Public Agenda

Title of Meeting:	**Rotherham Place Board: Partnership Business**
Time of Meeting:	9am – 10am
Date of Meeting:	Wednesday 19 April 2023
Venue:	Elm Room, Oak House, Moorhead Way, Bramley, S66 1YY
Chair:	Chris Edwards/Sharon Kemp
Contact for Meeting:	Lydia George: lydia.george@nhs.net Wendy Commons: wcommons@nhs.net

Apologies:	J. Page
Conflicts of Interest:	
Quoracy:	No Partnership Business shall be transacted unless the following are present as a minimum: a) one Member from each of the ICB and RMBC; and b) two Members from any of the following Partners: TRFT, VAR, RDASH or RPCLG

Item		Time	Pres By	Encs
1	Public & Patient Questions: *The Chair will take questions in writing prior to meetings and will try to respond during the meeting. However, there may be occasions when a response has to be issued in writing afterwards. This being the case, responses will be published as an item for information at the next meeting.*		*Chair*	*Verbal*
	Business Items			
2	Public Health Update: by exception	*5 mins*	*BA*	*Verbal*
3	Digital Inclusion Strategy (Andy Clayton/Helen Barker)	*15 mins*	*AC/HB*	*Enc 3*
4	Anchor Institution Action Plan (Ben Anderson/Becky Woolley)	*10 mins*	*BA/RW*	*Enc 4*
5	South Yorkshire Integrated Care Partnership Strategy – Final (other versions and resources available at https://syics.co.uk/integrated-care-partnership/ourfuturesouthyorkshire-creative-toolkit)	*10 mins*	*Cllr Roche*	*Enc 5*
6	Feedback from the South Yorkshire Integrated Care Partnership Board	*5 mins*	*Cllr Roche*	*Verbal*
	Standard Items			
7	Communication to Partners	*5 mins*	*Chair*	*Verbal*
8	Draft Minutes and Action Log from Public Place Board – 15 March 2023 – *for approval*	*5 mins*	*Chair*	*Enc 8i & 8ii*
9	Risks and Items for escalation to Health & Wellbeing Board		*Chair*	*Verbal*
10	Future Agenda Items: • Town Centre Development (June) • Update on Strategic Estates Group (July) Standing Items • Transformation & Enabling Group Updates • Achievements • Feedback from SY ICP Meeting • Bi-Monthly Place Partnership Newsletter			
11	Dates of Next Meeting: Wednesday **17 May 2023** at 9 –10am			

Glossary

A&E	Accident and Emergency
BAME	Black Asian and Minority Ethnic
BCF	Better Care Fund
C&YP	Children and Young People
CAMHS	Child and Adolescent Mental Health Services
CHC	Continuing Health Care
COI	Conflict of Interest
CQC	Care Quality Commission
DES	Direct Enhanced Service
DTOC	Delayed Transfer of Care
EOLC	End of Life Care
FOI	Freedom of Information
H&WB	Health and Wellbeing
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IDT	Integrated Discharge Team
JFP	Joint Forward Plan
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
KLOE	Key Lines of Enquiry
LAC	Looked After Children
LeDeR	Learning Disability Mortality Review
LES	Local Enhanced Service
LIS	Local Incentive Scheme
LOS	Length of Stay
LTC	Long Term Conditions
MMC	Medicines Management Committee
MOU	Memorandum of Understanding
NHS LTP	NHS Long Term Plan
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
OD	Organisational Development
PCN	Primary Care Network
PTS	Patient Transport Services
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Performance
QOF	Quality Outcomes Framework
RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust
RHR	Rotherham Health Record
RLSCB	Rotherham Local Safeguarding Childrens Board
RMBC	Rotherham Metropolitan Borough Council
RPCCG	Rotherham Primary Care Collaborative Group
RTT	Referral to Treatment
SEND	Special Educational Needs and Disabilities
SIRO	Senior Information Risk Officer
TRFT	The Rotherham NHS Foundation Trust
UECC	Urgent and Emergency Care Centre
VAR	Voluntary Action Rotherham
VCS	Voluntary and Community Sector
VCSE	Voluntary, Community and Social Enterprise sector
YAS	Yorkshire Ambulance Service

BRIEFING TO:	Rotherham Place Board
DATE:	19th April 2023
TITLE	Rotherham Place Digital Inclusion Programme

Programme Leads
Helen Barker
Head of Customer Services
Rotherham Metropolitan Borough Council

Andy Clayton
Head of Digital
NHS South Yorkshire (Rotherham Place)

Report Author(s)
Phil Rushton
Customer Service Manager
Rotherham Metropolitan Borough Council

Paul Woodhouse
Digital Inclusion Project Manager
Rotherham Metropolitan Borough Council

Report Summary
To brief and obtain the continued support of the Rotherham Place Board on the progress of the Rotherham Place Digital Inclusion Programme, detailing work undertaken to date, future actions and associated costs.

List of Appendices Included

Appendix 1 Digital Inclusion Review – Rotherham Place
Appendix 2 Rotherham Digital Inclusion Strategy
Appendix 3 Digital Inclusion Action Plan
Appendix 4 Digital Inclusion Action Plan on a page
Appendix 5 Communication & Engagement Plan
Appendix 6 Equality Impact Assessment
Appendix 7 Risk Register

1.	Background
1.1	Digital inclusion remains a challenge for some people in Rotherham and a lack of digital access can have a detrimental impact on residents. The associated problems can be significant for citizens and families contributing to educational and economic disadvantage, health inequalities and increased social isolation.
1.2	The shared view across the Council, Health, and third sector organisations is that whilst Covid-19 created increased digital engagement, it had also widened the gap between those who are digitally included and those who are digitally excluded; leaving some members of the community at risk of missing out on opportunities to find jobs, save money, learn new skills and socially engage from the comfort of their home.
1.3	Whilst national research already supported this view, the degree to which this was happening in the local area was unknown.
1.4	Talking to both residents and service providers was the best way to gain a better understanding of the level and quality of the "digital offer" of services within the Rotherham Place, the local appetite for digital inclusion and the identification of any barriers that prevent the people of Rotherham accessing and benefiting from online services and digital channels.
1.5	In 2021 Rotherham Health and Rotherham Council therefore jointly proposed establishing a Rotherham Place Digital Inclusion Programme. The programme funding was secured through the NHS Digital Aspirant Programme grant (£200,000), RMBC Capital Digital Strategy (£200,000) and 2021/22 Council revenue budget (£50,000).
1.6	The programme's overarching objective is to deliver strategies, governance, and operational practices that maximise access to technology, training and support for the people, small businesses, and organisations across the Rotherham borough.
1.7	A key focus of the Digital Inclusion programme is on working collaboratively and co-productively. As such a cross organisational stakeholder working group was established to jointly input into and shape the aims and outcome of the Digital Inclusion programme; ensuring the needs of all customers and communities within the Rotherham place are fully considered and represented in all digital inclusion activities and reflected within a future co-designed Digital Inclusion strategy.
1.8	The Digital Inclusion Stakeholder group currently consists of representation from different organisations within the Rotherham Place including AGE UK Rotherham, Rotherfed, VAR, REMA, NHS, RNN Colleges, Rotherham Council; although membership invitations are likely to be extended as the delivery of the programme progresses.
1.9	Each member of the group is expected to contribute to the delivery of the programme objectives which were grouped into four delivery phases: **Phase 1**: Information gathering **Phase 2**: Develop evidence-based intervention strategies and programme governance

	Phase 3: Delivery **Phase 4:** Develop a sustainability and ongoing financial model
1.10	The purpose of this paper is to provide an update on progress to date and to gain the continued support of members of the Rotherham Place Partnership Board and Rotherham Together Partnership board in terms of the planned approach/priorities.
2.	**Programme Phases**

2.1	**<u>Phase 1 - Information gathering (completed)</u>**
	
	Objective
	
	A third-party organisation with a proven track record of assessing and analysing digital inclusion/exclusion, be commissioned to:
	
	• Identify and profile the target group within the Rotherham Place. For example, adults, children and businesses who are offline and/or lack basic digital skills/confidence to engage online
	• Understand the local barriers to digital inclusion at an individual and Rotherham Place level
	• Identify existing digital inclusion activity (and the gaps) across the Rotherham Place
	• Identify best practice Digital Inclusion activities and programmes at a local and national level to inform the type of digital inclusion activities that best respond to the brough wide needs and aspirations.
	
	Approach and Actions
	
	i) A specification document outlining the objectives and intended outcomes of the knowledge gathering phase was created and signed off by members of the Digital Inclusion Stakeholder group.
	
	• An independent consultancy was appointed (Attain) to produce a Rotherham place baseline review which involved:
	  • National and Rotherham population level analysis
	  • Consultation with residents:
	  ○ 454 online surveys received
	  ○ 67 postal surveys returned (500 sent out)
	  ○ 9 focus group sessions held across the borough in areas with high levels of deprivation and groups where English isn't the first language
	
	ii) An assessment of the digital maturity of Rotherham provider organisations was undertaken. Participants were asked to complete a self-assessment across seven key areas using the 'What Good Looks Like' (WGLL) framework which organisations can choose to use to accelerate digital and data transformation.

Providers who contributed included VAR, Rotherfed, Clifton Learning Partnership, RMBC, AGE UK Rotherham, and three NHS trusts.

Objective Outcomes
The findings of the Digital Inclusion Rotherham Place Review identified:

i) Groups most at high-risk groups of digital inclusion:

- Older People
- Deprivation
- LTC / Learning Disability
- Disadvantaged Young People

ii) The combination of deprivation and poor internet infrastructure puts some populations at particularly high-risk of digital exclusion, with following areas considered to be most high risk:

- East Herringthorpe
- Rotherham Central
- Thrybergh
- Maltby East

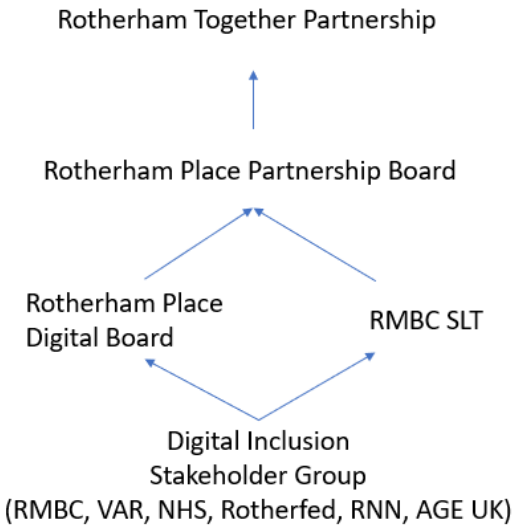
iii) Common barriers to digital inclusion:

- Internet availability in venues such as sheltered housing.
- Language
- Residents wanting more 'one to one' support to help them use their own devices and be more aware of internet safely.
- Age –increasing age increases the need for digital support, but there are also pockets of younger people who are at risk of being digitally excluded
- Based on the survey responses around 54% of residents need some form of digital support

iv) Organisational digital maturity:

- 'Empower Citizens' Place score was the lowest in the WGLL framework which indicates that organisational focus moving forward needs to be on the resident offer.
- There are some established digital support offers across Rotherham, mostly delivered through groups in libraries or courses provided by Rotherham College
- Other community digital support offers have now ceased (e.g., Digital Dan, Rotherfed).

Appendix 1 provides a full copy of the 'Digital Inclusion Review – Rotherham Place.' (April 2022)

2.2	**<u>Phase 2 – Develop evidence-based intervention strategies and programme governance (Complete)</u>**
2.2.1	**Objective 1** *Establish a governance framework that ensures accountability to the Rotherham Together Partnership and partner working arrangements reporting and decision-making boards.* **Approach and Actions** • Created Terms of Reference for Digital Inclusion Stakeholder Group • Established regular meetings with key stakeholders • Provided regular financial updates with key programme leads • Created programme highlight report and risk register **Objective Outcome** Governance Structure in Place: **<u>Rotherham Digital Inclusion Governance Structure</u>** 
2.2.2	**Objective 2** *Develop a Digital Inclusion strategy, the outcomes of which can be delivered by a range of projects and initiatives that target Rotherham's most digitally excluded using the most appropriate method of delivery within the budget available.*

Approach and Actions
Members of the Digital Inclusion Stakeholder group have worked collaboratively with both organisations and members of the public to create the Rotherham Place Digital Inclusion strategy. **(Appendix 2).**

The key criteria for the shaping of this document are:

- It aligns with the 'Rotherham Together Partnership' and Place Board priorities
- It is person centric:
    - Focuses on the things that matter to people who live, work and do business in Rotherham
    - Anyone who reads it can identify with something in the strategy
    - Accessible and understandable – using simple, plain and meaningful language with no 'jargon'

    In November a workshop was held with over 22 representatives from different organisations[1] across Rotherham inputting into the creation of a Digital Inclusion Action Plan (A**ppendix 3**) which sets out a range of projects and initiatives aimed at supporting Rotherham's most digitally excluded communities (as identified from the *Digital Inclusion Review – Rotherham Place'*).

Objective Outcomes
- Creation of a Place Based Digital Inclusion Strategy
- Action Plan on a page – easy reference document for general circulation/promotion (**Appendix 4**)

2.2.3 **Objective 3**
Agree target priority areas and communities in terms of geography and demographics to maximise impact and fully exploit organisational presence in the community.

Approach and Actions
The baseline report 'Digital Inclusion Review – Rotherham Place' provided the information needed to identify High-Risk groups and Wards (Page 14):

High-Risk Groups
- Older People
- Deprivation
- LTC / Learning Disability
- Disadvantaged Young People

High-Risk Wards
- East Herringthorpe
- Rotherham Central

[1] AGE UK Rotherham, RotherFed, Rotherham Older Peoples Forum, RNN Group, RDASH, NHS, Rotherham Council

	• Thrybergh • Maltby East **Objective Outcome** The priority activities and actions agreed by the Digital Inclusion Stakeholder group will be initially focused on the high-risk groups in the high-risk wards. For example, the creation of 'digital surgeries' in libraries and community centres in East Herringthorpe, Rotherham Central, Thrybergh, and Maltby East.
2.2.4	**Objective 4** *Establish a process for evaluating the Rotherham Digital Inclusion Programme and provide a robust and transparent measurement framework*. **Approach and Actions** • Through discussion with stakeholder group members it was accepted that there are numerous initiatives expected to help improve digital inclusion; but none are likely to be the single solution. It will therefore be critically important to review and evaluate the work we are doing regularly and continuously. • The stakeholder group agree that the programme's fundamental approach should be based on a test and learn methodology; making best use of resident stories and case studies to highlight successes. This will be achieved by: o Maintaining constant dialogue with all delivery partners, and more importantly through conversations with those who are directly receiving help. o Consistent and frequent user consultation o Capturing evidence of how initiatives and activities are helping residents and enabling them to become more digitally included and active. o Being confident and decisive as a group o Listening to feedback so that we can quickly change or amend anything that isn't working and refocus our energies. o Keeping residents updated about the programme o Re-visiting the groups that took part in the initial baseline report research to share progress and find out from them how the programme is making a difference. **Objective Outcome** A robust and transparent measurement framework has been implemented and adopted, providing the evidence source for continuous evaluation of the Rotherham Digital Inclusion Programme and the impact it is having on the lives of local people.
2.3	**<u>Phase 3: Delivery (in progress)</u>**
2.3.1	**Objective:** *Following the completion of phases 1 and 2, identify the different delivery mechanisms that can add most value to the communities of Rotherham.*

Approach and Actions
The Digital Inclusion workshop held in November was used to debate, identify, and agree a range of priority projects, activities and initiatives to support Rotherham's most digitally excluded communities.

i) ***Activities already underway****:*

RNN Digital Champions
We are working with Rotherham College to utilise their digital students and their required work experience to become digital champions in the community. We are starting a small pilot. We will match suitable students with groups. This will be informal, and the idea is for them to join a group and to offer help to anybody with anything technology based. They won't be delivering courses. They will respond to whatever each individual needs help with

Good Things Databank Pilot with the libraries
Good Things Foundation offer free sims to organisations through their Databank programme. This is a scheme we want to promote and help organisations utilise. Working with the libraries, we will start a pilot scheme. We also want to encourage other organisations to sign up to utilise this.

ICT Classes and Employability classes for residents
Free training courses on specifics subjects for individuals like Excel and Word are important for individuals to upskill themselves ready for employment. These are available across Rotherham, and we will work with the deliverers to ensure what they offer is fit for purpose and to help them be advertised throughout Rotherham.

ii) ***Activities and initiatives that are planned*** *to deliver the priorities in the Baseline review and help communities/people become more digitally included, active, and confident. Delivery of these actions requires:*

Resource

All members of the Digital Inclusion Stakeholder group are unanimously agreed that the success of this programme is reliant on resource that is dedicated to place-based digital inclusion related activities.

A Digital Inclusion 'team' managed by a single organisation is required to ensure the 'place based' approach remains fully intact with the focus of any activity/time dedicated to the delivery of the priorities agreed by the Digital Inclusion Stakeholder group.

To deliver the agreed activities set out in the Action Plan, the following posts are required:

- 1 FTE Digital Inclusion Delivery Manager (Currently in post until November 30th, 2023. Contract to be extended to 31st March 2025) – To oversee the programme as a whole and manage the Digital Support Officers to ensure the agreed action plan is being delivered as agreed and to timescales

- 2 FTE Digital Support Officers (2-year fixed term) - To undertake the activities identified in the action plan and deliver interventions across Rotherham Place. These post holders will spend most of their time working within the communities of Rotherham.

It is proposed that the employment/management of these roles be established with Rotherham Council as they are the budget holder.

Devices

The findings of the report indicate that device ownership is a real barrier to being digitally included. As indicated on pages 35,52,53 and 56 of the baseline report a device loaning scheme would help reduce this barrier to digital inclusion.

There are various best practice examples in other authorities that highlight successes with schemes such as device lending services and 'gifting' using previously owned donated devices.

The action plan therefore includes the need to further explore the feasibility of offering one or both schemes, or anything similar, which would be initially introduced as a proof of concept to deliver on one of the identified priorities.

Community engagement across Rotherham

A key part of the success of this programme is reaching as many people as possible from different demographics within Rotherham; particularly those groups that are harder to reach.

A Communication Plan has been created and signed off by members of the Rotherham Digital Inclusion Stakeholder Group (Appendix 5); a small budget for which has been included for various activities including things like a presence at events, and costs for pitches, promotional material etc.

'Rotherham Digital' Website

A website will be created as a focal point for the Rotherham Digital Inclusion programme and related activities, and information; publicly accessible and inclusively designed to encourage and inform residents, communities, and businesses.

This will be a galaxy site hosted by Rotherham Council designed with an independent look and feel and using a previously acquired 'Rotherham Digital' domain name (URL).

Programme Funding

Section 3 (Financial) of this report sets out in detail how the available budget will be used to support the delivery of the agreed actions. Please note, not all activities on the action plan require funding from the programme as some represent

initiatives/approaches already in situ that are already aimed at increasing digital inclusion and will continue.

Objective Outcome

The different delivery mechanisms that can add most value to the communities of Rotherham have been identified, with some already underway and others set to be delivered subject to the dependencies referenced above.

2.4 **<u>Phase 4: Develop a sustainability and ongoing financial model (not yet started)</u>**

Objectives

- *Agree a programme of continued support for all partner organisations to establish digital inclusion activities as a core component of service offerings.*
- *Explore options for additional funding and pool potential match funding to support the programme and future sustainability.*
- *Evaluate the effectiveness of digital inclusion interventions to demonstrate how the programme has added value; the evidence from which can be used to inform "what future delivery would look like."*

Approach and Actions

To be formed over the course of the next 12-18 months.

3. Financial

3.1 As referenced in 1.5, the programme funding has been secured through the NHS Digital Aspirant Programme grant (£200,000), RMBC Capital Digital Strategy (£200,000) and 2021/22 Council revenue budget (£50,000).

