

JSNA Update 2026

Rotherham Public Health Intelligence Team



Introduction

The Rotherham JSNA

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

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

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

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

Section 1 - Breastfeeding

Strategic Goal

Children and young people achieve their potential

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

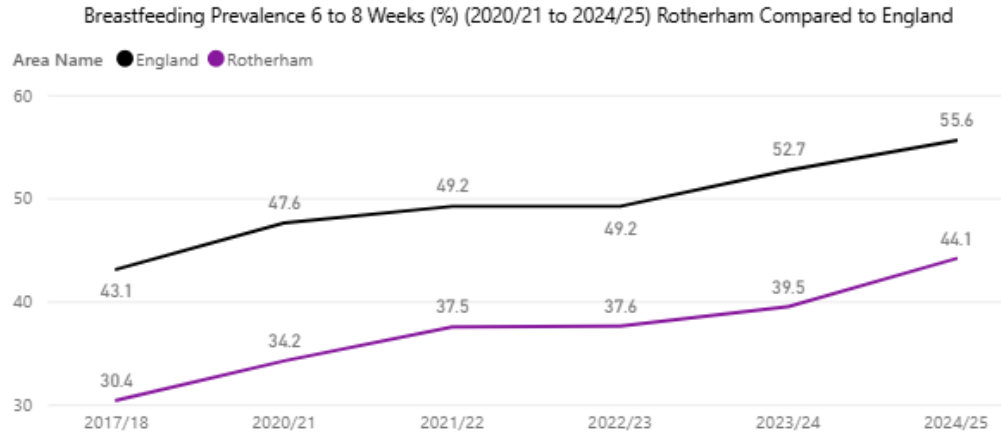
There is a strong body of evidence to show breastfeeding is beneficial to children in numerous ways, including long term outcomes

