

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

Best start in life for Children & Young People

Rotherham Health and Wellbeing Strategy – Aim 1

South Yorkshire Integrated Care Strategy – Shared outcome 1

|  |  |  |   | SOUT  | H YORKSHI  | RE   |   |                      |                                |  |
|--|--|--|---|---|--|--|---|----------------------|--------------------------------|--|
|  |  | SY   | Integrated Care   | Strategy shared outcor  | ne: Best sta   | rt in life for (   | Children and  | l Young Peo          | ple                            |  |
| Context  | Wider determing<br>networks and ed<br>Health inequalit | ducation. Po   |   | io-economic) housing, social  | impact of pande  | emic   |   |                      |                                |  |
| Health areas   | Parental health  | 1  | Mental health   | Oral health   |  | Children's development ('school readiness') Development of healthy behaviours: Physical activity Healthy eating Physical activity School readiness |   | •                    | Reduce healthcare inequalities | Other focus areas for<br>CORE20Plus for CYP:<br>Asthma<br>Diabetes<br>Epilepsy                   |
| Focus areas for healthcare and children's services across SY (commitments) | 1,001 days   | families t<br>stay safely<br>together,<br>a focus or<br>early help<br>access to<br>services a<br>preventing<br>them from<br>reaching of<br>point | Multi-agency collaboration, take a strengths-based approach to establishing family hubs | support for children to manage their physical and mental health and wellbeing, maximise their capabilities and have choice and control over their lives | voice and active participation in improving and integrating services, coproduction of services |  | Access to<br>mental health<br>and wellbeing<br>services for<br>children and<br>young people | Access to play areas |                                | develop the world's most advanced and integrated healthcare system for children and young people |