3.2 Spend to date as follows:

Costs Incurred to date	Funding Amount	2021/22	2022/23	Total Costs	Balance Carried Forward
Funding Stream		**Costs**	**Costs**		
RMBC Revenue Budget	**50,000**				
Digital Inclusion Delivery Manager (Band I)		16,440	33,560	50,000	0
DAP - Revenue	**200,000**				
Digital Inclusion Delivery Manager (Band I)			10,383		
Digital Inclusion Baseline review - Attain			55,080	65,463	134,537
RMBC Capital Digital Strategy	**200,000**				
		0	0	0	200,000
	450,000	**16,440**	**99,022**	**115,463**	**334,537**

3.3 To deliver the priorities listed in the Digital Inclusion Action Plan, it is expected that the available funding will be allocated as follows:

Digital Aspirant Programme	2023/24	2024/25	Total Expected Costs	Budgets Available
Funding Stream	**Expected Costs**	**Expected Costs**		
DAP - Revenue & Capital				
Project Management: Digital Inclusion Manager - 2 years	45,893	48,188		
Year 1 - Creating digital infrastructure (RDASH capital)	40,000			
Travel	250	206		
	86,143	**48,394**	**134,537**	134,537
Funding Stream	**Expected Costs**	**Expected Costs**		
Digital Inclusion Project - Capital				
Creating programme and digital inclusion delivery model – Support Officer 2 FTE Band F 2 years	69,542	73,019		
Website Development	17,400	3,406		
Marketing Materials	1,500	1,500		
Year 2 Creating digital infrastructure		21,951		
Contingency	7,000	4,682		
	95,442	**104,558**	**200,000**	200,000

2023/24 salary costs have been calculated based on an assumption that current 22/23 local government pay scales could increase by 5.5% for Band I and 7.8% for Band F.

2024/25 salary costs have then been calculated on the estimated 23/24 cost shown plus a further percentage increase of 4% and 7% respectively.

4. Equality & Diversity

4.1 An Equality Impact Assessment (Appendix 6) has been completed and signed off by the Rotherham Digital Inclusion Stakeholder group members.

4.2 This will be reviewed every six months.

5. Risks and Mitigation

5.1 Please see Appendix 7

6. Recommendations

6.1 That the Rotherham Place Board:

- Note the progress of the Rotherham Digital Inclusion Programme to date
- Continue to support the programme and the approach being taken to improve digital inclusion across the borough of Rotherham

	• Note the intention of the Rotherham Digital Inclusion Stakeholder group to deliver the actions outlined in the Action Plan • Note the intention of the Rotherham Digital Inclusion Stakeholder group to keep the Place Board and Rotherham Together Partnership Board informed of progress on a periodic basis

This report is published on the Rotherham Digital Inclusion website (once established)

Attain

Improving health and wellbeing

Digital Inclusion Review: Rotherham Place

Final Report

April 2022

Purpose and scope of the report

Purpose and Scope

Rotherham has received significant digital investment over recent years through the Digital Aspirant Programme and other central funding streams, in order to advance digital maturity across Place. This digital investment has provided an opportunity for collaboration across partners and to build on existing relationships that have already helped to develop and scale local digital products, such as the Rotherham Health App (RHA) and Rotherham Health Record (RHR).

In order to ensure that organisational digital maturity does not out-pace digital access and engagement within the local population, Rotherham have sought to review the current state of digital inclusion across Place and improve the evidence base from which to support strategic planning, community engagement and digital transformation.

Attain were commissioned by The Rotherham Place Digital Inclusion Stakeholder Group to undertake a digital inclusion baseline review. This review has consisted of the following key components;

Section 1 — **Rotherham population analysis:**
- Deprivation and inequality
- Digital access / engagement
- Geographic and demographic mapping

Section 2 — **Qualitative feedback from residents:**
- Barriers to digital inclusion / engagement
- Opportunities to improve digital inclusion / engagement

Section 3 — **Mapping of current service provision:**
- Provider digital maturity and skills audit
- The reach of provider current digital inclusion services

Section 4 — **Practical recommendations and next steps** based on a gap analysis between the current landscape and identified future state.

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37	**What local providers told us**
50	**Recommendations and next steps**
65	**Appendices A-D** • A – Rotherham digital inclusion mapping • B – Provider digital maturity • C - Rotherham resident postal survey results • D – Rotherham resident online survey results

Executive Summary

Executive Summary

The world has changed significantly in its use of digital technology over the last decade and this has been accelerated during the last two years due to the Covid-19 pandemic. It has fundamentally transformed the way people interact, be this with each other, or how we connect with information, services and support.

Connecting people in ways that allow them to fully exploit digital technologies can be a key driver for economic and social growth. However, there is also a risk that digital transformation, delivered at pace, can leave already excluded and disadvantaged groups behind, widening existing inequalities.

This report provides Rotherham with improved knowledge and awareness about digital access and engagement in the local population, as well as an evidence base to support strategic planning of resources, community engagement and digital transformation in order to bridge the identified gaps.

Key recommendations and next steps ;

1. Undertake targeted intervention work with high-risk groups and wards;

High-Risk Groups

- Older People
- Deprivation
- LTC / Learning Disability
- Disadvantaged Young People

High-Risk Wards

- East Herringthorpe
- Rotherham Central
- Thrybergh
- Maltby East

2. Build the structural foundations for tackling digital inclusion at scale;

- Place Digital Inclusion Team
- Field Team
- Digital Champions

3. Set about creating a social movement of digital support and enablement across Place

The full recommendations and next steps can be found from slide 51 onwards

Executive Summary: Project plan, approach & outputs

Outlined below is a high-level overview of the project journey

Stakeholder Engagement

Early engagement with local stakeholders and organisations

Resident Meetings / Focus Groups

In-depth discussions with identified groups, to understand their current and future digital need

Digital Maturity

Development of a provider digital maturity assessment based on the national 'What Good Looks Like' framework

Online & Postal Resident Survey

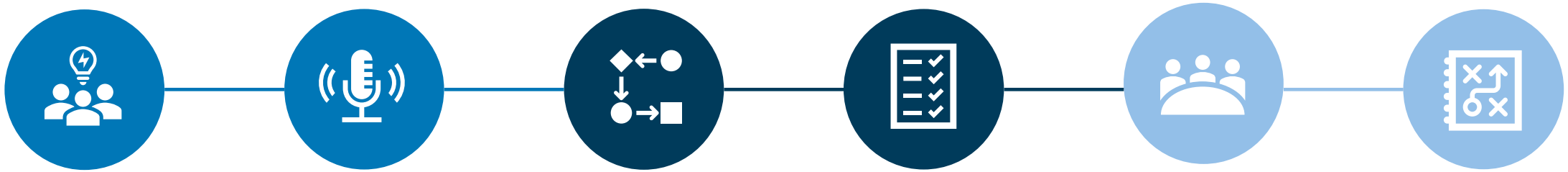
Qualitative survey to understand residents' views about their current and future digital needs

Digital Inclusion Stakeholder Group

Regular engagement with the local digital inclusion group on project delivery and recommendations

Final Report & Recommendations

Compilation of journey undertaken, resident feedback, digital maturity analysis and recommendations



Jan –Feb 2022 Feb 2022 Feb - Mar 2022

Digital access and engagement in Rotherham

Rotherham population level-analysis

Delivery Method

- Desktop research
- Review various sources of data, including;
  - Local Authority neighbourhood data
  - SHAPE Atlas
  - Gov UK IMD data
  - Office for National Statistics
  - Local Government Association
  - Lloyds Bank: Consumer Digital Index
  - OfCom

Key Findings

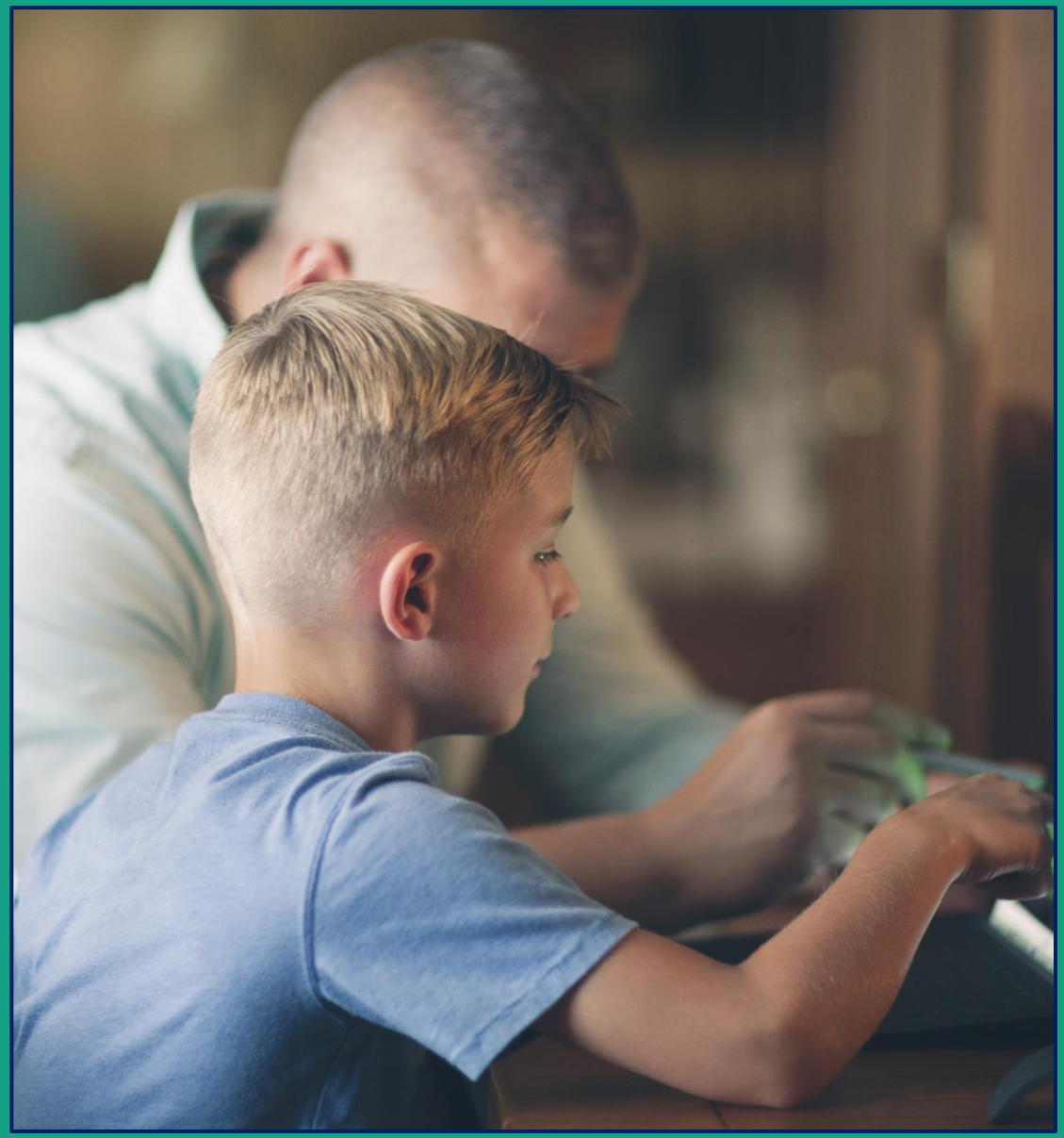
- There is a real appetite and energy to make a difference to digital access and uptake for residents in Rotherham
- Internet usage in Rotherham has increased over recent years and is just above the national position, however, there is still a significant percentage of the population who are not using the internet.
- Usage in Rotherham has followed a similar pattern to other areas, however appears to be at the lower end of digital access and engagement, showing there is a real need for digital inclusion support to residents.
- Covid has already highlighted specific groups of people, such as shielded patients without an email address, who are particularly vulnerable from digitally exclusion. These cohorts highlight the need to continue running some non-digital services in parallel.
- There are number of wards in Rotherham where the combination of deprivation and poor internet infrastructure put those populations at particularly high-risk of digital exclusion.

Context

- It is estimated that 7.8% of UK adults have either never used the internet, or last used it over 3 months ago. That's 4.2 million people according to the Office for National Statistics, 2020 data on digital exclusion in the UK.

- Digital inclusion isn't only about whether people can *access* the internet, it is also about their *ability* to use it. 21% of UK adults, or 11m people, do not have the Essential Digital Skills needed for day-to-day life (Lloyds Consumer Digital Index 2021).

- Lacking the essential digital skills for day-to-day life impacts everything from basic communication with family and friends, to transacting with services and staying safe online.



Why does digital exclusion matter?

- The internet is being used increasingly across all areas of life. Digital technology offers a number of benefits to the individual, which those who are digitally excluded are missing out on.

- The Centre for Economics and Business Research (CEBR) have identified five areas in which individuals who acquire basic digital skills are able to benefit:

    - **Earnings benefits:** these relate to increased earnings of between 3% and 10% through acquiring digital skills.
    - **Employability benefits:** this reflects the improved chances of finding work for someone who is unemployed and an increased likelihood that someone who is inactive will look for work.
    - **Retail transaction benefits:** shopping online has been found to be 13% cheaper on average than shopping in-store.
    - **Communication benefits:** basic digital skills can enable people to connect and communicate with family, friends and the community 14% more frequently.
    - **Time savings:** these relate to the time saved by accessing government services and banking online rather than in person, estimated to be about 30 minutes per transaction.

A focus on employment

- In terms of earnings and employability benefits, the Industrial Strategy White Paper identified Artificial Intelligence and Data as an important challenge and opportunity for creating good quality jobs and driving economic growth.

- In 2016, it was estimated that within the next 10 to 20 years, 90% of jobs will require some sort of digital skills.

- Research by Lloyds Bank shows that half of those online indicated that the internet had helped them find a job .

- **These findings highlight that people who are digitally excluded will be increasingly at a disadvantage in the employment market unless they are adequately supported.**

National data on digital infrastructure & skills

Presented is a summary of key stats from the latest Lloyds Consumer Index 2020

3.8 million (7%) people in the UK remain completely offline
An estimated 9 million people(16%) are unable to use the Internet or their device without assistance
Circa 2.7 million (5%) people can access the internet but lack the ability to use it to its full advantage
In total, an estimated 11.7 million (22%) people in the UK are without the digital skills needed for everyday life
Two-thirds (66%) of those online have not used the internet or digital apps and tools to manage their health
Only 15.7 million people have the Essential Digital Skills needed for Work
Two-thirds of jobs need digital skills of some kind, and yet 5.2% of the UK workforce are not fully digitally enabled

National data on Internet usage

Presented is a snapshot of ONS data taken from January to February 2020

- **96% of households in Great Britain have internet access**, up from 93% in 2019 and 57% in 2006 when comparable records began.
- **87% of all adults shopped online within the last 12 months**, up from 53% in 2008; those aged 65 years and over had the highest growth, rising from 16% to 65% over this period.
- **49% of adults in Great Britain aged 25 to 34 years used a virtual assistant smart speaker or app**, compared with 17% of those aged 65 years and over; 35% of all adults used these "internet of things" devices.
- **18% of adults in Great Britain used internet-connected energy or lighting controls**, with those aged 35 to 44 years using these most at 26%.
- Internet connections in households with one adult aged 65 years and over have **increased by seven percentage** points since 2019 to **80%**; these households still had the lowest proportion of internet.
- **76% of adults in Great Britain used internet banking**, increasing from 30% in 2007 and 73% in 2019.
- **87% of all adults shopped online within the last 12 months**, up from 53% in 2008; those aged 65 years and over had the highest growth, rising from 16% to 65% over this period.

Costs of internet access

Media regulator Ofcom has urged all broadband firms to support low-income homes by offering discounted packages known as "social tariffs".

Rotherham should look to promote this information with a focus on the most deprived wards.

"Broadband firms urged to offer deals to low-income families"

- Ofcom found that only 55,000 out of 4.2 million homes in receipt of Universal Credit are using discounted rates, meaning that households on benefits are missing out on an average yearly broadband saving of £144 each.
- Many families are facing added pressure from the cost of living crisis.
- Ofcom said it wanted more companies to offer help to low income households and to make it clearer how people can switch to cheaper deals.
- It said that 84% of people receiving benefits were unaware of the social tariff packages.

It has seen "limited evidence" of providers actively promoting their social tariffs to eligible customers while deals do not generally feature in broadband advertising or price comparison website searches.

A standard commercial broadband package costs an unemployed person claiming Universal Credit an average of £27 per month - or 8.3% of monthly disposable income.

A £15 social tariff package would almost halve this broadband cost and use up 4.6% of disposable income, it added.

Currently six broadband providers - BT, Community Fibre, G.Network, Hyperoptic, KCOM and Virgin Media O2 - offer at least one of the social tariff deal costing between £10 and £20 month.
But other firms including EE, Plusnet, Shell, Sky, TalkTalk and Vodafone do not.

Rotherham's baseline position

The previous slides indicate an improving picture nationally with regards digital access and uptake. We will now look at what is happening specifically in Rotherham and which groups are most at risk of digital exclusion.

A number of metrics have been used throughout this analysis, some of which are presented in the remainder of this section, and all are contained within the appendices at the end of the report for reference, including;

- Internet user classification
- Internet utilisation
- Indices of Multiple Deprivation (IMD)
- Broadband availability
- Broadband connectivity / speed
- User essential digital skills
- Rotherham Health App utilisation

Attain

Internet usage in Rotherham has increased over recent years and is just above the national position, however, there is still a significant percentage of the population who are not using the internet.

Usage in Rotherham has followed a similar pattern to other areas, however appears to be at the lower end of digital access and engagement, showing there is a real need for digital inclusion support to residents.

There are number of wards and high-risk groups in Rotherham where the combination of deprivation and poor internet infrastructure put those populations at particularly high-risk of digital exclusion. These are;

High-Risk Groups

- Older People
- Deprivation
- LTC / Learning Disability
- Disadvantaged Young People

High-Risk Wards

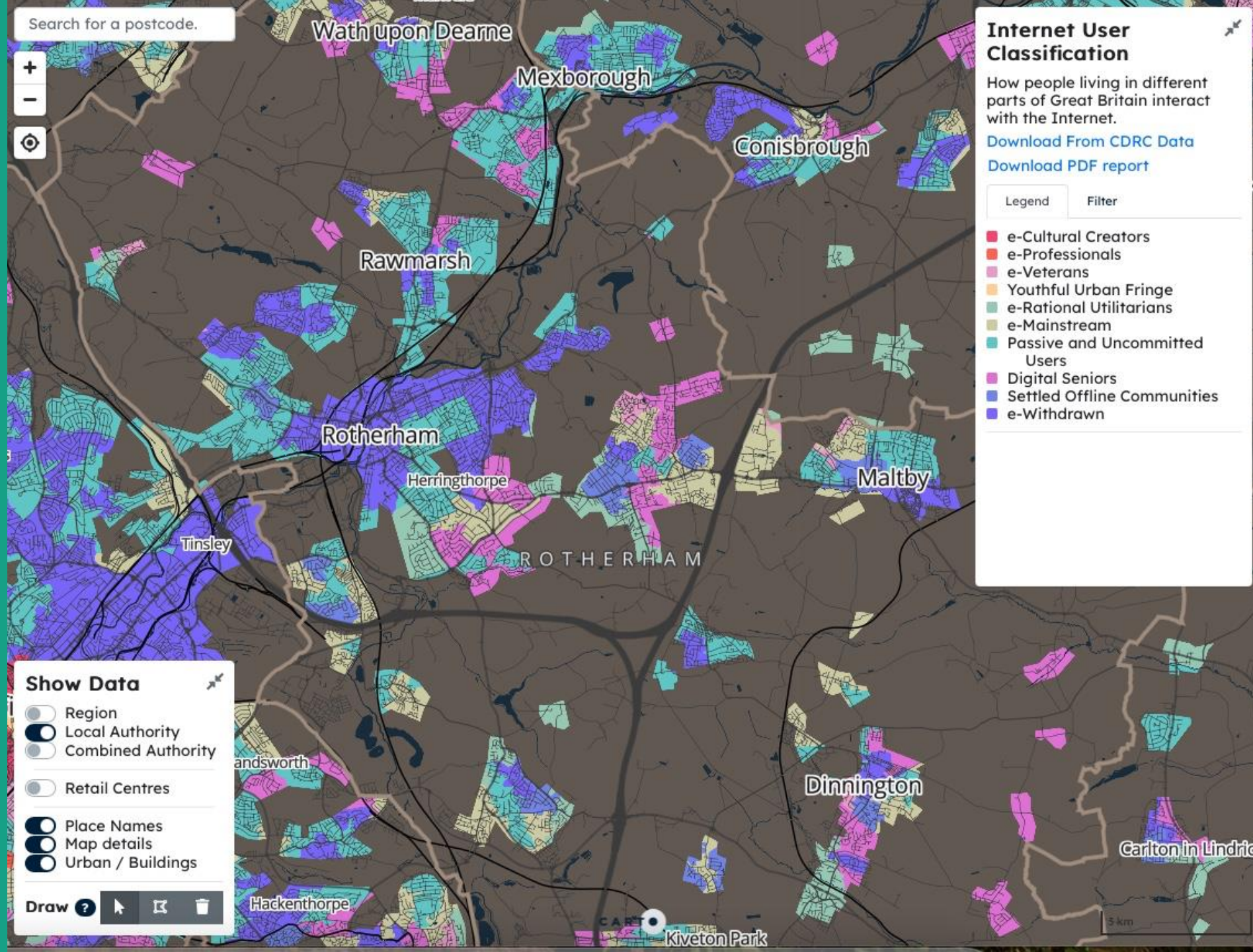
- East Herringthorpe
- Rotherham Central
- Thrybergh
- Maltby East

Internet User Classification

Follow the link to view internet user classification by post code.

