

Rotherham Joint Health and Wellbeing Strategy

A healthier Rotherham by 2025



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Foreword

Health and wellbeing is important to everybody in Rotherham, enabling people to lead fulfilling lives and to be actively engaged in their community. The way individuals achieve good health will differ according to their experiences, life chances, 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.

These health inequalities have been even further exacerbated throughout the Covid-19 pandemic, which has had a disproportionate impact on those from deprived areas. Partnerships have strengthened over the past years in exploring new ways of delivering health and care services and meeting needs. These strong partnerships have been instrumental in our response to the Covid-19 pandemic, including the roll out of the successful vaccination programme in our community.

As a board, we have refreshed our priorities to respond to challenges faced in light of Covid-19, as well as to changes in the way health and care partners work together locally and regionally. This strategy reflects this new direction. It provides a vision for health and wellbeing in Rotherham, shared by all partners on our Board.



Cllr David Roche

Cabinet Member for Adult Social Care and Health
Chair of Rotherham Health and Wellbeing Board

The Health and Wellbeing Strategy provides a high-level framework which will direct the Health and Wellbeing Board's activity until 2025; 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 does not, 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 they deliver 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.

Due to changes in the regional and local health and social care system, and the changeover from the Clinical Commissioning Group to the Integrated Care Board, the Health and Wellbeing Board's Vice Chair is to be confirmed in September.

1 Introduction and context

This is the third Health and Wellbeing Strategy for Rotherham, first agreed in 2018 and refreshed in 2022, 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 is to support and encourage effective partnership working, share good practice and understand and build on local assets, as well as taking action where needed to remove blockages, identify gaps and to hold organisations, workstream and strategy leads to account for delivery. All of this is about ensuring the board maximises opportunities for improving health and wellbeing in everything it does, across all agendas, policies and strategies.

For the strategy to be effective, it is important that it has a clear focus, and includes only the most important things that the partners on the board can do together. It does not include everything that all partners do, but considers strategically where the most difference can be made by the board working in partnership.

1.1 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 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.



1.2 South Yorkshire Integrated Care Board and Integrated Care Partnership

Rotherham is one of the four Places constituting the South Yorkshire Integrated Care Board (ICB). As part of the Health and Care Act 2022, NHS South Yorkshire ICB became a statutory organisation on 1 July 2022, merging the four Clinical Commissioning Groups working across South Yorkshire and absorbing their functions.

It has a Unitary Board with an Independent Chair, independent non-executive members, a chief executive, executives and statutory partner members who bring the perspectives of the various sectors of health and care.

The ICB is directly accountable for NHS spend within the ICB area. It is responsible for the commissioning of healthcare services for the population of South Yorkshire and ensuring the quality and performance of those services within the ICB area. It brings partner organisations together in a new collaborative way with a common purpose and brings the NHS together locally to improve population health and establish shared strategic priorities, connecting to partnership arrangements at system and place. The ICB is accountable to NHS England.

The system involves collaboration and joined-up working across a number of regional health and care organisations in order to better serve the needs of local populations. The ICB has delegated certain of its functions to be carried out on its behalf by the Place Partnership (see below).

The Integrated Care Partnership is a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. It is a joint statutory committee of the ICB and the four local authorities in South Yorkshire.

As a Health and Wellbeing Board, we are feeding into the development of the ICB through the Integrated Care Partnership. The Integrated Care Partnership will formulate a regional integrated care strategy, in close collaboration with the four Health and Wellbeing Boards.

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

The Rotherham Place Board has two roles:

The Place Board is responsible for partnership business, providing the strategic and collective leadership to deliver the ambitions of the Place Partnership and the Rotherham Place Plan. The Place Board is the forum where all partners across health and care in Rotherham come together to formulate and agree strategies for implementing the Rotherham Place Plan. The Place Partnership is committed to achieving the best outcomes for people in Rotherham, ensuring alignment of relevant health and social care budgets so health, care, and support services can be bought once for a place in a joined-up way.

The Place Board also acts as a formal committee of the ICB, sitting as the ICB Place Committee for Rotherham where it has delegated authority from the ICB Board to make decisions about the use of ICB resources in Rotherham in line with its remit.

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 elements of the strategy and is aligned to the wider vision of the strategy. The aim of the Rotherham Place Plan is to deliver sustainable, effective, and efficient health and care support and community services with significant improvements underpinned by collaborative working through the development of the Place Partnership. The partners' shared vision as set out in the Place Plan is to support people and families to live independently in the community, with prevention and self-management at the heart of delivery.

Transformation and enabling groups, in particular the first two transformation groups, are aligned to the Health and Wellbeing Strategy aims, and support delivery of the strategy:

Transformation Groups

- Children & Young People Group
- Mental Health, Learning Disability & Neurodevelopmental Group
- Rotherham Urgent Care Board (Urgent & Community Group and A&E Delivery Board combined)

Enabling Groups

- Communication & Engagement
- Digital (including Business Intelligence, Rotherham Office for Data Analytics and Population Health Management)
- OD/Workforce
- Estates
- Prevention & Health Inequalities
- Finance

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.

Within Rotherham, public services need 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 inequalities. Integrating commissioning and provision of health and care services, pooling resources and using collective experience and knowledge, should result in efficiencies for all partners, whilst also focusing on what the most important things are for local people, helping them to live healthier lives for as long as possible.

Partners will focus on people and places rather than organisations, pulling pathways together and integrating them around people’s homes and localities; adopting a way of working which promotes continuous engagement with and involvement of local people to inform this. They are committed to actively encourage prevention, self-management, and early intervention to promote independence and support recovery, and fairness to ensure that all the people of Rotherham can have timely access to the support they require to retain independence. Place partners design pathways together and collaborate, agreeing how we do pathways once collectively, to make our current and future services work better.

Narrowing inequalities and targeting resources towards areas of greatest need is a principle of the Health and Wellbeing Strategy. Place partners work together to reduce health inequalities and tackle the wider

determinants of health to ensure 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.

The Place Board reports to the partner organisations and the Health and Wellbeing Board on progress against the Rotherham Place Plan.

