

Health and Wellbeing Strategy for Rotherham 2025-2030



Vision

Our vision is to enable the people of Rotherham to live happy, healthy, independent lives within thriving communities, regardless of background and personal circumstance.



Foreword from the Chair

I am pleased to introduce our refreshed Health and Wellbeing Strategy for Rotherham, a document which reflects the aims and ambitions of our Health and Wellbeing Board. Good and improving health and wellbeing is essential to the people of Rotherham, enabling them to live fulfilling, active and connected lives. This Strategy sets out some of the progress and achievements we have delivered during the last five years against our ambitions to support the wellbeing of the population. This reflection will enable us to build upon past successes as we look to further improve outcomes moving forwards.

However, there is still work to do. There are still too many people in our Borough living in poor health with substantial differences in need, experience and health outcomes across our communities amid widening gaps in life expectancy. These differences have become more pronounced for those most in need, particularly in the aftermath of the Covid -19 pandemic, and at a time of increased economic pressures on people and public services.

The 2025 Strategy sets out our approach to maintaining our momentum and continuing to invest our efforts in the areas which the evidence suggests are the highest priority. Our new aims focus the Board on maximising its impact on children and young people, supporting all to live in good and improving physical and mental health, and to reduce the detrimental impacts of commercial and wider determinants of health. These aims have been identified as most effectively ensuring that the efforts of the Board are focussed where they are most needed. We will deliver these aims through our renewed ways of working. These encompass the values of the Board

and will ensure all activities are carried out according to best practice. This refreshed set of aims and ways of working will work in tandem to enable the Health and Wellbeing Board to deliver better health outcomes and reduce the challenges faced by Rotherham people.

As a Board, we recognise that one of our key strengths is that of partnership working. The value of this approach is more important than ever, in an era of uncertainty around public sector funding, as we look to maximise the impact of the Health and Wellbeing Board agenda. We must ensure we realise the ability of our partnerships to overcome challenges and use the Board to empower our partners to offer more effective and efficient opportunities to improve health outcomes.

We have taken the decision to make this Health and Wellbeing Strategy a more streamlined version of the previous one by significantly reducing the number of priorities. This will enable the Board to ensure that our priorities are ambitious, achievable and are cross-cutting across all four of the strategic aims.

With this new edition of the Health and Wellbeing Strategy, I am confident that we will see further improved outcomes for Rotherham people under the guidance of our new aims and ways of working.



Councillor Baker-Rogers

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

Overview

Our mission is to enhance and support the good and improving health and wellbeing of our residents by empowering individuals and communities, building resilience, providing access to resources and opportunities, and tackling health inequalities.

Our aims are to:

1. Enable all **children and young people** up to age 25 to have the best start in life, maximise their capabilities and have influence and control over their lives.
2. Support the people of Rotherham to live in good and improving **physical health** throughout their lives, accessing and shaping the services and resources they need.
3. Support the people of Rotherham to live in good and improving **mental health** throughout their lives, accessing and shaping the services and resources they need.
4. Sustain an environment where detrimental impacts from **commercial and wider determinants of health** are reduced, and opportunities for healthier living are nurtured.



Introduction

The Health and Wellbeing Board believes that everyone in Rotherham has the right to live a happy, healthy and fulfilled life. The purpose of this strategy is to set out our aims to enable people to live in good and improving health, and to enable effective partnership working to commission and deliver services to realise these aims.

Reflections on the 2020 Health and Wellbeing Board Strategy

This refresh updates the previous 2020 strategy which supported delivery of some important milestones in Rotherham. A selection of these is shared below, with more detail in the appendix.

We have seen the introduction of **Family Hubs** in Rotherham which provide a range of support and advice services to help families live well and children have the best start in life. Rotherham has pledged to become a **Breastfeeding Friendly Borough**.

The strategy transformed **key care pathways** and established **new health services** to support patients, such as developing **state-of-the-art orthopaedic surgery pathways** to reduce patient waiting and recovery times and the introduction of **lung health checks** to detect lung cancer early.

The positive impacts of our **suicide prevention and loneliness work** have been nationally recognised, and the Board recently approved the Prevention Concordat for Mental Health. We have also implemented targeted mental health support for children and young people.