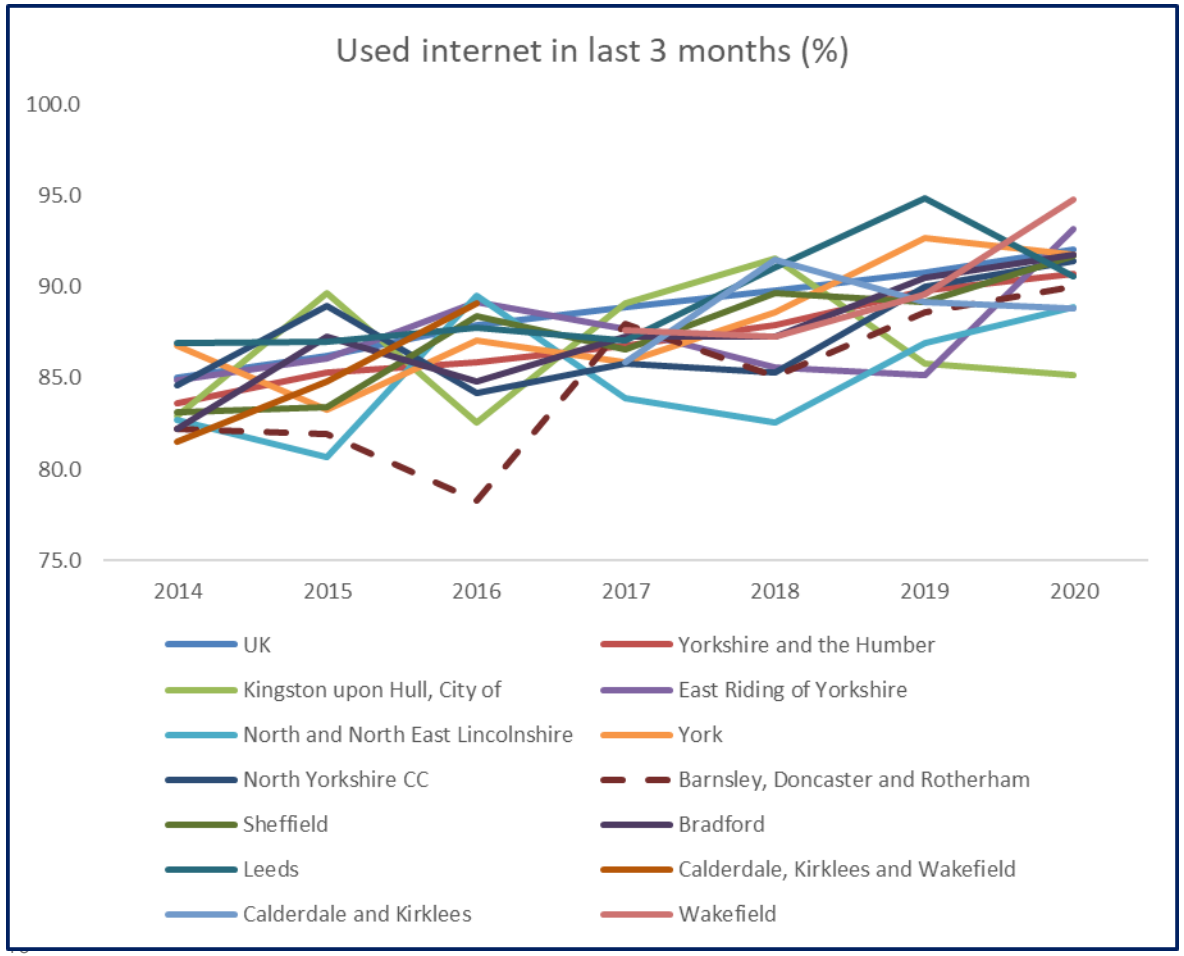
The dark purple areas are where wards need targeted support and should be considered first

The ‘e-withdrawn’ and ‘Digital Seniors’ groups align well with other data presented throughout this report.

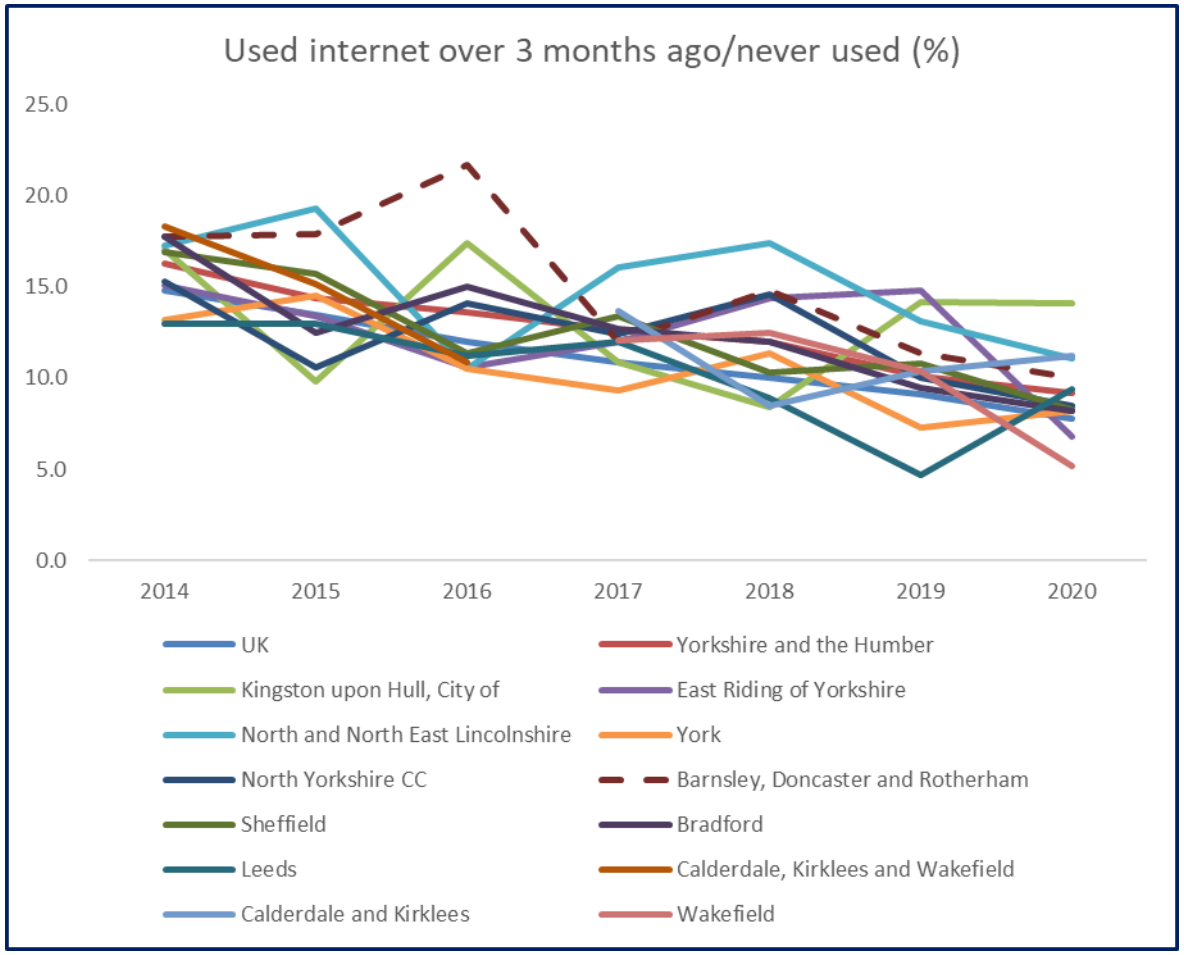


Internet utilisation

The graph below shows the increase internet usage over the last 3 months – Rotherham is combined with Barnsley and Doncaster - which is below the UK and above three other areas in Yorkshire region Calderdale and Kirklees, North and North East Lincolnshire and Kingston upon Hull



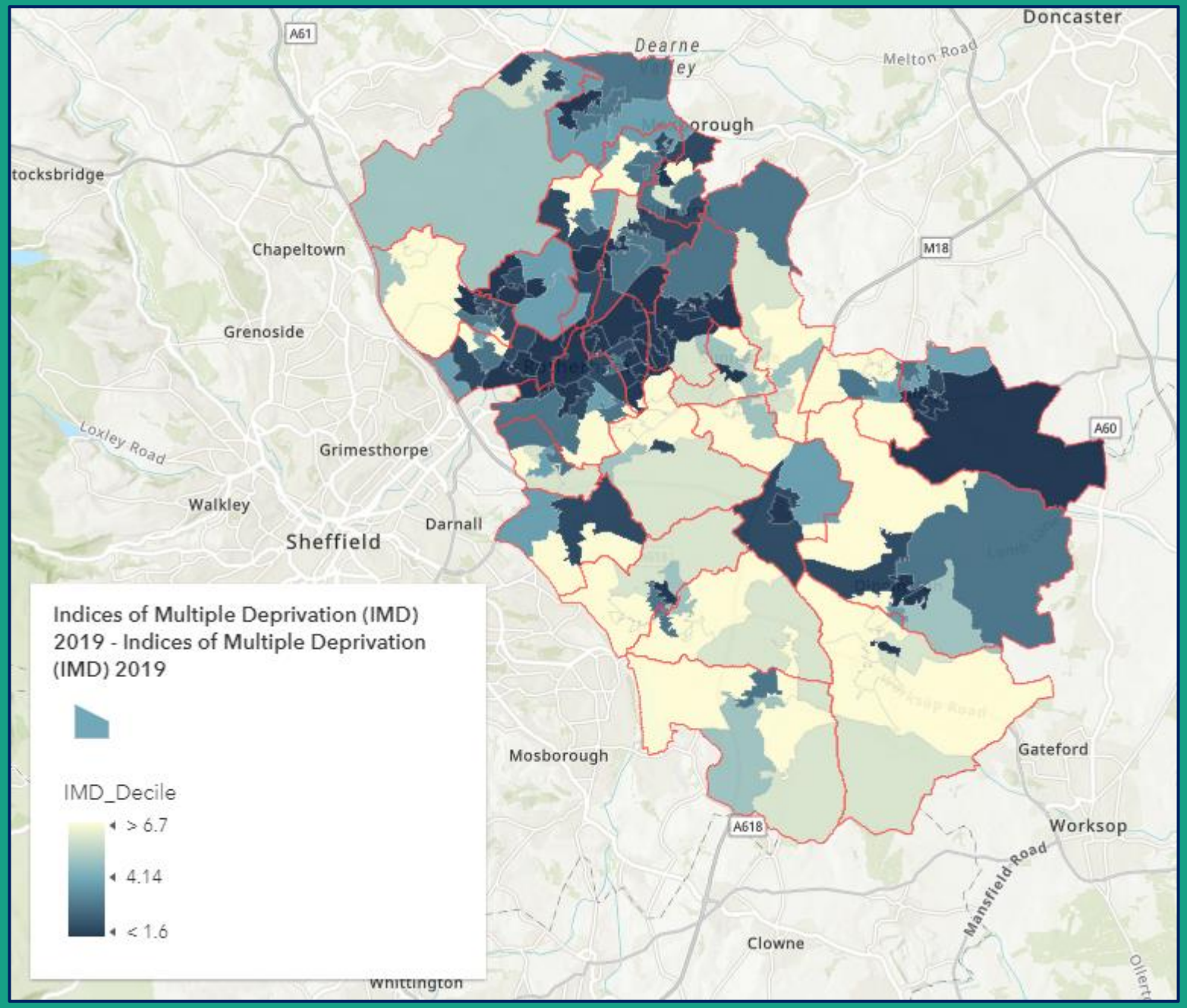
The graph below shows the decrease in those who have never used the internet over the last 3 months – Rotherham is combined with Barnsley and Doncaster - which is above the UK average and above three other areas in the Yorkshire region.



Deprivation: Indices of Multiple Deprivation: Overall Decile

The heat map combines information from the seven domains:

- Income
- Employment
- Education Skills & Training
- Health & disability
- Crime
- Barriers to housing & services
- Living Environment



Dark colours = most deprived (Where 1 is most deprived)

MSOA with the highest Indices of Multiple Deprivation (IMD)

This table shows 8 middle layer supper output area (MSOA)with the highest IMD and compared them on;

- Average download speed
- % Adults with no formal qualification
- Education, Skill and training decile
- Health deprivation & disability decile
- Essential Digital Skills – Yorkshire region

- East Herringthorpe has the highest IMD score, followed by Rotherham Central and Masbrough & Bradgate
- Thrybergh & Hooton Roberts and Maltby east have the lowest average download speed

MSOA	IMD	Average Download Speed	% Adults have no formal qualification	Education, Skills and training decile	Health deprivation & disability decile	Essential Digital Skills (0 Foundation Tasks)
East Herringthorpe	63.49	70.9	>36	<1.5	2.62	7
Rotherham Central	57.46	77.8	>36	<1.5	<1.2	7
Masbrough & Bradgate	54.50	88.3	>36	<1.5	<1.2	7
Thrybergh & Hooton Roberts	49.36	45	>30.1	<1.5	2.62	7
Eastwood & East Dene	44.57	93.9	>36	<1.5	<1.2	7
Maltby East	43.69	44.3	>36	<1.5	<1.2	7
Greasbrough	43.69	90.8	>36	<1.5	<1.2	7
Rawmarsh South	43.68	90.7	>36	<1.5	2.62	7

Broadband connectivity

The table below shows broadband connectivity by MSOA, ranked by IMD score.

MSOA name	MSOA Code	Population	Average download speed (Mbps)	Superfast availability	Unable to receive decent broadband	Gigabit availability	Receiving under 10 Mbps	Receiving over 30 Mbps	Median age	IMD Rank (1= most deprived)	IMD Score (Higher score = most deprived)
Aughton	E02005315	7989	56.1	93.6%	0.0%	76.3%	9.2%	66.4%	50	6371	6.63
Boston Spa & Bramham	E02002334	7160	74.3	94.9%	0.2%	50.5%	7.4%	68.7%	47	5883	8.71
Wickersley South & Bramley South	E02001599	6351	49.4	98.2%	0.0%	8.0%	5.1%	72.8%	48	4465	13.76
Thorpe Hesley	E02001584	6723	83.7	96.2%	0.0%	3.4%	8.2%	75.9%	48	4461	13.77
Ravenfield & Bramley North	E02001589	7873	53.1	99.6%	0.1%	25.9%	9.8%	76.0%	45	4352	14.15
Kiveton, Todwick & Harthill	E02001610	8363	70.8	98.3%	0.1%	43.2%	5.5%	79.6%	47	4318	14.30
Swallownest & Wales	E02001608	6784	88.8	98.3%	0.2%	50.5%	8.2%	75.6%	42	4197	14.72
Anston & Woodsetts	E02001609	8374	48.7	96.7%	0.7%	1.6%	12.5%	73.9%	50	3631	17.02
Maltby West & Hellaby	E02001595	8265	41.7	95.6%	0.0%	4.4%	9.4%	71.2%	47	3503	17.68
Whiston	E02001601	4863	101.5	99.6%	0.0%	1.0%	7.4%	86.7%	47	2998	20.27
Rotherham South	E02001600	11200	96.8	96.2%	0.0%	0.0%	6.5%	81.5%	40	2967	20.41
Laughton & Throapham	E02001605	7647	56.4	95.5%	0.3%	5.3%	6.6%	77.5%	42	2938	20.58
Catcliffe, Treeton & Waverley	E02001604	10996	123.2	98.0%	0.0%	63.8%	5.4%	89.7%	36	2864	20.93
Brinsworth	E02001602	8932	87.7	97.6%	0.0%	5.8%	8.7%	82.4%	43	2786	21.34
Wickersley North	E02001596	8241	44.7	99.3%	0.0%	3.3%	5.9%	71.7%	49	2784	21.35
Kimberworth	E02001592	8706	93.6	100.0%	0.0%	92.4%	6.7%	76.7%	45	2389	23.84
Dalton Long Lane	E02002307	5845	115.3	99.9%	0.0%	71.4%	6.4%	90.5%	44	2268	24.63
Herringthorpe	E02001598	9545	97.6	99.5%	0.0%	0.6%	8.4%	82.2%	45	2256	24.76
Brampton & West Melton	E02001578	11562	82.6	97.8%	0.0%	84.6%	7.9%	83.3%	37	2180	25.29
Swinton North	E02001580	8338	80.4	98.0%	0.0%	4.3%	11.8%	73.0%	45	2035	26.34
Aston	E02001607	8936	80.3	99.3%	0.0%	0.5%	2.5%	76.8%	43	1967	26.75
Rawmarsh North West	E02001582	7601	95.7	98.6%	0.0%	11.3%	6.6%	77.9%	42	1706	28.67
Rawmarsh North East	E02001583	5630	96.0	99.4%	0.1%	4.6%	4.9%	80.4%	40	1535	29.99
Wath upon Dearne	E02001579	9740	76.8	96.4%	0.0%	4.2%	4.3%	76.2%	41	1474	30.68
Dinnington	E02001606	8060	51.6	97.2%	0.0%	0.1%	3.6%	73.5%	42	1447	30.93
Swinton South	E02001581	6059	90.2	99.9%	0.0%	9.5%	7.3%	87.2%	42	1366	31.84
Thurcroft	E02001603	7198	69.0	98.8%	0.0%	12.6%	6.8%	76.5%	40	1099	34.30
Kimberworth Park	E02001588	7151	100.9	100.0%	0.0%	99.3%	6.2%	84.3%	38	875	37.38
Rawmarsh South	E02001585	6340	90.7	97.6%	0.0%	6.2%	3.9%	79.5%	39	529	43.68
Greasborough	E02001586	7788	90.8	98.1%	0.0%	0.6%	9.8%	81.0%	47	528	43.69
Maltby East	E02001597	9496	44.3	97.2%	0.1%	1.8%	3.4%	70.4%	37	501	44.57
Eastwood & East Dene	E02001591	8608	93.9	98.1%	0.0%	1.9%	10.9%	82.7%	33	317	49.36
Thrybergh & Hooton Roberts	E02001587	5723	45.0	98.0%	0.1%	5.4%	3.6%	71.1%	43	279	50.47
Masbrough & Bradgate	E02001593	7758	88.3	98.6%	0.1%	76.5%	7.6%	75.5%	33	167	54.50
Rotherham Central	E02001594	8444	77.8	96.8%	0.0%	9.9%	5.4%	71.6%	32	120	57.46
East Herringthorpe	E02001590	7689	70.9	98.4%	0.0%	5.2%	10.0%	69.4%	34	44	63.49

Essential Digital Skills – Foundation Tasks

The table below shows the proportion of people who achieved the Foundation Level for Essential Digital Skills, depending on the region where they live. This regional level data is for 2021.

Region	Digitally excluded (0 Foundation Tasks)	Partial Foundation Level (1-6 Tasks)	The Foundation Level (7 Tasks)
UK	6	14	81
East Midlands	2	16	82
East England	5	14	81
London	5	11	84
North East	6	12	82
North West	5	14	81
South East	6	11	83
South West	5	17	78
West Midlands	5	15	81
Yorkshire and the Humber	**7**	**16**	**77**
Scotland	6	13	81
Wales	9	17	73
Northern Ireland	11	9	79
England	5	14	81

Essential Digital Skills – Foundation Tasks by Skill

The table below shows the proportion of people who achieved the Foundation Level by each skill domain, depending on the region where they live. This regional level data is for 2021.