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|------------------|--|---|---------------------------------------|-----------------------------------|----------------------------|-----------------------|---|--|--|-----------------------------------|--|--|--|--|
| Actions          |  | working to  | Establish                             |                                   |                            |                       | Limit                                     |  |  | rove uptake of                    | development of a                             |  |  |  |
|                  | •  |   | Family Hubs                           |                                   |                            |                       | saturation of                             |  |  | dhood                             | National Centre                              |  |  |  |
|                  |  | industry  |                                       |                                   |                            |                       | hot food                                  |  | imm  | nunisations                       | for Child Health                             |  |  |  |
|                  | decrease                                       | interference in   |                                       |                                   |                            |                       | takeaways                                 |  |  |                                   | Technology (NCCHT) at                        |  |  |  |
|                  | inequalities in                                | alcohol and   |                                       |                                   |                            |                       | in areas                                  |  |  |                                   | Sheffield Olympic                            |  |  |  |
|                  | maternal                                       | gambling  |                                       |                                   |                            |                       | around                                    |  |  |                                   | Legacy Park                                  |  |  |  |
|                  | and neonatal                                   | educational   |                                       |                                   |                            |                       | schools                                   |  |  |                                   |  |  |  |  |
|                  | outcomes.                                      | materials   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
| Inclusion Groups |  | 110000110110  |                                       | voung c                           | arers. looked after o      | :hildren. care leaver | s and those in cont                       | tact with the justice s                | system                                     |                                   |  |  |  |  |
| inclusion droups |  | young carers, looked after children, care leavers and those in contact with the justice system  |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
| Who              | Place Par                                      | •   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
|                  | <ul> <li>Family Ηι</li> </ul>                  | ıbs   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
|                  | Local Mat                                      | ternity and Neona   | tal Network                           |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
|                  | Children's                                     | s social care servi   | es                                    |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
|                  | Primary C                                      | Primary Care Networks   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
|                  |  | and Young People  | 's Alliance                           |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
|                  |  | and Young People  |                                       | Collaborative                     |                            |                       |   |  |  |                                   |  |  |  |  |
|                  |  | ealth Provider Co   |                                       | conaborative                      |                            |                       |   |  |  |                                   |  |  |  |  |
|                  |  |   |                                       | n, (NCCUT) at C                   | hoffiold Olympic Los       | racy Dark             |   |  |  |                                   |  |  |  |  |
|                  |  | <ul> <li>National Centre for Child Health Technology (NCCHT) at Sheffield Olympic Legacy Park</li> <li>Bloomberg Harvard City Leadership Programme for South Yorkshire</li> </ul>   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
| <b>.</b>         | • Bloombei                                     |   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
| Going Further as |  | Focus on development in early years so that every child in South Yorkshire is school ready  Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30 |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
| SY               | Raise the                                      | e level of school re  | adiness in Soutl                      | h Yorkshire and                   | I close the gap in the     | ose achieving a good  | d level of developm                       | nent between those o                   | on free school mea                         | ils and all children b            | y 25% by 2028/30                             |  |  |  |
|                  |  |   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
|                  |  |   |                                       |                                   | RC                         | THERHAM               |   |  |  |                                   |  |  |  |  |
|                  | Heal   | th and Well   | hoing Strat                           | ogy Aim 1                         |                            |                       | tart in life an                           | nd go on to ach                        | nieve their n                              | otential                          |  |  |  |  |
| Themes and       | Tical  |   | offering life cl                      | <u> </u>                          |                            | get the best s        | tart in me an                             | Socio-economic                         | <u> </u>                                   | otentiai                          | impact of pandemic                           |  |  |  |
|                  |  | ·   | illelilig ille ci                     | nances, pove                      | ıty                        |                       |   | 30cio-economic                         | iactors, poverty                           |                                   | Impact of pandernic                          |  |  |  |
| factors          |  |   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
| Focus areas      | Maternal health                                | Smokin  | gat time of                           | Breastfeedi                       | ng Denta                   | l decay               | social networks and poor housing, fuel he |  |  | Ithy behaviours,                  | Mental health, stress,                       |  |  |  |
|                  |  | delivery  |                                       |                                   |                            |                       | education poverty                         |  |  | Ithy eating                       | anxiety                                      |  |  |  |
|                  |  |   |                                       |                                   |                            |                       |   | ' '                                    |  |                                   |  |  |  |  |
| Health and       | 1. Develop                                     | our approach  | o give every                          | child the bes                     | t start in life            |                       | 2. Support                                | children and you                       | ng people to de                            | velop well.                       |  |  |  |  |
|                  | 2. 2010.00                                     | our approuen  | io givo ovory                         |                                   | t otal t iii iiioi         |                       | oappoit                                   | cimaren ana you                        | g people to ut                             | reiop ireiii                      |  |  |  |  |
| Wellbeing        |  |   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
| Strategy         |  |   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
| Priorities       |  |   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
|                  |  |   |                                       |                                   |                            | 1 /D 1 C1 1           | 10 116                                    |  |  |                                   |  |  |  |  |
| Health and       |  |   |                                       |                                   | impiem                     | ent 'Best Start ar    | na Beyona' Tram                           | iework.                                |  |                                   |  |  |  |  |
| Wellbeing        |  |   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
| Strategy Action  | Mobilise and                                   | launch 0-19 sei   | vice with a ur                        | niversal offer                    | to support all ch          | ildren and young      | gpeople and the                           | eir families, with a                   | n enhanced off                             | er for those that                 | need it, ensuring that                       |  |  |  |
| Plan             |  |   |                                       |                                   | tł                         | nere is equality a    | cross the service                         | 2.                                     |  |                                   |  |  |  |  |
|                  |  |   |                                       |                                   |                            |                       |   |  |  |                                   |  |  |  |  |
|                  |  | ı <u> </u>  | he Develoi                            | ping and   W                      | ork towards                |                       | Develop and                               | Develop                                | Continue to                                | Continue to                       | Continue to                                  |  |  |  |
|                  | Building on gar                                | Work with   | Develo                                | . –                               |                            |                       | agree                                     | proposals for                          | support                                    | jointly deliv                     |  |  |  |  |
|                  | Building on gap                                | 1   | 1                                     | ing the fo                        | rmai '                     |                       |   |  |  |                                   |  |  |  |  |
|                  | analysis,                                      | LMS to ensi   | re publish                            |                                   | rmal                       |                       | _   | 1                                      | 1  | 1.                                |  |  |  |  |
|                  | analysis,<br>develop a local                   | LMS to ensi   | re publish<br>f Start fo              | r Life ra                         | tification of              |                       | prevention-led                            | multi-agency                           | children and                               | 1.                                | improving early                              |  |  |  |
|                  | analysis,                                      | LMS to ensi   | re publish                            | r Life ra                         |                            |                       | _   | 1                                      | 1  | the SEND                          |  |  |  |  |
|                  | analysis,<br>develop a local<br>action plan to | LMS to ensi<br>continuity of<br>carer is the  | re publish<br>f Start fo<br>Offer (f  | r Life ra<br>irst 'B              | tification of reastfeeding |                       | prevention-led approach to                | multi-agency<br>Family Hub             | children and                               | the SEND<br>e's Written           | improving early years take-up                |  |  |  |
|                  | analysis,<br>develop a local                   | LMS to ensi<br>continuity of<br>carer is the<br>default mod   | f Start fo<br>Offer (f<br>lel 1001 da | r Life ra<br>first 'B<br>ays), Bo | tification of              |                       | prevention-led                            | multi-agency<br>Family Hub<br>model of | children and<br>young peopl<br>Mental Heal | the SEND e's Written th Statement | improving early years take-up of in targeted |  |  |  |

