HEALTH AND WELLBEING BOARD
10th June, 2026

Present:-

Councillor Baker-Rogers	Cabinet Member, Adult Social Care and Health **(in the Chair)**
Jude Archer	Rotherham Place NHS SYCIB (substituting for Claire Smith)
Nicola Curley	Executive Director, Children and Young People's Services
John Edwards	Chief Executive, Rotherham Borough Council
Kym Gleeson	Manager, Healthwatch Rotherham
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Bob Kirton	Managing Director, The Rotherham Foundation Trust
Jo McDonough	RDaSH
DS Anna Sedgewick	South Yorkshire Police (substituting for Andy Wright)

Report Presenters:-

Gilly Brenner	Public Health Consultant
Ruth Fletcher-Brown	Public Health Specialist
Carole Foster	Moving Rotherham Programme Manager
Alex Hawley	Consultant in Public Health
Oscar Holden	Health and Wellbeing Board Support Officer
Sam Longley	Public Health Specialist
Lorna Quinn	Public Health Intelligence Principal,

Also Present:-

Nicola Ennis	South Yorkshire Children and Young People's Alliance
Dan Wilson	Rotherham United Community Trust
Dawn Mitchell	Governance Advisor

Apologies for absence were received from Councillor Ismail, Andrew Bramidge (RMBC), Jason Page (Rotherham Place NHS SYCIB), Emily Parry-Harries (RMBC), Claire Smith (Rotherham Place NHS SYCIB), Ian Spicer (RMBC) and Steph Watt (Rotherham Place NHS SYCIB).

1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

2. 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.

3. COMMUNICATIONS

There were no communications to report.

4. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting held on 1st April, 2026.

Resolved:- That the minutes of the previous meeting held on 1st April, 2026, be approved as a true record.

5. JOINT STRATEGIC NEEDS ASSESSMENT

Lorna Quinn, Public Health Intelligence Principal, gave the following powerpoint presentation on the annual refresh that had taken place:-

Purpose of the Joint Strategic Needs Assessment (JSNA)

- To identify the key issues affecting the health and wellbeing of Rotherham's residents, both now and in the future
- It was an ongoing iterative process presented as a suite of resources including interactive reports, briefings, downloadable reports and datasets that were updated regularly as new analysis and insight became available
- A recently developed health and wellbeing bulletin could be shared alongside the quarterly intelligence update

Section 1 – Breastfeeding
Strategic Goal

- The first 1001 days were where the foundations of future health and wellbeing were built
- There was a strong body of evidence to show breastfeeding was beneficial to children in numerous ways including long term outcomes
- Rotherham still fell below England in breastfeeding prevalence but rates were improving – 44.1% in 2024/25 following 5 years of sustained improvement

JSNA Data

- Although currently 11.5% points behind England, Rotherham's rates were improving in line with national trends and comparable to rates across England 5 years ago
- Rotherham was currently placed 4th amongst its statistical neighbours, ahead of its statistical neighbours within South Yorkshire
- Although national data showed a sustained improvement, more recent data from the Infant Feeding Team indicated that this may have plateaued

Delivery – Infant Feeding Team

- Breastfeeding support was a commissioned service delivered by the NHS Infant Feeding Team and supported 1,756 mothers 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 were with mothers from the 20% most deprived deciles targeting support to help close the inequality gap

The Offer – Infant Feeding Team

- The Team delivered breastfeeding sessions, attendance at breastfeeding drop-in sessions, the Ferham Mother, Baby and Toddler Group (targeted intervention for Pakistani/British Pakistani mothers which had seen a growth in attendance over the year and attendees coming to sessions at other locations) and Level 1 and 2 breastfeeding support training delivered to family hubs, staff and voluntary sector workers

Challenges Ahead

- Infant Feeding Team had seen a 22% increase in mothers supported and a 13% increase in contact events with no increase in staffing
- There was a risk that if the upward trend continued nationally, the gap between England and Rotherham widened, therefore, widening health inequalities between Rotherham's children and the national average

Section 2 – Long-term Conditions

Strategic Goal

- Good health was foundational to all of our lives but many people in Rotherham were living with chronic conditions
- Prevention, early diagnosis, intervention and management of these conditions was key to helping people live as independently and as healthy as possible
- Rotherham had a higher prevalence of long-term conditions so prevention and management was key to achieving some of the strategic aims

