

DRAFT
Rotherham Health and Wellbeing Strategy

2018 – 2025

Foreword

Health and wellbeing is important to everybody in Rotherham, enabling people to live fulfilling lives and to be actively engaged in their community. The way individuals achieve good health will differ according to their experiences, abilities and resources. Unfortunately, we know too many people in Rotherham are not in good health and that significant differences exist between our most and least deprived communities.

As our population grows, health and wellbeing needs change; we need to ensure we are responsive to these changes by continuing to support people to live healthy lives and remain independent as long as possible, but when needed, we are able to offer services that provide high quality support and care, accessible to all.

Public sector finances are becoming increasingly stretched, which means that all partners on the Health and Wellbeing Board and local communities will need to be working together to explore new ways of delivering services. We hope that this strategy will help to meet these challenges through a shared vision for health and wellbeing in Rotherham.

The Health and Wellbeing Strategy provides a high level framework which will direct the Health and Wellbeing Board's activity over the next seven years; it will support the board's role to provide leadership for health and wellbeing by making the most of our collective resources within Rotherham. It doesn't, however, reflect everything we will consider as a board or that the partners will deliver, but focuses on what we can do better together and provides strategic direction for each organisation as it delivers services.

The Health and Wellbeing Board is about working together and we believe it is clear that the board is now a real and strong partnership. The strategy contains some ambitious aims, but by working creatively and in partnership, we feel that they are achievable and that we can make long-lasting changes that will improve the health and wellbeing of all Rotherham people.

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1. Introduction and context

This is the third Health and Wellbeing Strategy for Rotherham, which has been produced in collaboration with Health and Wellbeing Board partners. This fulfils the duty set out in the Health and Social Care Act (2012) to set the overarching framework for health and care commissioning plans for Rotherham.

The high-level strategy involves the implementation of a number of workstreams, organisational strategies and action plans. The role of the Health and Wellbeing Board will be to holistically oversee implementation and to take action where needed to remove blockages, identify gaps and to hold organisations, workstream and strategy leads to account for delivery; ensuring we maximise opportunities for improving health and wellbeing in everything we do, across all agendas, policies and strategies.

1.2 The Rotherham Together Partnership

The Rotherham Together Partnership plan; 'The Rotherham Plan 2025', provides a framework for partners' collective efforts to create a borough that is better for everyone who wants to live, work, invest or visit.

The Health and Wellbeing Board and strategy contribute to achieving the vision of the Rotherham Plan, particularly in relation to integrating health and social care and improving health and wellbeing outcomes for local people.

The wider partnership also provides an opportunity to explore where better outcomes could be achieved in relation to the wider determinants of health for example: the environment people live in, education, employment, financial inclusion and transport, all of which contribute to the aims and priorities within this strategy.

1.3 Accountable Care Partnership and Integrated Health and Social Care Place Plan

The Rotherham Accountable Care Partnership (ACP) is the local delivery arm of the wider South Yorkshire and Bassetlaw Accountable Care System (ACS), previously known as the Sustainability and Transformation Plan. The local ACP is about health and care partner organisations in Rotherham sharing responsibility for the planning and delivery of improved and sustainable health and social care for local people; the ACP have published the Rotherham Integrated Health and Social Care Place Plan (Place Plan), which will deliver a set of 'system priorities' under five workstreams, which are aligned to the Health and Wellbeing Strategy high-level aims:

- Transforming services for children and young people
- Transforming mental health services
- Transforming learning disability services
- Transforming urgent care services
- Transforming community care services

The Health and Wellbeing Strategy sets the strategic vision for improving health and wellbeing for all Rotherham people, the Rotherham Place Plan is the delivery mechanism for the health and social care integration elements of the strategy.

Rotherham's health and social care community, including the council, Clinical Commissioning Group and providers of health and care services, has been working in a collaborative way for several years to transform the way it cares for its population and is passionate about providing the best possible services and outcomes. It is recognised that only through working together can we really provide sustainable services over the long term.

Prevention, early intervention and the integration of health and social care services are the focus of the Place Plan; to transform the way services are delivered.

National and local commissioning has supported increased community care over recent years to improve patient outcomes, improve flow through the system and reduce inefficiencies. Health and social care transformation programmes include developing alternatives to entering services or hospital admission and facilitating discharge. The Place Plan provides an opportunity to build on this to take a more holistic and integrated approach across physical and mental health, social care and the voluntary and community sector in order to develop and embed an integrated model of care which supports individuals and their carers and focuses much more on prevention.

Narrowing inequalities and targeting resources towards areas of greatest need is a principle of the Health and Wellbeing Strategy, the Place Plan will contribute towards achieving this.

Appendix A demonstrates how the Place Plan aligns to and contributes to achieving the overarching aims of the Health and Wellbeing Strategy.

2. What we mean by 'health and wellbeing'

Health is about feeling physically and mentally fit and well. Wellbeing considers whether people feel good about themselves and are able to get the most from life.

Health is not just about individuals, however, but also about populations. Population health considers how we respond to potential threats to our health, such as the impact of where and how we live our lives, and identifies how best to provide health services that are capable of meeting people's different needs.