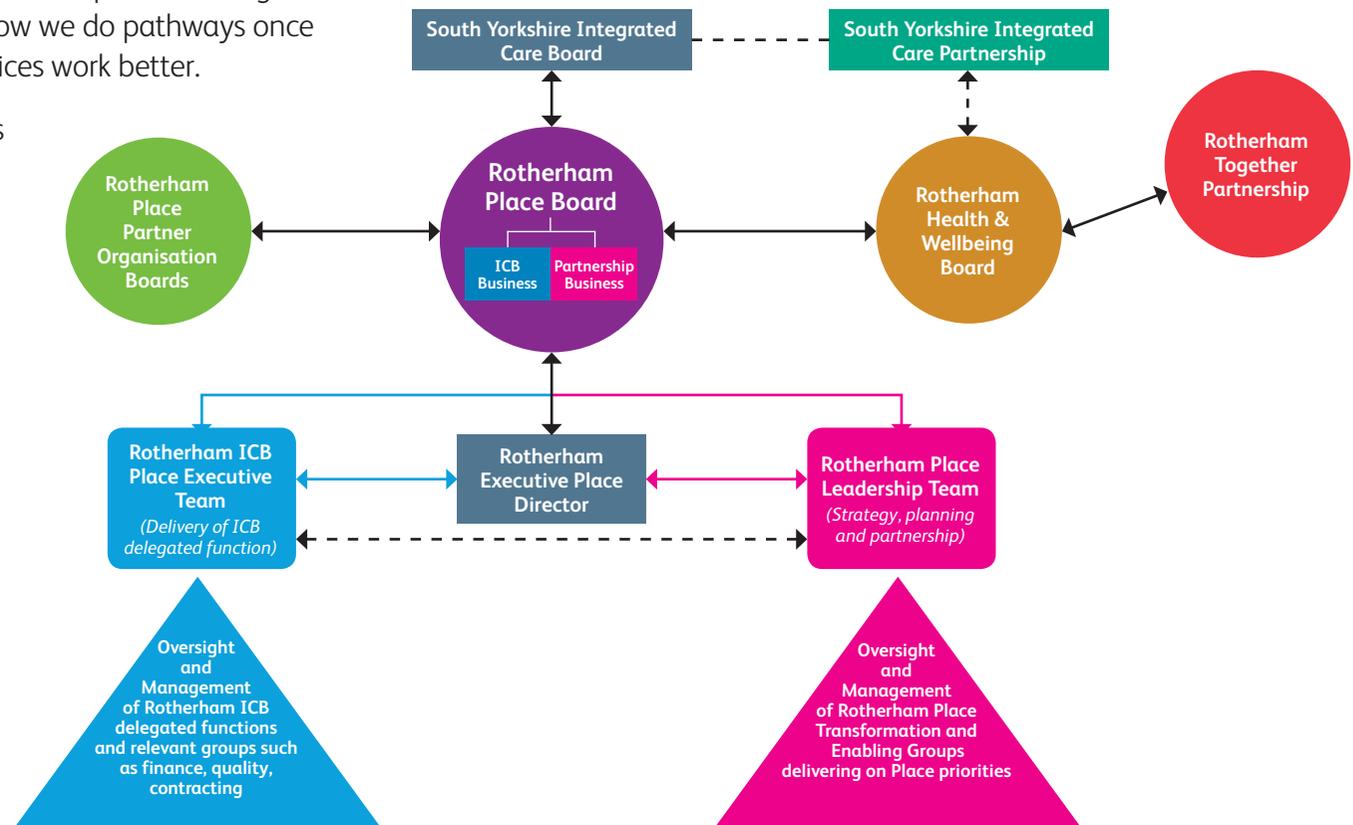


Figure 1 outlines governance arrangements between Place arrangements and the Health and Wellbeing Board

2 What is meant 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 to respond to potential threats to health, such as the impact of where and how people lead their 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. Further, the environment people live in plays a crucial role in enabling them to lead healthy lives. Most health behaviours are determined during pregnancy, infancy, childhood and adolescence and by improving the health of children and young people, health and wellbeing of the wider population can be influenced.

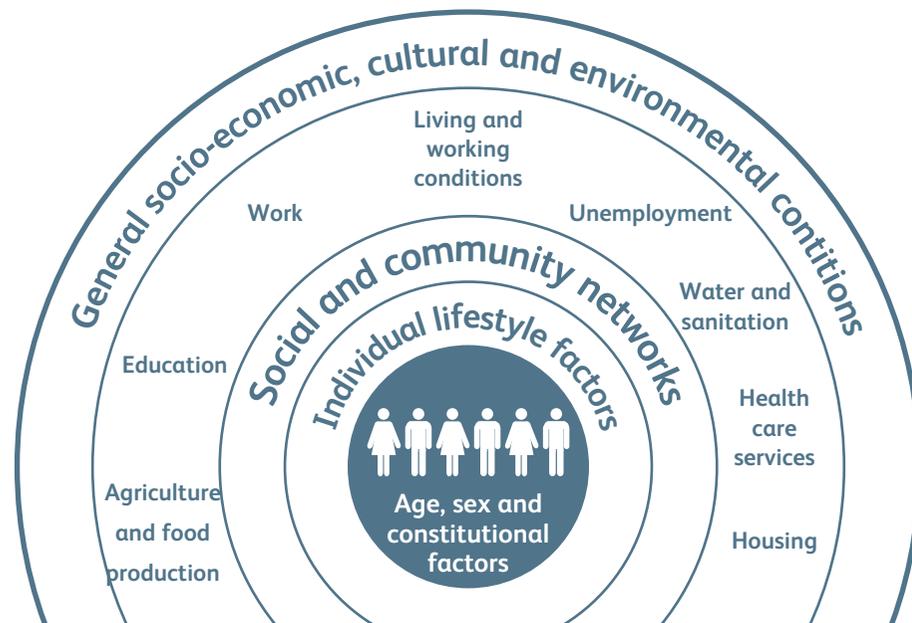
The aims in this strategy have a strong focus on the role of the individual and the wider community in improving health and wellbeing, while also setting the vision for how health and care services will be delivered to those who need it. People who are connected to others, not feeling socially isolated or lonely, who are learning, staying active and contributing to their community, are much happier and healthier.

2.1 A life course approach

A life course approach to health is based on the understanding that multiple factors, which include biological, social, psychological, geographic, and economic, shape health over the life course. This approach aims to increase the effectiveness of interventions throughout a person’s life, focusing on a healthy start to life then targeting the needs of people at critical periods throughout their lifetime such as adolescence, moving into work, pregnancy, retirement, bereavement and end of life.

The health and wellbeing of individuals and populations across the whole life course is affected by a range of factors both within and outside the individual’s control. The wider determinants model below describes the layers of influence on an individual’s potential for health; those that are fixed such as age, sex and genetics and those which are not such as personal lifestyle, the physical and social environment and wider socioeconomic, cultural, environmental and global conditions.

Figure 2 Dahlgren and Whitehead Wider Determinants Model¹.



This model also demonstrates the complex influences on health and identifies that no one individual or organisation can improve the health of the Rotherham population on their own: improving health and wellbeing is a shared responsibility between all organisations and the people of Rotherham. People have responsibility for their own health and wellbeing, whilst local partners and organisations contribute by developing services and environments that support and enable them to fully take this responsibility.