JSNA Data – Cardiovascular Disease (CVD)

- CVD covered 4 main conditions, 3 of which data was held on:
  - Coronary heart disease prevalence in Rotherham was 3.8% - slightly higher but in line with the England level of 3%
  - Stroke and TIA prevalence was 2.4% above the England level of 1.9%
  - Peripheral Arterial Disease (PAD) prevalence was 0.7% in line with the England level of 0.6%
- The key difference in Rotherham was it had 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

JSNA – Respiratory Conditions

- Respiratory conditions affected 1 in 5 people in England and was the third biggest cause of death
- Asthma prevalence in Rotherham was 7.9% compared to 6.5% in England, COPD was 3.2% (1.9% in England) and lung cancer was 160.15 per 100,000 compared to 111.99 in England
- Outcomes were 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 was 160.82 compared to 111.29 for England (2024)
- Under 75 mortality for preventable respiratory disease was 27.17 per 100,000 in Rotherham compared to 19.32 in England

JSNA Data – Musculoskeletal Conditions

- Musculoskeletal conditions (MSK) impacted quality of life with pain, limited motion and reduced ability to take part in daily life
- Those living with multiple conditions, MSK had been reported to cause the greatest impact on overall wellness, independence and quality of life due to increased pain and limited movement
- 22.9% of Rotherham residents reported having a long term MSK compared to 18.4% in England
- Rates of reported MSK conditions in Rotherham had remained relatively stable since 2018

Early Detection – NHS Health Checks

- Hypertension was the single most modifiable risk factor for CVD
- QOF prevalence of hypertension for 2024/25 was 17.6% higher than the England level of 15.2%
- The upward trend after 2020 both locally and nationally was due to the restart of the NHS health checks along with NHS Community Pharmacy Blood Pressure Check Service alongside other screening in Primary Care post-Covid
- Increase in QOF prevalence was likely due to more cases of hypertension being detected rather than an increase in the level present in the population

Intervention – Rotherham Healthwave

- 2025/25 Healthwave received 9,827 referrals, 131% of the annual target
- 48% of residents referred to the Service came through the self-referral pathway
- 31% were referred into Smoking Cessation Services, 16% were referred into Weight Management and Physical Exercise Services
- 23% referred to Healthwave did not go onto any service either through declining referral (17%) or were not contactable (6%)

Intervention - Smoking

- Smoking contributed towards numerous long-term conditions including COPD, CVD and cancers and residents of Rotherham smoked at rates above the England average
- 13.5% of Rotherham residents were current smokers compared to 10.4% in England
- The Local Enhanced Service (Swap to Stop) received 388 referrals in 2025/26
- 129 or 33% referred to LEL quit at 4 weeks below the target of 55%
- Smoking Cessation Service received 1,394 referrals in 2025/26
- 1,011 were reordered giving the Service a 73% quit rate – more than the 55% target with 57% of quitters still quit at 3 months

Intervention – Weight Management

- Excess weight was a significant but modifiable risk for hypertension, cardiovascular disease and MSK
- 1,026 residents were referred to Tier 2 weight management interventions in 2025/26 exceeding the target of 1,000
- 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

Intervention – Long-term Conditions

- Being physically active had numerous benefits for physical and mental health and was crucial for preventing or managing many long-term conditions
- Wellbeing and physical activity programme could help prevent falls, make daily tasks easier, improve mental health and tackle social isolation
- 3,276 residents assessed reported a 60 minute increase in time they spent physically active

Section 3 – Sexual Health

- Improvements could be seen in HIV testing rate which had been increasing over time. Although currently still lower than England, the rate was increasing and remained higher than Rotherham's statistical neighbours
- HIV testing rates had declined during 2020 and 2021 but were on their way to being higher than the pre-Covic period

National Picture

- Nationally seeing increases in Syphilis diagnostic rate, however, Rotherham had seen a decrease and it remained significantly better than that for England. It was a similar picture for the Gonorrhoea diagnostic rate, however, the Chlamydia detection rate for 15-24 year

old females in Rotherham remained significantly higher than that for England

Opportunities for Improvements

- The HIV late diagnosis indicated showed the proportion of those who were considered to have late diagnosis (over 91 days) or advance HIV. It was the most important predictor of mortality and morbidity among those with HIV infection
- For 2020-2022 Rotherham was in the lower third of its nearest neighbours (better) but it had been increasing and now sat in the top half of local authorities and significantly higher than England
- Lots of people were being tested in Sexual Health Services but there needed to be a better understanding in wider health services.