Local people can be supported to take responsibility for their health and wellbeing by having a good understanding of their own and their family's health and the behaviour changes they can make to improve their health now or to prevent ill health developing in the future. Most health behaviours are

determined during pregnancy, infancy, childhood and adolescence and by improving the health of children and young people we can start to influence the health and wellbeing of the wider population.

The aims in this strategy, whilst setting the vision for how health and care services will be delivered to those who need it, will also have a strong focus on the role of the individual and the wider community in improving health and wellbeing. Evidence shows that people who are connected to others, who are learning, stay active and contribute and give to others are much happier and healthier¹.

2.1 What causes poor health and wellbeing?

People's experience of health and wellbeing is influenced by more than health and care services, and there are stark differences in the life expectancy of people living in the best and worst off parts of the borough; people living in Wickersley for example can expect to live on average 8 years longer than those living in town centre.

The single biggest cause of ill health and health inequalities are socio-economic factors such as education, employment and income, as well as family and social support networks available to people and the physical environment in which people live – including the quality of our built environment, housing, transport and access to green spaces.

Black and Minority Ethnic communities generally have poorer health than the general population; whilst much of this difference can be explained by differences in socio-economic status a number of other factors also contribute, including lower take-up of healthcare, biological susceptibility to certain long-term conditions and the impact of racism and discrimination.

The following diagram demonstrates the things that can deeply impact peoples' ability to live a healthy life.

Diagram available here - <http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank>

(to include diagram in final version)

¹ Five Ways to wellbeing <https://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx>

3. Strategic aims

The strategy includes four aims which the Health and Wellbeing Board have agreed are the most important things to focus on to improve health and wellbeing outcomes for all Rotherham people, but can best be tackled by a 'whole system' approach; where we need the involvement of the whole range of partners at the Health and Wellbeing Board to achieve improvement.

Aim 1: All children get the best start in life and go on to achieve their potential.

Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.

Aim 3: All Rotherham people live well for longer.

Aim 4: All Rotherham people live in healthy, safe and resilient communities.

Each aim includes a small set of high-level priorities, which demonstrate the particular areas of interest that will contribute to achieving the aim; these are described in section 5.

3.1 Strategy principles

Underpinning these aims is a set of principles that all Health and Wellbeing Board partners have committed to embedding in everything that they do, individually as organisations, and jointly as a partnership:

- **Reduce health inequalities** by ensuring that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest
- **Prevent physical and mental ill-health as a primary aim**, but where it is already an issue, services to intervene early to maximise impact
- **Promote resilience and independence** for all individuals and communities
- **Integrate commissioning of services** to maximise resources and outcomes
- **Ensure pathways are robust**, particularly at transition points, so that no-one is left behind
- **Provide accessible services** to the right people, in the right place, at the right time.

3.2 How the strategy has been developed

In developing the Health and Wellbeing Strategy our aim is to identify priorities based on strong evidence, an understanding of what would work locally, stakeholder feedback, and specific areas where the Health and Wellbeing Board could have the biggest impact.

Rotherham's Joint Strategic Needs Assessment (JSNA) provides a comprehensive and rigorous analysis of the issues that need to be considered when planning for the protection and improvement of the health and wellbeing of the people of Rotherham. The JSNA identifies the current and future health and wellbeing needs of the population, including differences in life expectancy within and between communities and the impact of ill health on the quality of life experienced by local people. It also recognises the importance of mental health and wellbeing, which is important for the resilience of individuals and communities, enabling people to take control of their health and health behaviours.

4. Joint Strategic Needs Assessment – what the data tells us

Table 1: Rotherham – at a glance [to be presented as an infographic]

- The health of people in Rotherham is generally poorer than the England average
- Life expectancy for men and women is lower than the England average and is 9 years lower for men and 7 years lower for women in the most deprived areas of Rotherham compared to the most affluent areas
- Rotherham's population is changing:
 - o the number of older people is increasing, especially in the oldest age groups, and people will live longer with poorer health
 - o our Black and Minority Ethnic communities are growing and changing, most evident amongst children and young people and a growing Roma community
- Deprivation in Rotherham is amongst the highest 20% in England, with 14,000 children (24%) living in poverty
- 11,800 people in Rotherham are economically inactive (neither working nor seeking work) due to long-term sickness
- 9.4% of working age people in Rotherham are claiming long term sickness or disability-related benefits
- 8,214 people in Rotherham are entitled to Carers Allowance with 5,627 receiving the payment due to their role as a carer
- Household incomes in Rotherham are lower than the Yorkshire and Humber and UK average and women earn only 79% of the average for women in England.
- 11,670 homes (10.6%) are in fuel poverty with localised rates up to 32%
- Rotherham's breastfeeding initiation rate is amongst the lowest in the region at 62.5%, contributing to levels of childhood obesity and paediatric hospital admissions
- 18.1% of mothers smoke during pregnancy. Smoking in pregnancy contributes to increased risk of stillbirth, low birthweight and neonatal deaths.
- 21.8% of children leaving primary school are obese, above the national average.
- 3.1% of 16-18 year olds in Rotherham are not in employment, education or training, higher than the 2.8% nationally.