2.2 What causes poor health and wellbeing?

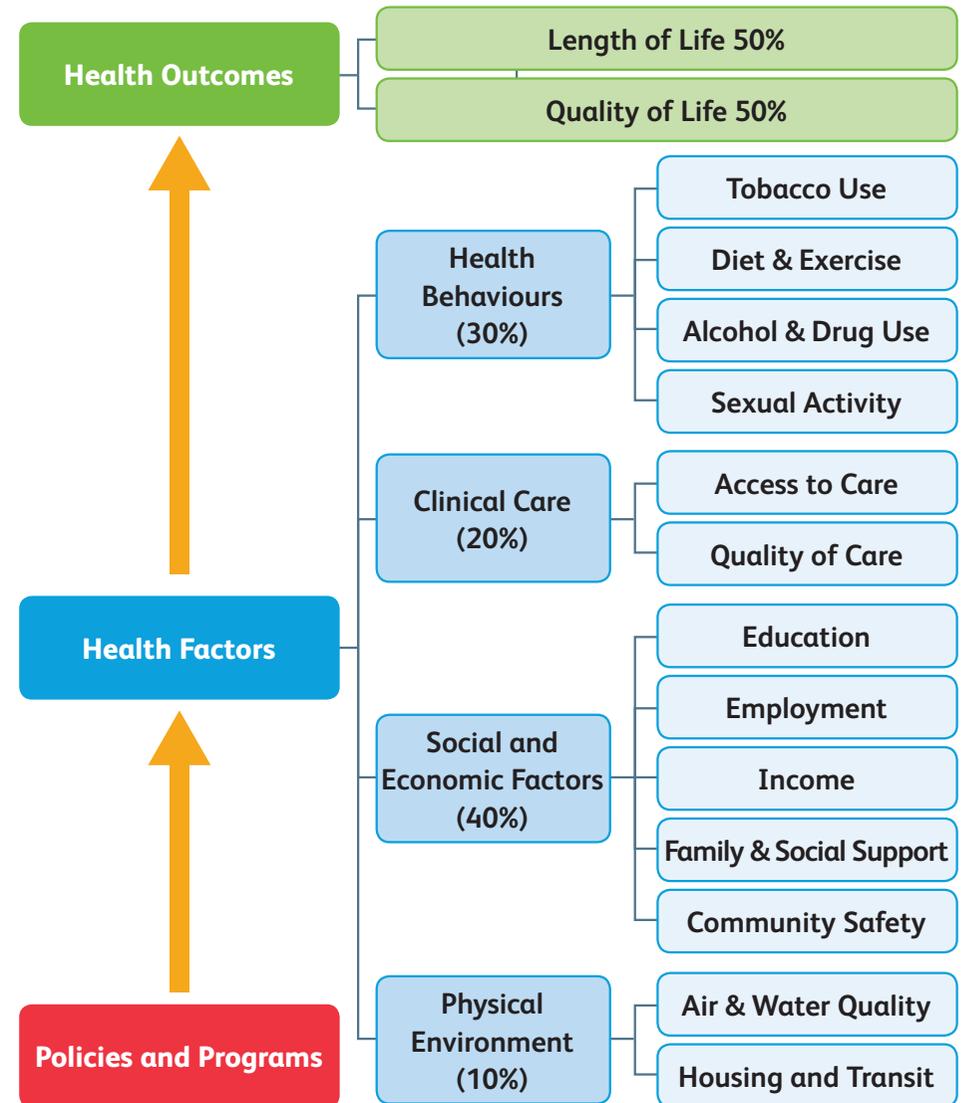
People’s experience of health and wellbeing is influenced by more than health and care services, and there are stark differences in the life expectancy of people living in the best and worst off parts of the borough. A woman born in Hellaby can expect to live to 85.7 years on average, while a woman born in the town centre can expect to live to 77.9 years. A man born in Maltby can expect to live to 74.6 years, while a man born in Sitwell can expect to live to 80.3 on average (2015-19), and differences are even starker when comparing smaller areas below ward-level, where differences in life expectancy go up to 10 years.

The greatest impact on health and wellbeing comes from 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.

The following diagram demonstrates the things that can impact people’s ability to lead healthy lives and the strength of association between these health factors and health outcomes. It suggests that the greatest improvements in population health will be made by addressing the social and economic determinants of health. Local information on the determinants of health and wellbeing in Rotherham can be viewed on the Rotherham Data Hub (JSNA, Homepage – Rotherham Data Hub) and in section 4 below.

Diagram available here

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



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 Rotherham people, and can best be tackled by a ‘whole system’ approach where the involvement of the whole range of partners at the Health and Wellbeing Board is needed 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.

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, both 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 there is already an issue, services 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 the aim was 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 and their central role in individuals' and communities' resilience.



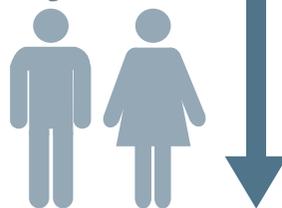
4 Joint Strategic Needs Assessment – what the data tells us

Table 1: **Rotherham – at a glance**²



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 nearly **9.9 years** lower for men and **9.5 years** lower for women in the most deprived areas of Rotherham compared to the most affluent areas (2018 -2020)



The number of **older people** is increasing, especially in the oldest age groups, and people will live longer with poorer health

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 almost **40%** of Rotherham residents living in the **10%** most deprived areas in England

Rotherham's older population (over 60) has increased from 61,500 in 2011 to 68,600 in the 2021 Census, an 11.5 % rise (51,700 in 2001).

Rotherham's population is ageing broadly in line with national trends and the percentage aged over 85 increased from 2.1 % in 2011 to 2.3 % in 2021



34.64% of children in Rotherham are estimated to live in **poverty**

12,800 people in Rotherham are **economically inactive** (neither working nor seeking work) due to long-term sickness

² Data sources range between 2015-2021. All data are the latest available on the PHOF and the Rotherham Joint Strategic Needs Assessment as of July 2022.

