

Appendix 2.

# HWB Strategy 2025 Development Evidence Base

Presented to the Health and Wellbeing Board

22<sup>nd</sup> Jan 2025

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## Reviewing our situation

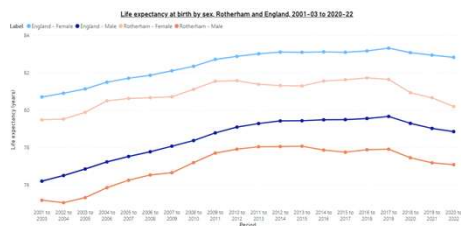
- Austerity / Poverty – continuing impact
- Post-pandemic – what should we pick back up?
- Continued financial and service system pressures
- Ageing population
- Significant impact of preventable illnesses
  
- A little bit of data...

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## Life Expectancy in Rotherham

### Life expectancy

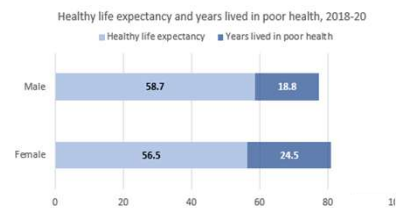
- Life expectancy at birth for males in Rotherham, 2020-22, is 77.1 years; significantly lower than the England value of 78.9 years.
- Life expectancy at birth for women in Rotherham, 2020-22, is 80.2 years; significantly lower than the England rate of 82.8 years.



**Data sources:** Life expectancy and healthy life expectancy data are from Fingertips - [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) data source: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/healthstatelifeexpectancyallagesuk>  
Index of Multiple Deprivation: [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019)  
**Link to JSNA:** [People - Rotherham Data Hub](#)

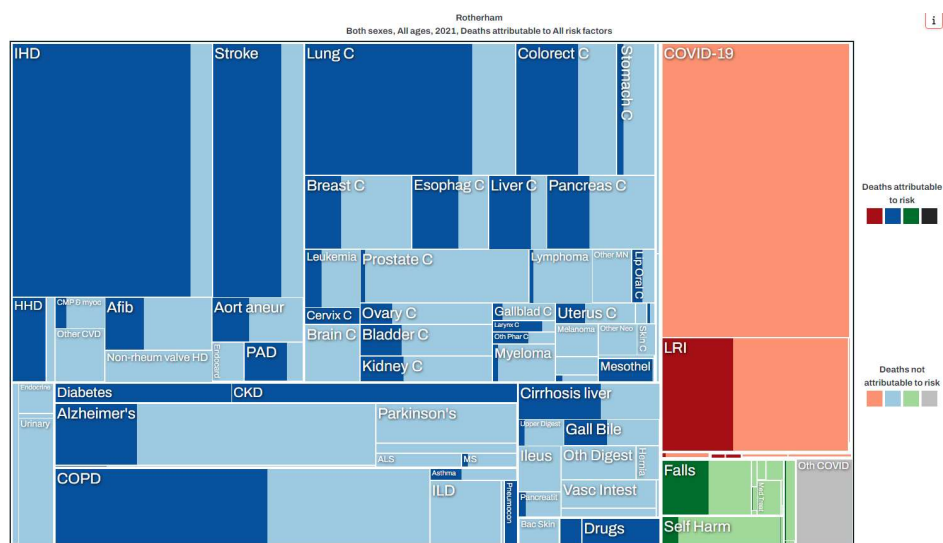
### Healthy life expectancy

- Healthy life expectancy at birth, 2018-2020, in Rotherham is 58.7 years for a male, significantly lower than the England average of 63.1.
- Healthy life expectancy at birth, 2018-2020, in Rotherham is 56.5 years for a female, significantly lower than the England average of 63.9.



