities/discussions taking place

Resolved:- (1) That the 4 Rotherham Health and Wellbeing Strategy 2025-30 Priorities be agreed.

(2) That a further discussion take place at the January meeting on the specific metrics for the corresponding Priorities.

(3) That the feedback on the suggested priorities provided by the Children and Young People's Partnership Board in October 2025 be noted.

(4) That the new approach to the Health and Wellbeing action plan be agreed.

34. HEALTH PROTECTION ANNUAL REPORT

Denise Littlewood, Health Protection Principal, presented a summary of the assurance functions of the Rotherham Metropolitan Borough Council Health Protection Committee.

Denise gave the following powerpoint presentation:-

Assurance Overview

- Collaborative Multi-Agency Efforts
Multiple agencies in Rotherham worked together to safeguard Public Health through co-ordinated health protection arrangements
- Health Protection Domains
The report covered infectious disease control, screening, immunisation, emergency preparedness and infection prevention
- Stakeholder Assurance and Reporting

Screening Programmes

- Improved Screening Uptake – screening programmes in Rotherham had increased participation especially in breast, bowel and cervical cancer screenings
- Accessibility for Learning Disabilities – collaborative efforts had improved screening accessibility for individuals with learning disabilities
- Diabetic Eye Screening Progress – Diabetic Eye Screening Programme addressed backlog and maintained compliance with national invite interval standards
- Bowel Screening Age Extension – bowel screening programme expanded age coverage supporting early detection and national policy compliance

Immunisation Programmes

- MMR Vaccination Coverage – MMR dose 1 coverage by age 2 remained above 90%, aiming for 95% for effective community protection

- Adolescent Immunisation Challenges – Post-pandemic decline in adolescent vaccinations led to targeted interventions to improve school-based uptake
- HPV Vaccination Focus - HPV vaccination aligned with national cervical cancer elimination strategies to reduce disease incidence
- RSV Vaccination Introduction - RSV vaccine launched in 2024 for pregnant women and older adults to protect vulnerable groups
- Pertussis Vaccination for Pregnant Women – vaccination update amongst pregnant women remained above the 60% optimal threshold amid rising national cases and infant deaths
- Targeted Seasonal Flu Vaccination - seasonal flu vaccination targeted high-risk groups including young children, pregnant women and immunocompromised individuals through focused initiatives
- Focus on Vulnerable Populations - efforts prioritised individuals with chronic respiratory conditions, learning disabilities or severe mental illness to reduce infectious disease impact
- Healthcare Associated Infections - pathogen Surveillance – Monitoring key pathogens like MRSA, MSSA, C.Difficile and E.Coli was essential to control infection spread in healthcare settings
- Effective MRSA Control - cases decreased significantly reflecting success of targeted infection control measures and protocols
- Antimicrobial Stewardship - increased cases of C.Difficile were addressed by improved antimicrobial stewardship and staff interventions
- Care Home Hydration Project - initiatives in care homes supported infection control by improving patient health and reducing complications
- Low TB Incident in Rotherham - Rotherham maintained a low TB incidence despite rising national rates through effective local health strategies
- Enhanced Case Management - complex TB cases required enhanced case management to ensure proper treatment and thorough follow-up
- Collaborative Health Protection - regional collaboration and cohort reviews promoted best practices in TB screening and management

- Support for Underserved Populations - proactive TB management included ensuring care and support for underserved and vulnerable populations
- Infection Prevention and Control (IPC) - leadership and Co-ordination – Senior Public Health Practitioner led IPC initiatives ensuring focused and organised infection control efforts across the community
- IPC Audits and Outbreak Management - regular audits and outbreak management support helped identify risks early and enabled rapid response to infection incidents
- Community Engagement Training - engaging care homes and co-ordinating the IPC Champions Network strengthened infection prevention practices and staff competencies
- Strategic Integration - embedding IPC within local authority structures ensued sustainable and cohesive infection control to protect public health
- Emergency Planning and Response - Rotherham managed 33 emergency incidents in 2024/25 showing strong operational readiness and resilience
- Training Exercises - participation in Exercise Solaris and preparations for Exercise Pegasus had improved emergency response capabilities
- Regional Co-ordination - the upcoming South Yorkshire-wide rest centre plan enhanced co-ordinated support during emergencies
- Preparedness and Improvement - continuous updates to planning and response frameworks emphasised public health safety during crises