- 1,059 people aged 15-64 in Rotherham were newly diagnosed with a sexually transmitted infection in 2016, the rate being below the national average.
- 71.4% of adults in Rotherham were overweight or obese in 2015/16, worse than the 61.3% average for England
- 1,847 hospital admissions in Rotherham during 2015/16 could be attributed to alcohol and 2,038 years of life were lost due to alcohol related conditions in 2016.
- 30% of the Rotherham population are estimated to drink at a level that puts their health at risk (over 14 units per week)
- An estimated 18.3% of adults in Rotherham smoke, above the national average of 15.5%
- There are nearly 1,487 smoking related deaths each year in Rotherham – 22% higher than the England average
- On average, mental health problems affect one in four people at some point each year, most commonly depression or anxiety but can be more complex disorders
- Half of people aged 75 years and over live alone and most experience loneliness, especially those who are widowed

Table 2: There have been some notable improvements in health and wellbeing in Rotherham over recent years. Good progress doesn't mean, however, that we don't have more to achieve.

- School readiness (children achieving a good level of development at the end of reception year) and GCSE achievement are slightly better than national averages.
- The rate of under-18 conceptions in the borough has reduced but is still above the England average.
- Smoking rates have been falling and we now have our lowest ever adult smoking rate. Smoking during pregnancy has reduced quicker than in any of our comparator local authorities following changes to how the service was delivered five years ago.
- Rotherham's healthy weight framework to address overweight and obesity is recognised nationally as an example of best practice.
- More people are having routine vaccinations and cancer screening in Rotherham than the national average.
- Rotherham's performance on opiate users leaving treatment successfully has improved from being one of the lowest in the country but is still below the national average.
- Excess winter deaths have seen a significant reduction and are now below the England average.

5. Our priorities: what we will focus on

Under each of the four aims is a small set of high-level priorities. These are **not** intended to include everything that the Health and Wellbeing Board partners will deliver, but what they can deliver **better together**.

Five questions have been used in selecting these priorities:

1. Is there more that can be done to tackle this issue?
2. Is it an issue that is amenable to intervention?
3. Is the delivery of this issue important to all partners on the Health and Wellbeing Board?
4. Is it of strategic importance?
5. Would this issue lead to considerable impact across the borough, or to one of our vulnerable target groups?

Aim 1: All children get the best start in life and go on to achieve their potential

There are 56,600 children and young people (up to the age of 18) in Rotherham, making 21.6% of population.

All aspects of our development – physical, emotional and intellectual – are established in early childhood. Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing, educational achievement and economic status. A strong focus on health and wellbeing in those early years will ensure all Rotherham children will be able to fulfil their potential in later life.

We have committed to being a child friendly borough which means...

‘Rotherham will be a great place to grow up in; where children, young people and their families have fun and enjoy living, learning and working’

This commitment is about helping all our children and young people to have a voice and be able to influence everything we do, to have high aspirations and self-esteem and feel able to actively participate in their communities, and grow into healthy and resilient adults.

What we will focus on

Priority 1. Ensuring every child gets the best start in life (pre-conception to age 3)

Why?

We have, on average, more than 3,000 births in Rotherham each year and around 16,000 children aged 0-4 years. Too many of these children are not currently getting the best start in life.

The percentage of children living in poverty in Rotherham is higher than regional and England averages, with 11,320 children and young people aged 0-16 living in families whose income is less than 60% of median income (2012). Child poverty influences educational achievement (by the age of three, poorer children are estimated to be nine months’ behind children from more wealthy backgrounds – and this gap continues throughout the educational stages) and health, with children in poverty almost twice as likely to live in poor housing and be affected by fuel poverty .

More than 500 babies are born every year in Rotherham to mothers who smoke or drink alcohol during pregnancy. These children are at significant risk of preventable health conditions and developmental delay.

Breastfed babies have fewer chest and ear infections, fewer gastrointestinal problems, are less likely to become obese and therefore of developing obesity-related problems in later life, and are less likely to develop eczema. It is therefore a concern that fewer babies in Rotherham are being breastfed and for a shorter a time than the England average.

Rotherham has higher than regional and national average levels of tooth decay in both 3 and 5 year olds, with 3 year olds having the poorest oral health in South Yorkshire. The most common dental diseases (tooth decay and gum disease) can cause pain and infection and lead to tooth loss, disruption to family life and absence from education.

Priority 2. Improving health and wellbeing outcomes for children and young people through integrated commissioning and service delivery

Why?

Whilst tackling inequalities in health needs focused action from the start of life and in the early years, the commitment needs to be maintained throughout childhood and adolescence. We need to provide good education and healthcare, and opportunities for good work and training in order to support young people to thrive. In common with all the priorities, whilst we need to ensure these are available for all children and young people within the borough, we must focus on those children and young people who are most vulnerable: those who are looked after or on the edge of care, those with mental health problems, physical and learning disabilities and those from our most deprived communities.

During adolescence young people become more independent. But with this increasing autonomy they may experiment with risk-taking behaviours. They may try alcohol, tobacco and other substances, and may become sexually active².

Childhood is also an important time in the development of behaviours that will have a lifelong influence on health and wellbeing, including healthy eating. In Rotherham obesity levels more than double between Reception (aged 4-5 years – 9.7% obese, similar to the England average) and Year 6 (aged 10-11 years – 23.4% obese, higher than the England average). There will be many contributing factors to this increase: lifestyle and diet choices of the children, their parents, their school, and the local environment.