Delivery

- The Sexual Health Service had moved into a new space the location of which was easier to access whilst maintaining confidentiality
- Expansion of pharmacy provision of contraception and a higher rate of long acting reversible contraception in the hospital (less so in Primary Care). The access to contraception review had taken place to identify opportunities where provision could be expanded and made more accessible across the Borough

Discussion ensued with the following issues raised/clarified:-

- New guidance had recently been published highlighting JSNAs having much more statutory significance and formal requirements to evidence some of the impact it was making together with HWBB partners
- Rotherham's Midwifery Team had been awarded UNICEF Gold accreditation in January 2026, one of only 13 Trusts in the country
- Excellent work was taking place with the Smoking Cessation Service and Breathing Spaces but how was that communicated to the general public
- What was known about the 18-24 year old cohort in Rotherham and the relationship between inactivity and health
- In the current climate there would be no more resources allocated e.g. Infant Feeding Team so had to look at innovative ways of working and how to reach the population as effectively as possible particularly those hard to reach groups

Resolved:- That the update to the 2026 JSNA be noted and its use be promoted within organisations.

6. ROTHERHAM SUICIDE PREVENTION ACTION PLAN 2025-2028

Ruth Fletcher-Brown, Public Health Specialist, presented a progress update on the 2025-28 Action Plan with the aid of the following powerpoint presentation:-

Suicide Rates for Rotherham 2022-2024

- The latest suicide data showed that Rotherham had seen a small increase in suicides from 12.6 (2021-23) per 100,000 to 13.3 (2022-24). However, the rate was statistically similar to the average for England at 10.9 per 100,000
- Rotherham mirrored the national picture with males still accounting for most of the deaths to suicide in Rotherham. The rate had slightly increased in 2022-24 to 19.0 per 100,000 compared to 17.2 in 2021-23. However, it was still statistically similar to the national average for England at 16.8 per 100,000
- Female deaths in Rotherham was 7.8 (2022-24) per 100,000 which had decreased from 8.1 (2021-23). It was statistically similar to England at 5.5 per 100,000

Aim 1 Making Suicide Prevention Everyone's Responsibility

- Bespoke training for staff across the partnership
- SPEAK – Suicide Prevention Explore, Ask, Keep-Safe. 14 x SPEAK sessions (8 x online and 6 x face-to-face)
- Training commenced mid-April and would be targeted at schools/colleges who would then be able to access the 'Sinking Feeling' Toolkit
- Autism Suicide Prevention Campaign launched on 10th September, 2025

Aim 2 Support to those bereaved, affected and exposed to suicide

- Sudden and Traumatic Bereavement Pathway updated and available on TriX
- Walk with Us Resource – original and new easy read version delivered to all schools and colleges in Rotherham
- 72 staff from across Rotherham Partner organisations attended a workshop in May 2026 about talking to children who had been bereaved which promoted Amparo support and Walk with Us
- Supporting children, young people and adults living and or working in South Yorkshire with practical and emotional support
- Regular Zoom training sessions for practitioners and during awareness weeks
- Amparo attended community events and promoted the service at CYPS staff event
- Support provided to community and staff groups who had been affected by suicide
- Cup of Calm drop-in sessions

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

- Testing of the Rotherham Contagion Plan April 2026 facilitated by DHSC colleague