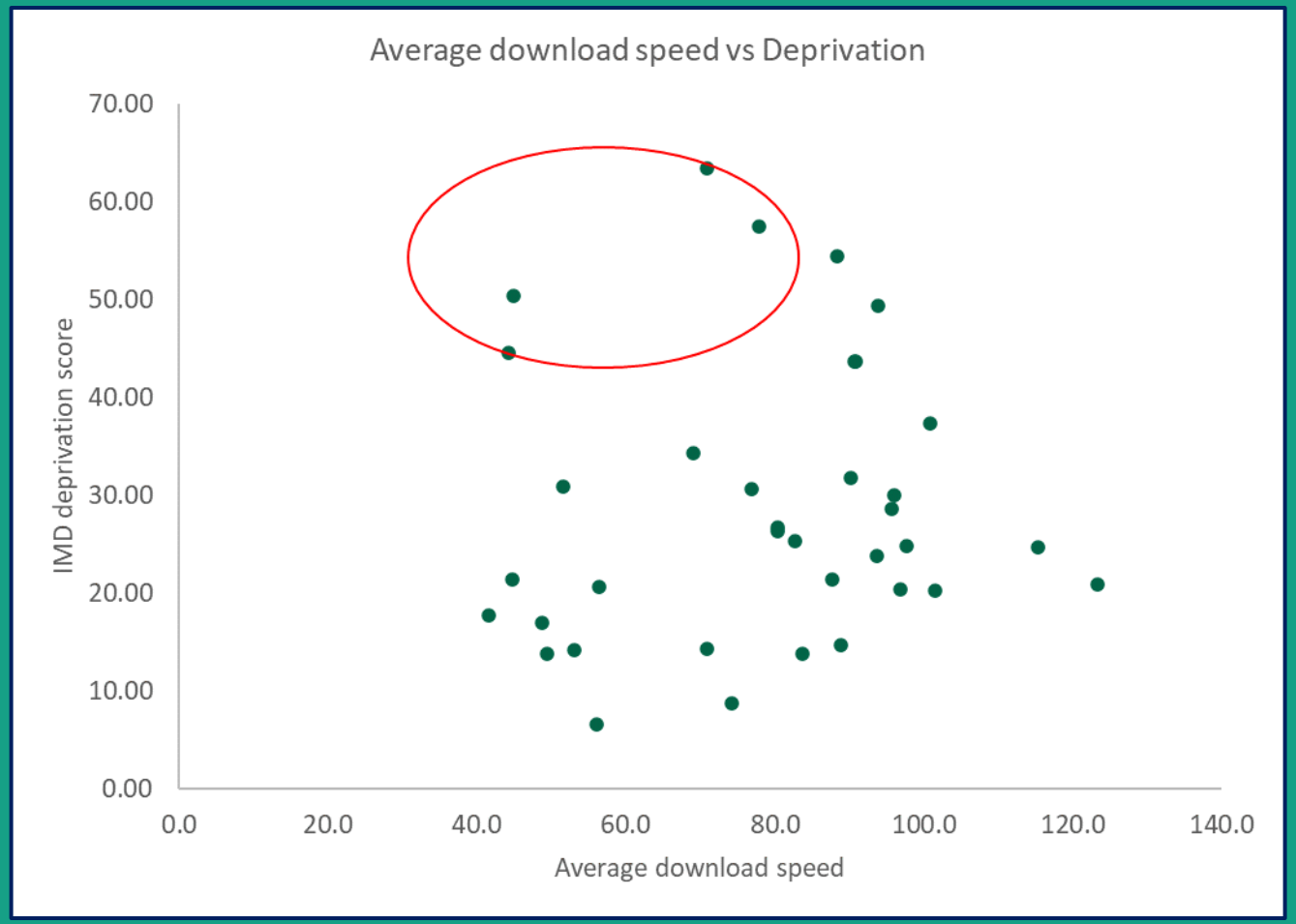
Region	I can turn on a device and log in to any accounts/profiles I have	I can use the available controls on a device (e.g. mouse, keyboard, touchscreen etc)	I can use the different menu settings on a device to make it easier to use (e.g. change the font size to make it easier to read)	I can find and open different applications/programmes on a device	I can connect a device to a Wi-Fi network	I can open an internet browser to find and use websites	I can update and change my password when prompted to do so
UK	90	93	87	89	87	91	90
East Midlands	92	95	90	93	90	95	94
East England	90	94	86	89	89	92	91
London	93	93	89	91	89	93	91
North East	89	92	86	88	90	91	91
North West	90	92	86	88	86	90	89
South East	92	93	88	90	88	90	89
South West	91	93	86	89	85	90	89
West Midlands	91	94	88	87	87	91	89
Yorkshire and the Humber	**87**	**90**	**81**	**86**	**85**	**87**	**88**
Scotland	92	94	87	91	89	92	91
Wales	84	89	83	84	85	87	88
Northern Ireland	85	86	83	82	83	84	85
England	91	93	87	89	87	91	90

Deprivation vs Digital Access by Ward Graph

This compares population-weighted IMD MSOA score to MSOA's average download speed.

- A sub-set of wards with high deprivation and low download speed is seen in the top left of the chart. These wards also tend to have lower median aged population.

Higher IMD score = most deprived



The wards in the red circle include (low average download speed, high IMD score):

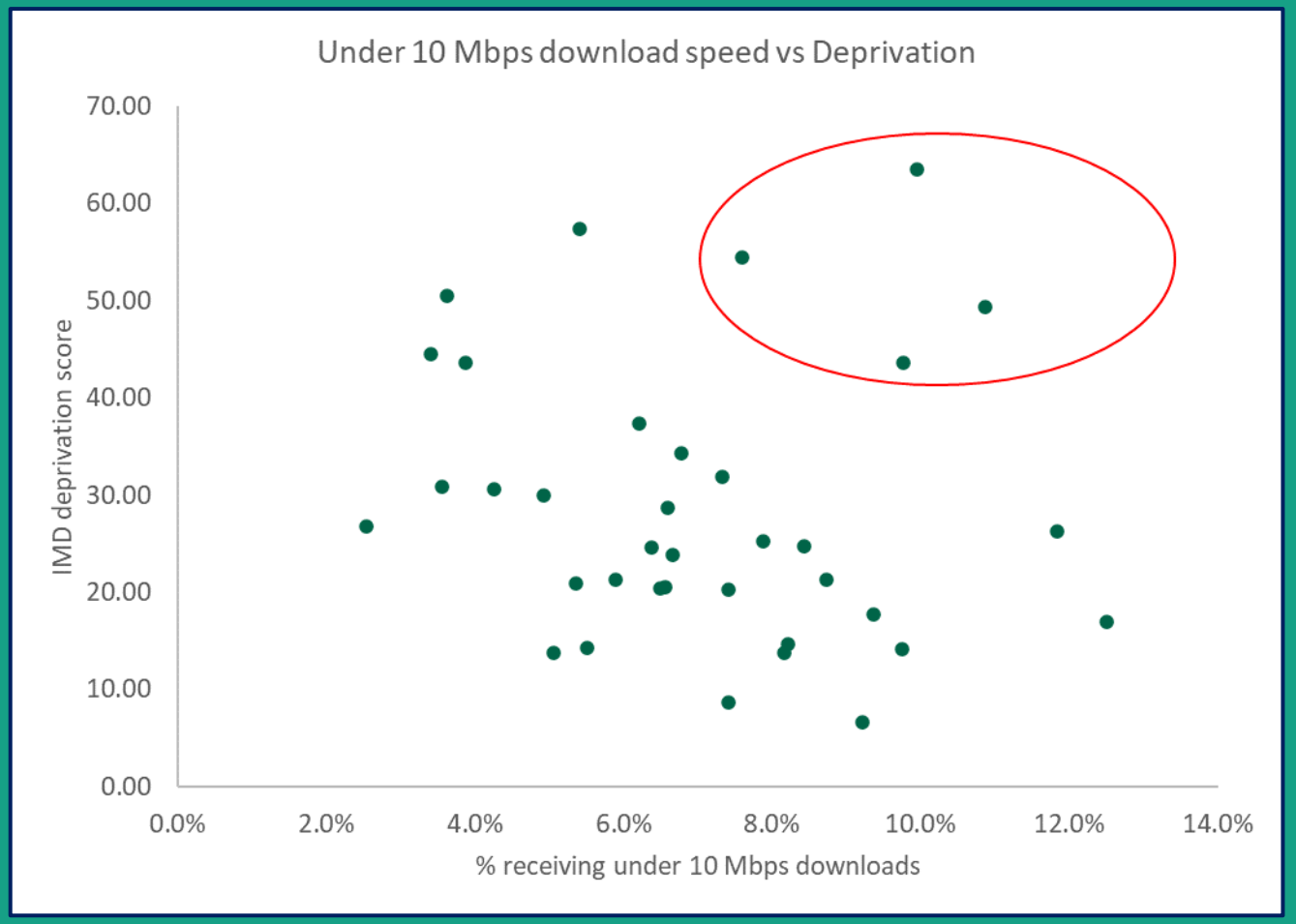
- Maltby East (44.3, 44.57)
- Thrybergh & Hooton Roberts (45.0, 50.47)
- East Herringthorpe (70.9, 63.49)
- Rotherham Central (77.8, 57.46)

Deprivation vs Digital Access by Ward Graph

This compares population-weighted IMD MSOA score to MSOA's receiving under 10 Mbps download speed.

- A sub-set of wards with high deprivation and high percentage with under 10Mbps download speeds is seen in the top right of the chart. These wards also tend to have lower median aged population.

Higher IMD score = most deprived



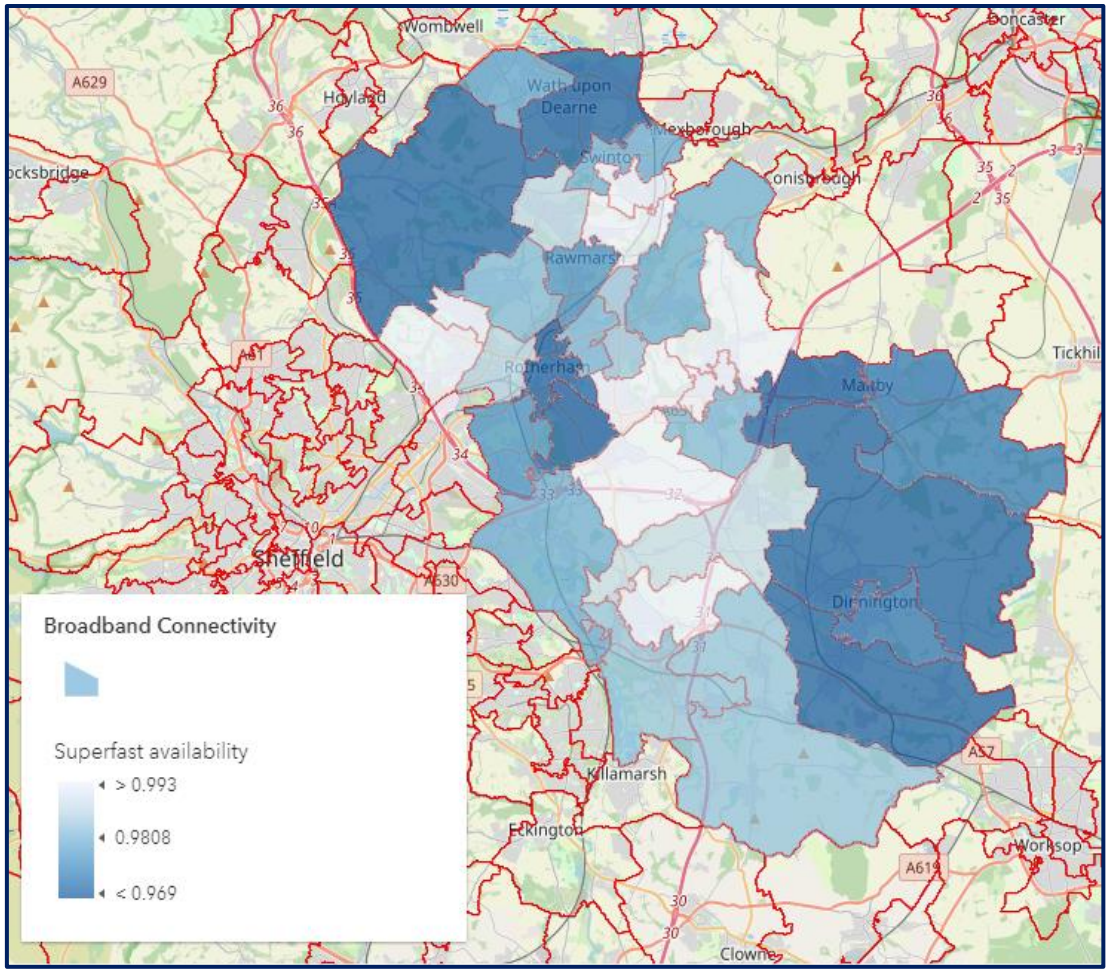
The wards in the red circle include (higher % receiving under 10 Mbps, high IMD score):

- Masbrough & Bradgate (7.6, 54.50)
- Greasbrough (9.8, 43.69)
- East Herringthorpe (10.0, 63.49)
- Eastwood & East Dene (10.9, 49.36)

Broadband availability

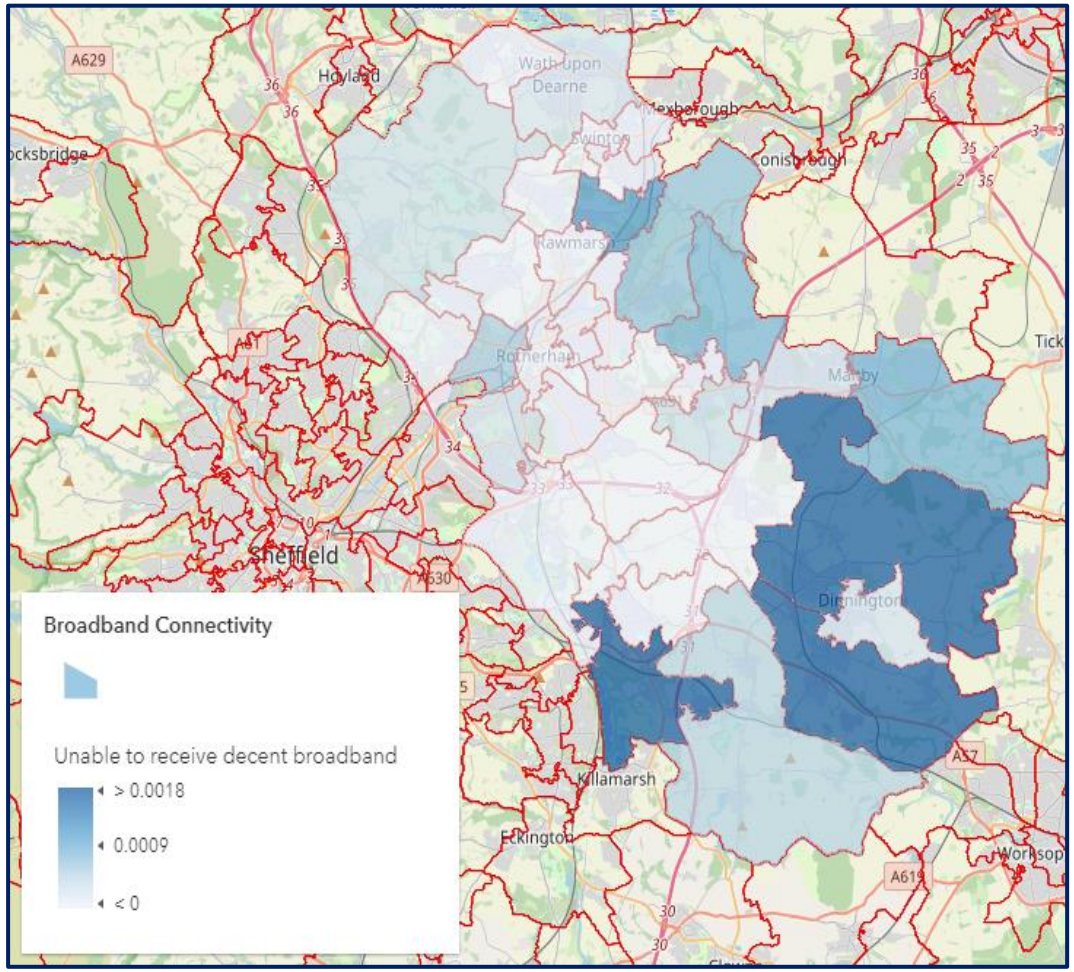
Superfast broadband available

Map shows the proportion of lines that could receive download speeds of at least 30 Mbps in May 2020.



Unable to receive decent broadband

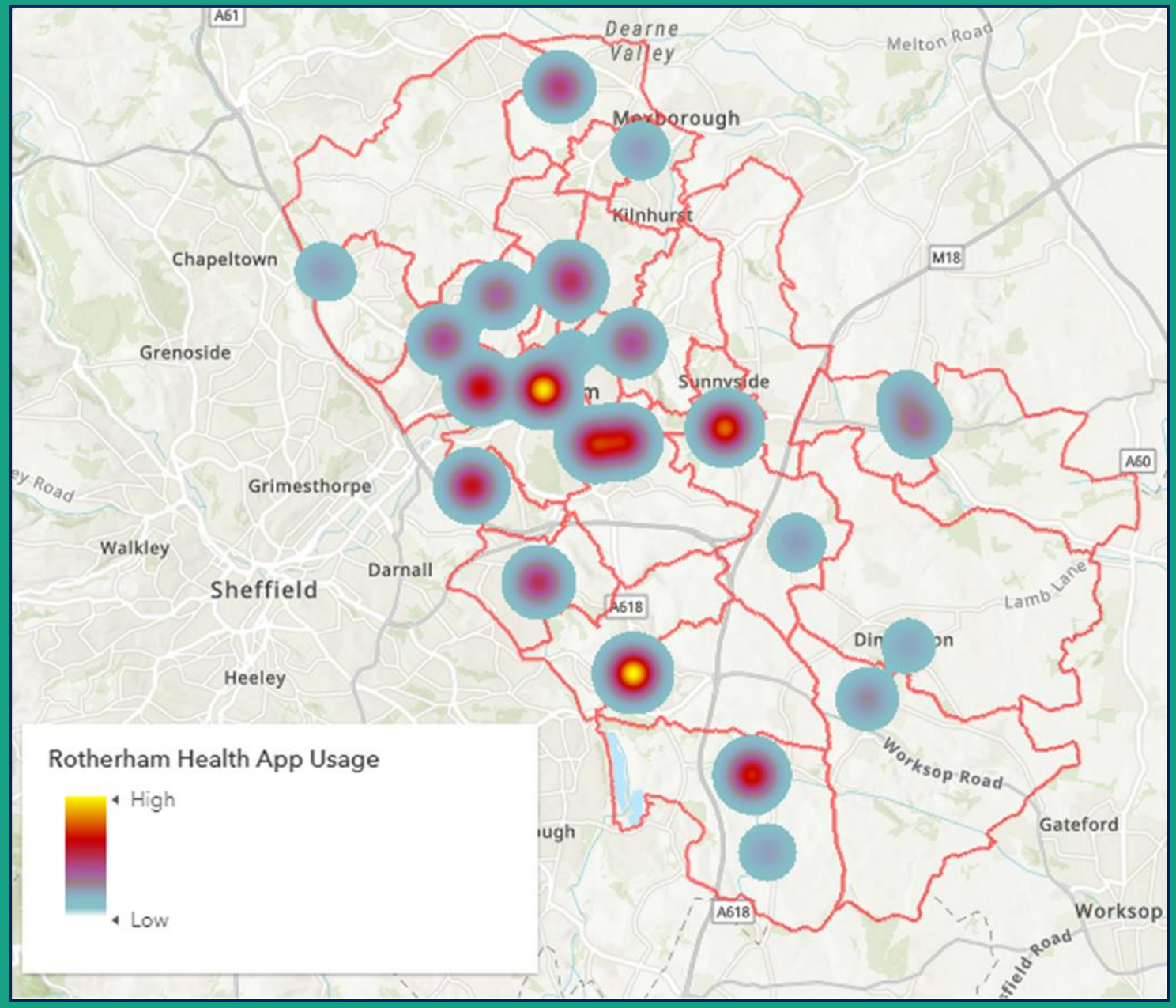
Map shows the proportion of premises below the Universal Service Obligation - those unable to receive 10 Mbps download speed or 1 Mbps upload speed.