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

Section 1 - Breastfeeding

JSNA Data

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

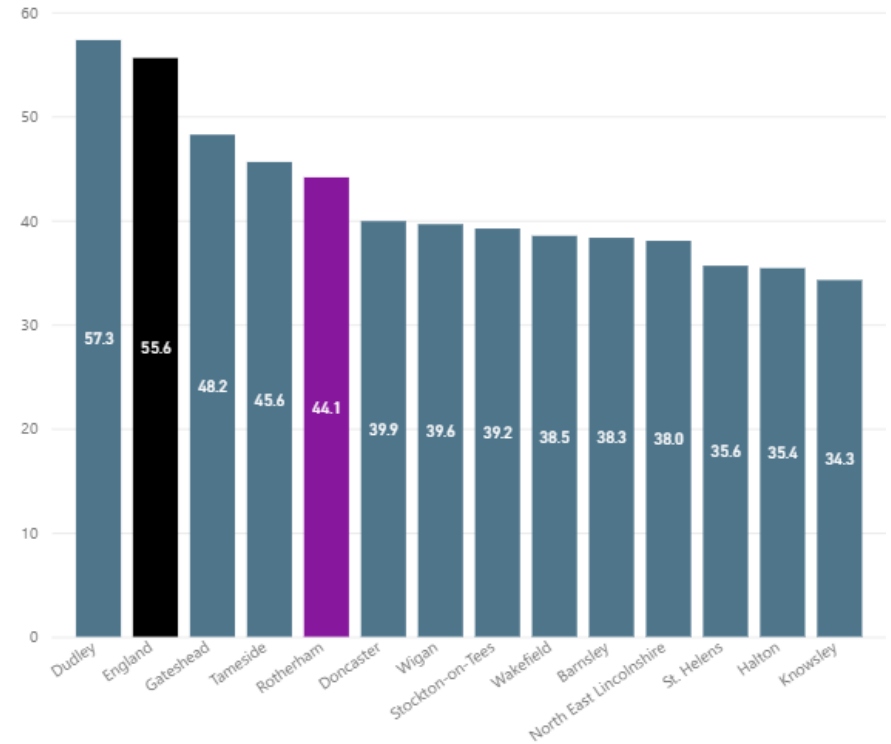


Section 1 - Breastfeeding

JSNA Data

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

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

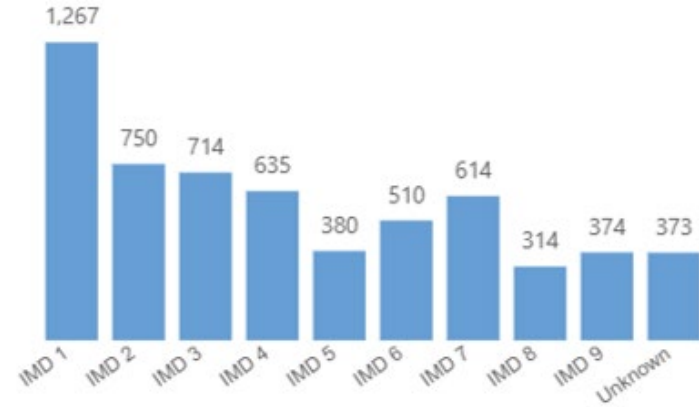


Section 1 - Breastfeeding

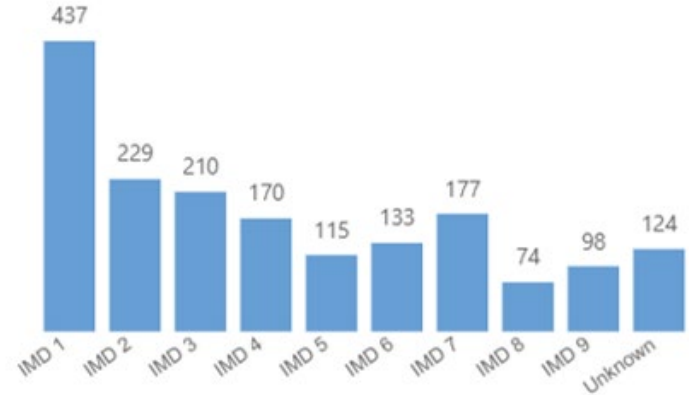
Delivery - Infant Feeding Team

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

Events by IMD



Patients by IMD

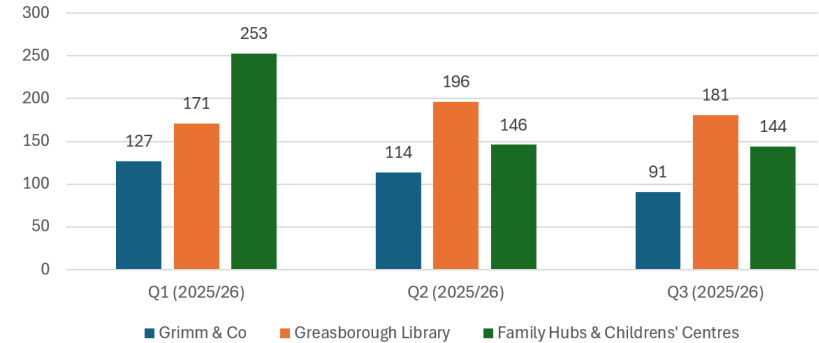


Section 1 - Breastfeeding

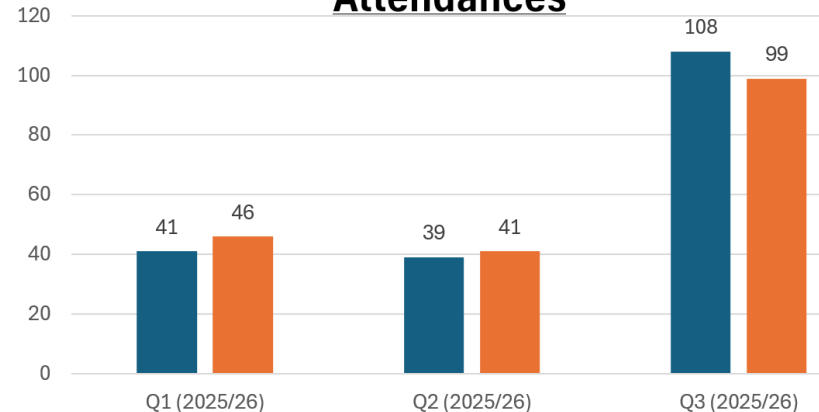
The offer - Infant Feeding Team

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