|             | through the      |                  | implementatio   | including BF     |  | healthy weight            |  | along with      | led by LA and | Rotherham        |  |
|-------------|------------------|------------------|-----------------|------------------|--|---------------------------|--|-----------------|---------------|------------------|--|
|             | Best Start and   | (action to be    | n of Best Start | friendly places, |  | with partners,            |  | schools, health | ICB and with  | (Central) to     |  |
|             | Beyond           | reworded)        | and Beyond      | BF policy,       |  | building on               |  | and voluntary   | local area    | have wider       |  |
|             | Framework.       |                  | Framework.      | comms plan       |  | childhood                 |  | sector          | partners.     | holistic benefit |  |
|             |                  |                  |                 |                  |  | obesity                   |  |                 |               | on key           |  |
|             |                  |                  |                 |                  |  | pathway                   |  |                 |               | development      |  |
|             |                  |                  |                 |                  |  | review and                |  |                 |               | measures         |  |
|             |                  |                  |                 |                  |  | evidence from             |  |                 |               |                  |  |
|             |                  |                  |                 |                  |  | compassionate             |  |                 |               |                  |  |
|             |                  |                  |                 |                  |  | approach                  |  |                 |               |                  |  |
| Group/ body | Best Start and B | eyond Steering G | ing Group       |                  |  | Early Help Steering Group |  |                 |               |                  |  |
| overseeing  |                  |                  |                 |                  |  |                           |  |                 |               |                  |  |
| delivery    |                  |                  |                 |                  |  |                           |  |                 |               |                  |  |



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

Living healthier and longer lives AND improved wellbeing for those with greatest need

Rotherham Health and Wellbeing Strategy Aim 2

South Yorkshire Integrated Care Strategy – Outcome 2

| SY Integrated Care Strategy Priority     | Living hea   | althier and longe   | er lives AND impro  | ved wellbeing for those with greate  | est need <sup>1</sup>   |
|--|--|---|---|--|---|
|  |  | S   | SOUTH YORKSHI   | RE   |   |
| Context                                  | Health inequalities  | factors that contribute to poor mental health, inclu                            | uding social and economic factors   |  |   |
| Health areas/themes                      | Proactively enabling early intervention to prevent more serious difficulties and preventing su | iicide.   | challenge mental health s<br>promoting the important<br>throughout every stage of | ce of mental health  | <ul> <li>Core 20 Plus 5</li> <li>Locally identified priority groups (Including: people from ethnic minority heritage, Gypsy,</li> </ul>   |
| SY Integrated<br>Care Strategy<br>Themes |  |   |   |  | Roma and Traveller communities, asylum seekers, people with learning disabilities, homeless, LGBQTrans communities.  Clinical areas: maternity severe mental illness chronic respiratory disease, early cancer diagnosis and hypertension and high lipids |
| Approaches/com mitments                  | changes to services  | a step change in the focu<br>prevention and the early<br>management of physical | identification and  | <ul> <li>proactive care</li> <li>whole-person approach</li> <li>self- management of physical and mental health and wellbeing</li> <li>ensure that people of all ages have the information, knowledge, skills and confidence they need to manage their physical and mental health and wellbeing, have choice and control in their own lives, and are able to use their skills,</li> </ul> | improve access to services, understand and remove barriers and enable the integration of care.  |