- Community Response plan meetings in geographical areas where higher number of suicides had been seen – training for local practitioners, distribution of mental health newsletter
- Rotherham Samaritans Wellbeing Pathway Activity
- Be the One Autism and Suicide Prevention Work
- Domestic Abuse and Suicide Prevention training
- Chronic pain work including chronic pain pathway (Rotherham PARTS NHS)
- Vista Project – attempted suicide prevention pilot implemented in response to real time data which showed a previous attempt as one of 3 top themes for those who had died by suicide
- Vista commenced April 2025 and ran to mid-July 2026
- Support for people who had attempted suicide or had suicidal ideation where it was a life event. Chronic illness, bereavement/loss, feelings of worthlessness and rejection and social isolation were the most common reasons for individuals accessing the Service
- The project used Recovery Star to monitor progress so each programme was individualised. At Quarter 3, all patients demonstrated improvement in at least 3 areas of the Recovery Star. The tool covered 10 domains and, whilst not all were applicable to every individual, patients showed progress in an average of 5.3 out of 10 areas
- Although the data was small, since the project started in April 2025, it appeared there had been a reduction in those accessing home treatment and a reduction in the number of acute contacts (individual and overall)

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

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

Additional Support

- Kooth, Qwell, EYUP-Shout, Rotherham Samaritans, RotherHive, Andy's Man Club, ASK, MATT, RAW, Men Actually Talk and Crisis Line

South Yorkshire Wide Activity

- Memorial event, real time surveillance, training – older adults and LGBTQI+ communities, Coroner's Audit, Amparo, Walk with Us, Neurodiverse Groups and Suicide Prevention toolkit, 4 Survivors of Bereavement by Suicide Groups in Rotherham

Next Steps

- Implementation of the action plan was overseen by the Suicide Prevention and Self-Harm Group. Partners of the HWBB were represented
- Some actions would take place at a South Yorkshire level subject to funding
- The Board would receive updates on progress and any emerging concerns
- Development of a South Yorkshire Suicide Prevention Plan on a Page 2026/27

Discussion ensued with the following issues raised/clarified:-

- There had been 39 attendees at the training so far
- Awareness raising was very important. It was common for people to be fearful of asking the questions if they were worrying about somebody and was why Papyrus had been commissioned
- Early intervention and prevention was important as well as work around loneliness and isolation and how to encourage people to have mindful conversations
- Concern regarding the 16-24 year old NEET population. There was a lot of talk about this particular age group and their mental health nationally with raising rates of anxiety and loneliness. Work was to take place looking at the rates in Rotherham as well as work being carried out in Employment Solutions. The challenging environment that some of the young people found themselves in could not be underestimated

Resolved:- (1) That the progress made to date by Partners to deliver actions within the Rotherham Suicide Prevention Action Plan, 2025-2028 be noted.

(2) That the Partnership work across South Yorkshire, which would also support delivery at Place, be noted.

(3) That the Board continue to receive regular updates on progress against priority areas identified in the action plan with any emerging concerns escalated when necessary, including concerns regarding funding pressures.

7. RMBC BREASTFEEDING FRIENDLY BOROUGH DECLARATION

Sam Longley, Public Health Specialist, presented progress made over the past year.

Background

- Healthy Weight Declaration adopted January 2020
- Focus on Early Years, pregnancy and breastfeeding
- Breastfeeding Friendly Borough proposal agreed June 2022

Aim
- Support families to make informed choices
- Create supportive environments for breastfeeding
- Reduce stigma and improve outcomes

Informed and Supported Choice
- 8 out of 10 women stopped earlier than planned often due to lack of support
- Compassionate approach promoted with no stigma or judgement
- In Rotherham families valued the support provided by the Infant Feeding Team

Health Inequalities
- Lower rates in deprived communities
- Improving rates helped reduce inequalities
- Targeted support was essential

Wider Benefits
- Environmental benefits (reduced formula impact) with cost savings of £50-100 per month
- Supports families during the cost of living pressures

Progress
- Breastfeeding initiation – 60.87% (2025-26)
- Rates improving year on year
- National average 75%
- Breastfeeding at 6-8 weeks in Q3 of 2025-26 was 45%

Targeting Inequalities
- -50% of support in most deprived 30% areas
- 21.4% in most 10%
- Strong progress towards reducing inequality

Key Achievements
- UNICEF Gold accreditation (Midwifery January 2026)
- Family Hubs Stage 1 Baby Friendly achieved
- Infant Feeding Strategic Group established

Community and Environment
- Breastfeeding-friendly venues expanding
- Directory of supportive businesses in development
- Campaigns and events delivered