Breastfeeding Drop-in Attendances



Ferham Mother, Baby & Toddler Group Attendances



Section 1 - Breastfeeding

Challenges ahead

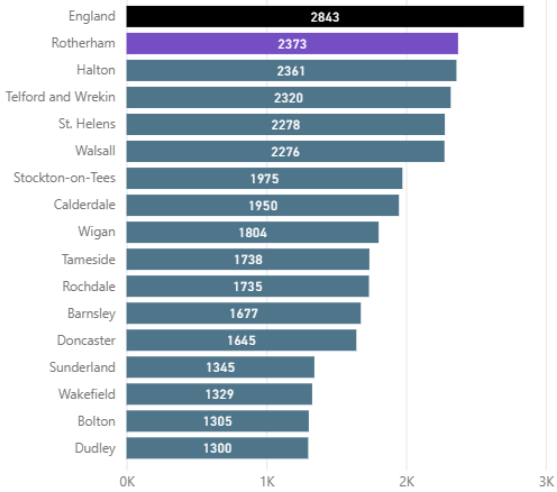
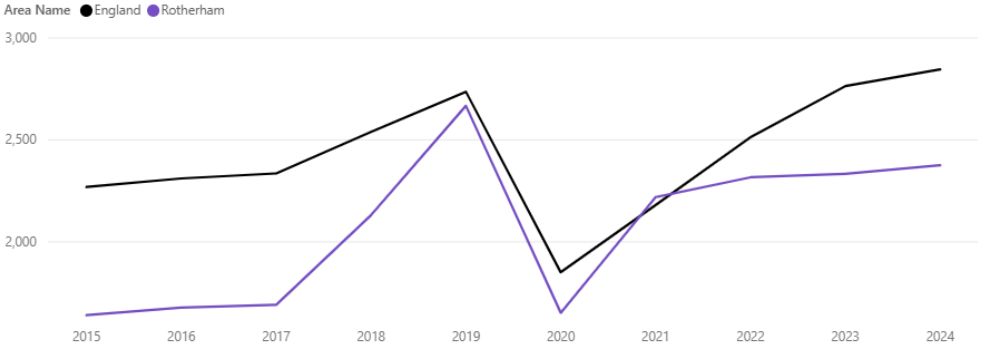
- Infant feeding team has seen a 22% increase in mothers supported and a 13% increase in contact events with no increase in staffing.
- We have seen a 0.8% increase (44.9%) in the 6-to-8-week breastfeeding rates for 2025/26 after five years of sustained improvement, so the rate may be plateauing.
- Despite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

Section 2 – Sexual Health

What is working well

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

HIV indicator, Rotherham compared to England (Fingertips).