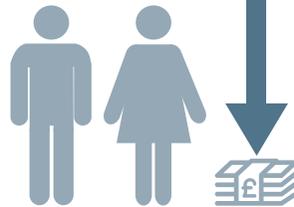
9.4% of working age people in Rotherham are claiming long term sickness or disability-related benefits



People in Rotherham are **24%** more likely to have a long term health problem or disability than the English average

8,893 people in Rotherham are entitled to Carers Allowance with 6,520 receiving the payment due to their role as a carer

Household incomes in Rotherham are lower than the Yorkshire and Humber and UK average for both men and women. Rotherham women earn only **80%** of the average salary for women in England and earn only **76%** of the average salary for Rotherham men



In 2020, 20,889 households in Rotherham (17.9%) were in **fuel poverty** with localised rates up to 39.5%. This compares with 10,814 households (9.5%) in 2018



17.9% of **mothers were smokers during pregnancy** in 2018/19. Smoking in pregnancy contributes to increased risk of stillbirth, low birthweight and neonatal deaths. Smoking at the time of delivery rates in Rotherham (which are used to approximate rates of smoking during pregnancy) fell substantially from 16.2% in 2019/20 to **14.0% in 2020/2021**, although the absence of carbon monoxide monitoring meant that it has not been possible to verify smoking status throughout the pandemic

23.6% of children leaving primary school are obese, above the national average of 20.2%. 73% of the adult population, around **27%** of children at reception age and **38%** of children at year 6 were classed as **overweight or obese**



1,990 hospital admissions in Rotherham during 2018/19 could be attributed to alcohol and 1,687 years of life were lost due to alcohol related conditions in 2018

Just over **30%** of the Rotherham population (31.1%, 2015-18) are estimated to drink at a level that puts their health at risk (over 14 units per week).



Smoking is the leading cause of preventable illness and premature death in England and Rotherham. Despite significant reductions over the past 10 years, 17.8% of Rotherham adults smoked in 2019 - significantly



more than the all-England rate of 13.9%. As smoking prevalence has declined, it has become increasingly concentrated among more disadvantaged communities.

Between 2015-2018 the number of smoking related deaths in Rotherham was **34%** higher than the England average.

Table 2: **The National Picture**

Loneliness was a public health concern both nationally and locally prior to the pandemic with all ages experiencing loneliness. The pandemic has heightened this as an issue and referrals for befriending support in Rotherham have reinforced that this is an issue across the life course.



Almost 1 in 5 people of **pension age** in England were living in **relative poverty** in 2019/20, following a sharp increase (of 200,000 people) over the previous year. This extends a worrying trend which first emerged in the middle of the last decade and means more than 2 million people of state pension age in the UK were living in poverty in 2019/20.



Almost 1 in 5 homes in England headed by someone aged 60 or older is in a condition that endangers the health of the people who live there. Almost 9,000 people died in England and Wales last year because their homes were too cold.

Mental health is an issue that affects many people: latest estimates state that 1 in 6 adults experienced a 'common mental disorder' such as depression or anxiety



in the past week and 1 in 6 children aged between 6 and 16 experienced a 'common mental disorder' in 2021.

Half of people aged 75 years and over live alone and most **experience loneliness**, especially those who are widowed.

Table 3: **Impact of Covid-19**

Mortality rates from Covid-19 in England between March 2020 and April 2021 in the most deprived areas were more than **double the rate** in the least deprived areas (122 deaths and 300)



The all ages mortality rate (persons) for deaths involving Covid-19 in Rotherham is **70% higher** than the England average.

The mortality rate for **deaths (female)** involving Covid-19 in Rotherham is 85% higher than the England average.

Nationally, the Covid-19 pandemic has had a negative impact on physical activity levels. Latest data for Rotherham shows that between May 2020 and May 2021 31.6% of the local adult population was inactive, compared with 27.5% nationally. This is an **increase of 2.6% inactive people** and a decrease of 3.1% active people since the previous 12-month period pre-Covid-19.



A school-based survey of 11,058 young people in Rotherham found students to be more anxious, stressed, bored and feeling sad/low in June 2021 than they were at the beginning of the pandemic.

In Rotherham, **The Food for People in Crisis Partnership**, which supports people in financial crisis to access emergency food, saw a more than four-fold increase in the number of parcels provided, from 4,357 in 2019/20 to 19,466 parcels in 2020/21.

Voluntary Action Rotherham (VAR) reports that during the pandemic there has been a decrease in formal, regular volunteering undertaken locally through their service. Fewer formal volunteering roles were available, and many older volunteers stopped volunteering altogether due to fear of exposure to Covid-19, leaving gaps in services and projects. This gap was partly filled by people on furlough in the early stages of the pandemic, but as people returned to work, this pool shrunk.



The Rotherham Community Hub was launched in March 2020 as part of the Council's response to the pandemic with the aim of supporting any Rotherham resident affected by Covid-19, self-isolating and lacking support networks. As of 30th January 2022, the Community Hub had responded to over 7,900 requests for support and responded to over 1,280 volunteers who came forward to provide help via the Rotherham Heroes programme.

5 Strategic priorities: the areas the Health and Wellbeing Board will focus on to achieve the aims

Under each of the four aims is a small set of **strategic priorities**. These are the ‘high-level’ areas that the board has agreed will contribute best to achieving the overall aims. They 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:

Each of the priorities under the four aims cannot be delivered in isolation. The board acknowledges that to really make a difference to the health and wellbeing of local people, it must ensure that those coordinating and delivering the activities, workstreams, strategies and plans mentioned in this document are aware of and understand the contribution they will make to all four aims.





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

There are 47,100 children and young people (up to the age of 15) in Rotherham in 2021, making up 17.7% of the population. Whilst the school age population has increased between 2011 and 2021, the number of children aged 0-4 has decreased from 15,738 in 2011 to 14,600 in 2021 (a 7.3% reduction, while the overall population saw a 3.2% increase).

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 the first 1001 days of a child’s life, as well as on the conditions needed for children and young people to develop well will ensure all Rotherham children can fulfil their potential in later life.

Rotherham has 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 to grow into healthy and resilient adults. This strategy will contribute towards achieving that vision for children and young people by working to give every child the best start in life and supporting children and young people to develop well.

What the focus will be

STRATEGIC PRIORITY 1

Develop our approach to give every child the best start in life.

On average, there are around 2,900 births in Rotherham each year (2015-2020) and around 14,600 children aged 0-4 years in 2021. Too many of these children are not currently getting the best start in life due to differing life chances. The percentage of children living in poverty in Rotherham is higher than regional and England averages, with an estimated 17,700 children and young people aged 0-15 living in families whose income is less than 60% of median income (2021).

The first 1001 days (from conception to age 2) is widely recognised as a crucial period; evidence shows that this will influence the rest of the life course. From before conception and through pregnancy, social disadvantage experienced by women is likely to increase the risk of poorer maternal outcomes. A focus on maternal health is therefore essential to improve outcomes for both mothers and children. A healthy pregnancy is important to the health of the baby and the transition to parenthood; providing a nurturing environment, positive attachment and relationships which are vital to build good health, emotional self-regulation and resilience through childhood and into adult life.