<sup>&</sup>lt;sup>1</sup> Living healthier and longer lives – covered in Aim 3 of Health and Wellbeing Strategy. This overview focuses on mental health and wellbeing (Aim 2)

|   |  |   | knowledge an community  | nd experience to benefit the wider  |   |  |  |  |
|---|--|---|---|---|---|--|--|--|
| Examples of Actions                               | health to have better physical health and working with primary care to   | Specialist Tobacco Treatment Advisors supporting people in contact with secondary care mental services to stop smoking (Mental Health Trusts) | For example, Places are developing multidisciplinary teams, bringing          |   |   |  |  |  |
| Groups  | People with serious physical long-tern   | nditions and those with learning disabilitien conditions to enable them to have good ort improvements in physical and mental h                | mental health.  | cal health.   |   |  |  |  |
| How/Who   | Mental Health Provider Collaborative Place Based Partnerships Place Partnerships, working with the Mayoral Combined Auth Alliances NHS partners Mental Health Trusts       | ority,  |   |   |   |  |  |  |
| Going Further as<br>SY                            |  |   | , and hypertension Early identificat  | ion and management of the three m   | fication nain causes of early death and unwarranted variations ucing smoking to reduce the levels of smoking to 5%  |  |  |  |
|   |  | R   | OTHERHAM  |   |   |  |  |  |
| Rotherham Health and Wellbeing Strategy themes    | personal, social and environmental risk factors contribute to poor ment health, including medical illness, loneliness, unemployment, poverty poor access to basic services | where suicide can be talked   | vironments about and trained d offer initial  significant lo  • devel  increa | Vellbeing Board partners as cal employers loping a supportive culture asing awareness and rstanding of mental health cing stigma and discrimination | <ul> <li>access and experience of services</li> <li>Talking therapies, psychological therapies for depression and anxiety disorders in adults</li> <li>inequalities in health outcomes for the most and least deprived communities in Rotherham</li> <li>barriers for Black, Asian and Minority Ethnic communities to accessing mental health care.</li> <li>Covid-19 impact on access</li> </ul> |  |  |  |
| Health and  | All Roth   | erham people enjoy the best   | oossible mental health and  | d wellbeing and have a go   | od quality of life  |  |  |  |
| Wellbeing<br>Strategy Aim                         |  |   |   |   |   |  |  |  |
| Health and<br>Wellbeing<br>Strategy<br>Priorities | 3. Promote better mental heal wellbeing for all Rotherham people.  | · ·   | wellk   | note positive workplace being for staff across the nership.   | 6. Enhance access to mental health services.  |  |  |  |

| Health and Wellbeing Strategy Action Plan               | Progress formal sign up to the OHID prevention concordat for better mental health as a Health and Wellbeing Board  Refresh and deliver Better Mental Health For All action plan, focused on early intervention and prevention, developed in line with national 10-year Mental Health Plan | Develop and deliver partnership communications activity focussed on mental health, building on successful campaigns and resources  • Rotherhive • Five Ways to Wellbeing • Great Big Rotherham To Do List | Promote suicide and self-harm awareness training to practitioners across the partnership and members of the public through internal and external communications  To promote postvention support for adults, children and young people bereaved, affected and exposed to suicide and monitor referrals to services, including staff affected | Deliver the Be the One campaign with annual targeted messages based on local need with support from all partners' comms and engagement leads. | Promote the Be Well  @ Work award to Health and Wellbeing Board partners and support sign up | Ensure partners are engaged in Employment is for everyone programme, promoting employment opportunities to those with SEND, and improving wellbeing at work | Ensure partners are engaged in the development and mobilisation of the integrated primary/secondary care mental health transformation. This will include:  • Implementation of MH ARRS roles • Long term plan eating disorders, IPS and EIP targets by March 2024 • Implementation of Community Mental Health Integrated primary / secondary care transformation programme by March 2024 | To work in partnership to enhance the Mental Health Crisis Pathway (early intervention, prevention, social care & crisis). This will require:  • Partnership working to ensure an early intervention and crisis prevention model is developed  • Mobilisation of the Touchstone Safe Space (alternative to crisis) provision  • Mobilisation of social care pathways |  |  |
|---|---|---|---|---|--|---|--|--|--|--|
| Group/ body overseeing delivery                         | Rotherham Place Bette<br>Group  | er Mental Health for All  |   |   |  |   |  |  |  |  |
| Rotherham Place<br>Plan<br>Transformation<br>workstream | ENJOYING THE BEST POSSIBLE MENTAL HEALTH AND WELLBEING  |   |   |   |  |   |  |  |  |  |
|   | Delivery of the Adult<br>Mental Illness in Con<br>Health transformatio  | nmunity Crisis &  | y of the Mental Health<br>Liaison programme   | Suicide-preventi  | . •  | ementia pathway<br>ansformation   | Health for A   | the Better Mental<br>Il Plan (note this also<br>Ioneliness delivery  |  |  |