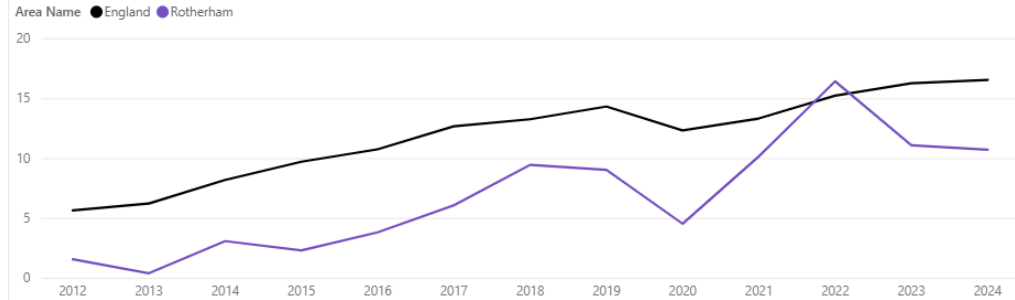


Section 2 – Sexual Health

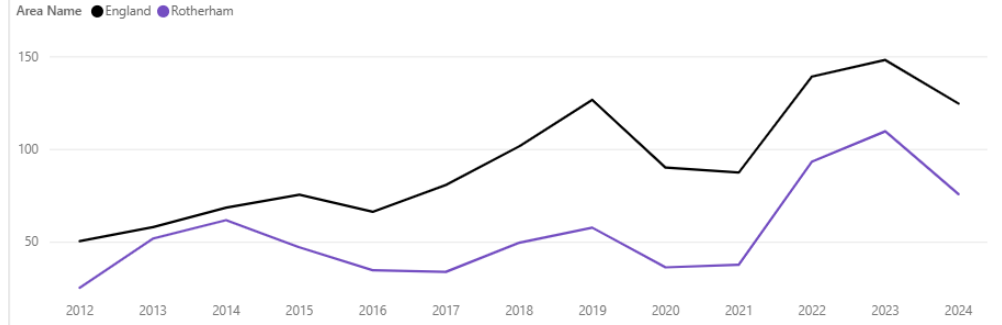
National picture

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

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



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

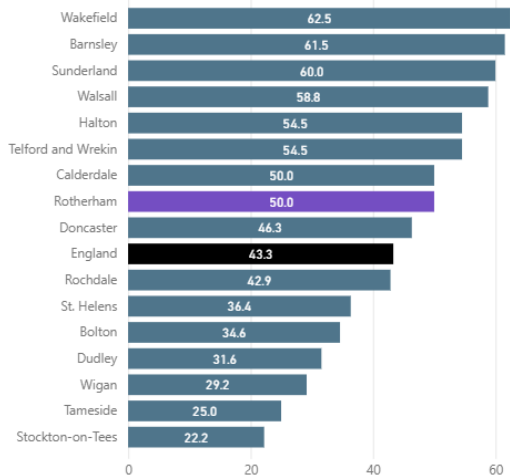
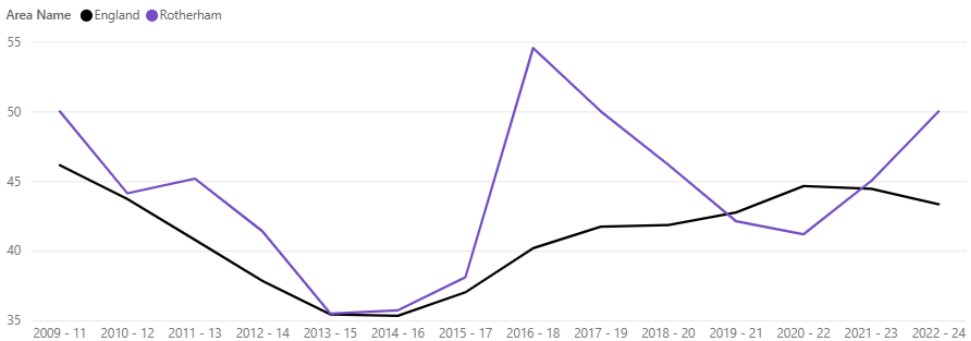


Section 2 – Sexual Health

Opportunities for improvements

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

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



Section 2 – Sexual Health

Delivery

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

Section 3 – Long-term conditions

Strategic Goal

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

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

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

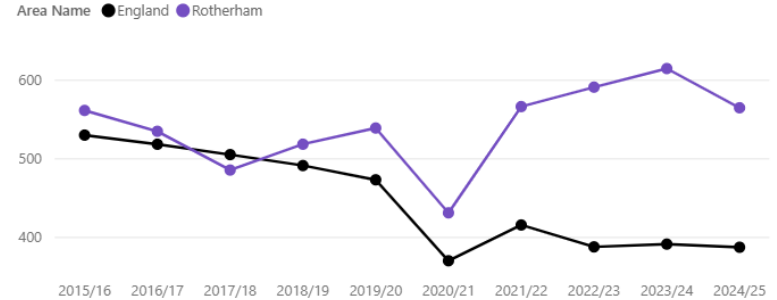
Rotherham has a higher prevalence of long-term conditions, so prevention and management is key to achieving some of our strategic aims.

Section 3 – Long-term conditions

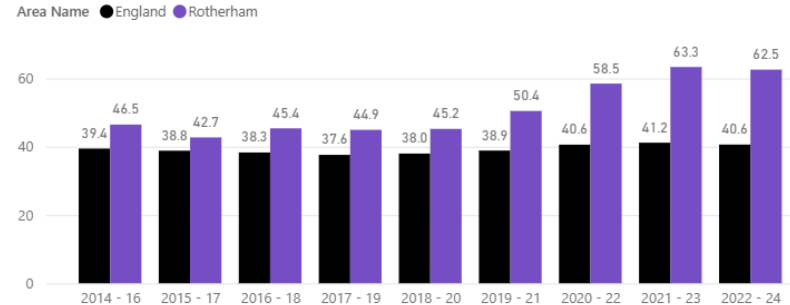
JSNA Data – Cardiovascular disease (CVD)