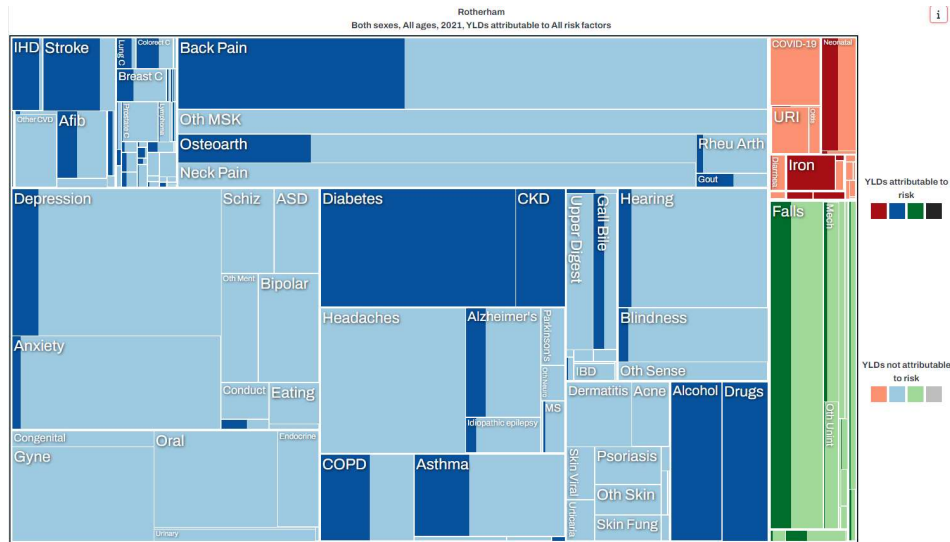
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## What we die of in Rotherham



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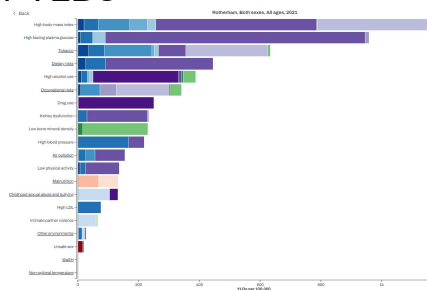
# What we live with in Rotherham



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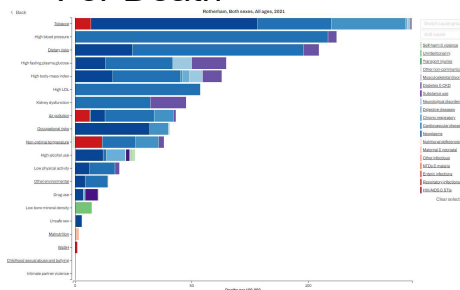
## Risk Factors

### • For YLDs



High Body Mass Index  
High Fasting Plasma Glucose  
Tobacco  
Dietary Risks  
High Alcohol Use  
Occupational Risks

### • For Death

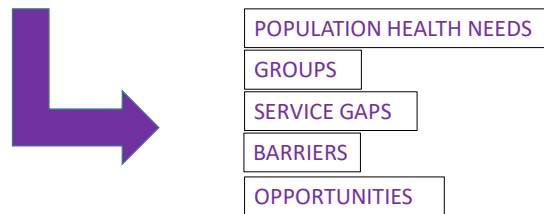


Tobacco  
High Blood Pressure  
Dietary Risks  
High Fasting Plasma Glucose  
High Body Mass Index  
High LDL

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## Overview of evidence gathering process

- Summary of consultation work and approach:
  - Board members – 1:1 discussions
  - Working group – shaping the engagement plan
  - Stakeholders- working group, bespoke survey, individual submissions, events
  - Population – review of existing consultation; bespoke survey
  - Evidence – JSNA and partnership discussions around opportunity



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## Discussions with Aim Sponsors

Summary of themes:

- Visibility
- Ownership across partnership boundaries/ complex systems working
- Effectiveness / How do we know if we're succeeding?
- Mechanics of the action plan: driving the activity.
- Challenge
- Avoiding passivity

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## Evidence from prior consultation - community

### Health and Wellbeing Strategy Refresh

[www.rotherham.gov.uk](http://www.rotherham.gov.uk)