Future Focus
- Stage 2 Baby Friendly preparation
- Expand peer support network

- Engage businesses and partners
- Strengthen ante-natal offer

Discussion ensued with the following items raised/clarified:-

- Teenage mothers were a particularly hard to reach group. The Health Visiting Teams were targeting young mums in terms of ante-natal contact and services they could offer. Within the Family Hubs ante-natal was a key target and how young mothers could be engaged in terms of parental support groups
- Heat mapping of where the population lived and where groups specifically for teenagers were offered because often it was a barrier of people the young women did not see as their peers; work was in progress and logistically creating something
- The Parent Panel gave opportunities to ask parents around this together with work with Jade etc. to find out what teenagers would like

Resolved:- (1) That the support for the ambition for Rotherham to become a Breastfeeding Friendly Borough be re-affirmed.

(2) That future updates to the Board be provided within the Best Start Local Plan reporting cycle.

8. BEST START LOCAL PLAN AND BEST START AND BEYOND FRAMEWORK

Alex Hawley, Consultant in Public Health, presented an update including national policy changes with the aid of the following powerpoint presentation:-

National Policy Context

- Overlapping changes across Health, Education, Early Help
  - 75% good level of development by 2028
  - Best Start Family Hubs and Healthy Babies
  - Healthy Child Programme guidance
  - SEND Reforms
  - Families First Partnership
  - NHS shift: prevention and community

What this means locally

- Best Start Local Plan required – published by end of March 2026
- Alignment across multiple programmes
- Focus on school readiness outcomes
- Strong partnership delivery needed

Rotherham Targets for Good Level of Development (GLD)

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

Our approach in the Plan

- A Shared Vision
- Work in genuine partnership with parents and carers
- The 4 cornerstones:
  Welcome and Care
  Communicate
  Value and Include
  Work in Partnership
- Quality of Early Years
- Smooth transitions
- Early intervention
- Tackling inequalities early
- Connected services

6 Priority Areas

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

Key Challenges

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

Implementation Priorities

- Detailed needs assessment
- Theory of change and metrics
- Map activity and identify gaps
- Develop implementation plan
- Involvement of all key partners across Health, Education, Early Help, Social Care, voluntary sector and others e.g. potentially important role for Housing

Next Steps

- A more in-depth needs assessment for GLD
- Develop and agree a theory of change logic model for GLD
- To agree a set of metrics to measure change and progress towards the desired outcomes
- To map existing operational or planned activities within related programmes

- To identify gaps and opportunities for adding value
- To determine lead officers for agreed new activity
- Develop a high level implementation plan for the Best Start Local Plan
- To agree a key topic focus for applying the Best Start and Beyond Framework within school age cohort
- To agree a forward plan of reporting into the Health and Wellbeing Board for Best Start Local Plan and other outcomes within Aim 1

Discussion ensued with the following issues raised/clarified:-

- The SEND forward plan had been submitted in accordance with the 19th June, 2026, deadline
- The delivery plan had to be submitted to the DfE by the end of the week (12th June)
- There were a series of interlinked initiatives coming on stream with the Government vision that there be a Best Start Programme which included Family Hubs, Families First Programme and SEND
- The national consultation on the SEND proposals had just closed but the Local Authority had to submit a plan around managing SEND for the next 2 years without knowing what the outcome of the consultation was
- Health colleagues had been very supportive in developing the Expert at Hand model together with an expectation that SEND specialists would sit within the Family Hubs which would link to the Best Start Programme
- There would be a lot more work around the Youth Hubs and the expectations for the older age range (16-24 years)
- It was a very challenging landscape as were the targets set particularly for GLD which would be difficult to achieve. Representations had been made to the DfE
- There would be Best Start Inclusion Practitioners in each Family Hub. Some guidance had been received earlier in the week which was more specific than previously issued
- Clearly very much in the early stages of work and the implementation plan for Best Start was much different to what was happening. It was felt useful to step back and assess the situation in order to add value and fill any gaps rather than immediately develop a delivery plan
- There was no similar target to that of GLD and pupils on Free School Meals for children with SEND and was one of the key challenges. This had been part of the statement back to the DfE when initial targets had been issued
- The need to acknowledge that children with SEND could still achieve some major development even if they could noy achieve everything

Resolved:- (1) That the Board endorse the published Best Start Local Plan be approved.