SY Integrated Care Strategy Shared Outcome 4: People with the skills and resources they need to thrive (as relevant to Aim 2)

#### **SY ICP actions:**

- collective power of our anchor institutions and supporting the development of our health and care workforce.
- Actively promote the development of inclusive labour markets

Bold ambition: Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

- Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce
- Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism

SY Integrated Care Strategy Shared Outcome 2 - Living healthier and longer lives - covered in AIM 3 (and AIM 4) of Rotherham Health and Wellbeing Strategy

SY Integrated Care Strategy Shared Outcome 2 – Living longer and healthier lives (wider determinants of health such as education and skills, housing, employment opportunities, neighbourhoods and communities) – covered in AIM 4 of Rotherham Health and Wellbeing Strategy



### Aim 3: All Rotherham people live well for longer.

Living healthier and longer lives AND improved wellbeing for those with greatest need

Rotherham Health and Wellbeing Strategy Aim 3

South Yorkshire Integrated Care Strategy – Outcomes 2

| SY Integrated Care Strategy Priority                         |                             | Living healthier and longer lives AND improved wellbeing for those with greatest need                                      |  |  |  |   |   |  |  |  |  |  |  |
|--|-----------------------------|--|--|--|--|---|---|--|--|--|--|--|--|
|  |                             |  | 9  | SOUTH YORKSHI  | RE   |   |   |  |  |  |  |  |  |
| Context  | Health inequalities (incl e | ealth inequalities (incl ethnic health inequalities), wider determinants of health impacting on physical and mental health |  |  |  |   |   |  |  |  |  |  |  |
| SY Integrated Care Strategy Themes                           | Independence                | Social prescribing   | Early diagnosis (cancer) and early identification (cardiovascular disease (heart disease and stroke), respiratory disease, cancer and dementia – and of their risk factors (such as high cholesterol, high blood pressure and diabetes)) | Risk factors: smoking,<br>alcohol, obesity and<br>hypertension | Those living with multiple conditions  | enabling choice and control and supporting end of life planning | Access to services  | Reduce inequalities in healthcare  |  |  |  |  |  |
| SY Integrated Care Strategy themes - commitments/ap proaches |                             |  | Ensure that prevention interventions are funded at sufficient scale to have real impact  | Self-management  | Proactive care, taking a v   | whole-person approach   | Community voice and insights, lived experience Ensure that prevention interventions are coproduced with local communities | Increase our joint use of data and information, incl information from patients and communities (PHM) |  |  |  |  |  |
| Activities   |                             |  |  |  | Enhance rehabilitation<br>for patients prior to<br>cancer therapy and<br>rehabilitation for<br>people with cancer,<br>cardiac and respiratory<br>diseases and stroke |   |   |  |  |  |  |  |  |
| How/Who  | Collaboratives and Allian   | ing with the Mayoral Com<br>ces<br>ocal communities and the  |  | ,  |  |   |   |  |  |  |  |  |  |