In Rotherham around 14% of mothers smoked at the time of delivery in 2020/21, which contributes to increased risk of stillbirth, low birthweight and neonatal deaths. The rate of babies fully or partially breastfed are significantly lower in Rotherham, with 34.2% compared to the England

rate of 47.6% at 6 weeks (2020/21). Breastfed babies have fewer chest or 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. In the UK, eight out of ten women stop breastfeeding before they want to, and most report that this is due to feeling insufficiently supported.

Rotherham levels of tooth decay in both 3 and 5 year olds are significantly higher than the national average. The rate of 3 year olds with visually obvious dental decay has increased from 11.5% in 2012/13 to 16.2% in 2019/20. Dental decay is a largely preventable disease and can lead to pain, distress, sleepless nights and school absence. Oral health inequalities exist and stem from inequalities in income, education, employment and neighbourhood circumstances throughout life.



STRATEGIC PRIORITY 2

Support children and young people to develop well.

Whilst focused action from the start of life and in the early years is essential, the commitment to tackling inequalities needs to be maintained throughout childhood and adolescence. As with adults, the wider determinants of children's health include socio-economic factors, housing, social networks and education. Poverty is a key social determinant of child health, and an important context for understanding and responding to families' needs and experiences.

Children in poverty are almost twice as likely to live in poor housing and be affected by fuel poverty, which impacts on their health. According to the Low Income Low Energy Efficiency (LILEE) metric, in 2020 17.5% of households in Yorkshire and Humber were in fuel poverty (13.2% England) which is expected to rise again.

Childhood is an important time in the development of behaviours that will have a lifelong influence on health and wellbeing, including healthy eating. In Rotherham levels of overweight and obesity rise between reception (aged 4-5 years – 27% obese, higher than the England average) and Year 6 (aged 10-11 years – 38% obese, again 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. Excess weight increases disability, disease and death and has substantial long-term economic, wellbeing and social costs.

Evidence suggests the pandemic has had a significant impact on children and their mental and physical health, showing a further widening of the inequalities gap in obesity between children in the most and least deprived areas in England, and this is most noticeable among children in Reception. Young people in Rotherham participated in a school-based survey about their mental health during the pandemic, with a total of 11,058 young people sharing their views. The findings showed a decline in how well they rated their mental health. The survey also found students to be more anxious, stressed, bored and feeling sad/low in June 2021 than they were at the beginning of the pandemic.

The support provided to families and through school is central in improving children's health and resilience in later life.



Activities that will deliver the priorities...

The Health and Wellbeing Board will:

Ensure key priorities are delivered through the 'Best Start and Beyond Framework'.

Oversee recommissioning of the 0-19 service with a universal offer to support all children and young people and their families, with an enhanced offer for those that need it, ensuring that there is equality across the service.

Oversee delivery of the SEND development plan.

In addition, the Health and Wellbeing Board will receive updates where appropriate on the 'children and young people's transformation' workstream of the Rotherham Place Plan that contributes towards this aim.

These include:

- The first 1001 days
- Special Education Needs and Disabilities
- Looked After Children
- Children & Young People's Mental Health and Emotional Wellbeing
- Transition to Adulthood



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 people’s mental wellbeing is also associated with positive outcomes in relation to education and employment, as well as reduced crime and antisocial behaviour.

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. One in four adults experience at least one diagnosable mental health problem in any given year. 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 the focus will be

STRATEGIC PRIORITY 1

Promote better mental health and wellbeing for all Rotherham people.

Average ratings of wellbeing have deteriorated across all indicators (including happiness, anxiety and satisfaction with life) in the year ending March 2021 throughout England, continuing a trend that was seen in the previous period, but even more sharply seen since the start of the pandemic.

Depression is the most common form of a mental health condition, affecting over 33,251 Rotherham residents aged 18 and over in 2020/21. This value is higher than the England value and has been increasing in Rotherham since 2013/14. 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 costs. The incidence of new diagnoses during the same period was 1.5%, a total of 3,155 persons, higher than the England value of 1.4%. In responses to a GP patient survey in 2018/19, 12% reported a long-term mental health problem, which is significantly higher than the England value of 9.9%. People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Mental health and substance misuse problems are responsible for 21.3% of the burden of disease in England. The board is working towards taking a prevention-focused approach to improving public mental health which has been shown to make a valuable contribution to achieving a fairer and more equitable society. A variety of personal, social and environmental risk factors contribute to poor mental health, including medical illness, loneliness, unemployment, poverty and poor access to basic services. Promoting evidence-based planning and commissioning as well as focusing on action that impacts on the wider determinants of mental health and wellbeing aims to increase the impact on improving public mental health.



What the focus will be

STRATEGIC PRIORITY 2

Take action to prevent suicide and self-harm.

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 wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Suicide prevention is a focus within this aim because deaths by suicides are not inevitable. Every death by suicide is a tragedy having a devastating impact on family, friends, work colleagues and the wider community. When a person dies by suicide it is often the end point of a complex history of risk factors and distressing events. The majority of people who die by suicide are not in contact with mental health services. It is important, therefore, that other organisations and local communities can provide environments where suicide can be talked about and trained people can spot the signs and offer initial support and signposting.

Rotherham's suicide rate increased sharply between the periods 2012-2014 and 2013-2015, from 10.9 to 14.2. The latest rate for 2014-2016 has seen a slight decrease in this figure to 13.9, but this is still significantly worse than the England rate of 9.9.

STRATEGIC PRIORITY 3

Promote positive workplace wellbeing for staff across the partnership.

The workplace plays a key role in contributing to people's mental and physical health. Evidence shows that having a healthy, engaged workforce brings clear benefits for employees and organisations. Positive workplace support can improve employees' wellbeing and reduce absence levels.

With Health and Wellbeing Board partners being significant local employers, there is an opportunity to make a difference to population health through supporting our own workforce. Staff working within the health and social care system make up a significant proportion of our local population. Supporting them to achieve and maintain good health delivers business and population health benefits. Organisations can play a significant role by developing a supportive culture and addressing factors that may negatively affect mental health and emotional wellbeing, reducing stigma and discrimination by increasing awareness and understanding of mental health.

STRATEGIC PRIORITY 4

Enhance access to mental health services.

A range of different talking therapies support residents in managing their mental health and improve their wellbeing, including psychological therapies for depression and anxiety disorders in adults. However, there are significant inequalities in health outcomes for the most and least deprived communities in Rotherham, and we know that deprivation also influences the way that people access and experience our services.

A rapid review undertaken by the NHS Race and Health Observatory found that ethnic inequalities in access to, experiences of, and outcomes of healthcare are longstanding problems in the NHS, and are rooted in experiences of structural, institutional and interpersonal racism. In Rotherham, ethnic minority communities are highly concentrated within the inner areas of the town, which are some of the most deprived areas of Rotherham, leading to multiple disadvantage.