The most effective interventions will ensure that there is consistent practice across the whole children's workforce and that pathways for support are integrated and efficient. To understand and respond to need effectively requires a holistic understanding of need and a shared view of outcomes.

² Insert some evidence from the Research in Practice work on adolescence

Priority 3. Reducing the number of children who experience neglect or abuse

Why?

Child neglect is the most prevalent form of child maltreatment in the UK, with an estimated one in 10 young adults having been severely neglected by parents or guardians during childhood³. The human and economic costs are vast, far-reaching and long-lasting. We often respond to neglect too late, focusing limited resources on 'late intervention', which responds to a child and family's needs once harm has been done. Stopping child neglect in its tracks would not only protect this generation of children but also, in turn, help them to become the best possible parents for the generation to come.

The evidence tells us that preventative services will do more to reduce abuse and neglect than reactive services. Co-ordination of services is important to maximise efficiency and there need to be good mechanisms for identifying those children and young people who are suffering or likely to suffer harm from abuse and neglect and who need referral to children's social care. It is also important that professionals work together effectively to ensure that families experience smooth transition between services and that all services supporting the family remain focused on the needs of the child.

Priority 4. Ensuring all young people are ready for the world of work

Why?

Adolescence and early adulthood is a key period for developing individual resilience: developing a sense of purpose and self-esteem, becoming emotionally aware, taking responsibility for your own physical and emotional needs and being connected to others. Resilience enables children and young people to cope with the challenges they face and to contribute positively within their community.

Educational development and attainment are generally good in Rotherham; more children achieve a good level of development at the end of reception year and more young people achieve 5 or more GCSEs at grades A*-C (including English and maths) than the England average. However, by age 16-18 our young people are beginning to struggle, with a higher number not in education, employment or training (NEET) than the England average.

Those young people who become NEET or are at risk of becoming NEET are more likely to experience low self-esteem and poor mental health and are more likely to become teenage parents. They are more likely to live in poverty and to have low paid work or claim benefits. This group are also more likely to suffer from poor physical health with an increase in likelihood for alcohol and substance misuse.

³ Radford et al, 2011

What we will do...

Deliver the priorities agreed in the 'children and young people's transformation' workstream of the Integrated Health and Social Care Place Plan, including:

- Working together to implement the CAHMHS Transformation Plan, including formal joint commissioning arrangement
- Working together to deliver the 0-19 healthy child pathway services
- Ensuring that children and young people are included in the Shared Rotherham Healthcare Record

Improve and enhance the use of evidence based programmes to reduce health and wellbeing inequalities including; parenting programmes, sleep programmes, weaning, oral health programmes and smoking cessation projects.

Consider the best approaches to raise aspirations, narrow the attainment gap and reduce the number of young people becoming NEET.

Implement the Signs of Safety model:

- Ensuring that the workforce is trained to spot the signs of neglect and respond appropriately. In Rotherham we will use the Graded Care Profile.
- Ensuring that the Signs of Safety operating model is understood across the workforce and is used to work with families to identify and respond to risk

Ensure that pathways into preventative and statutory services are well defined and understood across the borough.

Ensure that robust arrangements are in place to step up and step down families in response to their needs; these arrangements should prevent a drift in plans and avoid families having to tell their stories multiple times

Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.

Mental health is something everybody has. Mental health, as defined by the World Health Organisation, is;

‘... a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community.’

Good mental health therefore is fundamental to how an individual, community and society functions. Improved mental wellbeing and reduced mental disorder are associated with; better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved social functioning and a better quality of life. Improving mental wellbeing of people is also associated with positive outcomes in relation to education, employment, as well as reduced crime and antisocial behaviour.

However, one in four adults experiences at least one diagnosable mental health problem in any given year. Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year, roughly the cost of the entire NHS. Mental health problems can affect anybody at any age. It is estimated that one in four of us will suffer from mental health problems at some point in our lives. Half of those with lifetime mental illness (excluding dementia) first experience symptoms by the age of 14, and three-quarters by their mid-20s. It is vital that positive mental and emotional wellbeing is a priority at every age. Therefore the priorities identified within this aim apply across the life course.

What we will focus on.

Priority 1. Improving mental health and wellbeing of all Rotherham people

Why?

In 2015/16 Rotherham residents reported high levels of; low satisfaction with life, low happiness and high anxiety. These rates were higher than the average for England and for the Yorkshire and Humber region as a whole. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Priority 2. Reducing the occurrence of common mental health problems

Why?

Depression prevalence is included as the most common form of a mental health condition affecting over 24,000 Rotherham residents aged 18 and over in 2015/16. Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their family and carers, multiple morbidity, suicide, higher levels of service use and many associated economic costs⁴.

⁴ Public Health England (2017) Measures taken from the Public Health Outcomes Framework (PHOF) published by Public Health England. Available at: <http://www.phoutcomes.info/>

The prevalence of mental health disorders amongst children and young people varies significantly according to a range of socio-economic and demographic factors. Based on the socio-demographic profile of Rotherham summarised in 5 ACORN Categories (CACI 2012), the prevalence of mental health disorders in Rotherham is estimated to be 14% above the UK average. This results from the higher levels of deprivation in Rotherham which is reflected in the higher proportion of children in the ACORN Category “hard pressed” families.

(Acorn is a powerful consumer classification that segments the UK population. By analysing demographic data, social factors, population and consumer behaviour, it provides precise information and an understanding of different types of people).