Rotherham continues to be a national leader in the design and delivery of **social prescribing** and **voluntary sector** initiatives to support good health in communities and patient groups. The **Rotherhive** website

was launched to facilitate access to a range of services and groups for residents and the workers who support them.

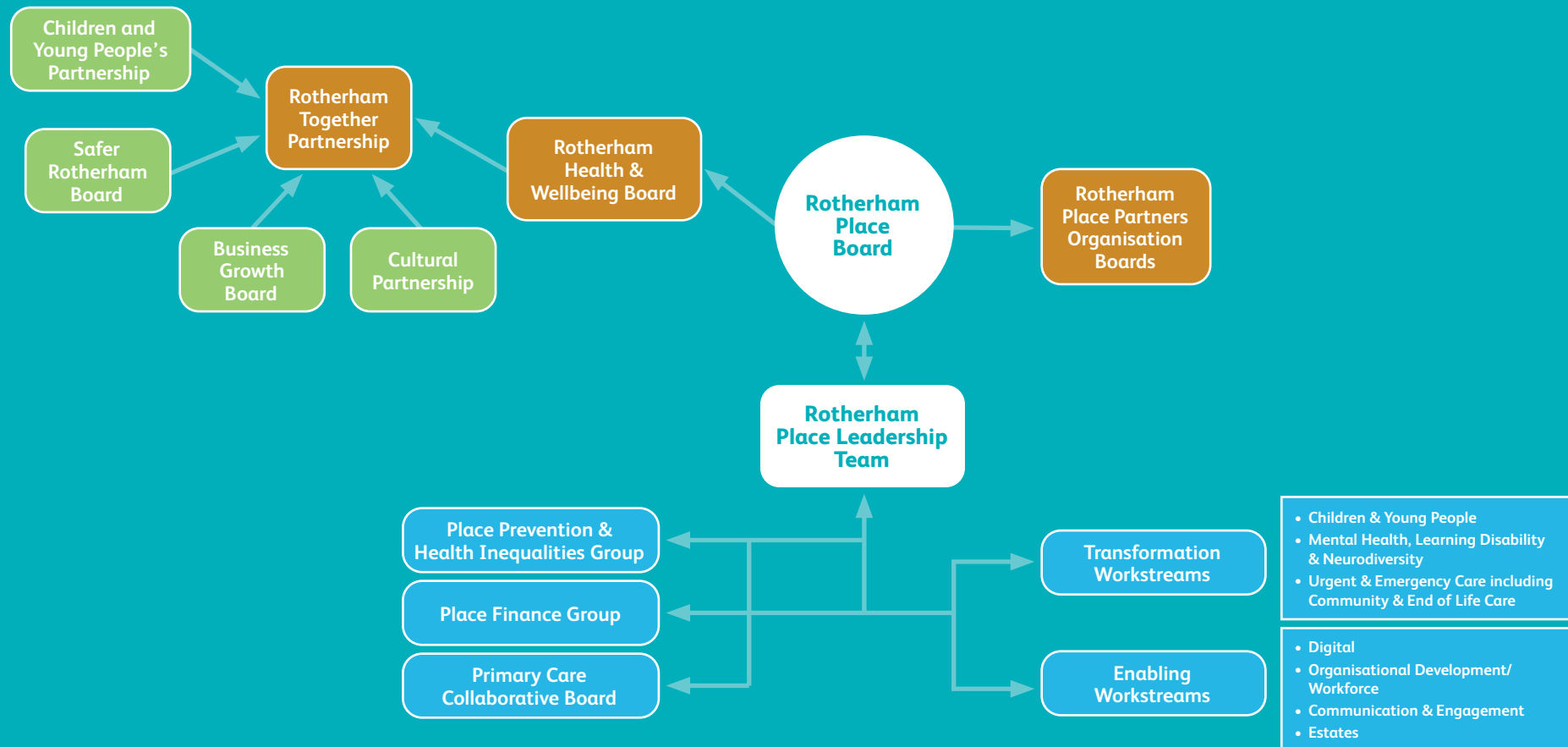
The Health and Wellbeing Board has built a coherent strategic approach to tackle the socioeconomic determinants of health. This includes **Rotherham's Sustainable Food Places Bronze award-winning food network**, and **promotion of physical activity** through **Healthwave** and the **voluntary sector**. We have also developed a multitude of initiatives to support staff and carers in the Borough, such as **workplace health checks** and **mental health support** offers.