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

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



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

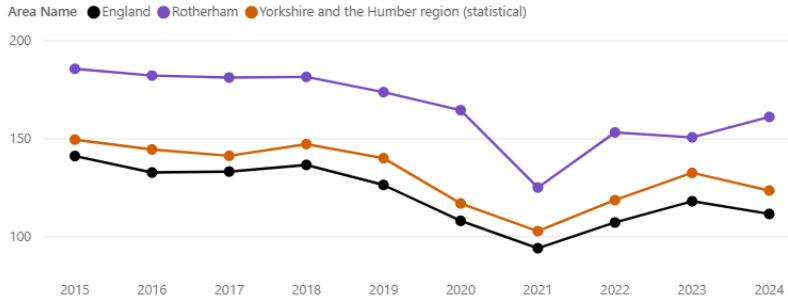


Section 3 – Long-term conditions

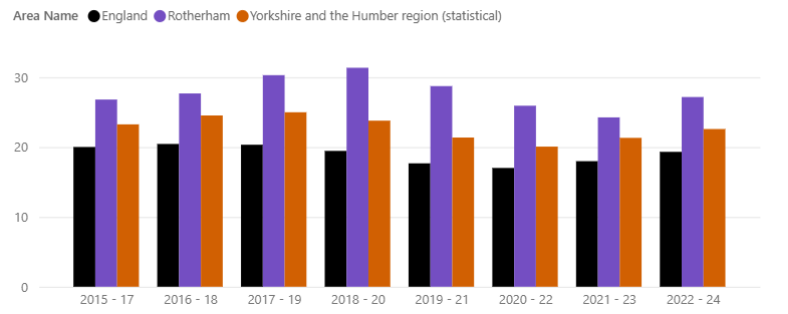
JSNA Data – Respiratory Conditions

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

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



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



Section 3 – Long-term conditions

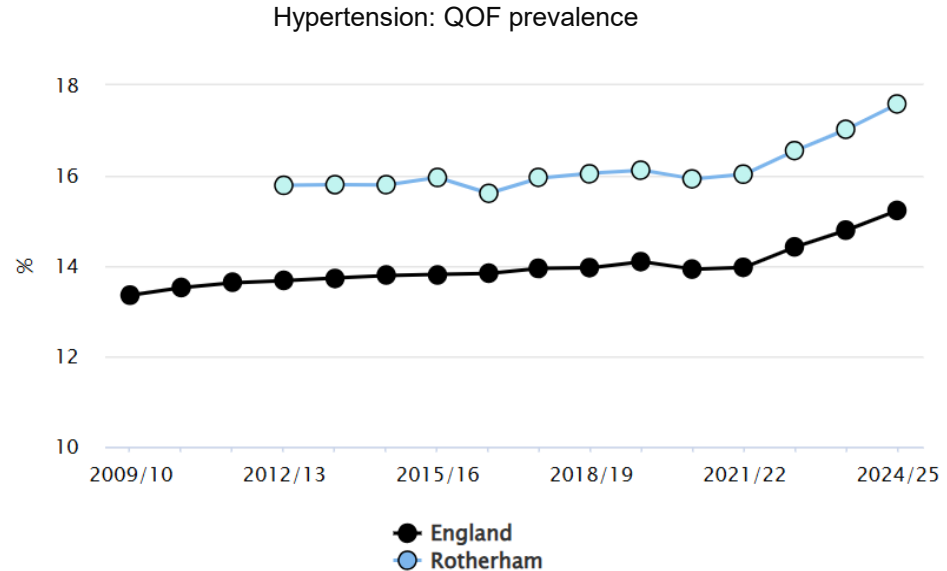
JSNA Data – Musculoskeletal Conditions

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

Section 3 – Long-term conditions

Early detection – NHS health checks

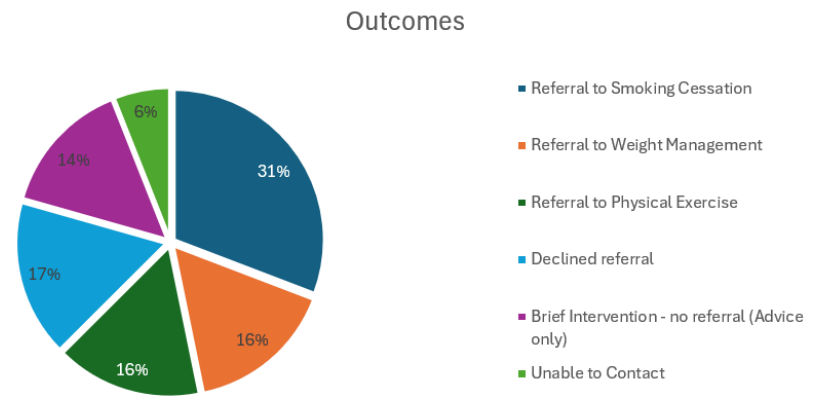
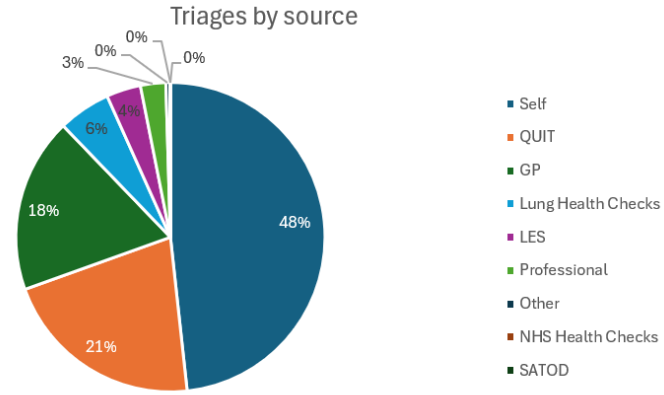
- Hypertension (high blood pressure) is the single most modifiable risk factor for CVD.
- QOF prevalence of hypertension for 2024/25 is **17.6%**, higher than the England level of 15.2%.
- The upward trend after 2020, both locally and nationally is due to the restart of the NHS health checks will have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