(2) That the refreshed version of the Best Start and Beyond Framework be approved.

(3) That the range of policy updates reported in the briefing and the concomitant local system response be noted.

(4) That one overview report on the Best Start Local Plan be submitted to the Board together with one more focused topic-based report during the course of the year with sufficient time allowed within the agenda to facilitate discussion.

9. HEALTH AND WELLBEING BOARD 2025-26 ANNUAL REPORT

Oscar Holden, Health and Wellbeing Board Support Officer, presented the Board's 2025-26 annual report which outlined the activity and progress made during the first year of delivery under the refreshed 2025-30 Health and Wellbeing Strategy.

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

Context

- Life expectancy at birth in Rotherham was 77.8 years for males (79.1 years nationally) and 80.9 years for females (83.1 years nationally) (2021-23)
- The average healthy life expectancy at birth was 56 years for males (61.5 years nationally) and 55.6 years for females (61.9 nationally)
- 21.1% of the population with a limiting long-term health problem or disability in 2021 (17.5% nationally)
- Rotherham had an ageing population with 55,872 people aged 65 years or over. This was 20.2% of the population (18.4% nationally)
- Rotherham was more deprived than 82% of local authority districts in England

Aim 1: Enable all children and young people, up to age 25, to have the best start in life, maximise their capabilities and have influence and control over their lives

Baby Packs

- Universal Early Help offer providing every expectant family with essential baby items via midwives whilst linking parents into Family Hubs and support services from pregnancy
- Helped reduce financial pressure, improve Early Years outcomes and ensured all children had an equal start

Children's Capital of Culture

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

Aim 2: Support the people of Rotherham to live in good and improving physical health throughout their lives, accessing and shaping the services and resources they need

Neighbourhood Health Pilot

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

Winter Plan

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

Aim 3: Support the people of Rotherham to live in good and improving mental health throughout their lives, accessing and shaping the services and resources they need

Be The One Campaign

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

Poverty Proofing (RDaSH)

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

Aim 4: Sustain an environment where detrimental impacts from commercial and wider determinants of health are reduced and opportunities for healthier living are nurtured

Healthy Homes Plan

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

VCSE Sector Collaboration

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

Looking Ahead
The ambition for 2026-27 was to build upon our progress and to deliver the following:-

- Carry out the agreed action plan and core activities in 2026-27
- Continue to work collaboratively as a partnership to monitor the delivery of activities to meet the aims and measure against the priorities of the Strategy
- Continue to support and accommodate the ongoing changes across the South Yorkshire Integrated Care System and ensure we continue to deliver against the aims in the new and emerging landscape
- Influence other bodies and stakeholders including those with a role in addressing the wider determinants of health to embed health equity in all policies across Rotherham
- Continue to focus on reducing health inequalities between the most and least deprived communities
- Champion positive news stories coming from across the health and wellbeing network and share best practice across partners
- Continue to produce an annual report each year with case studies giving people the chance to hear about what the Board had achieved and its impact

Discussion ensued with the following issues raised/clarified:-

- The report contained a good range of case studies, not just for the Council, but Health and VAR
- The relationship between the Health and Wellbeing Board and Neighbourhoods in relation to the recent Government announcements needed to be defined and should be referenced in the report

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

(2) That the Board contribute to the finalisation of the case studies provided for each priority of the Strategy and suggest any improvements.

10. PHYSICAL ACTIVITY/MOVING ROTHERHAM BOARD

Gilly Brenner, Public Health Consultant, and Carole Foster, Moving Rotherham Programme Manager, provided a development year update on the Moving Rotherham Partnership with the aid of the following powerpoint presentation:-

Why be active

- Benefits for individuals, the economy and communities

The Challenges

- Health inequalities were unfair and avoidable differences in health across the population and between different groups within society. They arose because of the conditions in which we were born, grow, live, work and age

Development Year Aims – build the foundations for a co-ordinated, inclusive, place-based physical activity system in Rotherham

- Test new approaches to engage inactive and underserved communities
- Strengthen system leadership, partnerships and shared learning
- Understand what works (and what does not) through real delivery
- Gather insight to shape a long term Moving Rotherham Strategy