However, there have been huge challenges to our society since the last strategy was written. This includes the Covid -19 pandemic and significant pressures on the cost of living. Both have had an impact on general population health and the affordability of services and resources which can support healthy living. This requires us to take stock of our direction and to refocus our efforts.

There have also been new opportunities. This includes the establishment of **Integrated Care Systems (ICS)**, which offer more ways of collaborating to join up and co-ordinate our services as we deliver improved population health.

Partnership working in Rotherham is strong. We are in a good position to maintain the momentum needed to be able to face the challenges set out in the context of declining public sector funding. The work that needs to be done will be supported by the **South Yorkshire Mayoral Combined Authority**, the **Rotherham Together Partnership**, **Rotherham Place Board** and the strong bonds between individual organisations in the Borough. The reporting structure of Rotherham's Boards and Partnerships are outlined on in figure 1. Links to the strategies and plans of these organisations can be found in the Appendix.

Fig 1. The Rotherham Health and Wellbeing Board in partnership



Developing the 2025-2030 Health and Wellbeing Strategy

We have used several sources of evidence to inform the refresh of the strategy, which are set out in more detail in the next three sections of this document.

Partners have used the Joint Strategic Needs Assessment (JSNA) to understand the underlying needs of the population across a range of health-related issues. To this, we added an extensive review of population engagement and consultation activity over the past three years to understand the views and experiences of residents, service users and patients about their health and wellbeing.

We also developed several questions to ask residents around the existing Health and Wellbeing Strategy and how it could change to promote and maintain good health in Rotherham.

In addition, stakeholder organisations have been consulted about the effectiveness and focus of the strategy in supporting and enabling the delivery of services in the borough.

A summary of this evidence and how it has shaped the development of the strategy is presented on the following pages. More detail on each of these evidence bases is available in the Appendix.



The needs of our population

The Health and Wellbeing Board has a statutory duty to commission a JSNA of the local population to highlight health inequalities that need to be addressed. The JSNA looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, wellbeing and social care services.

Rotherham borough covers an area of 110 square miles and has a population of 268,400. Around half of the population lives in the central part of the Borough. Others live in many outlying small towns, villages and rural areas. Rotherham is a diverse borough with a mixture of people, cultures and communities. There are densely populated multi-ethnic inner urban areas, large Council housing estates, leafy private residential suburbs, industrial areas, rural villages, and farms.

There has been significant investment in the health of our population in recent years, but some substantial challenges remain. The points below give a sense of the challenges and opportunities facing us over the next decade. Tools to explore this and further information can be found in the Rotherham JSNA.

Population

- Rotherham has an age structure that is slightly older than the national average and a below-average percentage of people aged 18 to 29 because of students leaving Rotherham to study elsewhere, and young adults leaving the area for work
- The population is growing due to there being more births than deaths, and more people moving to Rotherham to live.



Health Inequality

- 36 % of the population live in the most deprived quintile. Deprivation is a major cause of health inequalities
- English is not the main language of 4.1 % of the population
- Almost nine in ten eligible two-year-olds are taking up a place in early education, and nearly three quarters engage with children's centres
- Over 11,000 children in Rotherham are living in absolute poverty
- Over 3,700 people are currently accessing adult social care services, with around half of these over the age of 75
- Over 23,000 people provide unpaid care, with over half of these doing so for more than 35 hours per week. A third of adult carers feel socially isolated



- In 2023, 1,236 families were identified as being at risk of homelessness
- Life expectancy is lower than the national average for the people of Rotherham, and there is an inequalities gap of over 10 years between the most deprived and least deprived
- Our residents develop poor health earlier than average and live longer in poor health than average. The age to which a female born in Rotherham today can expect to live healthily (without chronic, life-changing illness) is 55.6 years old, and for a male, healthy life expectancy is 56 years.

Mental Health

- The prevalence of depression has risen to 17 % in 2022, and 25 % of school children report issues with mental wellbeing
- Deprivation significantly impacts patient experience and outcomes of chronic pain, mental health, diabetes, cardiovascular and other long-term conditions.