Section 3 – Long-term conditions

Intervention– Rotherham Healthwave

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



Section 3 – Long-term conditions

Intervention– Smoking

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

Section 3 – Long-term conditions

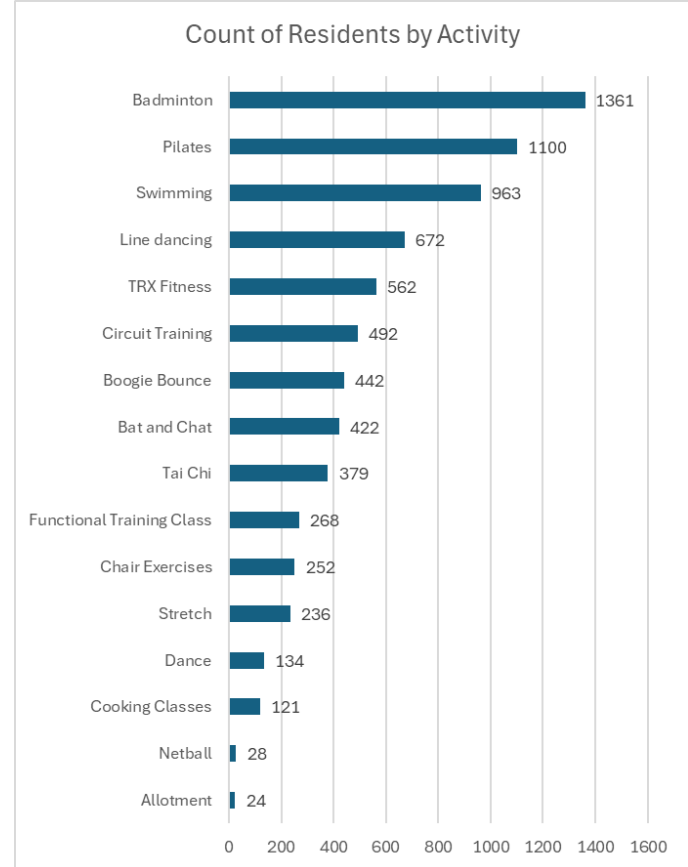
Intervention– Weight Management

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

Section 3 – Long-term conditions

Intervention– Wellbeing and Physical Activity

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



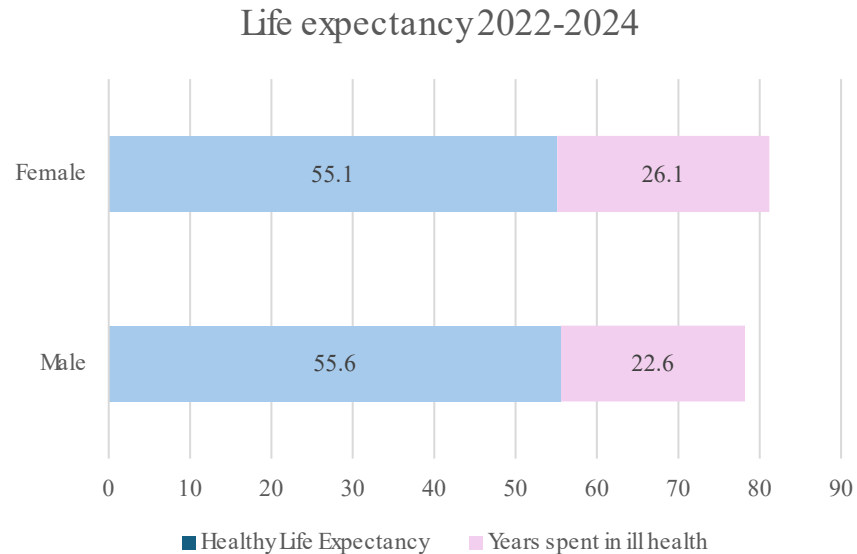
Other JSNA data for information

Life expectancy and healthy life expectancy

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