Rotherham  
Metropolitan  
Borough Council



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## Reports included

- Rotherham Maternity and Neonatal Voices Partnership Annual Report 2023-24
- Engagement sessions with BAME women overview report (2023)
- Rotherham Insights – TRFT, Rotherham Opportunities College, Shiloh, Healthwatch Rotherham Group, Kashmiri and Yemeni Older People's Forum, Rotherham Drop-in (ICB), Mature Millers, Rotherham residents online, Military Community Veterans Centre, Social Supermarket (Rotherham Minster)
- SYICS engagement (2022)
- Healthwatch transport report (2024)
- Healthwatch LD & ASD report (2024)
- Rotherham Show (2024)
- SY Insights (Healthwatch, 2023/24) – care homes, RDaSH crisis team, unpaid/informal carers, Rotherham Deaf Futures Community Group, Rotherham hospital appointment wait times
- OSMB Youth Cabinet
- Chilypep (Children and Young People's Empowerment Project)

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## Key themes – health/healthcare

### Information and Education

- Information on health prevention and availability of services
- Unpaid carers
- Antenatal
- Menopause

### Communication

- Importance of good communication and feeling listened to
- e.g. clear explanations, easy read letters, care plans, using appropriate channels
- Communication between services

### Prevention and Health Behaviours

- Importance
- Support to live well
- Barriers to living well - commercial determinants, financial constraints, time constraints, lack of information

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## Key themes - health/healthcare

### Access

- Waiting times
- Travel - mobility/accessibility, public transport (need to be frequent, reliable, inexpensive)
- Childcare allowances
- Staffing levels

### Provision

- LD & ASD – specialist support and health passports valued
- Crisis MH care – after care/support
- Unpaid carers – desire for core dedicated team, 'one stop shop'

### Agency

- Providing people with information, tools and capacity to manage their own care
- E.g. valuing personalised care plans, informed choice/consent

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## Key themes - health/healthcare

### Equality, Diversity and Inclusion

- Culturally competent care
  - End of life and bereavement support
  - Women's Health
- Language and communication
  - Need for more information in plain English
  - Challenges of securing interpreters (including BSL) for healthcare appointments
  - Reasonable adjustments for people with ASD or LD
  - Digitally excluded
- Tackling stigma and discrimination
  - Substance misuse issues
  - Mental health issues
  - Obesity
  - Unpaid carers – need for more recognition

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## Key themes - wider determinants

### Social and community

- Groups/activities
- Importance of friends and family for health
- Importance of feeling connected to community
- Community assets

### Neighbourhood and environment

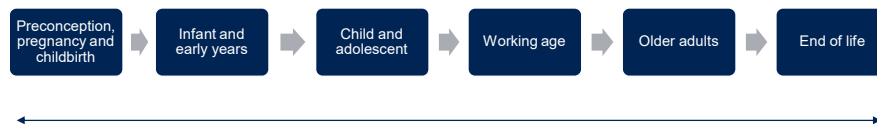
- Safety
- Nature and green space
- Access to outdoor space and leisure facilities
- Quality housing
- Improved transport and facilitation of active transport
- Dedicated youth spaces

### Economic issues, work and school

- financial security, negative impacts of financial deprivation
- Importance of work/school for health and wellbeing
- Workplace issues

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## Life stages and key groups



### Key groups highlighted within consultation work

Mental health and wellbeing  
 Informal carers  
 Women's health  
 People with learning disability or autism  
 People with physical disability  
 Ethnic minority and faith communities

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## Bespoke consultation for strategy (and beyond)

R Re Response Summary

Question Number	1	2	3	4	5	6	7	8	9	10	11	12	Age Range	Working Age	Not Working Age
Access															
Gen															
PI															
Access 1															
Lack of information															
Time constraints															

*"No takeaways"*  
*"More exercise"*  
*"Cleaner environment"*  
*"Getting a GP appointment"*  
*"Cost of living healthily"*  
*"Not enough time"*  
*"Not knowing what to do"*

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# Evidence from stakeholder consultation

## H&WB Strategy Refresh

[www.rotherham.gov.uk](http://www.rotherham.gov.uk)

Rotherham  
Metropolitan  
Borough Council



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## Response summary

- Total responses: 17
- Organisations engaged:
  - The Sleep Charity
  - Rotherham United Community Trust
  - Sheffield and Rotherham Wildlife Trust
  - VAR
  - Rotherham Minster
  - Early Help
  - RMBC Registration & Bereavement Services
  - RMBC Public Health
  - RDaSH
  - The Rotherham NHS Foundation Trust
  - Hope and Dignity Hearth (Ubuntu Arts And Culture Environmental Health and Emotional Healing Initiative)
  - Children and Young People's Alliance (CYPA)
  - Healthwatch
  - Nayi Zindagi
  - Rotherham Carers Forum

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## 1. What do you think are the main needs of the population you serve?