Strategic Priorities for 2025/26

- Community IPC Strengthening – focus on enhancing infection prevention and control through community-based programs for greater health impact
- Vaccination and Screening Uptake – improve vaccination and screening rates specifically in deprived and underserved populations to reduce health disparities
- Preparedness and Surveillance – prepare for adverse weather and pandemics whilst enhancing surveillance systems to detect emerging health threats early
- Addressing Antimicrobial Resistance – tackle antimicrobial resistance with targeted health strategies to protect public health and ensure effective treatments

Discussion ensued with the following issues raised/clarified:-

- Indepth scrutiny required of the MMR vaccination take up as some areas of the Borough had low uptake
- The flu season had started earlier this year
- The country was very close to the threshold of no longer being a low incidence country for TB. However, Rotherham still had cases which were more complex and took more time to manage. Need to understand what the level of TB was in the underserved population
- The changes in the ICB and reorganisation were a high risk as a lot of Health Protection Services sat within it and would remain to do so
- Positive communication about vaccination and the benefits they could bring to an individual and the wider population
- There were to be huge changes to the vaccination programme next year which would have to be worked into the plans
- Strengthen links between Public Health and Neighbourhood working
- The voluntary and community sector knew which areas had low take-up of vaccinations and would be happy to support engagement with residents

Resolved:- (1) That the findings of the annual report be noted.

(2) That the 2025/26 strategic priorities be endorsed.

35. ROTHERHAM FOOD NETWORK

Alexandra Hart, Public Health Practitioner, presented an overview of the Rotherham Food Network including the vision and action plan.

Alexandra gave the following powerpoint presentation:-

Why food matters

- Relevance across policy areas
- 4 of 5 top risk factors related to diet
- $\frac{3}{4}$ of Rotherham adults were overweight/obese
- High rates of overweight/obesity in children and young people
- Inequality driven by poverty

Food insecurity and inequality

- Inequalities in disposable income made healthy options too expensive
- Less healthy food was cheaper per calorie
- Marketing and offers promoted unhealthy options

Update

- Refresh of the action plan to cover the next 5 years
- Interest in working groups for Youth Cabinet and food growing
- Continuation of Food in Crisis Partnership
- Food Works project created 10 Just Meals freezer locations across Rotherham

Food Works Project

- £60,000 over 2 years from March 2025
- Installing 10 freezers within local community spaces
- Provided healthy surplus food derived ready meals for minimum £1
- Evaluation to follow and inform year 2

Risks and issues

- Food governance and strategy
- Good Food movement
- Healthy food for all
- Sustainable food economy
- Catering and procurement
- Sustainable food environment

Shafiq Hussain offered to support the Public Health Team to implement their work further. It was noted that David from VAR had been very helpful to progress the work so far.

Resolved:- (1) That the update from the Rotherham Food Network be noted.

(2) That the impact of lack of access to healthy sustainable food in Rotherham on health outcomes be noted.

(3) That the challenges that arose from the tensions of poverty, regeneration, economic growth, climate change and the accessibility of healthy sustainable food be noted.

(4) That the Board consider how Board Members could commit to driving forward any elements of the action plan.

36. NEIGHBOURHOOD WORKING

Joanne Martin, Programme Lead, Transformation and Delivery, NHS South Yorkshire, presented an update on the Neighbourhood Working programme.

Rotherham had been accepted onto the National Neighbourhood Health Implementation Programme (NNHIP), a national initiative aimed at accelerating neighbourhood working and strengthening proactive care.

Addressing health inequalities through the Programme went beyond improving outcomes for individuals; it strengthened the entire health and care system. By focusing on proactive care and targeted prevention, the aim was to reduce the disproportionate burden of disease in deprived communities and among minority groups. This approach ensured that those most at risk received timely, co-ordinated support which not only improved quality of life but also prevented escalation to acute care.

The programme supported a cultural shift towards prevention and community-based care, building resilience and equity across the system.