How we did it

- FLUX - creative physical activity engagement outdoors
- Every Move Counts - long term condition referral scheme
- Place-based community work through Yorkshire Sport Foundation and local delivery providers
- Inclusive activity network development
- Schools and faith-based CYP engagement
- System enablement work (communications, workforce, planning)

What was the impact

- Increased visibility of physical activity, more conversations about physical activity across the Borough
- Strengthened cross-sector co-ordination and relationships
- Enhanced engagement in trusted community settings
- Generated rich consultation insight and some important key learning themes
- Increased system capability through training and development e.g. through Active Practice Charter and Inclusive Active Network

How evaluations were shaping future bid – the full bid should prioritise

- Trusted settings as delivery anchors
- Utilising the strength of existing networks and building new cross-sector networks
- Community-led co-design and ensure voices of people with lived experience shared
- Joined-up clinical and community pathways, embed into existing routine pathways
- Adaptable and flexible to different groups in both communications and delivery ensuring inclusivity and accessibility throughout
- Creative and inclusive delivery models

Moving Rotherham Physical Activity and Sport Strategy for Rotherham

- Developing 5 year Physical Activity and Sport Strategy "Together we create the conditions where everyone in Rotherham can move more, in ways that feel enjoyable and meaningful, to improve health, happiness and quality of life"

How change will happen

- Core principles reflecting how partners think change should happen
  Join things up
  Start with people
  Explore and be brave
  Build for the long term
  Embed equity, diversity and inclusion

How we will collaborate

- Working together was essential to achieving change. No single organisation could do it alone
  Big Active Network
  Other networks – inclusive activity, sports
  System leaders
  Moving Rotherham Board
  Health and Wellbeing Board and Cultural Partnership Board

Our Priorities – 3 priority audiences

- Children and young people, people with long term health conditions and/or disabilities and communities where activity levels were the lowest

3 enabling themes

- Communication, inclusion and place making and system change

Understanding our progress

- Creating a more active Borough within a constantly changing context was a significant and long-term challenge
- Essential that focus on creating the conditions that enabled sustainable change

Key Milestones

- 1st June, 2026 – bid submission
- 22nd September, 2026 – decision expected

Discussion ensued with the following issues raised/clarified:-

- The England Active Lives research, a national benchmarking exercise, had recently released data for activity levels and inactivity levels. Rotherham had seen inactivity levels reduce by 4% and activity levels increase 5%
- Yorkshire Sport Foundation's Active Sports Programme was an Early Years initiative

- Work was taking place with SYMCA on the Memorandum of Understanding of Physical Activity
- RDaSH, in conjunction with Sport England, was carrying out some work in Doncaster integrating physical activity into its Talking Therapy Services with the early outcomes looking very good in improving mental health. It was a pathway rolled out under Talking Therapies for those people with long term conditions and/or mental health conditions. There was an opportunity to explore if it was something that could be replicated in Rotherham
- The Trust had seen huge change in the way clinical systems worked e.g. smoking cessation. Behaviour change was required to embed into the system that clinical physical inactivity could be treated with some physical activity. If you were more active it would help reduce loneliness etc. so could only help
- Methods of monitoring and evaluation had been considered during the compilation of the plan but did require further work. Consideration was needed as to how to add value and build the "voice" in as well as some concrete measures to help with tracking against measures. Although Active Lives provided some information the sample size was not huge

Resolved:- That the Moving Rotherham Physical Activity and Sport Strategy 2026-31 be endorsed and the delivery of the Moving Rotherham Physical Activity and Sport Strategy 2026-2031 supported.

11. BETTER CARE FUND

The Board noted the narrative return which had been completed and returned in accordance with the 19th May, 2026, deadline.

Bob Kirton, TRFT, expressed concern at the increased demand the Trust was experiencing and welcomed the review of how urgent and emergency care was delivered.

12. ITEMS ESCALATED FROM THE PLACE BOARD

There were no issues to report.

13. ROTHERHAM PLACE BOARD MINUTES - PARTNERSHIP BUSINESS

The minutes of the Rotherham Place Board Partnership Business meetings held on 18th February and 15th April, 2026, were noted.

14. ROTHERHAM PLACE BOARD MINUTES - ICB BUSINESS

The minutes of the Rotherham Place Boad ICB Business held on 18th February, 2026, were noted.