|   | NHS partners  |  |  |  |  |   |  |                              |           |
|---|---|--|--|--|--|---|--|------------------------------|-----------|
| Going Further as SY   |   | ing, healthy wei   | ight, alcohol  |  | ntification and  | d management of the th                              | ree main causes of   | •                            |           |
|   |   |  |  | PLACES   |  |   |  |                              |           |
| Place delivery<br>through<br>(as mentioned in<br>Integrated Care<br>Strategy) | Adult social care services (helping people to live the life they want while keeping safe and well in their local communities) | Cancer Alliance working in partnership with communiti es, primary care and the Voluntary Sector with Voluntary, Community and Social Enterprise Sector | Healthcar<br>e<br>services,<br>including<br>Primary<br>Care<br>Networks                              | Clinical Networks<br>for Cardiovascular,<br>Diabetes, Stroke and<br>Respiratory Disease.             | Place Partner Physical act Children an Alliance are to promote | d Young People's<br>working with schools            | Places are developing multidisciplinary teams, bringing together Primary Care Networks, community services, specialist community teams social care and the VCSE sector   | ,                            |           |
| Rotherham Health and Wellbeing Strategy themes                                | Unpaid care (for someone suffering from illness, dismental ill health)  | ability, addicti   | on or  | Conditions: cardiovascu<br>cancer (Ischemic heart d<br>lung cancer, Stroke, Chro<br>Lower back pain) | lisease; Trach   | obesity 'Ensuring the need it is imp health care, p | rs: Smoking, drugs and alcohol, and the right care is provided when people important, but while this aim focuses on e, priorities in aim 4 are about ensuring le live in environments conducive to althy life' |                              |           |
| Health and Wellbeing Strategy Priorities                                      | 7. Ensure support is in place for carers  |  | 8. Support local pe obesity and drug (note: twinned with Aim environmental and social determinants.) | s and alcoho   | , 'Develop a borough t   | hat supports a he                                   | althy lifestyle' v   | which tackles the            |           |
| Health and<br>Wellbeing<br>Strategy Action<br>Plan                            | Continue to oversee and monitor the priorities in 'The Borough that Cares Strategic Framework', including:                    |  |  | Health risks Prevention campaign 'Say Yes'   | 1  | Review of Rotherha<br>for social prescribin         |  | community en<br>coordination | ngagement |
|   | Take an integrated approach to identifying and shealth and wellbeing  |  |  |  |  |   |  |                              |           |

|             |  | Moving Rotherham: Physical Act  | tivity Health Sub-Group                 |                                    |
|-------------|--|---------------------------------|---|------------------------------------|
|             |  | Tobacco Control Group           |   |                                    |
| delivery    |  | are kept safe from harm.)       |   |                                    |
| overseeing  | Strategic framework  | Combatting Drugs Partnership (r | note: this is also covered in Aim 4, pr | riority 2: Ensure Rotherham people |
| Group/ body | Borough that Cares Strategic Group/ delivery of Borough that Cares                       | Prevention and Health Inequalit | ies Place Group                         |                                    |
|             |  | Health needs                    |   | poor mental wellbeing              |
|             | Information, Advice and Guidance   | complex Alcohol and Mental      |   | physical health conditions and     |
|             | processes to ensure the integrated planning and implementation of                        | frequent attenders to ED with   | (DARD) review process                   | support for people living with     |
|             | Introduce quality assured Information, Advice and Guidance                               | NHSE funded pilot to support    | Drug and Alcohol Related Death          | self-management and holistic       |
|             | Introduce a co-production programme with communities to build our carer friendly Borough | -                               |   |                                    |
|             | Establish locality specific carer partnership/network groups                             |                                 |   |                                    |

Improved wellbeing for those with greatest need – covered in AIM 2 of Rotherham Health and Wellbeing Strategy

Also covered in 'People living longer and healthier lives' (shared outcome 2 in SY Strategy) – but covered in AIM 4 of Rotherham Health and Wellbeing Strategy:

- wider determinants of health such as education and skills, housing, employment opportunities, neighbourhoods and communities, air pollution, creativity and arts climate mitigation and adaptation, active travel
- commercial actors disproportionately influence choices and behaviours towards unhealthy products, and use their powers to reduce those pressures. For example introducing measures to limit hot food takeaways around schools and reduce industry interference in alcohol and gambling educational materials.
- strengths-based approach to the development of vibrant communities
- health protection, e.g. environmental health protection, outbreak management and addressing air pollution.