Access to care

- Screening uptake rates have generally been good in Rotherham compared to England, but for breast and cervical cancer, screening rates have not yet returned to pre-Covid-19 levels
- Those in the most deprived areas are more likely to miss appointments and experience difficulties in accessing healthcare.



Health behaviours

- Smoking is still the primary cause of morbidity and early mortality. Although smoking rates remain high (14 %), every year more people are successfully quitting
- Despite an increase in physical activity rates to 64 % of adults in 2021, conditions such as stroke, heart disease and hypertension remain higher than regional and national comparators
- 40 % of 11-year-old children and 72 % of adults are overweight or obese
- Adult community substance and alcohol services are able to support more people and now reach 950 people per year
- Around 800 people engage in problem gambling, and around 3,200 in moderate risk gambling.



What people are telling us

The themes emerging from the public consultation work were as follows:

- Prevention and the importance of accessing support to make and maintain healthy life choices were deemed to be very important, alongside good communication and information
- Access to healthcare and sufficient provision of staff and services was a recurring request from members of the public. Alongside this was a clear message that people want to manage their physical and mental health in a more proactive way, rather than simply being recipients of care from our providers
- The importance of tailoring our services to meet the needs of specific groups was also seen to be important, whether that be through considering protected characteristics, language, stigma, individual access to resources or individual needs
- There was also a strong sense that some of the answers to better health lie in strengthening our community networks and resources and investing in our natural and built environments. Health at work, poverty reduction and access to healthy food were also identified as key areas for development.

Stakeholders and partner organisations identified similar themes, recognising the importance of the wider determinants of health (see figure 2), the need to co-produce our plans with our population, and to work towards adopting the Marmot Principles to tackle the social

determinants of health (see figure 2). There was also a call for greater visibility of the Health and Wellbeing Strategy and for the system to facilitate joined up collaborative working against clear goals.

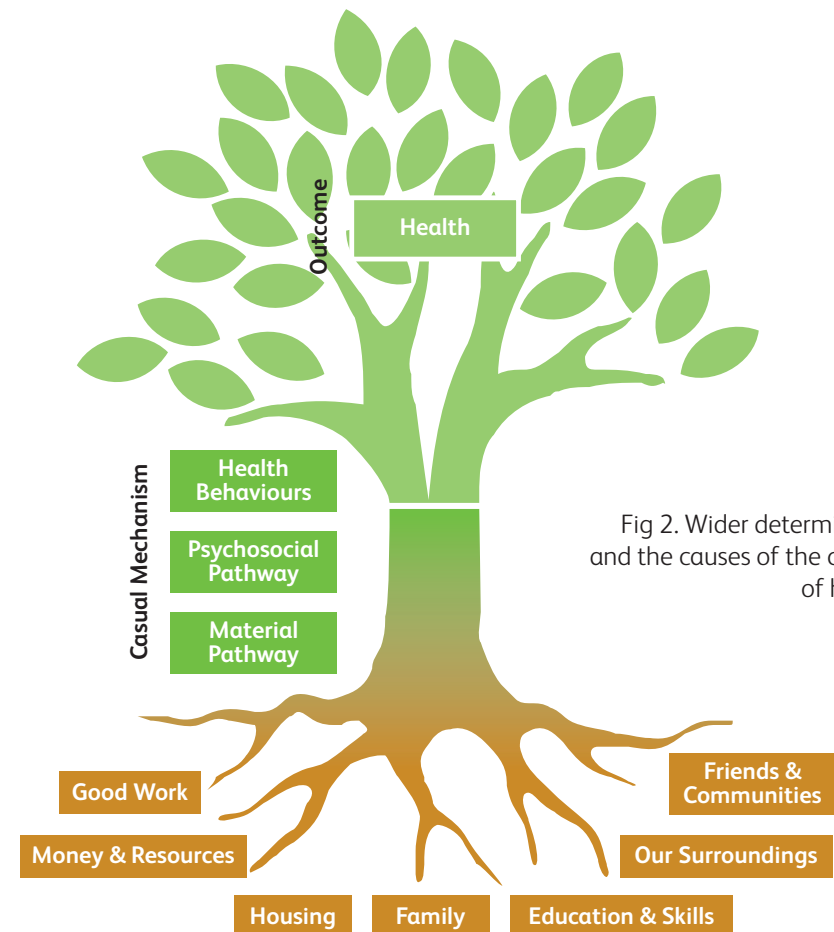


Fig 2. Wider determinants and the causes of the causes of health

The Marmot Principles

The recommended actions, covering the main social determinants of health in places are developed in the following areas (known as the 'Marmot Eight' principles):

