



Rotherham Borough

Joint Health and Wellbeing Strategy
2012 – 2015



Introduction

The Rotherham Health and Wellbeing Strategy sets out the key priorities that the local Health and Wellbeing Board will adopt over the next three years to improve the health and wellbeing of Rotherham people.

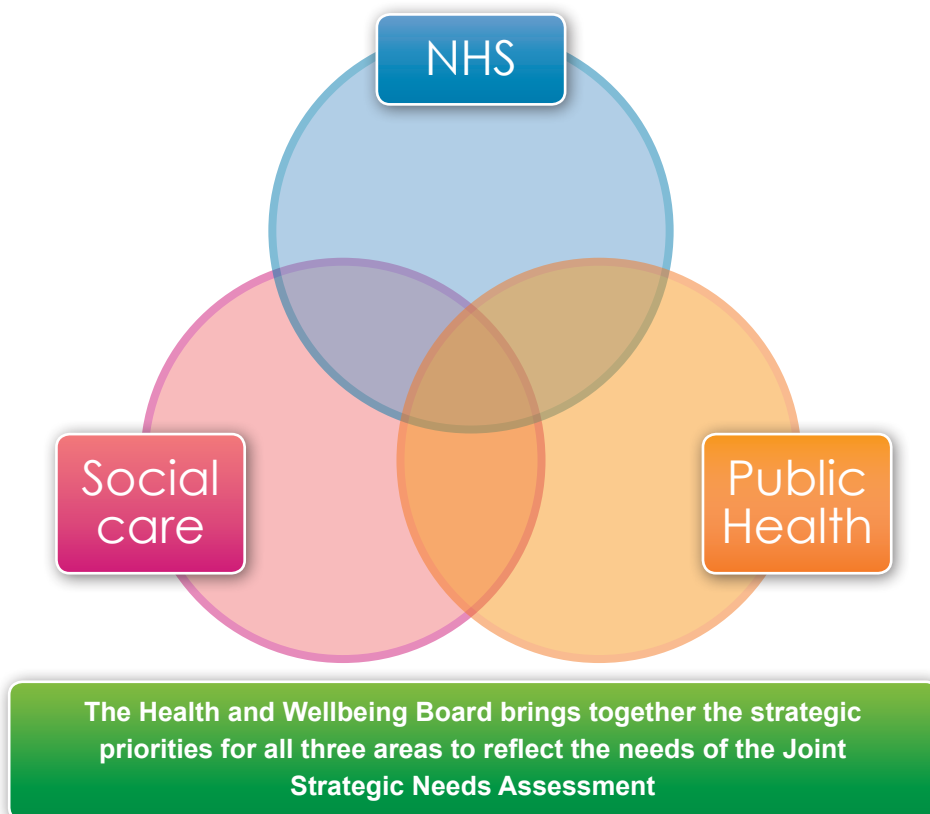
The document brings together the things that impact on people's health and wellbeing into a single, high-level framework. The strategy will be used to guide all agencies in Rotherham in developing commissioning priorities and plans in tackling the major public health and wellbeing challenges facing our communities. The document presents a shared commitment to ensure all Rotherham individuals and families are able to make positive choices to improve their physical, mental health and wellbeing, as well as helping to build strong communities. The strategy should also ensure that public services do everything we can to address the root causes of ill-health.

This strategy will sit within a set of documents which demonstrate the journey from gathering data, to understanding whether we are achieving our goals, these include:

- *Joint Strategic Needs Assessment: our intelligence*
- *Health and Wellbeing Strategy: our vision and how we will achieve this*
- *Commissioning plans: funding and leadership*
- *Performance management framework: evaluating success.*

Integrating Health and Social Care

There are obvious benefits from bringing together planning, funding, and delivery of health and social care. This is demonstrated through the publication of three frameworks of outcomes for the NHS, public health and adult social care. The diagram below shows how these frameworks overlap and how the joint priorities of the Health and Well Being Board presented in this strategy, sit within the centre of it.





Why we need a strategy

Health Inequalities

Deprivation in Rotherham is higher than average and worsening. According to the Index of Multiple Deprivation in 2007, Rotherham ranked 68th most deprived district in England.