- Wider determinants
- Holistic offer
- Mental health and wellbeing
- Nature and green space
- Knowledge and information
- Resources
- Voice

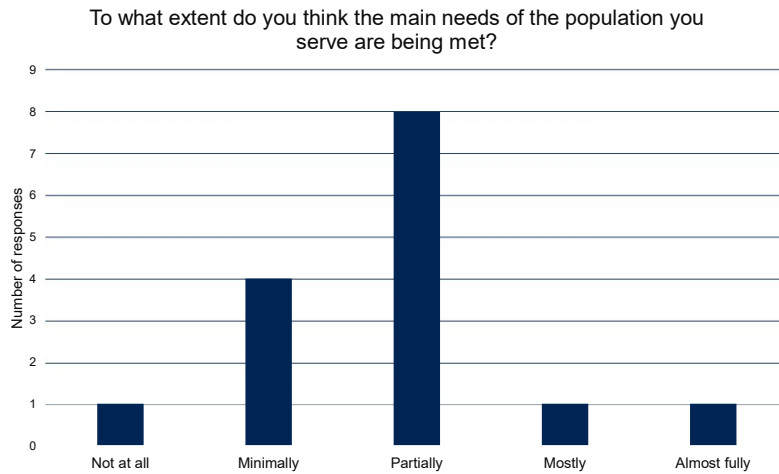
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## 1. What do you think are the main needs of the population you serve?

*"There is a need for human connection, people to spend time with, talk to and a place to belong. Mental health struggles are compounded when there are financial struggles and debt. Support with food is needed, but also 1:1 help to work out how to make progress. Holistic support. Body, mind and spirit"*

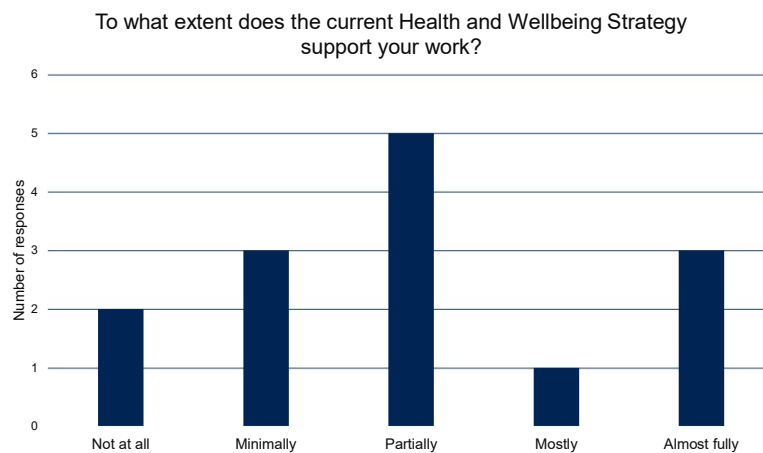
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## 2. To what extent do you think those needs are currently being met?



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## 3. To what extent does the current Health and Wellbeing Strategy support your work, and why?



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### 3. To what extent does the current Health and Wellbeing Strategy support your work, and why?

#### Reasons for not at all/minimally/partially

- Some responders had no involvement or were not familiar with strategy
- Some responders highlighted key areas they felt were missing (related to individual areas of work)
- Greater cohesion needed between different organisations
- Communication links with H&W board
- Need for sustainable strategy that will look at whole life journey
- Need to strengthen the role and impact of ill-health prevention.
- Not enough consultation with minoritised groups

#### Reasons for almost fully

- Aims supportive of overall vision of services
- Relevant HWB priorities can help progress work across the partnership, create new opportunities and overcome challenges.

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### 3. To what extent does the current Health and Wellbeing Strategy support your work, and why?