- 26 years for females
- 23 years for males

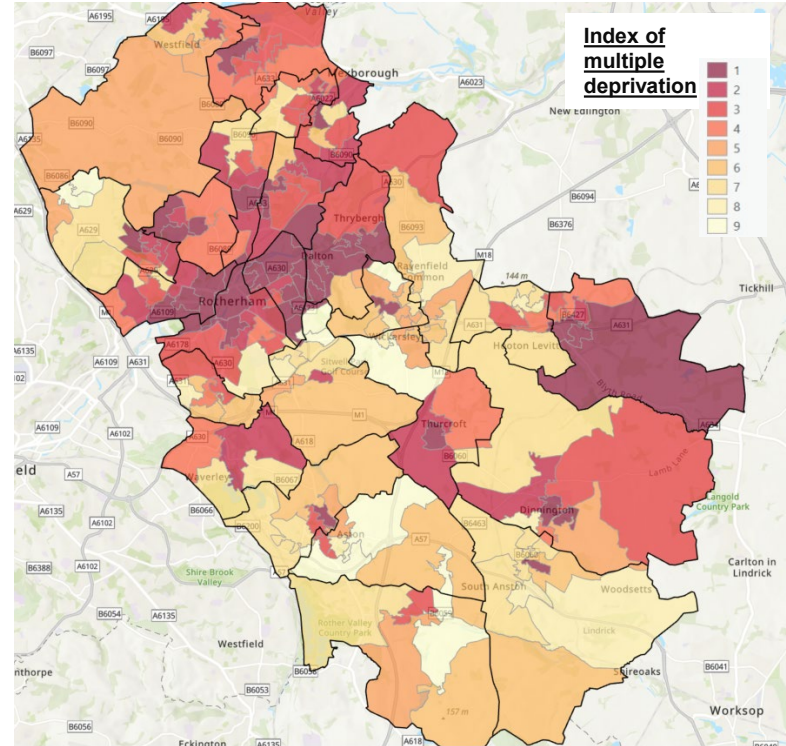
However, whilst overall life expectancy has remained relatively similar, the number of years living in ill health has been increasing (an additional 3 years over the past 10 years)



Inequality in life expectancy

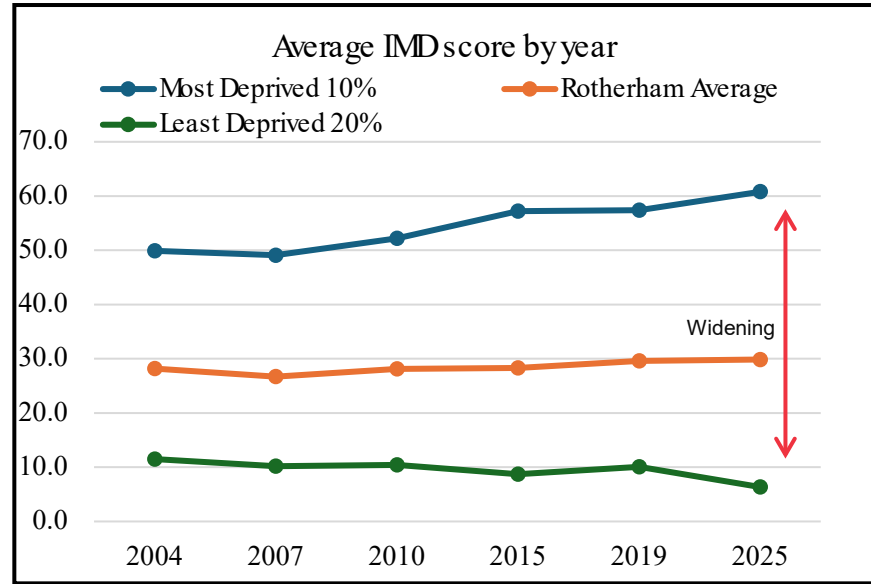
In addition to seeing an increase in years lived in ill health increasing overall, we also experience areas of worse life expectancy than others. Residents who live in the least deprived areas (yellow on the map, right) live on average 10 years longer as a female, and 13 years longer for a male, than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