Priority 3. Improving support for enduring mental health needs (including dementia)

Why?

Less common mental health problems (enduring mental health problems) include those with ‘psychotic’ symptoms. These symptoms can interfere with a person’s perception of reality and may include hallucinations such as seeing, hearing, smelling or feeling things that no one else can. Anxiety and depression can be also be severe and long-lasting and have a big impact on a person’s ability to participate in day to day life⁵.

The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population. For Rotherham there were 123 premature deaths in adults aged 18-74 with a severe mental illness in 2012/13.

People with mental health conditions consume 42% of all tobacco in England. It is estimated that tobacco sales in Rotherham were £75.7 million pounds in 2013. 42% equates to nearly £31.8 million pounds spent by people with mental health conditions.

A consequence of our ageing population is the increasing number of people living with dementia. By the age of 90, around 30% of people will be living with dementia. On average, people live for around seven years after the onset of symptoms and two years after diagnosis. Most people with dementia live at home, supported by family, neighbours, mainstream health services and the community. The impact of dementia on carers’ physical and mental health must also be taken into account. The percentage of people registered at Rotherham practices with dementia for 2016/17 was 0.90% (England average 0.76%) This relates to 2,401 people (all ages). (NHS Digital (2017). Quality Outcomes Framework (QOF). Dementia: Recorded Prevalence (aged 65+): Rotherham 4.83%, 2,358 people (England average 4.29%) April 2017. NHS Digital.) This is likely to be an under estimate of the true figure as not all individuals with symptoms of dementia will be registered.

⁵ Mental Health Foundation, 2017; <https://www.mentalhealth.org.uk/your-mental-health/about-mental-health/what-are-mental-health-problems>

Priority 4. Improve the health and wellbeing of learning disabled people and people with autism

Why?

The needs of learning disabled people and people with autism cut across all the strategic aims of this strategy. To prevent dilution of the focus on these communities, delivery will be placed under the mental health and learning disability transformation workstreams of the Place Plan, and therefore aligns best to the mental health aim in this strategy.

Why learning disabled people are a key focus:

We want all children, young people and adults with a learning disability to have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with the same dignity and respect. They should have a home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life.

Rotherham's learning disabled population (18-64) is estimated to be 853 people⁶, and it is estimated that this number will reduce by 4% by 2035. This reduction needs to be compared with other demographic changes and will have significant implications for planning, service development and market shaping.

- The numbers of learning disabled people with **severe** learning disabilities will remain static until 2035.
- Rotherham's older (65 plus) learning disabled population **will increase by 29% by 2035**⁷.

This is a good news story; learning disabled people in Rotherham are living longer. The challenge is that learning disabled people are more likely to experience chronic health conditions (e.g. obesity, diabetes) much earlier than the general population. Work will need to be undertaken to prepare services, the third sector and health promotion projects to support learning disabled people.

Why people with autism are a key focus:

We want all children, young people and adults with autism in Rotherham to be able to live fulfilling and rewarding lives within a community that accepts and understands them. We want people with autism to get a diagnosis and be able to access support if they need it, and depend on mainstream public and third sector services to treat them fairly as individuals to get the right information and help them make the most of their talents.

It is estimated that Rotherham has around 789 children and young people and 2,328 adults (16+) who have autism. The number of over 18s in Rotherham with autism is predicted to increase by 3% by 2025 (and 7% by 2035). Over 65 year olds shows a predicted increase of over 15% by 2025 (and an increase of nearly 40% by 2035)⁸.

⁶ Protecting Adult Needs and Service Information <http://www.pansi.org.uk>

⁷ Projecting Older People Population Information <http://www.poppi.org.uk/>

⁸ Projecting Adult Needs and Service Information <http://www.poppi.org.uk/>

Many people with autism also have common mental disorders, including depression and anxiety. People with autism are seven times more likely to die by suicide than the general population. Those with high-functioning autism were at greater risk than the general population. Women were more at risk than men (in contrast to suicide rates more generally, where men are three times more likely than women to die by suicide)⁹.

What we will do...

Deliver the priorities agreed in the 'mental health and learning disability transformation' workstream of the Integrated Health and Social Care Place Plan.

Oversee and monitor the delivery of the actions within the Better Mental Health for All Action Plan:

- Encouraging individuals, communities and organisations in Rotherham to use the Five Ways to Wellbeing to improve and maintain good mental health: Be Active, Connect, Give, Keep Learning and Take Notice.
- Helping local employers to see the value of promoting good mental health within the workplace and then make changes to create mentally healthy working environments.
- Develop environments that support good mental health and look for opportunities to work with partners in Rotherham to tackle mental health stigma.

Oversee and monitor the delivery of the Suicide Prevention Action Plan priorities:

- Reduce suicides amongst high risk groups.
- Provide better information and support to those bereaved by suicide.
- Increase the knowledge and skills of staff and communities to spot the signs of suicide and signpost to professional help.

⁹ Hirvikoski T, Mittendorfer-Rutz E, Boman M, et al. Premature mortality in autism spectrum disorder. British Journal of Psychiatry. Published online March 1 2016

Aim 3: All Rotherham people live in good health for longer

Life expectancy and healthy life expectancy in Rotherham are lower than average for both men and women. Within Rotherham, life expectancy is 9 years lower for men and 7 years lower for women in the most deprived areas of the borough compared to the most affluent areas.