*"We need greater cohesion between RMBC, NHS, PCN, ICB and the Vol Com to put a sustainable strategy together that will look at the whole life journey"*

*"It is sometimes hard to see the link between the H&W strategy and our RDaSH strategic plan."*

*"There has not been enough consultation with minoritised groups."*

*"There have been examples/incidences, when having these as HWB priorities has helped progress work across the partnership, create new opportunities and overcome challenges."*

*"Not sure as I don't know what the strategy is"*

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#### 4. What do you think the overall vision should be for the health and wellbeing of Rotherham?

- Holistic
- Life course approach / Marmot principles
- Community-based
- Prevention focused
- Health inequality focused
- Mental health and wellbeing

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#### 4. What do you think the overall vision should be for the health and wellbeing of Rotherham?

*"Holistic, accessible support in the heart of the community"*

*"Improvements in prevention of ill health and greater equity"*

*"I think our vision needs to have a focus on addressing inequalities, creating supportive environments and communities and highlighting that it is a collective responsibility"*

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## 5. Is there anything else you'd like us to consider while developing the 2025 HWB Strategy?

- A focus on specific groups - women, children and young people, different cultural groups
- Consideration of wider context
- Ensuring that current HWB plans are supported going forwards and link with other strategies
- Easy read version of strategy

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## Summary

- Need for greater cohesion/ connection between organisations
- Need to strengthen role and impact of prevention
- HWB Strategy needs to be more visible
- Ensure that strategies across different boards are joined up
- Ensure that specific groups of need are supported
- Need to support people across the life course

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# Rotherham JSNA 2024/5

Summary slides- areas of opportunity for the 2025-30 Strategy

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## Population

- The population of Rotherham borough is 268,400 with an age structure that is slightly older than the national average.
- Rotherham has a below-average percentage of people aged 18 to 29 as a result 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 higher net inward migration.

## Opportunities

- Investment in retention of younger age groups to live and work in the borough: opportunity to attract and train young people in work which supports the socioeconomic and environmental benefit of all.
- Consider and plan for needs of ageing population in current system:
  - explore recommendations of DPH Annual Report 2024 in understanding role of primary care
  - Transformation work across the system around frailty
  - Development and ongoing support for programmes focusing on ageing well

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## Population Groups

- 36% of population live in the most deprived quintile. Deprivation is a major cause of health inequalities.
- Almost 9 in ten eligible 2 year olds are taking up a place in early education, and nearly three quarters engage with childrens 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.

## Opportunities

- Develop population-focused interventions to support disadvantaged communities and groups.
- Capitalise on the Family Hubs initiative to continue to provide excellent, joined up services for children and families in the borough.
- Implement recommendations of the Rotherham Mental Health Needs Assessment.
- Operationalise Rotherham Inclusion Health Framework

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## Health Overview

- Life expectancy is lower than 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 average age a girl born in Rotherham today can expect to live without chronic, life-changing illness is 56 years.
- The prevalence of depression has risen to 17% in 2022 and 25% of school children report problems with mental wellbeing
- Deprivation significantly impacts patient experience and outcomes of chronic pain, mental health issues, diabetes, cardiovascular and other long term conditions.
- 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 levels.
- Those in the most deprived areas are more likely to missed appointments and experience difficulties in accessing healthcare.

## Opportunities

- Improving life expectancy and healthy life expectancy can be achieved by:
  - Investing in preventative programmes which tackle the impacts of wider determinants of health,
  - Improving access to healthcare and improving healthcare outcomes,
  - Investing in community assets and socioeconomic infrastructure,
  - Targeting interventions to tackle inequalities
  - Empowering patients in decision making
- Focussed intervention on and prioritisation of specific disease pathways (e.g. CVD, pain, respiratory)

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## Behavioural Risk Factors

- Smoking is still the primary cause of morbidity and early mortality. Although smoking rates remain high (14%), more people are successfully quitting.
- Despite an increase in physical activity rates to 64% of adults in 2021, conditions such as stroke, CHD and hypertension remain higher than regional and national comparators.
- 40% of 11 year old children and 72% of adults are overweight or obese.
- Adult presentations to community substance and alcohol services have increased to over 950 per year (this represents an increase in capacity of the service)
- About 800 people engage in problem gambling, and around 3,200 in moderate risk gambling.
- Increase in sexually transmitted diseases.