- 1. Give every child the best start in life**
- 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives**
- 3. Create fair employment and good work for all**
- 4. Ensure a healthy standard of living for all**
- 5. Create and develop healthy and sustainable places and communities**
- 6. Strengthen the role and impact of ill health prevention**
- 7. Tackle racism, discrimination and their outcomes**
- 8. Pursue environmental sustainability and health equity together.**

Based on these eight principles, Marmot Places develop and deliver interventions and policies to improve health equity; embed health equity approaches in local systems and take a long-term, whole-system approach to improving health equity. Places commit to improve health equity over the short, medium and long term by:

- A. Developing and delivering approaches, interventions and policies to improve health equity**
- B. Strengthening their health equity systems**
- C. Involving communities in the identification of the drivers of poor health and in the design and implementation of actions to reduce them**
- D. Broadening advocacy on health equity and engaging with other Marmot Places to share knowledge, roll out best practice alongside partners in local regions and nationally.**

What we will do

The Health and Wellbeing Board met in January 2025 to review the aims and priorities of the previous strategy. While the aims were broadly felt to be useful, recommendations were made to update them to be clearer about our areas of priority focus over the next five years. The aims and our methods to deliver them have emerged from the evidence and engagement described above.

Our aims now cover - children and young people; physical health; mental health and the wider determinants of health. Alongside the aims we have identified, through consultation, seven ways of working to guide and enable efforts across the partnership to deliver the aims. These are shown on the following page in figure 3.

Rotherham Health and Wellbeing Strategy 2025-30

Our vision is: to enable the people of Rotherham to live happy, health and independent lives within thriving communities, regardless of background and personal circumstance.

We will achieve this by:

Enabling all **children and young people** up to the age of 25 to have the best start in life, maximise their capabilities and have influence and control over their lives.

Supporting the people of Rotherham to live in good and improving **physical health** throughout their lives, accessing and shaping the services and resources they need.

Supporting the people of Rotherham to live in good and improving **mental health** throughout their lives, accessing and shaping the services and resources they need.

Sustaining an environment where detrimental impacts from **commercial and wider determinants of health** are reduced and opportunities for healthier living are nurtured.

And by working in the following ways:

Ensuring our practice is evidence-informed

Applying a strong emphasis on prevention

Strengthening population independence and resilience

Tackling health inequality

Taking a compassionate approach

Making the most of community assets

Taking joint responsibility across system

Fig 3. Our Vision, Aims and Ways of Working

The ways of working mean that across Rotherham, we commit to the following:

- **Ensuring our practice is evidence informed**

- Continue to seek high-quality evidence and apply to commissioning and management of services
- Ensure that community voice is captured and acted upon
- Follow best practice, but also innovate and share good practice and research back to the wider system
- Using tools such as the JSNA, Core20PLUS5 and the inclusion framework to ensure that we allocate our resources according to need.

- **Applying a strong emphasis on prevention**

- Developing prevention-promoting environments
- Developing good educational interventions and information resources for residents and the workforce
- Promoting screening and vaccine uptake
- Support to manage long-term conditions
- Consider opportunities for ‘upstream’ intervention
- Support early identification of need and intervene with holistic approaches.

- **Strengthening population independence and resilience**

- Supporting individual ownership of health and wellbeing
- Co-production and co-design approaches to make sure services match need
- Develop models of care which make the most of non-medical support, such as peer support and voluntary and charity sector services.

- **Tackling health inequality, and provide help to those that need it most**

- Ensure additional support and attention given to groups and individuals who have higher need, have poor experience of services or have poorer health outcomes
- Seek out and remove physical, social and economic barriers to accessing services
- Collect the right information to understand these patterns
- Engage directly with the people of Rotherham to ensure that we understand need
- Apply Marmot principles to tackle health inequalities across all partnership activity where possible.