Dark colours = poorer broadband availability

Use of the Rotherham Health App

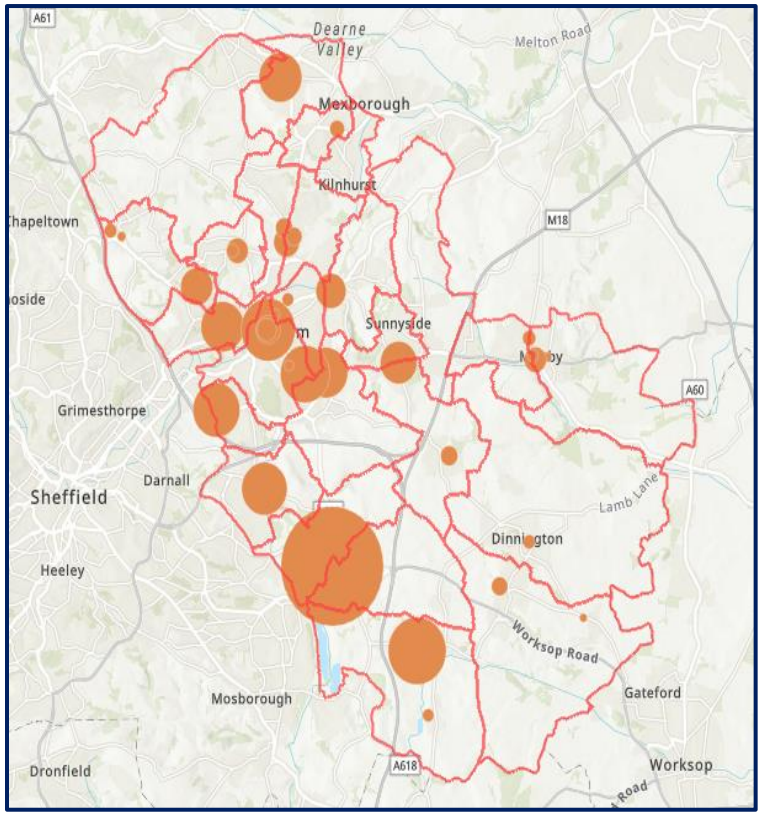
- This is a heat map showing areas that use the App the most in Rotherham per ward.
- The highest usage was 4,306 people in Aughton and Swallownest
- The lowest usage was 33 people in Maltby East



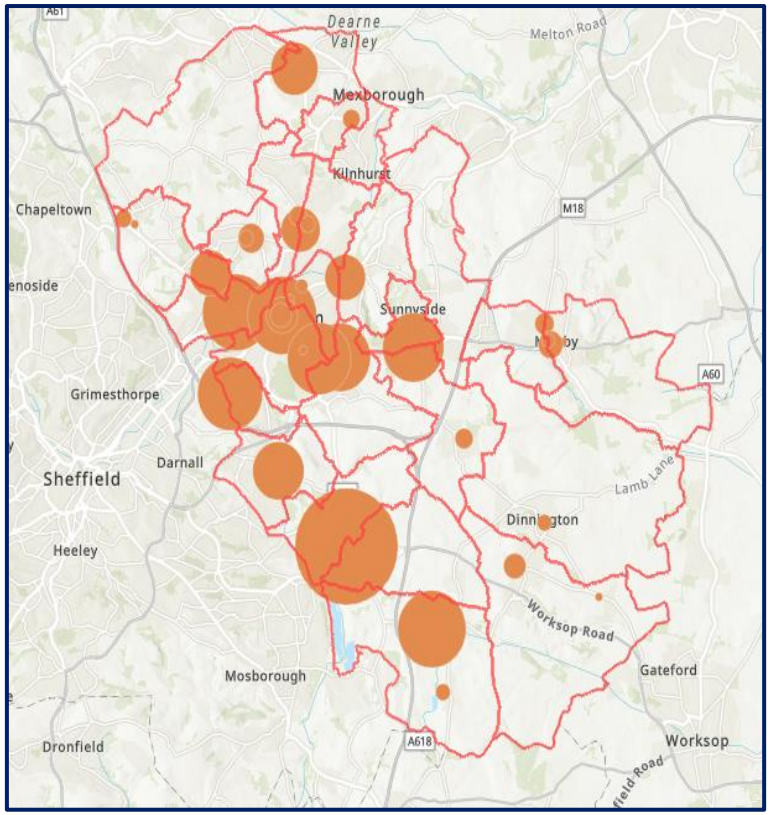
Use of the Rotherham Health App by age

The map below shows Rotherham Health App usage and indicates a relatively similar distribution by age group and geography. However, this data may be biased by those practices who have advertised the App more than others, as well as the fact that whilst there are digitally active people in all age groups (shown here), there may be a disproportionate numbes in some age groups who are still not accessing the App.

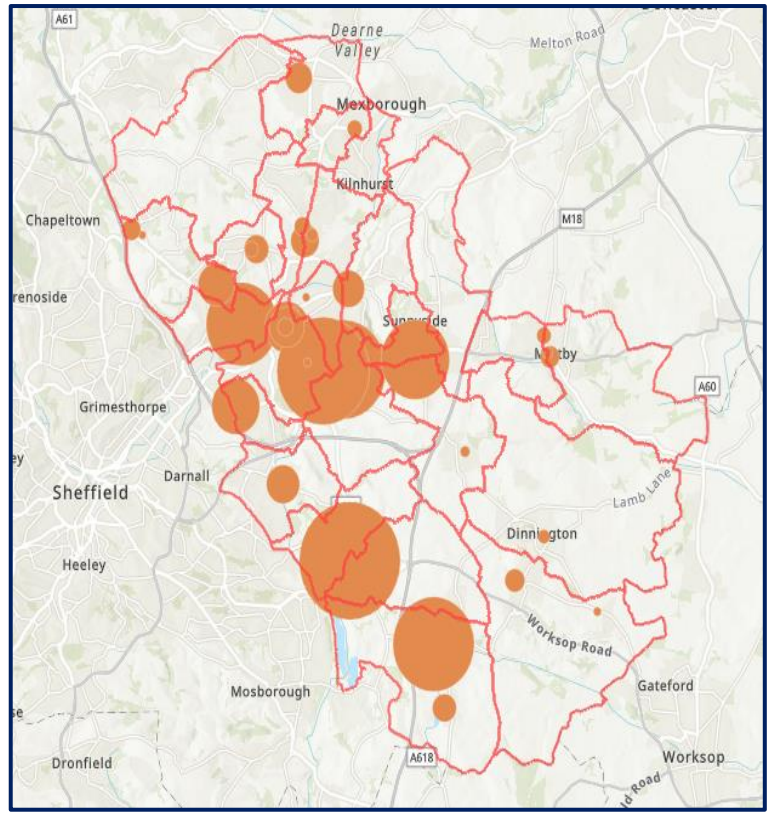
0-24



25-64



65 plus



What residents told us

Qualitative feedback from residents

Delivery Method

- Identify and engage key stakeholder groups
- Design long-term engagement plan and materials
- Establish focus groups with identified groups
- Deploy a survey in parallel to the focus groups

Key Findings

- There are five key 'user profiles' identified from the meetings / focus groups that should be a constant thread through the delivery model.
- Internet is not available in some venues such as sheltered housing. This was a message from both residents and stakeholders – it is a barrier to access and development of skills.
- Language is a barrier for some, however, there are people within these communities who have identified themselves as interested in supporting digital development.
- There was a consistent message from the focus groups that residents want someone to come to them and support them on accessing services and using the internet safely. Resources should be directed to those close to residents, such as voluntary and charitable organisations.
- Age does seem to increase the need of support to access and use of the internet and related products .
- The survey responses suggest that there are around 46% of residents who do not need any support.

Qualitative feedback from Residents

The Aim was to understand how residents in Rotherham currently use the internet, and what they need for the future to enable them to become more connected to the internet and related products.

Rich local intelligence was gained via a multi-faceted comms approach, supported by stakeholders across Rotherham Place. A broad range of resident groups provided their views on what digital inclusion meant to them, what good looks like and barriers for accessing digital services, via the methods listed here;

- An online survey was developed to share across Rotherham with engagement across Place that can be replicated yearly to measure change over time.
- Focus groups were formed from existing meetings that had re-started following the Covid 19 lockdown. This provided rich qualitative information via semi-structured interviews with the identified communities.
- A Postal Survey (replicating the online survey) was sent to c.500 residents, by a known group to the Local Authority, this was used to correlate and test the online survey and focus groups.
- The resident groups contacted throughout this work agreed to become either ongoing focus groups or touch points, to help gain insight as this work develops, on a quarterly, six monthly or yearly basis, depending on need.
- As society reopened following the Covid-19 lockdown, younger person groups had just started to meet face to face, or had not recommenced. Insight was gained from key workers within the LA and voluntary sector organisations. It was agreed that when access is available and appropriate, the Digital Inclusion Lead would connect to gain direct views.

Resident Focus Groups

The following resident focus groups were introduced and supported by:

Salvation Army
RotherFed
Age Uk Rotherham
REMA

Focus Groups Undertaken for this Review
• Salvation Army Coffee Morning • Salvation Army Young Parents & Grandparents • Good Companions - Brinsworth Community Centre – RotherFed • Bakersfield TARA (Rotherham East) - RotherFed • Todwick Grey Matters – Age UK Rotherham • Bevan Crescent Community Centre Maltby - RotherFed • Craft Ladies - Charles Street Neighbourhood Centre, Swinton – RotherFed • Rotherham Older People's Forum - Age UK • Older People Meeting - Unity Centre, St Leonards Road - REMA

Feedback from people working with residents

Outlined below are the themes we heard from stakeholders and members of the Digital Inclusion Stakeholder Engagement Group who work closely with residents.

General Observations	Residents	Offer	Opportunities
• Strong & productive relationships across Place • A willingness to collaborate and work together • The Place Digital Programme should be everyone's business • Digital inclusion is an important collaboration opportunity for Rotherham to develop and deliver digital products together • Opportunity for a joint strategy on digital inclusion	• Look to understand the needs of older people • Support those who cannot access or remain digitally inactive • Support access to devices • People want to manage their own lives with digitally improved education and employability • People want to feel confident to engage digitally or otherwise • Communities want to feel that they are no way segregated in society	• Transparent decision making based on digital Inclusion • 3-5 year strategy for digital inclusion – with a review to understand if it will be an ongoing need • Clear line of sight between funding and delivery • Strong voice to champion digital inclusion in all sectors • Planned approach outlining the short, medium & long term direction • Lead people on the journey (Boards, Voluntary Sector, staff, commissioners & delivery partners) • Driven to improve and work together when there is a tangible beneficial impact for our service users	• Pilot delivery: PDSA cycles • Digital Hubs • Community Centres and libraries at the heart • Measure the outcomes and impact of delivery • Build on early delivery momentum • Good practice and innovations to be shared across partners • A strong focus on quality improvement & inclusivity; and reducing unwarranted variation with collaboration

Demographics: Survey & focus group

Resident engagement

454	67	9
Online Surveys	Postal Surveys	Focus Groups

- There was a **higher female response rate** in both the online and postal survey responses - 63 and 57% respectively.
- Respondents of both surveys were **predominantly older adults** in the 55-85 age range, with this being more pronounced in the postal (78%) versus online surveys (58%).
- Respondents were **predominantly white** across both surveys, with 30 responses in total received from residents identifying as BAME or 'other' ethnic groups.
- There was a higher proportion of **people with a Long Term Condition** in the postal (27%) versus online surveys (15%).
- Across both surveys, the **most common 'employment status' was retired**, followed by full-time and then part-time employed.

Survey results 1: Device ownership & internet use

Results from the digital inclusion survey completed online and by postal during February and March 2022, provide the following local intelligence;

Device ownership

- 71% own a computer / laptop (9% postal)
- 78% own an internet connected phone (22% postal)
- 57% own a tablet device (17% postal)
- 34% own a voice activated device (10% postal)
- 10% do not have any of these (5% postal)

Internet use

- 61% of residents said that they use internet banking (54% postal)
- 47% of residents said that they shopped online (37% postal)

Related data collected nationally by the Office for National Statistics (2020), shows that;

- Internet connections in households with one adult aged 65 years and over have increased by seven percentage points since 2019 to 80%.
- In January to February 2020, 76% of adults in Great Britain used internet banking, increasing from 30% in 2007 and 73% in 2019.
- In January to February 2020, 87% of all adults shopped online within the last 12 months, up from 53% in 2008; those aged 65 years and over had the highest growth, rising from 16% to 65% over this period.

Appendix C for detailed Rotherham postal survey results
Appendix D for detailed Rotherham online survey results

Survey results 2: What support do residents want?

Would you be interested in learning more?

	Online	Postal
• Yes, face to face	21%	16%
• Yes, course online	12%	6%
• Teach my self	7%	8%
• No Friends and family help me	11%	27%
• Do not want to go online	10%	10%
• Have enough knowledge	46%	37%

What would you be interested in learning?

• Do not need anymore learning	61%	44%
• Keeping safe and secure online	16%	22%
• General browsing	4%	10%
• Downloading and using Apps	0%	9%
• Mange household bills, finance, online banking	5%	5%

- The postal response had a higher average age, which is likely to account for friends and family being a significant support to this group in keeping safe and secure online.
- The responses indicated that there is need for a broad-ranging support offer, alongside a more tailored offer for the older age range and those less confident.

Groups with specific support needs

The response from those working with residents suggests that there are some groups who need dedicated resource and support

Living with a long term condition, a learning disability, or experiencing deprivation, impact's on an individual's opportunity to access the internet. This is linked to multiple factors, including skill, cost, access to devices and availability of the internet – this was heard throughout the focus groups and those working with them, linked to sheltered housing and in high IMD areas.

Disadvantaged young people - Not all young people actively use the internet and there are sub-groups of young people, just as there are with older people, who do not or cannot access or engage with digital services. This information came via our contact with key workers within the Youth Cabinet and young carers groups.

Looked after children - have additional support needs which are likely to negatively impact on their transition post-Local Authority care, should they not be addressed, particularly in relation to basic life skills and becoming economically active through access to the employment market.

NB: It was not possible to interview young people's groups due to the short timeframes of this review. Key stakeholders working with young people in Rotherham indicated that they would be keen to participate in future work if given enough notice to engage.

User profiles

Using the feedback gained from focus groups and surveys, we have identified five main user profiles whose relationships with digital devices and the internet are outlined below. Segmenting the population by user-types is a helpful way of contextualising the feedback received, as well as ensuring any future initiatives are targeted effectively.

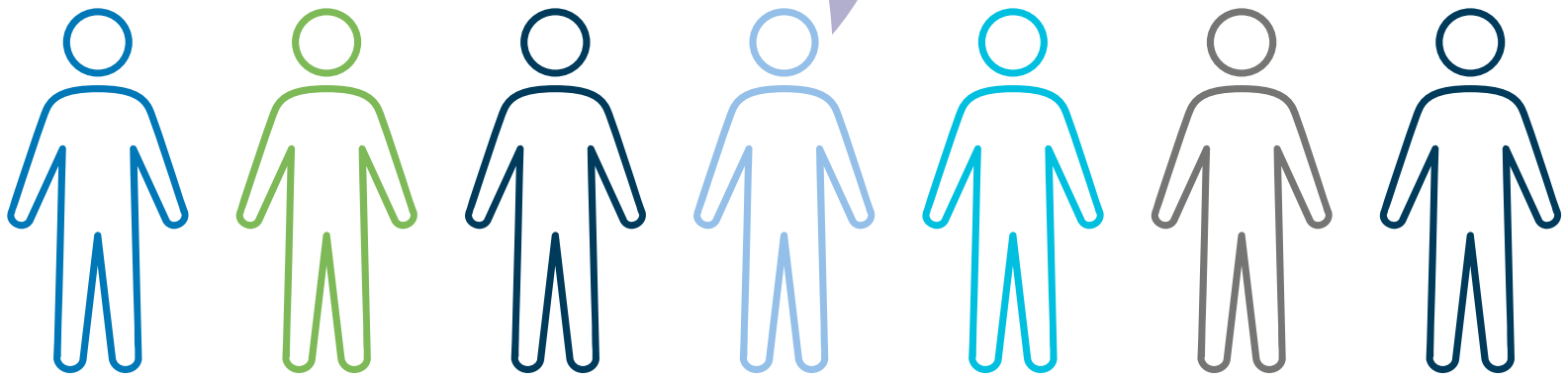
Beryl
I use the internet using phone, tablet computer and Alexa. I don't think I need anything more.

Bob
I use the internet using phone, tablet, computer. I would like support on safety and making the best use of my devices.

Bashir
I have an internet connected phone / tablet but don't use it or am not sure how to – I hear what others do and may be interested in some support.

Brenda
I have an internet connected phone – my family and friends support me – I'm not sure if I need support as I don't use it on my own

Bartosz
I am not interested in the internet and don't have anyone to support me



What local providers told us

Mapping of current service provision

Delivery Method

- Develop and deploy a provider survey, incorporating;
  - Details of individual service offers
  - Scope, location, volume, target groups etc
  - Organisational digital skills and capabilities
- Undertake a 'What Good Looks Like' assessment with key provider organisations

Key Findings

- There is a small range of established digital support offers across Rotherham, mostly delivered through groups in libraries or courses provided by Rotherham College (maximum 6-8 participants).
- Only 3 responses were received from the provider survey which asked local organisations about digital support offers across Rotherham Place. All of the offers described has now ceased.
- The 'Empower Citizens' Place score was the lowest score across all 7 domains within the What Goods Look Like framework. This provides evidence of a need to focus on the Rotherham resident's offer when seeking future funding allocations.
- Smaller organisations and charities can benefit from working collectively and at scale to ensure they are cyber secure and able to manage data / information securely.

Current service offer: overview

The following slides show the digital support offer and the distribution of this offer across Rotherham.

Digital support provision across Rotherham

- There is a small established digital support offer to Rotherham residents, predominantly delivered through the libraries and Rotherham Colleges.
- Three additional responses were received to the digital support survey that was cascaded across providers. The responses were from Rotherfed, Hellaby Community Project and Shaftesbury House. All support offers have now stopped due to funding / Covid 19.
- RotherFed have previously provided the "Digital Dan" service which was mentioned by a number of focus groups. This service has since ceased.
- Where voluntary organisations have provided an offer and proven the need for such support within the local community, this has not been sustained due to a lack of funding beyond the pilot phase.
- Age UK Rotherham had a small pilot linked to the NHS and is now looking to participate in the NHS Digital Champion programme.
- Individuals working within the providers and organisations we surveyed offer ad hoc digital support.
- Citizens Advice offer 1:1 support as required or direct to partner organisations such as Rotherham College.
- **There is a real appetite across the system to provide a sustainable offer that will improve residents' digital skills, confidence and safety online.**

Attain

Digital support: past & present

- This slide shows current and recent work to support digital skills and knowledge across Rotherham.

- **Dark red** = current offer
- **Light red** = recent offer

- There is some collaboration across providers, however this is not yet part of a medium-to-long term strategy at Place level.

- There are benefits of working together to increase the impact of the current support offer and to secure investment for wider roll out.