Fear, stigma and lack of culturally sensitive treatment can act as barriers for Black, Asian and Minority Ethnic communities to accessing mental health care. In addition, Covid-19 has also had an impact on access. As of the end of August 2021, the number of Rotherham CCG patients on the referral to treatment waiting list was 22,982 (includes physical and mental health). This represents a 28% increase from August 2019 when there were 17,886 patients (5,096 fewer) waiting for treatment. At the end of August 2021, 255 patients had been waiting over 52 weeks.

Activities that will deliver the priorities...

The Health and Wellbeing Board will:

Continue to oversee and monitor the delivery of the actions within the Better Mental Health for All Action Plan, including:

- Work towards signing up to the Public Health England Prevention Concordat for Better Mental Health as a Health and Wellbeing Board
- Develop a partnership communications plan on mental health.

Continue to oversee and monitor the delivery of the actions within the Suicide and Self-harm Action Plan, including:

- Promote suicide and self-harm awareness training to practitioners across the partnership and members of the public through internal and external communications
- Deliver the Be the One campaign with annual targeted messages based on local need with support from all partners' comms and engagement leads.

Support Health and Wellbeing partners to sign up to the Be Well @ Work award.

In addition, the Health and Wellbeing Board will receive updates where appropriate on the 'Mental Health, Learning Disabilities and Neurodevelopmental Care' workstreams of the Rotherham Place Plan that contribute towards this aim.

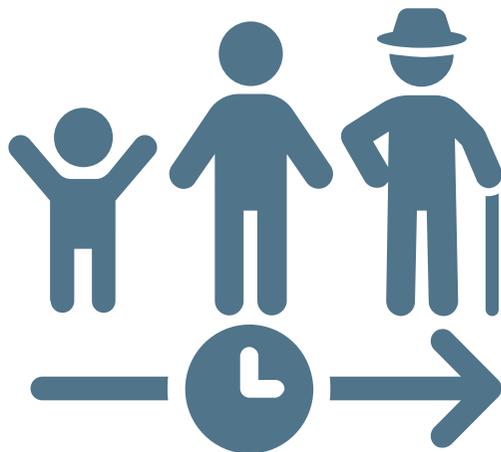




Aim 3: All Rotherham people live well for longer

In Rotherham, both life expectancy and healthy life expectancy are lower than the national average. This means that local people not only live shorter lives than the England average, but they can also expect to live for a longer proportion of their lives in poor health. There are also considerable inequalities in health outcomes across the borough. Men in the most deprived areas of Rotherham can expect to live an average of 52.3 healthy years, compared with 70.7 healthy years for those living in the least deprived communities. In comparison, women in the most deprived areas of Rotherham can expect to live an average of 51.4 healthy years compared with 71.2 years for those in the least deprived areas. (2017-2019 data).

This aim is about all Rotherham adults, with a particular focus on ageing well: acknowledging that ‘healthy ageing’ starts early in life and that we want to ensure all local people live their life as well as they can for as long as possible. Some people may not have ‘good’ health due to long-term health conditions or disabilities, but they should still be able to live well by getting the right support they need and keeping mentally, physically and socially active.



The main drivers of the excess years of life lost in Rotherham are cardiovascular disease, respiratory disease and cancer. The following table sets out the five leading causes, which between them contribute over 25 % of DALYs (disability-adjusted life years)* in Rotherham and the estimated percentage of DALYs which were attributable to risk.

Condition	% risk factor attribution	% of total DALYs in Rotherham
Ischemic heart disease	94.87%	8.9%
Tracheal, bronchus and lung cancer	86.5%	5.03%
Stroke	83.18%	3.69%
Chronic obstructive pulmonary disease	72.9%	5.04%
Lower back pain	41.73%	4.5%

* The disability-adjusted life year is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death

Tackling premature mortality will require a coordinated approach from all members of the Health and Wellbeing Board. Ensuring the right care is provided when people need it is important, but while this aim focuses on health care, priorities in aim 4 are about ensuring that people live in environments conducive to living a healthy life.

What the focus will be

STRATEGIC PRIORITY 1

Ensure support is in place for carers.

It is recognised 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 all carers, including young and hidden carers, are identified and supported.

More than 30,000 people are providing unpaid care in Rotherham, often alongside work or education, for someone who otherwise couldn't manage without their help due to illness, disability, addiction or mental ill health. This care is often invisible. 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 and are therefore more likely to not be in education, employment or training.

STRATEGIC PRIORITY 2

Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol.

Smoking, alcohol, and obesity are all leading modifiable risk factors associated with disability adjusted life-years in Rotherham. This association is partly driven by the fact that Rotherham has higher rates of smoking, obesity and alcohol-related harm when compared with the England average:

- 17.8% of the Rotherham population smokes compared with 13.9% of England (2019)
- 72.9% of adults in Rotherham are considered to be overweight or obese compared with 62.8% in England (2019/20)
- There were 583 admission episodes for alcohol-related conditions per 100,000 people in Rotherham in 2019/20, compared with 519 per 100,000 in England.

There are also significant disparities in the prevalence of these issues between the most and least affluent communities and for specific groups, meaning that focussing on these preventable risk factors is an important part of addressing inequalities in the borough.

It must be recognised, however, that individual behaviours are not just down to individual choices and are significantly influenced by social and commercial determinants of health. To change behaviour in such

environments is difficult and needs support. An approach that addresses all risk factors and focuses on tackling both societal and individual factors yields most benefit. Therefore, in Aim 4, priority 4 tackles the environmental and social context that enables people to lead healthier lifestyles.



Activities that will deliver the priorities...

The Health and Wellbeing Board will:

Continue to oversee and monitor the priorities in 'The Borough that Cares Strategic Framework', including:

- Take an integrated approach to identifying and supporting carer health and wellbeing
- Establish locality specific carer partnership/network groups
- Introduce a co-production programme with communities to build our carer friendly Borough
- Introduce quality assured Information, Advice and Guidance processes to ensure the integrated planning and implementation of Information, Advice and Guidance.

Oversee delivery of a number of programmes that focus on reducing the health burden from tobacco, obesity and drugs and alcohol, including the establishment of a Combatting Drugs Partnership for Rotherham.

In addition, the Health and Wellbeing Board will receive updates where appropriate on the 'Prevention and Health Inequalities' workstreams of the Rotherham Place Plan that contribute towards this aim. These include:

- Strengthen our understanding of health inequalities
- Develop the healthy lifestyles prevention pathway
- Support the prevention and early diagnosis of chronic conditions
- Tackle clinical variation and promote equity of access and care
- Harness partners' collective roles as anchor institutions.