- **Taking a compassionate approach**

- Address the social, economic and environmental drivers of health
- Support people to form healthy habits
- Recognise and challenge systemic barriers to positive behaviours.

- **Strengthening and making the most of community assets**

- Ensure communities are involved in local decision making
- Capitalise on the role of strong social connections in health outcomes
- Encourage communities to support those most at risk.

- **Taking joint responsibility across the system to tackle difficult challenges**

- Strengthen our ‘health in all policies’ approach
- Use the power and resources of existing partnership boards and groups to deliver the health and wellbeing agenda
- Identify gaps and aim to design joined-up services
- Empower place partnerships to prioritise pooled resources
- Deliver joined up multiagency solutions.



How we will do it

In the context of increasing demand and stretched public resources, our priorities, whilst ambitious for residents, need to be achievable and to support the wider partnership in applying sufficient focus. The delivery of our aims and priorities will be resourced from the pooled capacity of our individual organisations working together. In addition to supporting and enabling a broad range of projects and interventions, we have chosen to adopt a streamlined prioritisation system for the actions supporting the current strategy.

We will adopt three short-term priorities over the five-year period 2025-2030. These priorities will be shortlisted and chosen through stakeholder engagement and workshop events in autumn 2025, and reviewed in 2027.

The criteria for inclusion in the priority shortlist are:

- a) Is it an issue which would benefit from cross-partner intervention?
- b) Would tackling this issue have a significant impact on our population as a whole, or on one of our key vulnerable groups?
- c) Is it possible to make substantial, measurable progress within the given timeframe?

The chosen priorities will be built into a live action plan and a Board level champion will be identified for each priority. Through a regular meeting cycle, progress will be reported and discussed at Board meetings, including updates from supporting groups and other work associated in the delivery of the plan. Progress on our aims, priorities and action plan will be reported through the Health and Wellbeing Board website.

How we will see the impact

We will track our success in improving health and wellbeing in Rotherham through monitoring existing outcomes frameworks. The Rotherham JSNA will continue to provide insight into the detail of the health of our population. In addition, we will be monitoring the high-level outcomes of the South Yorkshire Integrated Care Boards (ICB) Outcomes Framework.

As part of the public consultation about the strategy, a range of questions have been developed to ask residents which, alongside various engagement events, will be used to gauge changing needs and priorities in the community. These will be regularly presented to Health and Wellbeing Board for discussion and challenge.

Conclusion

The Rotherham Health and Wellbeing Board brings together local organisations, working in partnership with our communities to deliver our ambitious vision “to enable the people of Rotherham to live happy, healthy, independent lives within thriving communities, regardless of background and personal circumstance.”

Together, we will drive and enable action across the life course, focusing on reducing health and social inequalities to support everyone in Rotherham to have the opportunity to live a healthy and satisfying life.

As we develop the priority projects necessary to deliver our aims over the life of the strategy, we will need to work closely and proactively with our residents and workforce to build resilience, deliver societal change and support a healthy, happy population.

Glossary

Core20PLUS5: a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

Health Inequalities: avoidable, unfair and systematic differences in health between different groups of people. There are many kinds of health inequality, and many ways in which the term is used. This means that when we talk about a specific ‘health inequality’, it is useful to be clear on which measure is unequally distributed, and between which people.

HWBB: Health and Wellbeing Board. This is the statutory body with responsibility to set the strategic direction for local population health and wellbeing.

ICB: Integrated Care Boards are NHS organisations responsible for planning health services for their local population. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan which says how the NHS will contribute to the integrated care strategy.

ICS: Integrated Care Systems are local partnerships that bring health and care organisations together to develop shared plans and joined-up services.

JSNA: The Joint Strategic Needs Assessment looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, wellbeing and social care services. It takes a wide view of health and is concerned with wider social factors that have an impact on people’s health and wellbeing, such as housing, deprivation and employment, it can be used to identify health inequalities, and it identifies gaps in health and care services, documenting unmet needs.

Stakeholders: Everyone with an interest in supporting and improving the health and wellbeing of the people of Rotherham.

Wider Determinants of Health: The wider determinants of health are a diverse range of social, economic and environmental factors which influence people’s mental and physical health. Systematic variation in these factors drives health inequalities.