Age UK
NHS Digital Champion

Libraries
Devices, trained staff, 1;1 support, entry level course

Attain

Rotherham College
Entry level course delivered through colleges, libraries & Community Hubs

VAR
Social prescribing and 1:1 support

Citizens Advice
bespoke support for residents around benefits, job searching & applications, housing

Rother Fed
'Digital Dan' support via group meetings, 1:1 support

Rotherham College
Entry level to level 6 courses

Age UK
Piloted digital support and outcome measurement

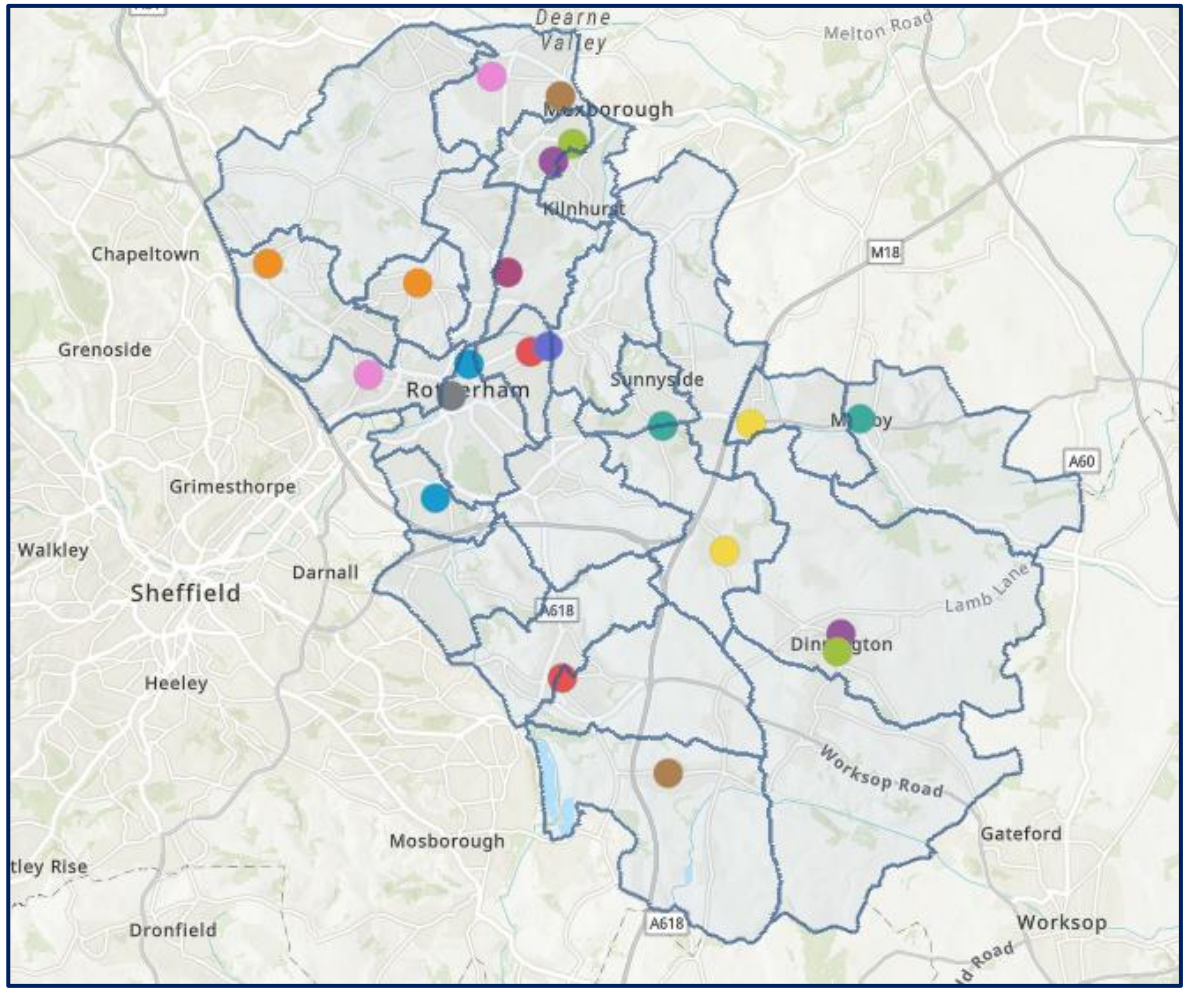
Map of organisations/sites providing digital support

All libraries offer 1:1 digital support. Rotherham College offer short courses at libraries in Dinnington, Wath, and Swinton

Organisations

Organisation Name

- Aston Library and Neighbourhood Hub
- Brinsworth Community Library & Neighbourhood Hub
- Dinnington Library and Neighbourhood Hub
- Dinnington – Rotherham College IT for beginners
- Greasbrough Library and Neighbourhood Hub
- Hellaby Community Project
- Kimberworth Library and Neighbourhood Hub
- Kiveton Park Library and Neighbourhood Hub
- Maltby Library and Neighbourhood Hub
- Mowbray Gardens Library and Neighbourhood Hub
- Rawmarsh Library and Neighbourhood Hub
- Riverside Library and Neighbourhood Hub
- Rotherfed
- Shaftesbury House
- Swinton Library and Neighbourhood Hub
- Swinton – Rotherham College IT for beginners
- Thorpe Hesley Library and Neighbourhood Hub
- Thurcroft Library and Neighbourhood Hub
- Wath Library and Neighbourhood Hub
- Wath – Rotherham College IT for beginners
- Wickersley Library and Neighbourhood Hub
- Other



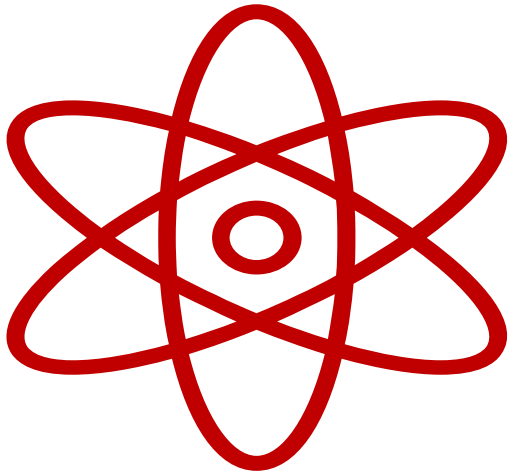
What Good Looks Like: Digital Maturity Framework

Aim: To undertake a digital maturity assessment with a 'wedge section' of Rotherham provider organisations, including voluntary and charitable organisations. The focus was to understand self-assessed digital maturity across seven key domains in order to establish a Place view and inform future prioritisation of investment / development activities.

Purpose: What Good Looks Like (WGLL) is directed at all NHS leaders, as they work with their system partners, and sets out what good looks like at both a system and organisation level. It describes how arrangements across a whole ICS, including all its constituent organisations can support success. WGLL is included in the ICS design framework, reflecting the expectation that the standards in the WGLL framework will be used to accelerate digital and data transformation.

The seven domains of WGLL are;

- Well Led
- Ensure Smart Foundations
- Safe Practice
- Support People (staff)
- Empower Citizens (residents)
- Improve Care / Access
- Healthy populations

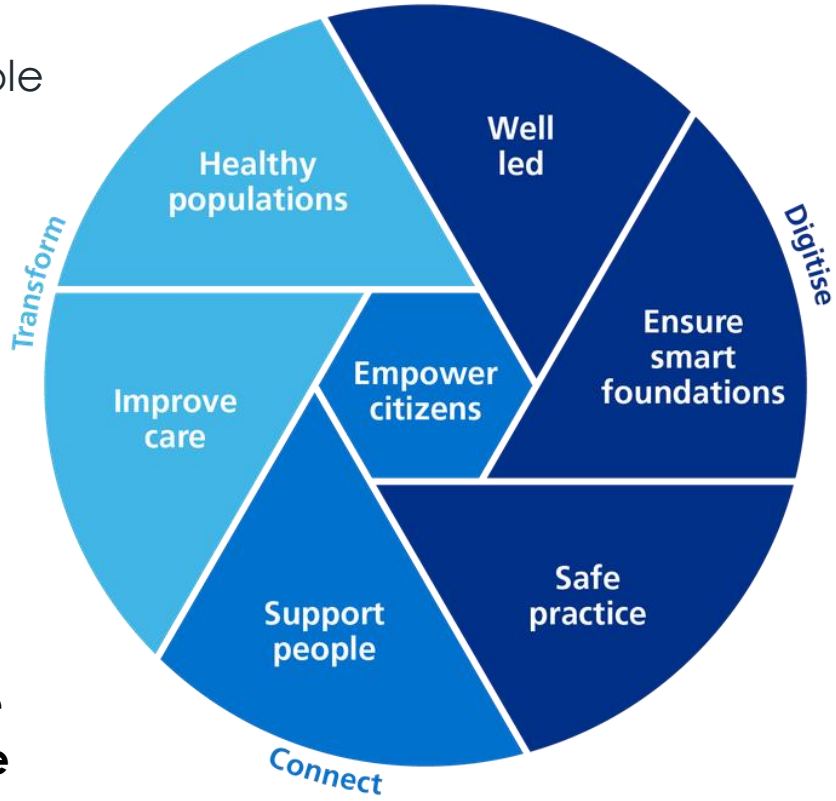


What Good Looks Like: Rotherham

Part of the scope of this work was to consider how the WGLL framework could be applied to the wider non-NHS partners at Place level in Rotherham, including voluntary and charitable organisations.

The questions were adapted to try and reflect a Place view rather than wholly health and social care.

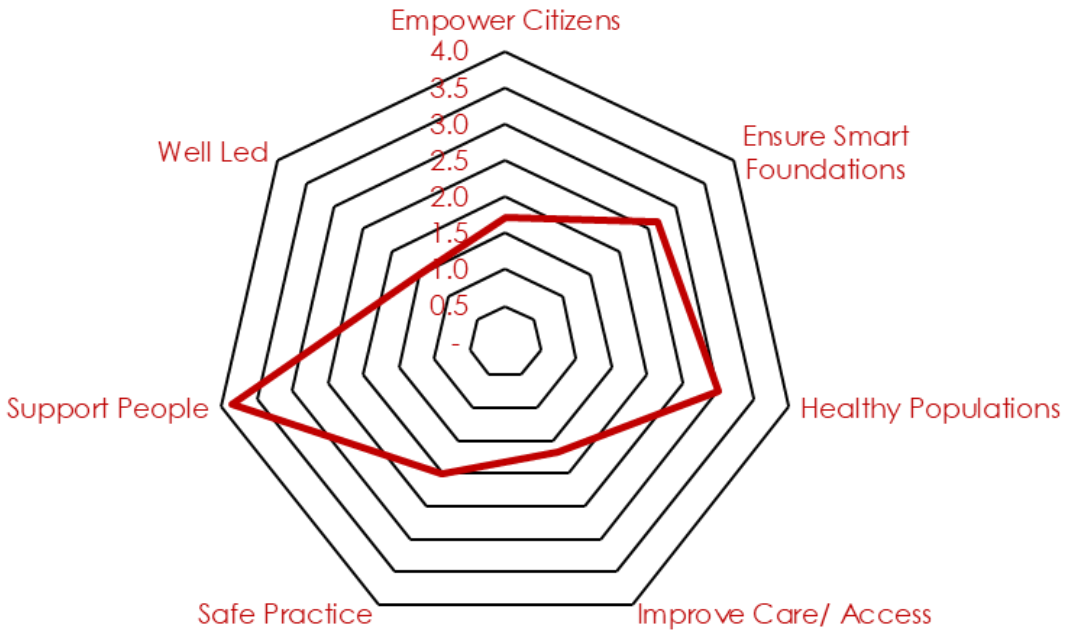
For many, this was the first time the organisation had been asked detailed questions relating to areas such as cyber security and their internal digital functions. **Rotherham is the first Place in South Yorkshire ICS to undertake a WGLL review across Place and this reflects the maturity of its relationships.**



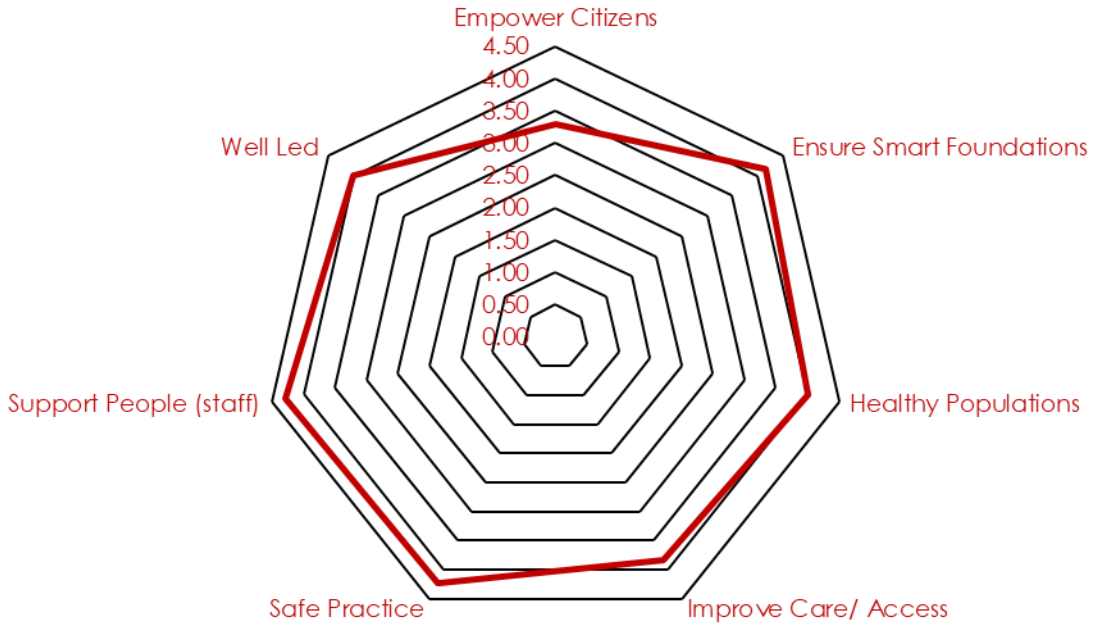
Going forward, It is fundamental to the digital programme that when addressing digital inclusion for residents, we understand how safe, secure and responsible the contributing provider organisations are in their set up, practice, and storage of digital information. This is just the start of the journey in achieving 'What Good Looks Like'.

WGLL: Organisation Summaries

Org 1 - Voluntary Action Rotherham



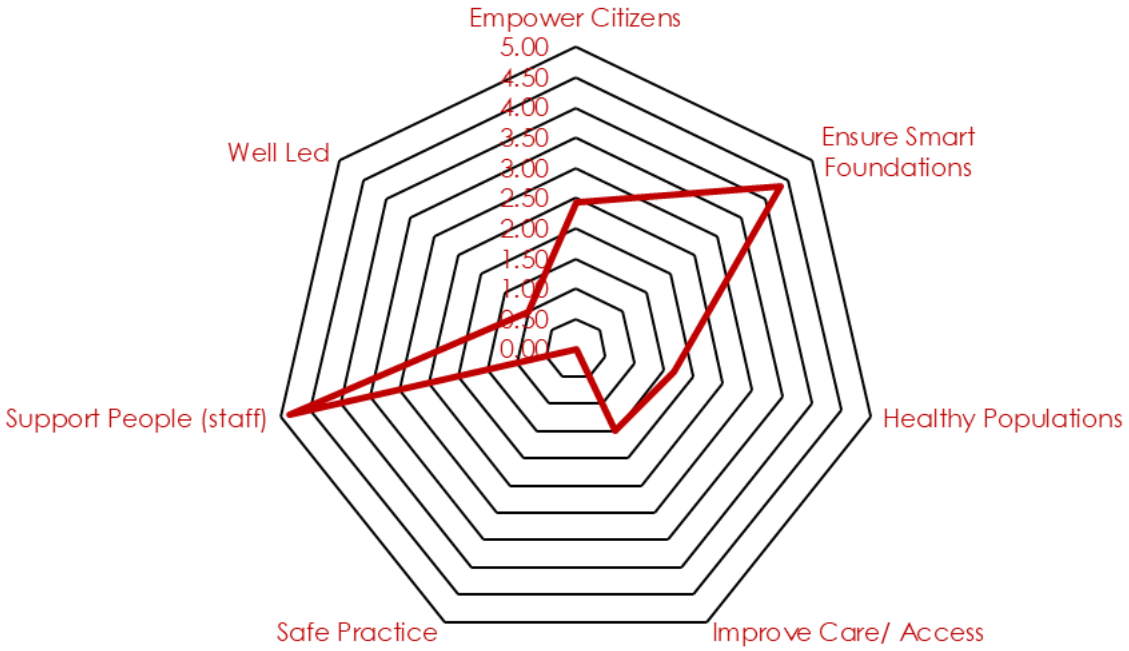
Org 2 - Rotherham CCG: Primary Care



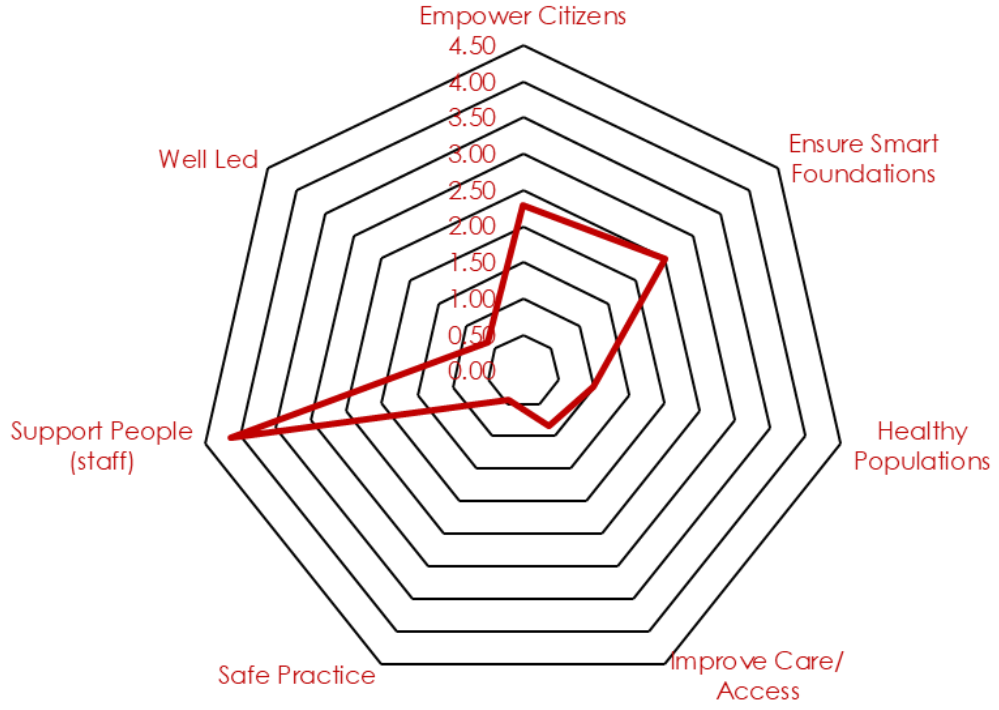
Full outputs for each organisation can be found in the Appendix B

WGLL: Organisation Summaries

Org 3 - RotherFed



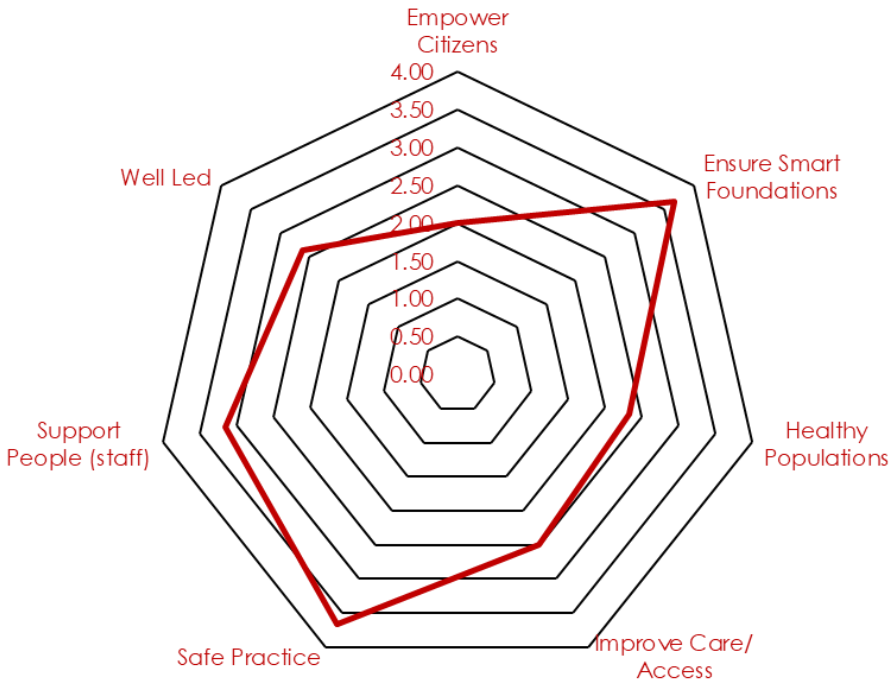
Org 4 - Clifton Learning Partnership



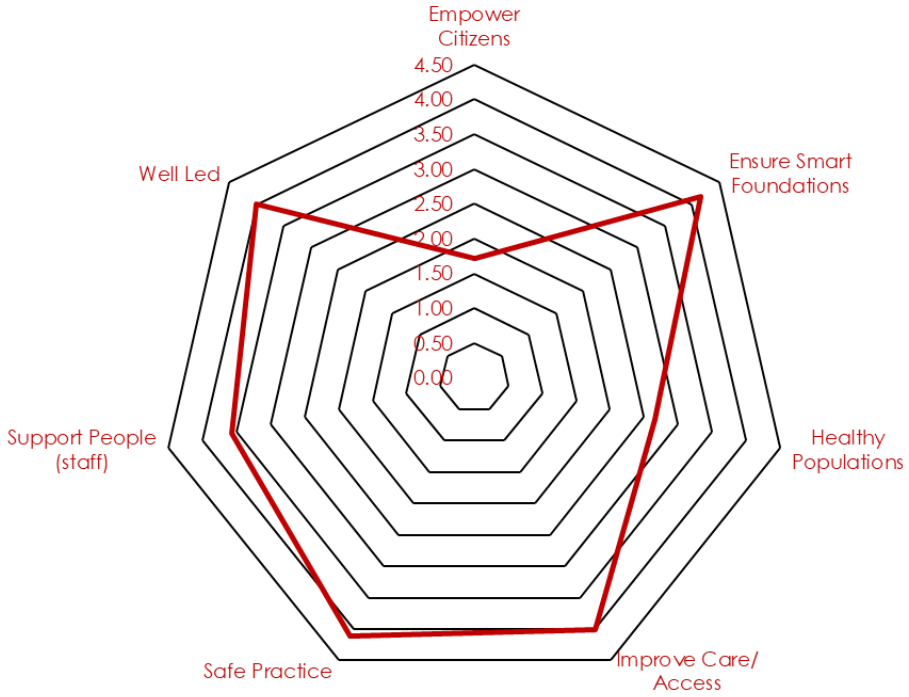
Full outputs for each organisation can be found in the Appendix B