Priority on Carers AIM 3 of Rotherham Health and Wellbeing Strategy – is covered in shared outcome 4 in SY ICP strategy – people with the skills and resources they need to thrive, in particular, the workforce strategy for South Yorkshire's health and social care workforce will include a focus on unpaid carers.



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

Safe, strong and vibrant communities People with the skills and resources they need to thrive

Rotherham Health and Wellbeing Strategy – Aim 4

South Yorkshire Integrated Care Strategy – Outcomes 3 and 4

| SY Integrated Care Strategy Priority | P  | eople ar                     | e suppo          |  | ive in safe, strong and vibrant munities                     | People with the skills and resources they need to thrive          |  |   |   |  |  |  |
|--------------------------------------|--|------------------------------|------------------|--|--|---|--|---|---|--|--|--|
|                                      |  |                              |                  |  | SOUTH YORKSHIRE  | ·   |  |   |   |  |  |  |
| SY Integrated Care Strategy          |  | Wider determinants of health |                  |  |  |   |  |   |   |  |  |  |
| Themes – South<br>Yorkshire          | Creativity<br>and arts   | Air<br>pollution             | Active<br>travel | Climate<br>mitigation<br>and<br>adaptation | Safer and stronger communities                               |   | kills, employment<br>urhoods and comi  |   | Work and health inclusive labour markets, local recruitment, supporting people to enter and stay in work, especially those with physical and mental health conditions, inclusion groups & in greatest need to address health inequalities |  |  |  |
| How/Who                              |  | Pla                          | aces             |  | ICP advocate and share learning and influence wider partners | South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan | South<br>Yorkshire<br>Skills<br>Strategy in<br>development   | South<br>Yorkshire<br>transport<br>strategy | ICP to advocate and support places  SY ICP Workforce Strategy to be developed   |  |  |  |
| Going Further as<br>SY               | <ul> <li>Work together to increase economic participation and support a fair, inclusive and sustainable economy</li> <li>Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30</li> <li>Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30</li> <li>Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024</li> <li>Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards</li> </ul> |                              |                  |  |  |   | <ul> <li>unpaid. Developing a diverse workforce that reflects our communities</li> <li>Develop a Workforce Strategy that will enable us to collaborate across South Yorkshing to educate, develop and support our entire workforce</li> <li>For our statutory partners to accelerate progress towards a workforce that is diversed and representative of all our communities</li> <li>Contribute to South Yorkshire becoming an anti-racist and inclusive health and care</li> </ul> |   |   |  |  |  |
|                                      |  |                              |                  |  | emissions and environmental targets                          |   | Co   | mmitting to                                 | real actions that will eradicate racism   |  |  |  |