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 people live, work and spend their leisure time, how active people are (both physically and how they contribute to their community) and how safe people feel also impacts on health outcomes. The quality of housing, the condition of streets and public places, noise, access to green space, opportunities to be physically active and levels of antisocial behaviour and crime all contribute to population health. All these factors at the same time contribute to inequalities in health outcomes.

Being part of vibrant and resilient communities, with opportunities to participate in arts and culture, contributes to people's mental as well as physical wellbeing. In thriving neighbourhoods, people are able to work together to achieve a good quality of life. Working with local people to find solutions to local issues and to build on their assets will help create vibrant communities in which people feel happy, safe and proud. They provide opportunities for people to connect and participate in social and community life, improving their own as well as others' mental wellbeing.

These wider determinants 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 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.

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 and a healthy society.



What the focus will be

STRATEGIC PRIORITY 1

Deliver a loneliness plan for Rotherham.

Loneliness is a bigger problem than simply an emotional experience. Research shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day and is worse for us than well-known risk factors such as obesity and physical inactivity. Loneliness increases the likelihood of mortality by 26%. Loneliness was a public health concern both nationally and locally prior to the pandemic with all ages experiencing loneliness. The pandemic has heightened this as an issue and referrals for befriending support in Rotherham have reinforced that this is an issue across the life course.

Loneliness and social isolation, in people of all ages, can result in increased use of emergency healthcare and earlier admission to residential care for older people. There is a need to ensure our communities are resilient, with the right services and support to enable people to confront and cope with life's challenges.

In order to tackle loneliness and promote good social connections a response is required from individuals, communities, statutory partners, the voluntary and community sector and local businesses. Actions to tackle loneliness can be very simple and in many cases low cost, building on local assets.

STRATEGIC PRIORITY 2

Promote health and wellbeing through arts and cultural initiatives.

Participation in arts and culture can have a significant impact upon health and wellbeing. These activities are associated with building connections in communities and giving people a sense of belonging, which contributes towards an ultimately more fulfilling life.

Engaging with culture and arts can have huge health and wellbeing benefits for people of all ages. Evidence shows that people who had attended a cultural place or event in the previous 12 months were almost 60% more likely to report good health compared to those who had not. While libraries have huge potential in contributing to population health and wellbeing, Rotherham libraries have a significantly lower participation rate than the England average.

Rotherham has a wealth of arts, culture and heritage attractions, including much-loved attractions like Wentworth Woodhouse and Clifton Park Museum. Along with the network of sports, community and social groups, these attractions all provide welcoming, safe and accessible opportunities for interaction and encourage people to continue to learn throughout the life course.

Arts and cultural activity also provide opportunities for people to be physically active. Latest data for Rotherham shows that between May 2020 and May 2021 31.6% of the local adult population was inactive, compared with 27.5% nationally. This is an increase of 2.6% inactive

people and a decrease of 3.1 % active people since the previous 12-month period pre-Covid-19. The result of this increased sedentary behaviour and inactivity is a ‘deconditioning’ effect; loss of muscle mass and cardiorespiratory fitness, loss of bone density, increase in body fat, worsening of symptoms of long-term conditions, increased risk of falls and reduced independence, and an increased risk of infection from viruses like Covid-19 and flu. Having events and activities to go to can act as an incentive to become physically active and become engaged in the community.

Arts and culture help to unlock potential, eradicate apathy and build strong, happy, independent and fulfilled individuals and communities. The Health and Wellbeing Board will therefore continue to work with the Cultural Partnership Board to ensure that the culture, leisure, sport and green space offer in the borough supports the health and wellbeing of Rotherham people.

STRATEGIC PRIORITY 3

Ensure Rotherham people are kept safe from harm.

As a strategic board, and signatory of the local safeguarding protocol, the Health and Wellbeing Board has a responsibility in relation to safeguarding and promoting the welfare of children, young people, adults and their families. The board has to maintain links to safeguarding boards and address any cross-cutting issues, as well as ensuring any risks are identified. We will continue to work with other partnership boards on the health side of issues such as domestic violence and abuse.

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 27,000 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, including promoting a culture of healthy relationships and continuing to develop education.

In order to ensure people are kept safe from harm, we will also continue to work across partner organisations including the police and fire and rescue service to embed pathways and referral schemes, promoting a shared understanding of safety and safeguarding, and ensuring that every contact counts.

STRATEGIC PRIORITY 4

Develop a borough that supports a healthy lifestyle.

The physical, social, structural and commercial environment has a huge impact on a person's ability to lead a healthy life. Creating an environment where physical activity is built in, where there is access to sustainable fresh food and green space, where housing standards are high and where tobacco, gambling, alcohol and foods high in fats, sugars and salt are regulated in such a way as to minimise harm can have a significant impact on public health and may reduce inequalities in health. It is an essential component of a strategic and holistic approach to improving health and may be more cost-effective than other initiatives that promote exercise, healthy diets and individual behaviour change.

The percentage of adults walking for travel at least three days per week has been consistently significantly lower than the national average, with 14% in Rotherham compared to 30% in England in 2019. Between May 2020 and May 2021 31.6% of the local adult population was inactive, compared with 27.5% nationally. 72.9% of adults in Rotherham were overweight or obese in 2019/20, compared to 62.8% nationally – this equates to around 150,000 adults in Rotherham with excess weight. There is a strong link between employment and people's health behaviours: 80% of users of alcohol and substance misuse services are not in employment (2019/20). Nationally, 27% of unemployed people smoke compared to 15% of employed people. Mental health and physical health behaviours are also often linked.

36% of adults with long term mental illness and 25% of adults with anxiety or depression smoke in Rotherham. 71% of users of alcohol and substance misuse services have a mental health need (2019/20).

The physical environment has a significant impact on people's health. For example, 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 conditions. Ensuring buildings and public spaces are designed in a way that enables people to be more physically active or using planning and licencing levers to limit the growth of fast-food takeaways, and harmful drinking, 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.

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. Asset and strengths' based approaches focus on what people and places have to offer and the strengths of individuals, families and organisations, including the capacity, skills, knowledge, connection and potential in a community. Helping local people feel like active agents in their own and their families' lives, in turn promotes independence and empowerment.

Activities that will deliver the priorities...

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 the 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 ultimately helping to make people healthier, happier, safer and proud.

This is 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 Health and Wellbeing Board will...

Work in partnership to continue to roll out Making Every Contact Count across Rotherham: an approach to behaviour change that utilises all of the day-to-day interactions that organisations and people have with other people, to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.