In 2010 we had moved to 53rd. Rotherham still ranks amongst the top 20% most deprived districts nationally. The biggest causes of deprivation in Rotherham remain Education and Skills, Health and Disability and Employment. Life expectancy is lower the England average, but there is also a large gap between the least and most deprived areas in the borough; 9.9 years for men and 5.9 for women. Health inequalities in Rotherham are generally worse than the England average and our statistical neighbours.

(source: Health Profile 2011, DH)

The Marmot Review of Health Inequalities **'Fair Society, Healthy Lives'** provides evidence that there is a bigger impact on the health for those living in deprivation. The review suggests that there needs to be a focus across different backgrounds as well as across the life course, with appropriate levels of help given to people from different backgrounds to reduce inequalities. It also presents the positive impact of employment for the health and wellbeing of working age people, particularly for an individual's mental health and wellbeing.

Life Course Framework

The Health and Wellbeing Board have agreed a life course framework, which has been adapted from the Marmot life course. The dying well agenda is aligned to ageing well, however we recognise that end of life choices span the life course. The diagram below shows how the life course for this strategy links to the key point in people's lives:



Our Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) takes a comprehensive look at the health and social care needs of Rotherham. We refreshed and published our JSNA at the end of 2011, using factual information and evidence to identify needs.

Our JSNA has told us that the main determinants of health inequalities include deprivation and worklessness, attainment and skills, low birth-weight, infant mortality and mental health, as well as lifestyle factors such as poor diet, obesity, smoking and alcohol use, teenage pregnancy and low levels of physical activity. It also highlighted the ongoing concerns relating to the increased demands due to the ageing population, diversity and caring responsibilities and this poses challenges for service delivery.



Health Inequalities Consultation

To ensure that we fully understand the needs and demands of our local population, we have undertaken a comprehensive consultation on health inequalities with local people. This identified five themes: increased cost of living, quality health services, having the skills for life, Rotherham communities' assets and the look and feel of Rotherham, with an overarching theme of the raising aspirations of Rotherham people and communities.

The most common issues raised included:

- *Families felt challenges in their daily lives led to difficulties in prioritisation and a lack of long-term planning.*
- *Many felt trapped in a cycle of poverty with little prospect of escape.*
- *People felt that young people had poor skills for life and work.*
- *A welfare culture of dependency had become the norm for some people, which was also reflected in rising concerns about welfare reform and expected reductions in benefit.*
- *Low aspirations and expectations were evident across all age groups.*
- *There was little common identity in Rotherham, mainly in the outer areas of the Borough.*
- *Black and Minority Ethnic people still faced discrimination and negative perceptions from services.*
- *Older people often felt isolated and unsafe but also offered untapped potential to help others*
- *People identified the skills they had to offer, but found the opportunity to use them difficult to find.*
- *People want clear, direct and simple messages on health to encourage people to make changes.*

What we want to achieve

Our Vision:

To improve health and reduce health inequalities across the whole of Rotherham.

Our 'Strategic Outcomes'

The Health and Wellbeing Board have agreed six areas of priority and associated outcomes for the strategy, which represent a desired state for what we want Rotherham to look like in three years:

- PE** **Priority 1 - Prevention and early intervention**
Outcome: Rotherham people will get help early to stay healthy and increase their independence.
- EA** **Priority 2 - Expectations and aspirations**
Outcome: All Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community, tailored to their personal circumstances.
- DI** **Priority 3 - Dependence to independence**
Outcome: Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances



HL Priority 4 - Healthy lifestyles
 Outcome: People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles.

Lc Priority 5 - Long-term conditions
 Outcome: Rotherham people will be able to manage long-term conditions so that they are able to enjoy the best quality of life.

PT Priority 6 - Poverty
 Outcome: Reduce poverty in disadvantaged areas through policies that enable people to fully participate in everyday social activities and the creation of more opportunities to gain skills and employment.