| SY Integrated Care Strategy themes - places                    | Increase connectivity and reduce loneliness   | Access to cultural and creative opportunities, leisure and sport facilities in our local communities | Air pollution<br>health<br>protection, e.g.<br>environmental<br>health<br>protection,<br>outbreak<br>management<br>and addressing<br>air pollution |                          | Physica                      | l activity           | Community development<br>Community infrastructure<br>Strengths-based approach | Commercia<br>determina<br>(ie hot foot<br>takeaways<br>around sch<br>and reduce<br>industry<br>interference<br>alcohol and<br>gambling<br>educations<br>materials) | nts<br>d<br>oools<br>e<br>ee in    | Housing<br>(fuel<br>poverty,<br>including<br>condensati<br>on, damp<br>and mould) | Education<br>and skills,<br>Learning<br>opportuni<br>ties for<br>adults of<br>all ages | Employm<br>ent<br>opportun<br>ities            | Climat<br>e<br>mitigat<br>ion<br>and<br>adapti<br>on |
|--|---|--|--|--------------------------|------------------------------|----------------------|---|--|------------------------------------|---|--|--|--|
| Rotherham Health and Wellbeing Strategy themes                 | Loneliness and social isolation: communities are resilient, with the right services and support | opportunities to participate in arts and culture   | antisocial<br>behaviour and<br>crime   | Impacts on mental health | Active<br>travel             | Physical<br>activity | Asset and strengths-based approaches  | _  | high in<br>and<br>ealthy,          | Housing   | Healthy<br>economy   | Public pla<br>streets, n<br>access to<br>space | oise,  |
| How?   | Delivery of Loneliness<br>plan  | Cultural Partnership<br>Board<br>Cultural Strategy delivery  | maintain links to safeguarding boards and address any cross-cutting issues   |                          |                              |                      | Thriving Neighbourhoods<br>Strategy delivery                                  | Regulate in such a way as to minimise harm (related 'lifestyle interventi ons' sit in Aim 3)   | Vibra<br>nt<br>high<br>stree<br>ts | Place-Based   | her policies a<br>Investment S<br>ment and Skil  | trategy  |  |
| Health and Wellbeing Strategy Priorities                       | 1. Deliver a<br>loneliness plan for<br>Rotherham  | 2. Promote health and wellbeing through arts and cultural initiatives.                               | 3. Ensure Rothe<br>are kept safe from  | • •                      | (note: health                | twinned w            | bugh that supports a heal<br>outh Aim 3, priority 2: Supports and d           | ort local peop   |                                    |   |  |  |  |
| Health and Wellbeing Strategy Action Plan (RAG rated for info) | Better Mental<br>Health Fund<br>Befriender<br>dissemination                                     | Evaluation of over 55s programme (COMF)  Children's capital of culture                               | Referral Scheme and Safe and   |                          | Strateg<br>approa<br>physica |                      |   | Cycling strate<br>delivery plan  | stro<br>bas                        | nining on<br>ength-<br>sed<br>oroaches  |  |  |  |
|  |   | Activities in libraries  | crosscutting issu<br>partnership boa<br>safety and safeg   | ards relating to         |                              |                      |   |  |                                    |   |  |  |  |

|                                       | Promote existing resources on loneliness  deliver loneliness action plan | libraries as death positive spaces   | Establish a Combatting Drugs Partnership  Joint needs assessment for the Combatting Drugs Partnership             | MECC training<br>offer on physical<br>activity  | Development of inclusive and accessible outdoor sports facilities (Playzones) | Rotherham<br>Food Network<br>to develop an<br>action plan |  |  |         |
|---------------------------------------|--|--|---|---|---|---|--|--|---------|
|                                       | Promote volunteering opportunities                                       | libraries as spaces for people to share experiences and response to specific health issues | Vaccination programme for Covid-19 and flu  |   |   |   |  |  |         |
| Group/ body<br>overseeing<br>delivery | Better Mental Health<br>for All Group                                    | Cultural Partnership<br>Board  | Safer Rotherham Partnership Safeguarding Adults Board Safeguarding Children Partnership Safeguarding Chairs group | Combatting Drugs Partnership Tobacco Control Group Moving Rotherham - Leisure Subgroup Rotherham Food Network |   | RMBC – One<br>Council Thriving<br>Neighbourhood<br>s      | Business Growth B<br>Board and Town Do<br>RMBC - One Counc<br>Strategic Housing I<br>Rotherham Togeth<br>Partnership Group<br>SYMCA boards<br>Operational group<br>Town Centre Opera | eal Board) il (BHBC) Inclusive Forum ler Partnership (Strand CEO group) s: | economy |

### Key

SY level
Place level
Health and Wellbeing Strategy
HWbB currently no oversight

Also covered in in 'safe, strong and vibrant communities' (shared outcome 3 in SY Strategy) – but covered in cross-cutting priorities of Rotherham Health and Wellbeing Strategy:

- social value for local people, including building wealth within our local communities through progressive procurement strategies
- Through our Place Partnerships, Collaboratives and Alliances, and together with our communities, to harness our collective role as anchor institutes to aid community development.
- Strengthen our work together to ensure everyone in South Yorkshire can benefit from being in good work by harnessing the collective power of our anchor institutions and supporting the development of our health and care workforce.