2014-16	Life expectancy at birth	Healthy life expectancy at birth
Rotherham men	77.9 years	59.8 years
England average	79.5 years	63.3 years
Rotherham women	81.6 years	55.7 years
England average	83.1 years	63.9 years

[this table will be displayed as a graph in the final version, which demonstrates the gap in a visual manner]

This inequality in health leads to almost 7,000 years of life being lost each year in Rotherham through causes considered amenable to healthcare. This is almost 1,500 years more than might be expected based on the England average¹⁰.

What we will focus on.

Priority 1. Preventing and reducing early deaths from the key health issues for Rotherham people, such as cardiovascular disease, cancer and respiratory disease

Why?

The main drivers of the excess years of life lost in Rotherham are problems of the circulation (principally stroke and ischaemic heart disease), respiratory disease and cancer. Tackling premature mortality will require a coordinated approach from all members of the Health and Wellbeing Board.

Our concern should not, however, be just about extending life: it should also cover the factors that contribute to healthy life expectancy. The difference in healthy life expectancy means that people in Rotherham develop poor health around 5 or 6 years earlier than the average for England. This disability burden has significant implications for public services locally, on the need for health and social care and for employment opportunities. This is because, on average, people in Rotherham will develop long term conditions around 8 years before the new state pension age of 67. This means more working age people living with long term conditions such as heart disease, diabetes, dementia, chronic mental health disability and surviving after cancer treatment.

The priorities in aim 1 for early years, childhood and adolescence will all contribute to increasing life expectancy and healthy life expectancy, but we also need to focus on those who are already in adulthood, or who may have already developed long term conditions.

¹⁰ Need to include reference/source

The risk of early death and disability from the three main contributors to the years of life lost in Rotherham can be effectively reduced by reducing levels of overweight and obesity, increasing levels of physical activity, not smoking, and limiting alcohol consumption. It must be recognised that individual behaviour change is difficult and needs support. A multifactorial approach that addresses all risk factors yields most benefit. This is because tackling multiple risk factors in individuals has a cumulative effect in reducing the chance of death.

The following demonstrates the potential of what could be achieved if we focus on prevention¹¹:

95% of liver disease is attributable to 3 preventable causes – alcohol, obesity and viral hepatitis

90% of 1st heart attacks related to 1 of 9 modifiable factors

80% of diabetes spend is treating avoidable illness and complications

Two thirds of premature deaths could be avoided through improved prevention, early detection and better treatment

42% of cancers in the UK are preventable

17% of deaths in adults over 35 are attributable to smoking

Priority 2. Promoting independence and self-management and increasing independence of care for all people

Why?

The health of the Rotherham population is generally poorer than the English average. We have a growing population, but notably, we will see a significant increase in the 85+ population. This leads to growing pressures on our health services, social care, informal care, supported housing and other services. The average time spent in ill-health has also been increasing as people are living longer in poor health, resulting in a growing number of people with high levels of need.

In Rotherham we want health and care to be managed long before someone needs to have hospital treatment or experiences problems in their life. We want to do this in a way that is right for them, whether this is through providing information and advice, or through more active management. And we want to do this through a 'life journey' approach, starting by giving every child the best start in life and continuing throughout their life journey.

By targeting individuals that can gain the most benefit will allow us to support positive, sustained lifestyle changes which will significantly improve their health and wellbeing whilst increasing capacity across the health and social care system.

All health and wellbeing partners, including commissioners and providers, need to work with our communities to have a different conversation, understanding what matters to them and what their strengths and weaknesses are; helping to understand their needs outside of traditional service models. Focusing on assets values the capacity, skills, knowledge, connection and potential in a community, helping local people feel like active agents in their own and their families' lives, which in turn promotes independence and empowerment

¹¹ Source: Public Health England

Priority 3. Improving health and wellbeing outcomes for adults and older people through integrated commissioning and service delivery; ensuring the right care at the right time

Why?

Within Rotherham, we want public services to commission for excellence, focusing on better outcomes for individuals and bringing the concepts of people and place together to take a whole system view; based on the Marmot principles for reducing health inequalities¹². We believe that by integrating commissioning of all health and care services, we not only pool our resources and collective experience and knowledge; resulting in efficiencies for all partners, but we can also focus on what the most important things are for local people, helping them to live healthier lives for as long as possible.

When we commission services we will take a life-course approach, ensuring commissioning does not create unintentional silos; especially with regard to the transition from children and young people's services to adult care. Therefore this priority has an important link back to aim 1 for children and young people.

We need to ensure that people who have a long-term condition or disability and those with mental health problems receive the right care in the right place at the right time. Too many people are admitted to hospital unnecessarily and are kept in hospital for too long as the services to support them on discharge are taking too much time to put in place. We need to increase access to health services in the community and to reduce the proportion of care that occurs in hospital. Work to support the most vulnerable to remain independent for as long as possible is required across health and social care, as is high quality support for their friends and family who provide unpaid care.

People approaching the end of their life are entitled to high quality care, wherever that care is delivered. Good end of life care should be planned with the individual and the people close to them to ensure it is tailored to their needs and wishes and includes management of symptoms, as well as provision of psychological, social, spiritual and practical support. We need to ensure that more people in Rotherham are able to exercise choice over their end of life care and the place of their death.