## Opportunities

- Capitalise on 'Smokefree Generation' national policy and tobacco control investment initiatives to eradicate the harms of smoking.
- Build a health coaching, 'patient activation' model into our *Making Every Contact Count* programme to provide both workforce and general population with skills to make a healthy change.
- Work to address transitions across organisational boundaries for high-risk patients moving between community and acute services.
- Capitalise on physical activity local place partnership
- Address gaps in provision and support (e.g. gambling harms, advertising policies)

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## Economic Determinants

- Over 40,000 working age adults are economically inactive, and around 13% are actively seeking employment.
- In 2023, there were over 16,000 working age adults with long-term sickness.
- More women than men were in work in 2023, due to a recent decrease in male employment rates.
- On average, female full-time earnings are £9,000 less than male full-time earnings in the borough.
- The employment rate for disabled people (42%) in Rotherham is around half that for non-disabled people (82%).
- 17% of households live in fuel poverty.

## Opportunities

- Developing preventative workplace health interventions to reduce the numbers of employees being off work
- Roll out and support the Anchor approach, supporting local career development and investment in infrastructure to support partnership interventions.
- Encourage local organisations to formally support volunteering and social investment.
- Poverty-proofing work (cf RDaSH)
- Further mobilise CAB and third sector

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## Social Determinants

- The largest proportion of crimes reported were for violence, sexual offences and anti-social behaviour.
- 40% of our population live in areas that are at the highest risk of food insecurity.
- Nearly 30% of school children are eligible for free school meals.
- 8% of our residents say they feel lonely always or often.
- Rotherham population's measures of personal wellbeing are lower than regional and national averages.
- Historically, Rotherham has had lower than average levels of investment in arts and culture, and has lower rates of participation.

## Opportunities

- Creative health board and developing links to Cultural Strategy 2026 to support quality of life
- Develop and support community assets to meet locally identified needs
- Patient experience groups/ cafes
- Food network / link to commercial determinants
- Children's Capital of Culture 2025 and its legacy
- Develop and support the range of services offered by libraries
- Digital inclusion programmes

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## Environmental Determinants

- Mortality attributable to particulate air pollution in 2021 was 5%
- Greenhouse gas emissions increased by 1.1%, with transport accounting for most. Car use is increasing.
- People living in areas of higher deprivation are more likely to be at risk of flooding and less likely to be able to respond to flooding incidents.
- Older people, the very young, and those with learning disabilities are most at risk of extreme temperatures. Heat exposure risk is concentrated on the town centre and areas bordering Sheffield conurbation.
- 15% of Rotherham households live in the private rented sector.
- 12% of council homes do not meet the Decent Homes Standard.

## Opportunities

- Active travel developments
- Green space and exercise
- Development of household risk directory to provide multiagency support to vulnerable households.
- Engagement with housing and planning on:
  - Designing in healthy outcomes in new and existing developments
  - Ensuring high-quality homes
  - Improving access to adaptations

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## Summary

- Importance of applying inequalities lens to different groups needs
- Tackling ageing population
- Growing demand requires preventative, supportive, early intervention approaches
- Gaps exist in services – which should we prioritise?
- Economic and Environmental determinants are particularly challenging

## Opportunities

- Targeted population intervention approaches
- Ensure HI lens is built into system reporting standards
- Develop strong prevention ethos across partnership
- Seek, listen and respond to patient voice, develop capacity of insights databank
- Collaboration across partnerships to tackle complex systemic issues
- Develop approaches to support population resilience
- Consider methods of prioritising potential interventions (e.g. health economics, impacts on QALYs)

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## Evidence Theme Summary

- A strong emphasis on prevention
- Strengthening population and patient resilience
- Tackling health inequality, and provide help to those that need it most
- Strengthening and making the most of community assets
- Strengthening joined-up approaches
- Tackling difficult challenges
- Taking joint responsibility across the system
- A visible strategy that enables and empowers

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