WGLL: Organisation Summaries

Org 5 - Rotherham Metropolitan Borough Council



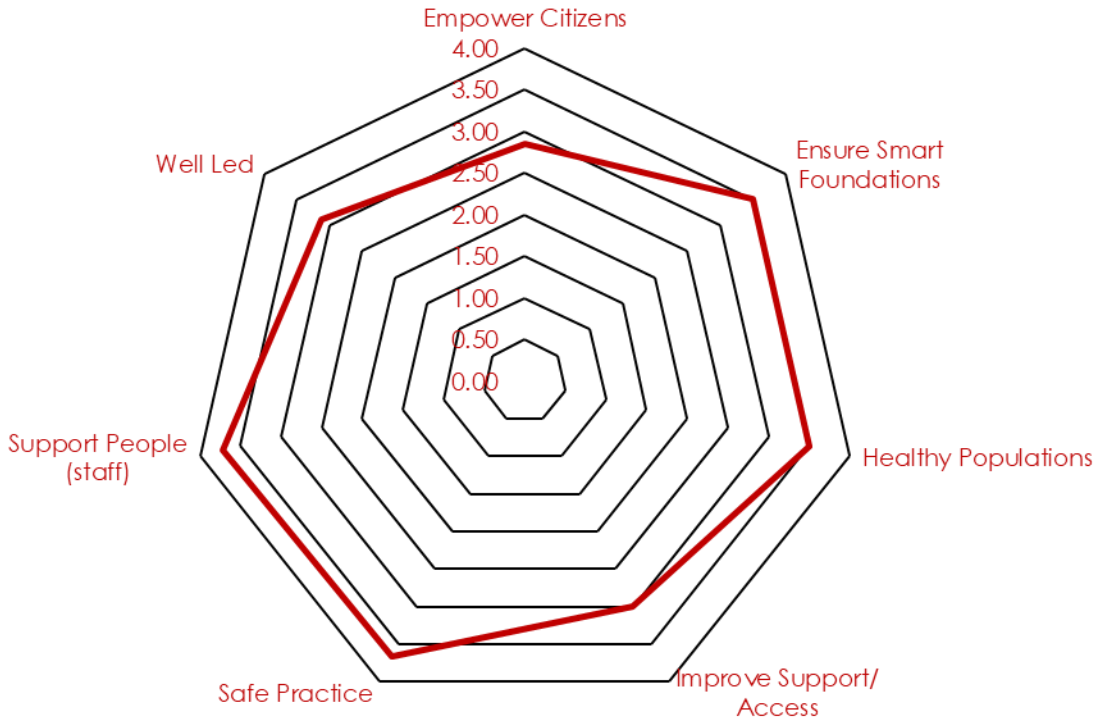
Org 6 - Rotherham Doncaster & South Humber NHS FT



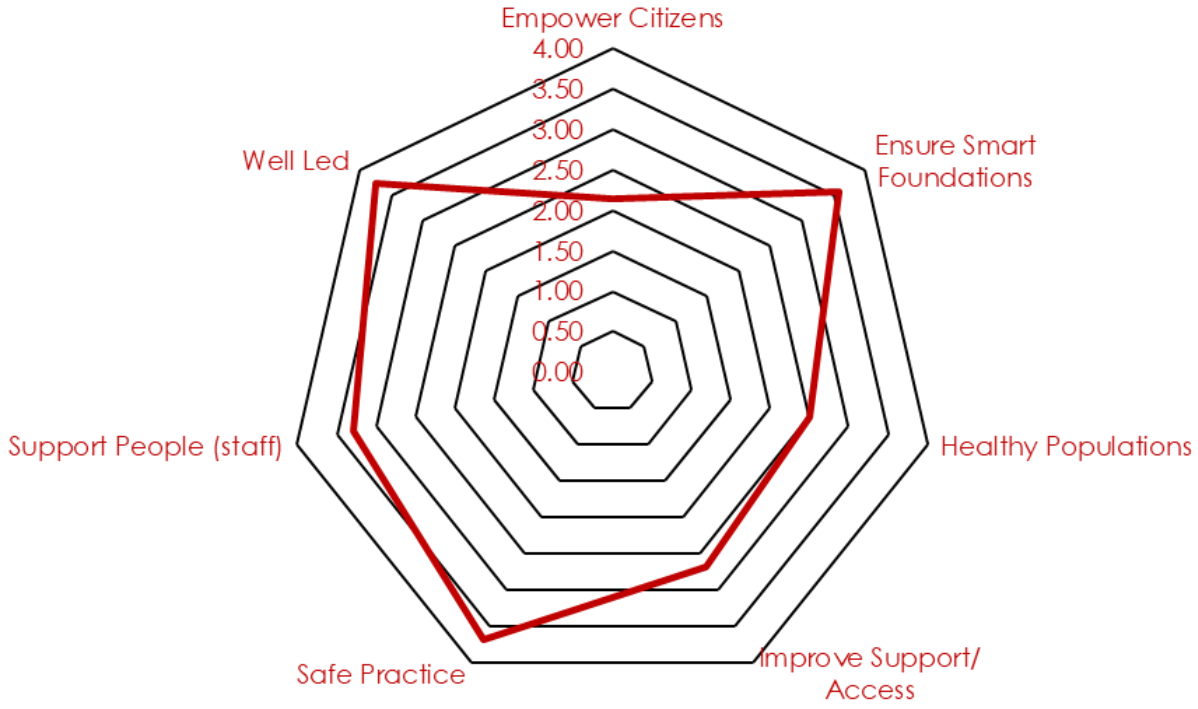
Full outputs for each organisation can be found in the Appendix B

WGLL: Organisation Summaries

Org 7 - Age UK Rotherham



Org 8 – The Rotherham NHS FT



Full outputs for each organisation can be found in the Appendix B

WGLL: Summary Scores

Organisation	Well Led	Ensure Smart Foundations	Safe Practice	Support People (staff)	Empower Citizens	Improve Support / Access	Healthy Populations	Org. Average Score
1	1.50	2.67	2.00	3.86	1.71	1.67	3.00	**2.35**
2	4.00	4.17	4.22	4.29	3.29	3.83	4.00	**4.00**
3	1.00	4.33	0.00	4.86	2.43	1.50	1.67	**2.36**
4	0.63	2.50	0.44	4.14	2.29	0.83	1.00	**1.73**
5	2.63	3.67	3.67	3.14	2.00	2.50	2.33	**2.96**
6	4.00	4.17	4.11	3.57	1.71	4.00	2.67	**3.56**
7	3.13	3.50	3.67	3.71	2.86	3.00	3.50	**3.36**
8	3.75	3.58	3.67	3.29	2.14	2.67	2.50	**3.18**
Place Ave.	**2.58**	**3.56**	**2.72**	**3.59**	**2.30**	**2.5**	**2.58**	**2.93**

WGLL: SWOT Analysis

Strengths

- All providers offer support to staff in digital training, this is sometimes offered through a local third party organisation
- There are moderate-to-high scores within the Smart Foundations domain, meaning digital and data environments are on the right track for being reliable, modern, secure, sustainable and resilient
- The overall Place average score of 2.93 provides a baseline measure for reviews undertaken in future years. This can also be compared with other SY Places when they too are complete

Weaknesses

- The Empower Citizens domain has the lowest Place average score of 2.3, indicating that residents are not yet able to fully exploit the digital infrastructure that Rotherham has invested in.
- Small voluntary / charitable organisations did not always feel comfortable or able to answer a number of the questions within the WGLL assessment. This was dependent on their constitution / make up, and possibly also due to this being the first review of its kind.

Opportunities

- Potential to provide staff digital training offer across Rotherham place. Empowering residents included in inductions.
- The Empower Citizens score provides evidence of a need to seek specific funding to target access and engagement
- Smaller organisations / charities can benefit from working collectively on ensuring they are cyber secure and able to manage data information safely
- Synergy and alignment of digital inclusion should be at the core of all future programmes

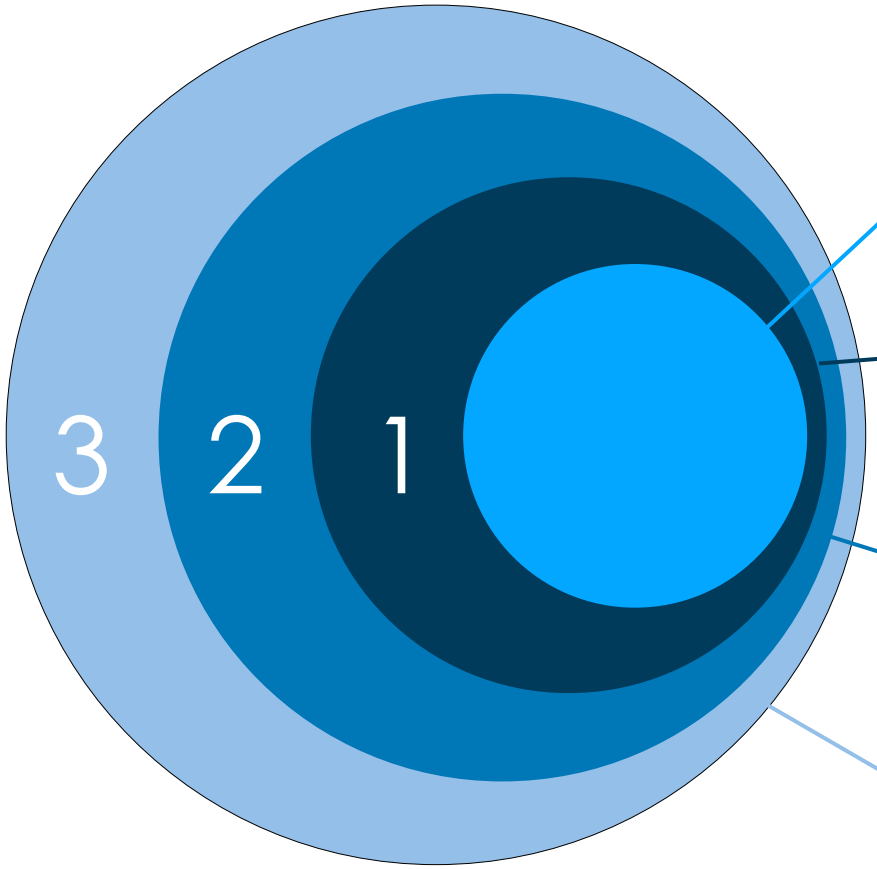
Threats

- A lack of coordination at Place, leading to either inertia or organisations doing their own thing resulting in a disparate and diluted offer to residents
- Lack of collaboration across organisations and sectors leading to inefficiency and duplication of offers across Place
- Cyber security risks, both to individuals and organisations providing support within local communities
- Further delays to ICS formation may impact on the availability and timeliness of funding

Recommendations and Next Steps

A layered approach to tackling digital inclusivity

Having undertaken a detailed analysis of digital access and uptake across Rotherham, gathering data and intelligence from key sources and speaking directly with residents and providers, our recommendations for improving digital inclusivity across Place are 3 fold;



✓ Develop detailed picture of digital access / uptake in the population

1. Undertake targeted intervention work with high-risk groups and wards

2. Build the structural foundations for tackling digital inclusion at scale

3. Set about creating a social movement of digital support and enablement

Recommendation 1

Undertake targeted intervention work with high-risk groups and wards

MSOA	Indicators	High-risk groups	Current services	Options for providing further support
East Herringthorpe	• Has the highest IMD score of 63.49, with a median age of 34 • Over 36% of the adult population has no formal qualification • Low education skills and training decile • Low health deprivation and disability decile	• Over 65 with a Long Term Condition • Young economically inactive with low educational attainment	• Central library service • Rotherham College	• At Bakersfield TARA community centre invest in public WiFi and re-establish RotherFed "Digital Dan" offer • Provision of drop-in sessions at Rotherham College and expansion of entry level courses • Expansion of existing library and Rotherham College offers to provide outreach into high-risk groups • Develop a trusted touchpoint site for those reluctant to access LA or formal sites via VAR / Citizens Advice • Pilot a local "Access to Devices" scheme within this ward, possibly via RMBC or a local charity
Rotherham Central	• Second highest IMD score of 57.46, with a median age of 32 • Higher proportion of people for who English is not their first language • Over 36% of the adult population has no formal qualification • Low education skills and training decile • Low health deprivation and disability decile	• Over 65 with Long Term Condition • Young economically inactive with low educational attainment • People for who English is not their first language	• Central library service • Clifton Learning Partnership • RotherFed • REMA • Some ad hoc offers	• Provision of drop-in sessions at Rotherham College and expansion of entry level courses • Establish a Digital Café at Unity Centre, led by a REMA Digital Champion • Establish a Digital Café at Clifton Learning Centre, led by a Digital Champion • Establish RotherFed "Digital Dan" offer • Develop a trusted local touchpoint site via VAR/Citizens Advice for those reluctant to access formal settings • Pilot a local "Access to Devices" scheme within this ward, possibly via RMBC or a local charity • Expansion of Social Prescribing to include digital support for people who English is not their first language

Recommendation 1 continued...

Undertake targeted intervention work with high-risk groups and wards

MSOA	Indicators	High-risk groups	Current services	Options for providing further support
Thrybergh & Hooton Roberts	• Fourth highest IMD score of 50.47, with a median age of 43 • Over 36% of the adult population has no formal qualification • Low education skills and training decile • Low health deprivation and disability decile • One of the lowest download speed areas	• Over 65 with Long Term Condition • Young economically inactive with low educational attainment	• RotherFed • Age UK • VAR • Some ad hoc offers	• Establish a Digital Café at the community hub • Establish RotherFed "Digital Dan" offer • Provision of drop-in sessions at Rotherham College and expansion of entry level courses • Develop a trusted local touchpoint site via VAR/Citizens Advice for those reluctant to access formal settings • Pilot a local "Access to Devices" scheme within this ward, possibly via RMBC or a local charity • Expansion of Social Prescribing to include digital support for people who English is not their first language
Maltby East	• Sixth highest IMD score of 44.57, with a median age of 37 • Over 36% of the adult population has no formal qualification • Low education skills and training decile • Low health deprivation and disability decile • One of the lowest download speed areas	• Over 65 with Long Term Condition • Young economically inactive with low educational attainment	• Library service and Community Hub • RotherFed • Age UK • VAR • Some ad hoc offers	• Increase digital inclusion focus at the library • At Bevan Crescent Community Centre invest in public WiFi and re-establish RotherFed "Digital Dan" offer • Provision of drop-in sessions and entry level courses via Rotherham College outreach into the local community centre • Develop a trusted local touchpoint site via VAR/Citizens Advice for those reluctant to access formal settings • Establish a Digital Café at the community hub • Pilot a local "Access to Devices" scheme within this ward, possibly via RMBC or a local charity

Recommendation 2

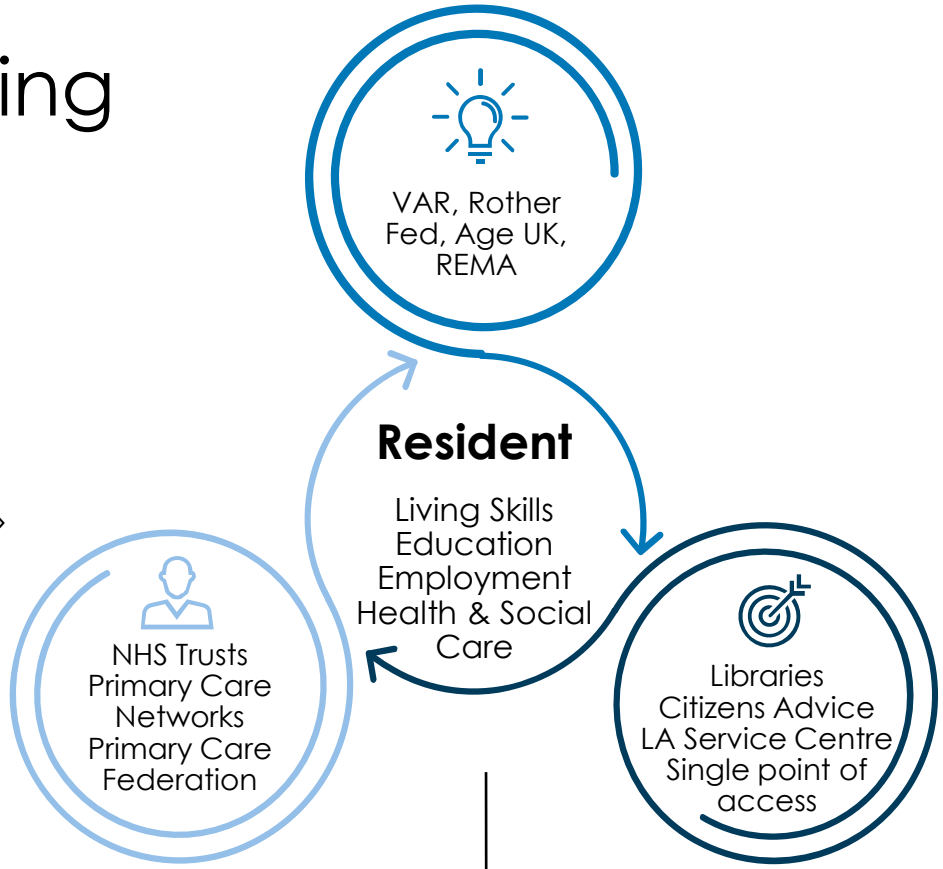
Build the structural foundations for tackling digital inclusion at scale

- Evidence shows that the best way to help digitally excluded people is to provide 1:1 support with trusted digital champions. People need a "hook", like a hobby or specific need to get started on their digital journey.
- The larger issue that holds back digital inclusion is the resourcing of this support. In an era of cuts and squeezed budgets, how can sufficient resources be found to tackle such a complex issue? **The answer is to scale digital inclusion support through partnership and collaboration.**
- Partnership is an essential foundation for digital inclusion strategies. No organisation can solve this issue alone. A successful digital inclusion strategy and action plan will be based on:
    - Knowing what current partners are already doing and what they have to offer
    - Ensuring that the specific needs of individual partners are understood and met
    - Finding a way to work together to resource provision and plug any gaps.

A structure for scaling

Vision

Rotherham Place will develop a digital inclusion social movement that is embedded into communities through hubs, community centres and a broad range of other local providers.



Mission

All residents have support to enable them to reach their optimum level of digital engagement, with the skills and confidence to support day-to-day living, education, employment, and Health & Social Care.

Place Digital Inclusion Team

- Establish a core Place team
- The role of this team is to develop and deliver a digital support framework across partners, working to provide consistency, expertise, support and to help develop / sustain the Field Teams and Digital Champions
- Measure impact and access funding

Field Teams

- Made up of local organisations providing a direct digital support offer to residents
- Build on the existing provision within libraries, the voluntary sector, community hubs, Rotherham College, VAR, Age UK, RotherFed, REMA, Clifton Learning Centre
- Connect and support existing Digital Champions within these organisations

Digital Champions

- Establish a framework to develop Digital Champions throughout Rotherham
- Central support from Place and Field teams ensures consistency of offer, regular training and sustainability
- Private sector collaboration boosts the number of digital champions through corporate social responsibility volunteering

Partnership and Collaboration

Connecting at Place / ICS

- **Encourage volunteering.** Some employers now provide up to 5 days (paid) yearly allocation to be used for volunteering. There is potential to encourage many volunteers to become Digital Champions.
- **Harness the entrepreneurial mindset of local businesses.** Businesses are keen to support digital engagement and are in a great position to become Digital Champions. Banks have already taken on this role and many other sectors and businesses can follow suit if encouraged.
- **Rotherham should look to establish itself as a test bed for digital inclusion**, applying tools and techniques from which learning can be shared internally and across the wider South Yorkshire ICS footprint.

Internet and devices

- **Develop a device loan scheme.** This should be established through a network of local partners, for example the libraries, colleges and LA customer services department, with the potential to learn from the Rotherham College scheme and Sheffield's reused device scheme.
- **Expand the scope of Wi-Fi access / infrastructure projects** to include community hubs and centres, local economic districts and other areas of high community footfall.
- **Support providers to develop their digital maturity by using the What Good Looks Like framework** to direct funding and commission work, ensuring partners are digitally safe and constantly building on their baseline position.