What we will do - tackle the 'Big Issues'

The Health and Wellbeing Board will prioritise and tackle the 'big issues' highlighted by the JSNA and health inequalities consultation, these are:

Starting Well	<ul style="list-style-type: none"> • <i>Low birthweight & high infant mortality</i> • <i>High smoking rates in pregnancy</i> • <i>Low breastfeeding rates</i> • <i>High teenage conceptions</i> • <i>High obesity rates</i> • <i>High levels of oral disease</i>
Developing Well	<ul style="list-style-type: none"> • <i>Low attainment, skills and aspirations</i> • <i>Low levels of physical activity</i> • <i>High levels of lifestyle risks – alcohol, smoking, substance misuse, obesity</i> • <i>High rates of teenage pregnancy</i> • <i>High rates of emotional, behavioural or attention deficit disorders</i> • <i>High emergency admissions</i> • <i>Meeting the needs of increasingly diverse minority ethnic and migrant communities</i> • <i>High levels of oral disease</i>
Living and Working Well	<ul style="list-style-type: none"> • <i>High levels of lifestyle risks – smoking, alcohol, diet, obesity</i> • <i>High levels of worklessness and benefit culture</i> • <i>Low levels of physical activity</i> • <i>Low qualification and skill levels</i> • <i>High levels of depression and anxiety</i> • <i>High deprivation</i> • <i>Rising fuel poverty</i> • <i>High rates of disability</i> • <i>Increasing need for carer support</i> • <i>Meeting the needs of increasingly diverse minority ethnic and migrant communities</i>
Ageing and Dying Well	<ul style="list-style-type: none"> • <i>Increase in age related conditions such as; dementia, mobility & hearing impairment, diabetes, falls</i> • <i>High levels of depression</i> • <i>Low levels of physical activity</i> • <i>Rising number of older & disabled people living alone & feeling isolated</i> • <i>Ageing carers and growing care gap</i> • <i>High pensioner poverty</i> • <i>Rising fuel poverty</i> • <i>High demand for acute care</i> • <i>High levels of lifestyle risks – smoking, alcohol, diet, obesity</i> • <i>Big gap in the life expectancy in least and most deprived areas in Rotherham</i>



How we will do it

To achieve an improvement in health and wellbeing across Rotherham, the Health and Wellbeing Board have agreed a set of actions to reduce health inequalities.

PE Prevention and Early Intervention

- We will coordinate a planned shift of resources from high dependency services to early intervention and prevention.
- We will focus on motivating people to change behaviours and design our campaigns around prevention and early intervention.
- Service will be delivered in the right place at the right time by the right people
- We will develop a joint approach to maximise the use of assistive technology to benefit people.
- We will develop a common approach to identifying and addressing risks across all services and organisations.

EA Expectations and Aspirations

- We will provide much clearer information about the standards people should expect and demand.
- We will train all people who work towards reducing health inequalities to respond to the circumstances of individual people, families and the local community.
- We will ensure all our workforce routinely prompt, help and signpost people to key services and programmes.
- We will co-produce with Rotherham people the way services are delivered to communities facing challenging conditions.

DI Dependence to Independence

- We will change the culture of staff from simply 'doing' things for people to encouraging and prolonging independence and self care.
- We will seek out the community champions and support them with appropriate resources, to take action and organise activities.
- We will support and enable people to step up and step down through a range of statutory, voluntary and community services, appropriate to their needs.
- We will properly enable people to become independent and celebrate independence.



HL Healthy Lifestyles

- We will work together to understand our community assets; identifying what and where they are across the borough and how we use them effectively.
- We will use the health and wellbeing strategy to influence local planning and transport services to help us promote healthy lifestyles.
- We will promote active leisure and ensure those who wish to are able to access affordable, accessible leisure centres and activities.

LC Long-term Conditions

- We will adopt a coordinated approach to help people manage their conditions.
- We will develop a common approach to data sharing so we can provide better support across agencies and put in place a long-term plan for the life of the individual.
- We will ensure all agencies work together to make transitions between services for those with long term conditions seamless and smooth.
- We will work jointly to review our eligibility criteria thresholds and ensure we are able to escalate and de-escalate people through services as their needs change.

PT Poverty

- We will make an overarching commitment to reducing health inequalities, particularly in areas suffering from a concentration of disadvantage.

We will ask the Rotherham Partnership:

- To look at new ways of assisting those disengaged from the labour market to improve their skills and readiness for work.
- To ensure that strategies to tackle poverty don't just focus on the most disadvantaged, but there is action across the borough to avoid poverty worsening.
- To consider how we can actively work with every household in deprived areas to maximise benefit take-up of every person.