¹² Source: Institute of Health Equity

Priority 4. Ensuring every carer in Rotherham is supported to maintain their health, wellbeing and personal outcomes, so they are able to continue their vital role and live a fulfilling life

Why?

We recognise that informal carers are the backbone of the health and social care economy, and that enabling them to continue this role is vital. It is important that we identify and support all carers, including young and hidden carers.

In Rotherham there are around 31,000 unpaid carers. Caring can have an impact on the physical health and mental wellbeing of carers; they can often feel physically and emotionally exhausted, stressed or depressed, which can affect relationships and often leads to isolation and financial difficulties.

Carers need to be able to balance their caring roles with other parts of their lives – such as jobs and educational opportunities. They need time to keep up relationships and pursue their own hobbies and interests. Young carers can find it difficult to manage other aspects of their life if they have a caring role, and are therefore more likely to not be education, employment or training.

What we will do...

Deliver the priorities agreed in the 'urgent and community care transformation' workstreams of the Integrated Health and Social Care Place Plan.

Continue to roll out the Making Every Contact Count approach across Rotherham.

Continue with the ambition to have all commissioning across health and care integrated by 2020.

Oversee and monitor the ambition and outcomes in the Rotherham carers' Strategy.

Aim 4: All Rotherham people live in healthy, safe and resilient communities.

Health is influenced by more than just the healthcare we receive. The physical environment in which we live, work and spend our leisure time and how safe we feel in our communities also impacts on health outcomes. The quality of housing, the condition of streets and public places, noise, access to green space and levels of antisocial behaviour and crime contribute to inequalities in health.

These wider determinants will all impact on the other three aims in this strategy, it is important therefore that all partners of the Health and Wellbeing Board contribute to and support work in these areas. One of the ways in which the board will do this through the strategy will be to influence all other policies and strategies, across all the partner organisations, considering what their impact is on people's health and wellbeing and what more could be done to promote it.

What we will focus on

Priority 1. Increasing opportunities for healthy, sustainable employment for all local people.

Why?

A healthy economy leads to a healthy community; it offers good jobs, incomes and opportunities which increase aspiration as well as health, wellbeing and resilience. Healthy, resilient people are better able to contribute to their local community, secure a better job and be more productive in the workplace, therefore supporting a healthy economy.

The link between good work and health is particularly important here: being in work is, in itself, good for physical and mental health, but for those people of working age who may have a long term condition, we need to ensure employers continue to support them to have a fulfilling working life. Economic growth within Rotherham will play its part in reducing health inequalities.

Priority 2. Ensuring everyone is able to live in safe and healthy environments.

Why?

Alongside the physical impacts caused by some crimes there is also an impact on people's wellbeing and at times, their mental health. Crimes such as domestic abuse, sexual and violent offences can have a traumatic effect on victims, survivors and their families. With estimates suggesting 27000 women and girls in Rotherham have suffered abuse in their lifetime and over one million reports to police of domestic abuse nationally, it is clear we must continue to do more. We need to promote a culture of healthy relationships, continue to develop and invest in education and early intervention alongside delivering effective partnerships, to enhance community safety.

Social isolation and loneliness, in people of all ages, is associated with mental health problems and can result in increased use of emergency healthcare and earlier admission to residential care for older people. We need to ensure our communities are resilient, with the right services, facilities and infrastructure to enable people to confront and cope with life's challenges.

Poor housing costs the NHS at least £2.5 billion a year in treating people with illnesses directly linked to living in cold, damp and dangerous homes. Cold homes and poor housing can have a negative impact on physical and mental health and wellbeing and may ultimately result in excess winter deaths. Associated health inequalities can occur across the life course, from early years through to the frail elderly population.

An increasingly older population, living longer with long term conditions and disability, will require more homes with adaptations to enable them to continue with a good quality of life and to maximise their independence. Older people are also especially vulnerable to feelings of isolation as a result of the loss of friends and family, limited mobility or income that comes with age.

Priority 3. Ensuring planning decisions consider the impact on people's health and wellbeing.

Why?

Planning decisions can have significant impact on health and wellbeing. Ensuring buildings and public spaces are designed in a way that enables people to be more physically active, or using planning levers to limit the growth of fast food takeaways, for example, can contribute to the broader effort to reduce growing levels of overweight and obesity. Encouraging a vibrant high street with diverse local and independent food traders can increase choice and access to healthy, fresh food for all. Planting regimes can reduce noise pollution from major roads and improve air quality for local residents. Rotherham's 'Local Plan' has a clear objective to create safe and healthy communities and to engage health services in key planning decisions.

Rotherham's Local Plan provides a long-term development strategy, setting out policies and proposals for new housing, shopping and employment, and how people travel in the area. The Core Strategy, which is part of the Local Plan includes the vision: 'Rotherham will provide a high quality of life and aspire to minimise inequalities through the creation of strong, cohesive and sustainable communities...and communities enjoy good access to green spaces and the wider open countryside'.