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



Deprivation

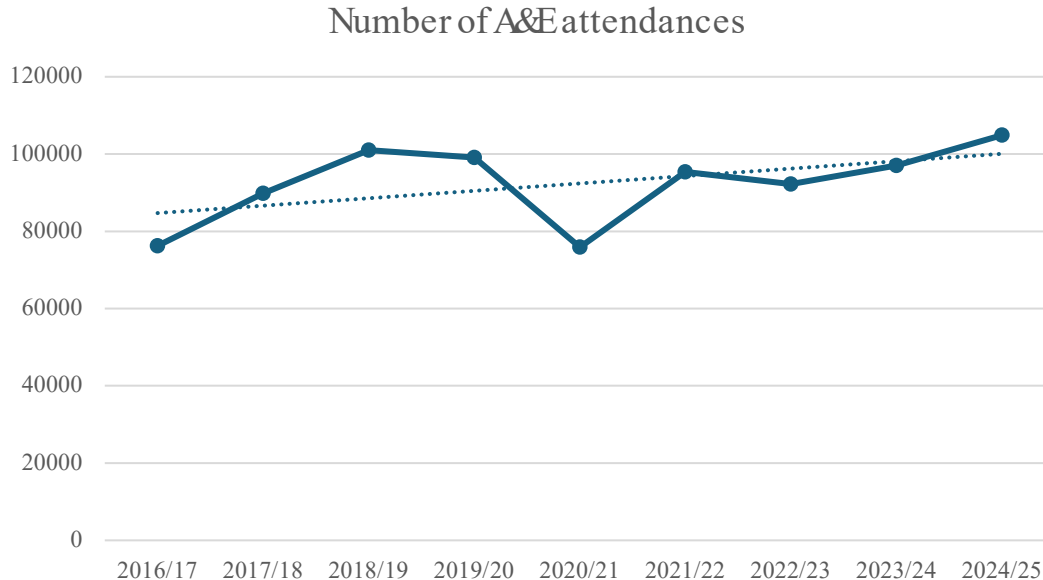
- Rotherham is more deprived overall (IMD) than 82% of local authority districts in England.
- Within Rotherham inequalities are widening: IMD scores have increased in the most deprived 20% LSOAs and decreased in the less deprived areas (right)



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

Hospital utilisation (1)

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

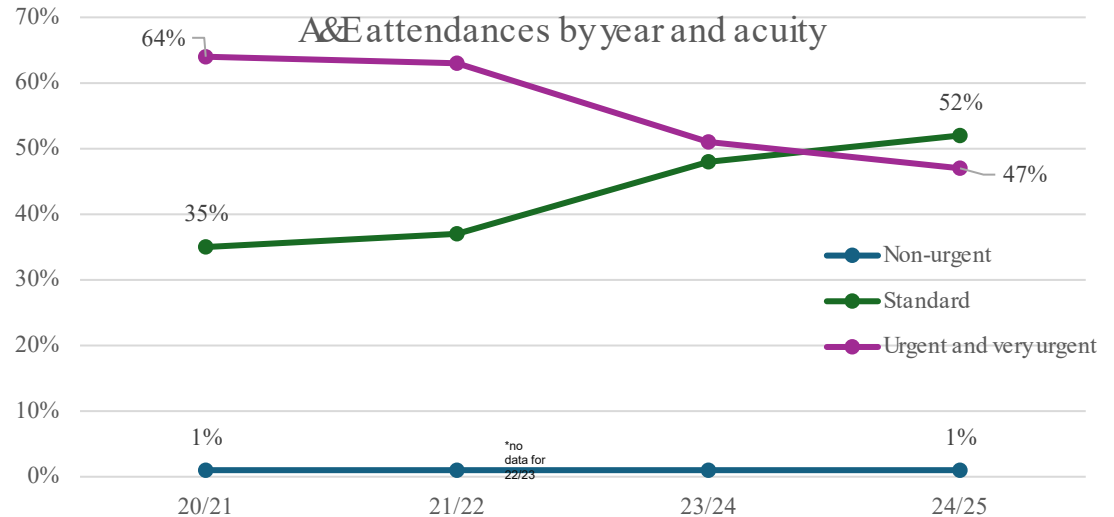
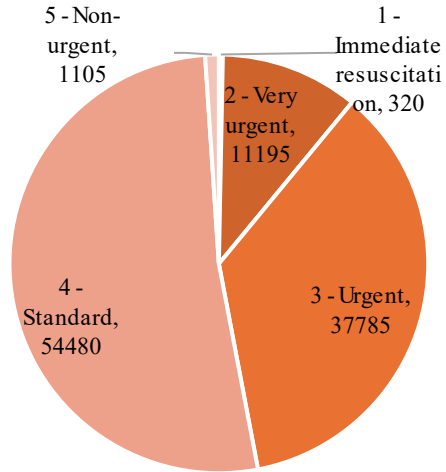


- For overall appointments, there were 101,410 seen 'first outpatient appointments' and an additional 10,455 'first outpatient appointments' that were not attended (9% DNA rate).

Hospital utilisation (2)

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

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



**For any queries, please contact
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