Linking the life stages with our strategic outcomes

Bringing about improvement in health and wellbeing is incredibly challenging and we see the need to drive actions forward. We have therefore identified a lead professional who will be accountable for each outcome and life stage.

The table shows the lead professional for each outcome and life stage, but also which agencies will provide the main supporting and advising role for each area. Along with the main statutory organisations, there will be a range of voluntary, community sector and private organisations that we will need to work with to help us achieve our vision.

	Prevention & Early Intervention	Expectations & Aspirations	Dependence to Independence	Healthy Lifestyles Independence	Long-term Conditions	Poverty
Starting Well	Led by Public Health Supported by CCG, CYPS	Led by CYPS Supported by CCG Advised by PH	Led by CYPS Supported by CCG	Led by PH Supported by CCG & CYPS	Led by CYPS Supported by CCG Advised by PH	Advised by All
Developing Well	Led by CYPS Supported by CCG & PH	Led by CYPS Supported by CCG Advised by PH	Led by CYPS Supported by CCG	Led by PH Supported by CCG & CYPS	Led by CYPS Supported by CCG Advised by PH	Advised by All
Living and Working Well	Led by Public Health Supported by CCG & AS Advised by CYPS	Led by AS Supported by CCG Advised by PH	Led by AS Supported by CCG	Led by PH Supported by CCG & AS	Led by CCG Supported by AS Advised by PH	Advised by All
Ageing and Dying Well	Led by AS Supported by CCG & PH	Led by AS Supported by CCG Advised by PH	Led by AS Supported by CCG	Led by PH Supported by CCG & AS	Led by AS Supported by CCG Advised by PH	Advised by All

AS = Adult Services CYPH = Children and Young People Services
PH = Public Health CCG = Clinical Commissioning Group

Having agreed Accountable lead professionals will ensure a coordinated approach across all the life stages. This will help us to work towards breaking the 'cycle' of poor health. We see that we cannot simply shift our resources to 'Starting Well' to prevent poor health, but we need to address the determinants of health at each life stage to ensure young people do not become unhealthy adults and adults do not become unhealthy older people.

What Next?

In order to meet the strategic objectives and outcomes we will require a picture of assets and services that we have available across Rotherham. Continuing to develop this will ensure it provides a clear and comprehensive picture of how services in Rotherham are delivered to meet need, based on the Joint Strategic Needs Assessment.

Delivering the Strategy

Six strategic lead officers from the Local Authority and NHS will be responsible for the delivery of each of the strategy's priorities. Their role will be to provide leadership and accountability for each priority workstream, ensuring a workplan is in place to deliver the actions within the life of the strategy. The table on page 8 will be a tool used by the strategic leads to develop their plans, ensuring the right people and agencies are involved.



Commissioning Plans

We will use this strategy to inform commissioning plans for all health and wellbeing partner agencies; including public health, NHS and social care. Commissioning plans will identify who will do the work to help us achieve our goals.

Performance Management Framework

In order to understand whether we have been successful, we will develop a performance management framework using the life stage and strategic outcomes matrix. This will include key indicators from each of the national outcomes frameworks, along with any local measures, which will demonstrate whether we are achieving improvements for each of the big issues, and ultimately our strategic outcomes.

Future Joint Strategic Needs Assessments and the Index of Multiple Deprivation 2016 will also demonstrate whether this strategy has had an impact on deprivation and health inequalities, in line with the national average.

Reviewing the Strategy

The strategy presented here is a three year plan and we will formally review it annually. Over the course of the three years we will continue to build up a much clearer picture of the needs of our population; through our Joint Strategic Needs Assessment, as well as how we commission services. We will also use local people and future developments such as Healthwatch, to help us understand our population's needs and how services are actually delivered. This annual review process will help us recognise how well we are doing and show if we are off track and allow us to change direction as needed.

Rotherham people will remain at the centre of the strategy and a continued consultation plan will ensure that the strategy remains focused on listening to the views and improving the health of all Rotherham people.

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NHS Rotherham is the Rotherham Primary Care Trust

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