The Programme's collective role was to create the conditions for NbH to flourish:-

The Project

- Building on existing mechanisms
- Focussing on a defined cohort
 - Adults with long term conditions and rising risk
 - Local prioritisation, existing pilot schemes
 - Most likely to have highest impact
- Refine, adapt, generate new ideas
- Rapid cycle testing driven by data
- Shared learning

The People

- Working towards a shared purpose
- Building on relationships across the system
- Taking collective action and shared accountability
- Being curious and open-minded
- Not being afraid of 'failure'
- Being action and delivery focussed

Suggested Neighbourhood Programme

- National Neighbourhood Programme – Proactive Care – Enhance Current Model
 - Meets national cohort request
 - Rotherham Place approach based on PCN footprint
 - Involves all stakeholder participation
 - Baseline established
 - Data drive via Eclipse and judgement
- Local Neighbourhood Programme – Place wide
 - Focus on prevention of diabetes and heart health
 - Suggest focus on key drivers on long term conditions i.e. smoking, obesity and hypertension
 - Target focus – Eastwood Village

The presentation also set out the proposed governance structure.

Discussion ensued with the following issues raised/clarified:-

- 18 identified people who attended the sessions including patients
- It was a 12 month programme and insufficient time to re-look at structure and re-organise teams but focus on what the function was of all the teams and the outcome could follow

- Ensure providing consistent universal provision of services but sufficiently flexible to be able to target communities across the Borough. It would be data driven as to where the resources needed to be focussed
- The workshops had extended beyond the national ask i.e. adults with 2 or more LTC and wanted to tackle prevention, support children, getting people fitter, tackle frailty and end of life care and getting people back to work
- It was not a new model for Rotherham but about enhancing the existing model
- The Operational Group had been set up and met once. It was currently feeding into the Place Board which had agreed to sponsor this as a programme
- How could Elected Members and Neighbourhood Co-ordinators support the Programme?
- It was a national Programme that was already 3 months into the 12 months. Undertaking a massive restructure across Rotherham to shape the way Social Care worked and Community Teams were provided into bespoke neighbourhoods would detract from getting the positive patient outcomes

Resolved:- (1) That the programme of the National Neighbourhood Health Implementation Programme (NNHIP) and the alignment of national requirements with Rotherham's local priorities be noted.

(2) That the proposed governance structure, including the establishment of the Operational Group reporting to the Place Leadership Team, and onward reporting to the Health and Wellbeing Board as required, be approved.

37. ITEMS ESCALATED FROM THE PLACE BOARD

There were no issues to report.

38. BETTER CARE FUND

a) Better Care Fund (BCG) Quarter 1 Reporting Template and Call-Off Partnership/Work Order 2025/26

It was noted that the BCF Q1 Reporting Template, covering the period 1st April to 30th June, 2025, had been submitted to NHS England on 15th August, 2025.

At the end of Quarter 1, Rotherham was 40 over target resulting in a population rate of 227.74 (per 100,000) against a Quarter 1 target population rate of 153.07. Based on previous learning, it was anticipated that the figures would reduce following data validation and mitigation activity.

It was further noted that the BCF Call-Off Partnership/Work Order 2025/26 had been fully signed by both partner organisations and in place by 30th September, 2025.

(b) BCF Quarter 2 Template

It was noted that the BCF Q2 Reporting Template, covering the period 1st July to 30th September, 2025, had been submitted to NHS England on 11th November, 2025.

During Q2 there had been 116 new admissions against a target of 82 although this was expected to be revised downward in the coming months.

Resolved:- (1) That the submission of the BCF Quarter 1 and 2 documentation to NHS England by respective deadlines, be noted.

(2) That the submitted of the Better Care Fund Call-Off Partnership/Work Order for 2025/26 be approved.

39. ROTHERHAM PLACE BOARD ICB BUSINESS

The minutes of the Rotherham Place Board ICB Business meeting held on 16th July, 2025, were noted.

40. ROTHERHAM PLACE BOARD MINUTES - PARTNERSHIP BUSINESS

The minutes of the Rotherham Place Board Partnership Business meetings held on 16th July, 2025, were noted.