This is a key document setting out planning policies and guidelines, including: accessibility to community services and facilities, promoting green infrastructure, ensuring developments protect, promote or contribute to securing a healthy and safe environment and minimise health inequalities, and policies dealing with contamination, pollution and waste recycling which all impact on the local health of our communities. The Health and Wellbeing Board will therefore continue to influence this area of work, ensuring health continues to be an important and cross-cutting theme in the Local Plan and Core Strategy.

Priority 4. Increasing opportunities for people of all ages to use green spaces for the benefit of their health and wellbeing.

Why?

Physical and mental illnesses associated with mostly sedentary lifestyles are an increasing economic and social cost. Accessing and using green spaces in people of all ages can have huge health and wellbeing benefits. The risk of mortality caused by cardiovascular disease is lower in residential areas that have higher levels of 'greenness' and there is evidence that exposure to nature could be used as part of the treatment for some conditions¹³.

As well as direct health benefits, there can be additional financial savings from green space benefits, including air pollution, noise pollution, flooding mitigation, shaded areas reducing the risk of heat stroke and exhaustion, as well as promoting social cohesion¹⁴.

Rotherham has a wealth of green space provided for the benefit of local people including: urban parks and play areas, recreation grounds, and a number of larger country parks, which we want to encourage people to use and enjoy for the benefit of their health and wellbeing. However to do this we need to work in partnership across the whole borough with a range of organisations, voluntary and community groups and local people, to look after, promote and encourage use of all our green spaces.

What we will do...

There are a number of initiatives, plans and strategies which will contribute to achieving this aim. The Health and Wellbeing Board will continue to use its influence to ensure health and wellbeing of local people is a key focus of these, and where appropriate, have some oversight of delivery.

Rotherham has an ambition for every neighbourhood to be thriving and to improve outcomes for residents across the borough, which will involve a neighbourhood-level working approach focused on community development: supporting residents to do more for themselves, listening to each other and working together to make a difference, supporting people from different backgrounds to get on well together, and to ultimately help make people healthier, happier, safer and proud. This is also underpinned by the need to become more efficient and to find new and more cost effective ways to achieve the desired outcomes, and will require the contribution of all partners to achieve success.

The 'Neighbourhood Strategy' will deliver this ambition and the Health and Wellbeing Board will work together to ensure the priorities within the Health and Wellbeing Strategy translate into actions at a neighbourhood level through this initiative.

¹³ The Houses of Parliament, Parliamentary Office of Science & Technology, POSTnote 538 October 2016

¹⁴ The Houses of Parliament, Parliamentary Office of Science & Technology, POSTnote 529 June 2016, Public Health England, 2014, Health equity briefing 8, Faculty of Public Health, 2010, Great outdoors: How our natural health service uses greenspace to improve wellbeing: Briefing Statement.

There are other key agendas which will contribute to achieving this aim – including:

- The Workplace Wellbeing Charter
- Employment and health projects
- Loneliness Task Group to look at developing a strategic approach to addressing loneliness and isolation in all ages

Plans and strategies which will continue to include health and wellbeing as a key focus, and will contribute to these priorities include:

- Strategic Housing Strategy
- Local Plan and Core Strategy
- NHS planning – ‘one public estate’
- Domestic Abuse Strategy
- Cultural Strategy, including leisure and green spaces
- Local Growth Plan

6. How we will use the strategy

The Health and Wellbeing Strategy places particular emphasis on a shared vision and leadership for improving health and wellbeing services. We will use the strategy to hold each other to account and to use our resource collectively to deliver the best outcomes for Rotherham.

We have identified four key aims with associated priorities where we will look for improvement in order to demonstrate progress. This is not a final list of everything that the board and partners will do, but a set of the most important health and wellbeing priorities for Rotherham, that need to be tackled in partnership. This strategy will therefore be used to ensure that we all work together and not in isolation.

Health and Wellbeing Board members are responsible for a wide range of services that impact on health and wellbeing, and the board and strategy will also influence the direction of other strategies and plans, including planning and development, transport and economic growth. The Health and Wellbeing Strategy provides a framework for commissioning plans for the council and Clinical Commissioning Group and specifically for the development of the Better Care Fund, the Integrated Health and Social Care Place Plan and for joint commissioning of services to ensure seamless, effective and efficient service delivery.

7. Managing and monitoring the strategy

We will monitor progress on the strategy by focusing on the impact it will have on people's lives and we will identify a number of indicators and data sources for each aim that will help us measure this. One of the main functions of the Health and Wellbeing Board is to have an oversight role and to hold the council and partners to account for delivering improved health and wellbeing outcomes for local people, and it will do this by using the strategy to influence commissioning of services and challenging when improvements are not made.

The strategy is for a seven year period, however we will review and update 'what we will do' and the set of indicators annually, ensuring they are being delivered in such a way that they are improving health and wellbeing outcomes for local people. When specific activities have been completed we will identify what needs to happen next, although noting that the major changes that are being sought in this strategy will take time, therefore some improvements will be gradual, but measurable.

The Health and Wellbeing Board will use its strategic influence with the wider Rotherham Together Partnership, to ensure that all partners are contributing to delivering the strategy through:

- Providing regular update reports to the Rotherham Together Partnership Board
- Publishing an annual progress report and forward plan for the Health and Wellbeing Board
- Regular meetings between the chair of the Health and Wellbeing Board and other partnership board chairs (including the Safer Rotherham Partnership, the Children and Young people's Partnership and the adults and children's safeguarding boards)