- Oversee delivery of the Loneliness action plan.
- Oversee delivery of Covid-19 and flu vaccination programmes.
- Oversee co-design of children's capital of culture, with a positive impact on young people's mental health and wellbeing.
- Utilise libraries as death positive spaces, where the public can have conversations around loss, grief, end of life planning and legacy.
- Work together with other key stakeholders to develop a strategic approach to increasing the physical activity levels of all people across Rotherham; acknowledging that increasing physical activity will impact on all of the other aims in this strategy.
- Oversee development of a partnership offer on training on strengths' based approaches.
- Work through the Combatting Drugs Partnership to improve drug recovery outcomes, including impacting on key components of housing and employment.
- Work to advocate for a healthy borough and to influence partnership action on the social and commercial determinants of health.

Cross-cutting priorities

Four cross-cutting priorities support all four aims.

STRATEGIC PRIORITY 1

Work in partnership to maximise the positive impact of anchor institutions.

The term ‘anchor institutions’ is used to refer to organisations which have an important presence in a place, usually through a combination of being largescale employers; the largest purchasers of goods and services in the locality; controlling large areas of land; and/or having relatively fixed assets.

Members of the Health and Wellbeing Board are anchor institutions; partners collectively spend over £795m per year across the borough. Being such large institutions within Rotherham means that we have the potential to improve population health by addressing the socioeconomic and environmental conditions that influence health outcomes, including through the employment we provide, our spend and our environmental impact.

The link between good work and health is particularly important: 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.

STRATEGIC PRIORITY 2

Support safe and equitable recovery from the Covid-19 pandemic.

The Covid-19 pandemic, and restrictions introduced to control infection rates, have caused profound changes to everyday life, health and wellbeing. Mortality rates from Covid-19 in England between March 2020 and April 2021 in the most deprived areas were more than double the rate in the least deprived areas (122 deaths and 300 deaths per 100,000 respectively). The first case of Covid-19 was detected in Rotherham on 2nd March 2020, just two days after the first case was recorded in the UK. As of 31st January 2022, the total number of infections recorded in Rotherham was 79,615. The true figure will be much higher with many cases going unrecorded. Analysis of the UK Household Longitudinal Survey suggested that the proportion of people drinking four or more times a week increased from 13.7% pre lockdown to 22.0% a month into lockdown, with more people also binge drinking.

The full extent of the impact of Covid-19 on individuals, communities and the economy is unlikely to be known for many years, but as our health and social care systems recover from the early stages of the pandemic, and we learn to live safely with Covid-19, we need a shared understanding of its impact in order to support services and communities to recover. This includes assessing the impact of the pandemic on the voluntary and community sector and supporting its recovery.

Recognising the high exposure risks to Covid-19 due to the nature of the local economy, and the high prevalence of risk factors for Covid-19 within the Rotherham population, there is a need to minimise the ongoing impacts of Covid-19. Over the coming years, we will evaluate the impact of the pandemic on our organisations.

We need to support the restoration of equitable access to quality health and social services, work as a whole system to promote good mental health through evidence-based early intervention and prevention programmes, ensure equitable access to mental health support, and work to support schools with the recovery of lost education.



STRATEGIC PRIORITY 3

Develop the Pharmaceutical Needs Assessment.

The board has a statutory duty through the National Health Service Act 2006 (NHS Act 2006) to conduct a Pharmaceutical Needs Assessment (PNA) every three years. This assesses the need for pharmaceutical services in the area and the board is required to publish a statement of the assessment. The pharmaceutical needs assessment will inform commissioning decisions by the local authority, NHS England and the Integrated Care Board.

STRATEGIC PRIORITY 4

Work in partnership to further develop the Rotherham Data Hub and assess population health.

The other key statutory duty of the board is to carry out a Joint Strategic Needs Assessment (JSNA) for Rotherham. The JSNA is an assessment of the current and future health and social care needs of the local population. It brings together information from different sources and partners to create a shared evidence base, which supports service planning, decision-making, and delivery. The Health and Wellbeing Board uses the information provided in the JSNA to help identify our local priorities, which then form the basis of the borough's Joint Health and Wellbeing Strategy.

6 How the strategy will be used

The Health and Wellbeing Strategy places particular emphasis on a shared vision and leadership for improving health and wellbeing services. The strategy will ensure resources are used collectively and partners are held to account to deliver the best outcomes for Rotherham people.

Health and Wellbeing Board members are responsible for a wide range of services that impact on health and wellbeing, but this strategy is not intended to be a final list of everything that the board and partners will do. Rather it is a set of the most important health and wellbeing priorities for Rotherham that need to be addressed in partnership. The strategy will therefore be used to ensure that organisations work together and not in isolation.

The Health and Wellbeing Strategy provides a framework for commissioning plans for the Council and Integrated Care Board 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.

The board, through the strategy, will also influence the direction of other plans and strategies, including planning and development, transport, economic growth and skills and employment.

6.1 The board's role in safeguarding

The Health and Wellbeing Board acknowledges the contribution it makes to safeguarding all local people.

There will be continued engagement with the local safeguarding boards as agreed through the local 'Safeguarding Partnership Protocol', ensuring a shared focus on positive outcomes for children, young people, adults and their families, with appropriate arrangements in place between strategic leaders, elected members and chairs of the boards (including Health and Wellbeing Board, Children and Young People's Partnership Board, Safer Rotherham Partnership Board and safeguarding boards for adults and children) to ensure strategic priorities in relation to safeguarding are translated into effective action.

7 Managing and monitoring the strategy

The Health and Wellbeing Board will monitor progress on the strategy via an action plan setting out the core activities the board oversees. The board will receive regular updates to identify risks and opportunities that may impact on achieving the aims. The strategy's aims are ambitious and will require a continued and dedicated focus on improving health and wellbeing outcomes across the partnership. Results will not be seen overnight, and ensuring the work of the board remains focused on the key activities required to deliver the aims is key to the strategy's success. The board will publish an annual report each year, demonstrating what has been achieved.

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 board will use its strategic influence within the wider Rotherham Together Partnership to ensure that all partners are contributing to delivering the strategy.

8 Communication and engagement

As a board there is a need to ensure continued engagement with the people that this strategy is for – the people of Rotherham. This will be done in a number of ways:

Health and Wellbeing Board meetings are open to the public and minutes of meetings are available online.

Joint events with the Rotherham Place Partnership which are open to the public to hear about what is happening in relation to health and wellbeing locally.

Engaging with local people about specific areas of interest through local consultation and engagement activities.

Receiving updates, where appropriate, from the Integrated Health and Social Care Communications Enabler Group.

The strategy's annual plans will include any communication and engagement activity that is due to take place during the year.

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