Connecting communities

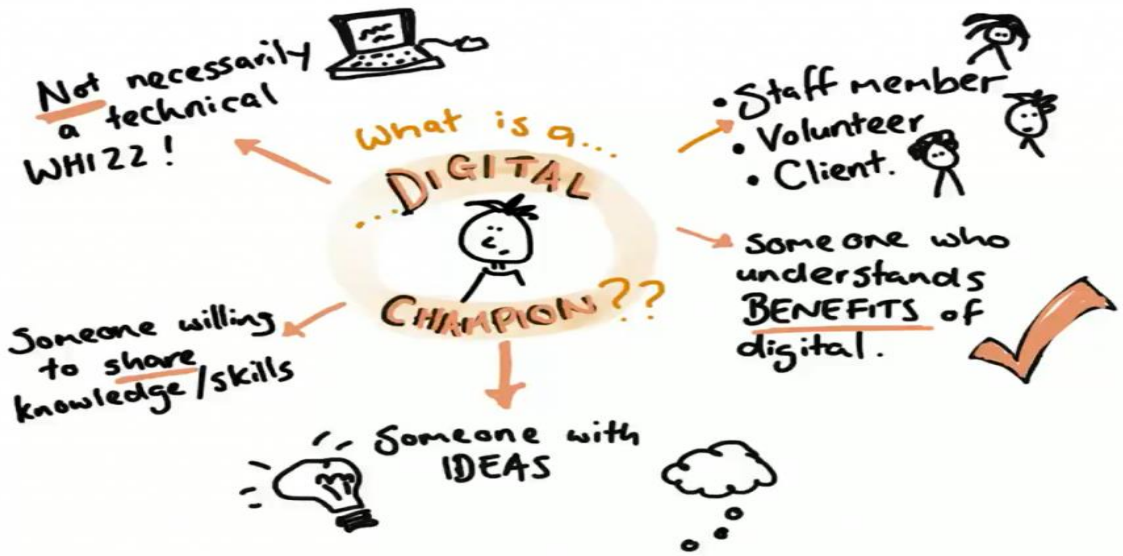
- **Focus on areas of deprivation with a bespoke offer that covers;**
  - Internet and device access
  - Support on areas that are meaningful to the individual
  - Staying safe online
  - Targeted work with older people and at risk groups e.g. looked after children and young carers.
- **Provide a more holistic offer to all residents that should encompass;**
  - Skills training and regular updates for Digital Champions
  - Support to people whose first language is not English
  - Materials and new starter packs – access to ongoing information

The Role of Digital Champions

- **Digital Champions** are not experts in digital technology or have high level technical skills. However, they do have a level of understanding that can help others.

- Training Digital Champions is not about improving their digital skills, but rather:

    - Introducing ways to have positive conversations about digital
    - Focusing on encouraging a positive attitude (rather than teaching Champions to become proficient with technology)
    - Helping organisations to address barriers related to confidence and motivation for their users
    - Focusing on solving problems together – Digital Champions don't need to have all the answers, as a positive approach to searching for solutions alongside users is much more important.



Case Study: Leeds City Council

https://digitalinclusionkit.org/author/leeds-city-council/

- Received Funding from Gov 'Levelling up'
- Digital Ambassador programme – 100% Digital Leeds model
- Currently Testing one site to align with Health and Social Care digital support
- Look to lift, shift and adapt the communications / engagement strategy – training of ambassadors
- Measures impact with yearly survey Last in 2019 due to Covid 19

Recommendation 3

Set about creating a social movement of digital support and enablement

- In order for digital inclusion to be achieved at scale, there needs to be a social movement to drive digital enablement of all those residents who want to become digitally competent. This work builds on recommendation 2 and can only be achieved once the structures are in place to provide support to individuals in a coordinated way.

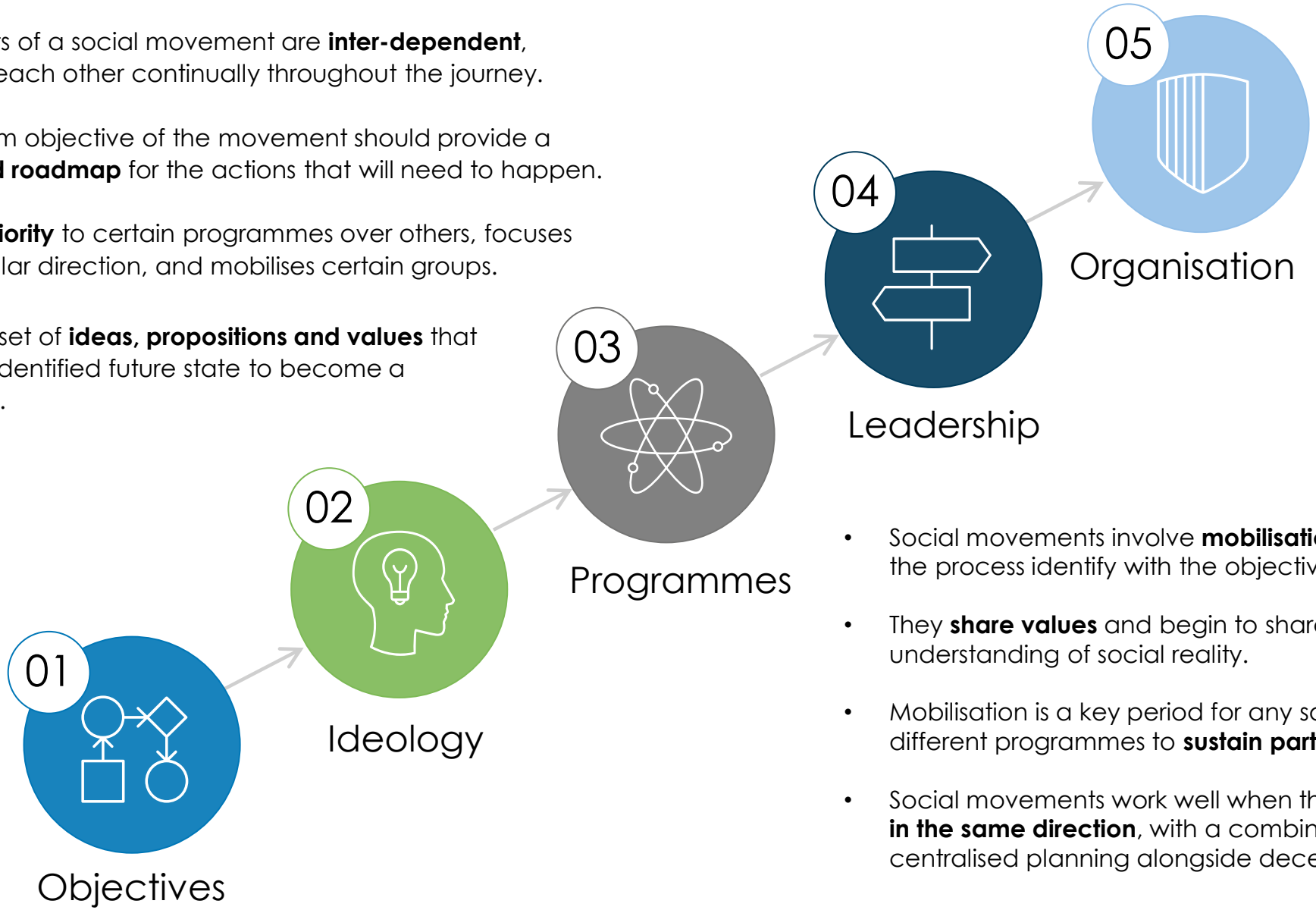
- Build this social movement with the user profiles identified on slide 36 in mind. Develop pen portraits for each of the user profiles that local people can connect with, and use these during the wider engagement and comms campaign. The user profiles can be used to measure impact over time, ensuring the approach is reaching each cohort as intended.

- The focus groups and online / postal surveys that were established during this baseline review provide an opportunity for ongoing engagement with residents and can be expanded as required.

- Ensure a focus is maintained on the local at risk groups:
  - > age 65
  - Living in an area of deprivation
  - Living with a long term condition or learning disability
  - Disadvantaged young people e.g. carers, looked after children

Key components of any social movement

- Components of a social movement are **inter-dependent**, influencing each other continually throughout the journey.
- The long term objective of the movement should provide a **strategy and roadmap** for the actions that will need to happen.
- It **secures priority** to certain programmes over others, focuses on a particular direction, and mobilises certain groups.
- It involves a set of **ideas, propositions and values** that enable the identified future state to become a social reality.



- Social movements involve **mobilisation of people** who in course of the process identify with the objective of the movement.
- They **share values** and begin to share perception of a common understanding of social reality.
- Mobilisation is a key period for any social movement and develops different programmes to **sustain participation and engagement**.
- Social movements work well when there are multiple **partners pulling in the same direction**, with a combination of well formed and centralised planning alongside decentralised action and delivery.

Planning and Delivery

Quick wins

Attain

Digital Inclusion: Quick Wins

- Develop and build the connection with Rotherham College for;
  - Students to become digital Champions
  - Students to offer problem solving clinics as work experience
- Provide resources for Rother Fed, Age UK, REMA, and VAR to provide digital inclusion support in wards identified with the highest need (test and measure the impact)
- Secure funding from the ICS digital levelling up and LA levelling up allocations
- Maintain communication and engagement with resident groups engaged with as part of this baseline review – informing what the next steps are and recruiting Digital Champions
- Make links with the NHS Digital Champion work taking place nationally
- Work collectively across Place to develop staff as digital Champions

Strategy Development

Digital Inclusion: Strategy Development (Years 1 and 2)

Older People Digital Inclusion Strategy

- Seek out and establish links with those on the Covid shielded list with no email address, this is a potential indication of being digitally vulnerable and an at risk group
- Consider the impact of Alexa and Google Siri etc. to support life skills and remove loneliness – connecting with sight and sound charities for those with poor sight / hearing

Living with a Long Term Condition / Learning Disability Digital Inclusion Strategy

- Ensure individuals and carers are able to connect with the support they need. This may need to be close to home or even within the persons home
- Consider the recommendations from Carnegie UK's #NotWithoutMe: A digital world for all? Publication and apply to LTC and LD

Young People Digital Inclusion Strategy

- Develop a young people's digital inclusion strategy that incorporates;
  - Peer-to-peer support through the Duke of Edinburgh Award, Adventure Scouts, Youth Parliament etc
  - Provision of work experience for students as Digital Champions
  - Bespoke support offer for young carers and looked after children, including access to benefits, education and employment
  - Development of links with local businesses to provide resource and sustainability of the programme
  - Work with economic / employment plans within Rotherham to include a focus on digital inclusion

Delivery: **Year One**

Digital Inclusion: Year One Actions

- Increase project resources within the Core Team to help develop and drive the change
- Appoint a defined SRO, preferably connected across Place, to set the direction and ensure connection into wider Place workstreams and appropriate resourcing of the programme
- Develop a clear digital partnership offer across partners e.g. Rother Fed 'Digital Dan', Age UK, NHS Digital, Citizens Advice, VAR, Rotherham College, Libraries (supported by the Place Core Team)
- Test out different approaches and measure their impact. Test in two to three wards - learn, adapt, then spread
- Agree who will oversee the social movement across Rotherham and ensure comms and engagement leads across the Place are engaged in this work
- Connect with education and economic hubs to build support for a social movement. Build on the Rotherham College offer to utilise student work placements to offer digital support into the local communities
- Establish the core requirements for a Digital Champions network and support its proliferation through local partners
- Connect with neighbouring footprints and build on how they have pooled budgets and developed local Digital Champions
- Maintain a local register of digital training, skills and groups – deploy agreed training where required
- Develop connectivity through the provision of internet into community hubs, buildings and meeting rooms (e.g. sheltered housing complexes)
- Continue contact with focus groups and develop regular touchpoints so that user feedback is built into the delivery model. Improve representation of BAME communities
- Levelling up funding allocations - coordinate and support the development of business cases. Secure funding to develop and sustain the support to Field Teams and Digital Champions

Delivery: **Year Two**

Digital Inclusion: Year Two Actions

- Fully roll out and deploy the tried and tested approaches from year one to all wards with a framework that has been refined by partners and communities
- Measure the impact of initiatives and adapt the programme as it rolls out using PDSA cycles (Plan, Do, Study, Act)
- Re-do the What Good Looks Like digital maturity assessment with providers to highlight gaps and ensure all providers are on an upward trajectory – support with funding as identified
- Look to build in financial sustainability, with resources from all partners pulled together, including local businesses. Seek further resource from the ICS Digital and LA levelling up funding pots
- Establish a support network and training programme for Digital Champions
- Seek a charitable organisation to partner with for refurbished devices
- Agree year two comms and engagement activities relating to the social movement (based on an assessment of year one reach and penetration data). Ensure the comms and engagement plan is aligned with the service offer that is being built across partners.

APPENDIX A

Rotherham Digital Inclusion Mapping

Contents

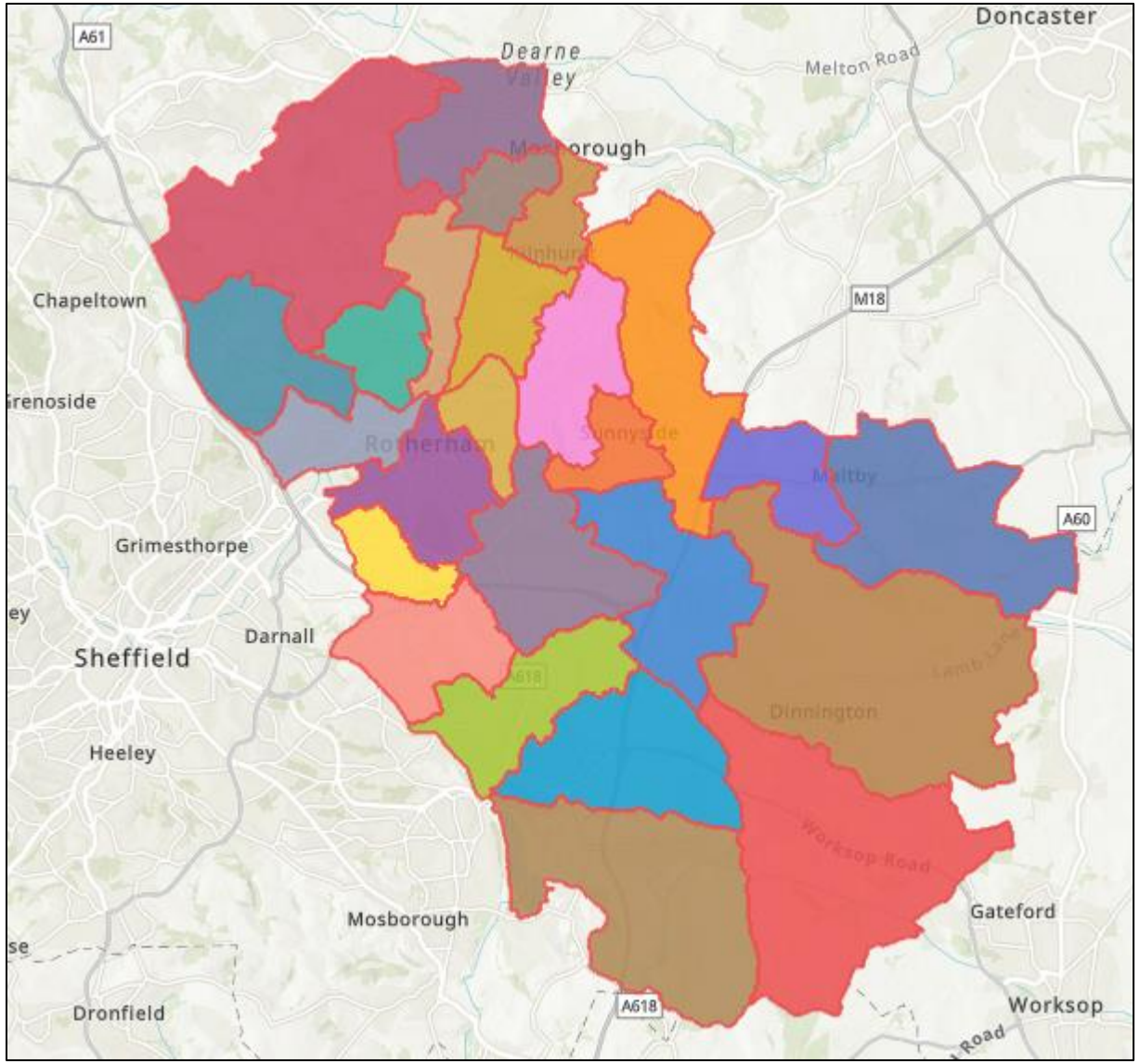
1. Demography
2. Deprivation
3. Education and economy
4. Internet access

Ward Name Map

Rotherham wards map

Ward Name

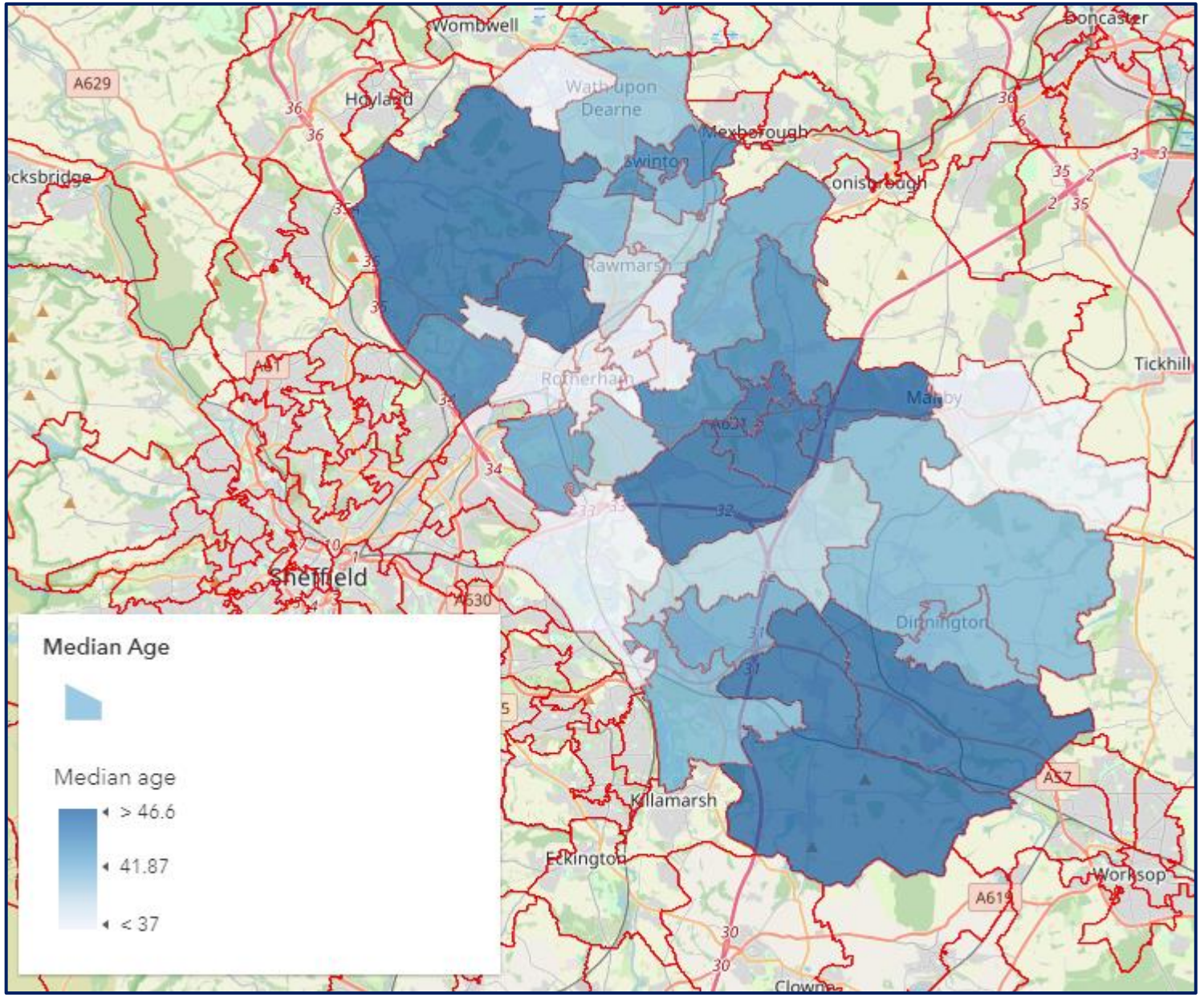
- Anston and Woodsetts
- Aston and Todwick
- Aughton and Swallownest
- Boston Castle
- Bramley and Ravenfield
- Brinsworth
- Dalton and Thrybergh
- Dinnington
- Greasbrough
- Hellaby and Maltby West
- Hoober
- Keppel
- Kilnhurst and Swinton East
- Maltby East
- Rawmarsh East
- Rawmarsh West
- Rother Vale
- Rotherham East
- Rotherham West
- Sitwell
- Swinton Rockingham
- Thurcroft and Wickersley South
- Wales
- Wath
- Wickersley North
- Other



Demography

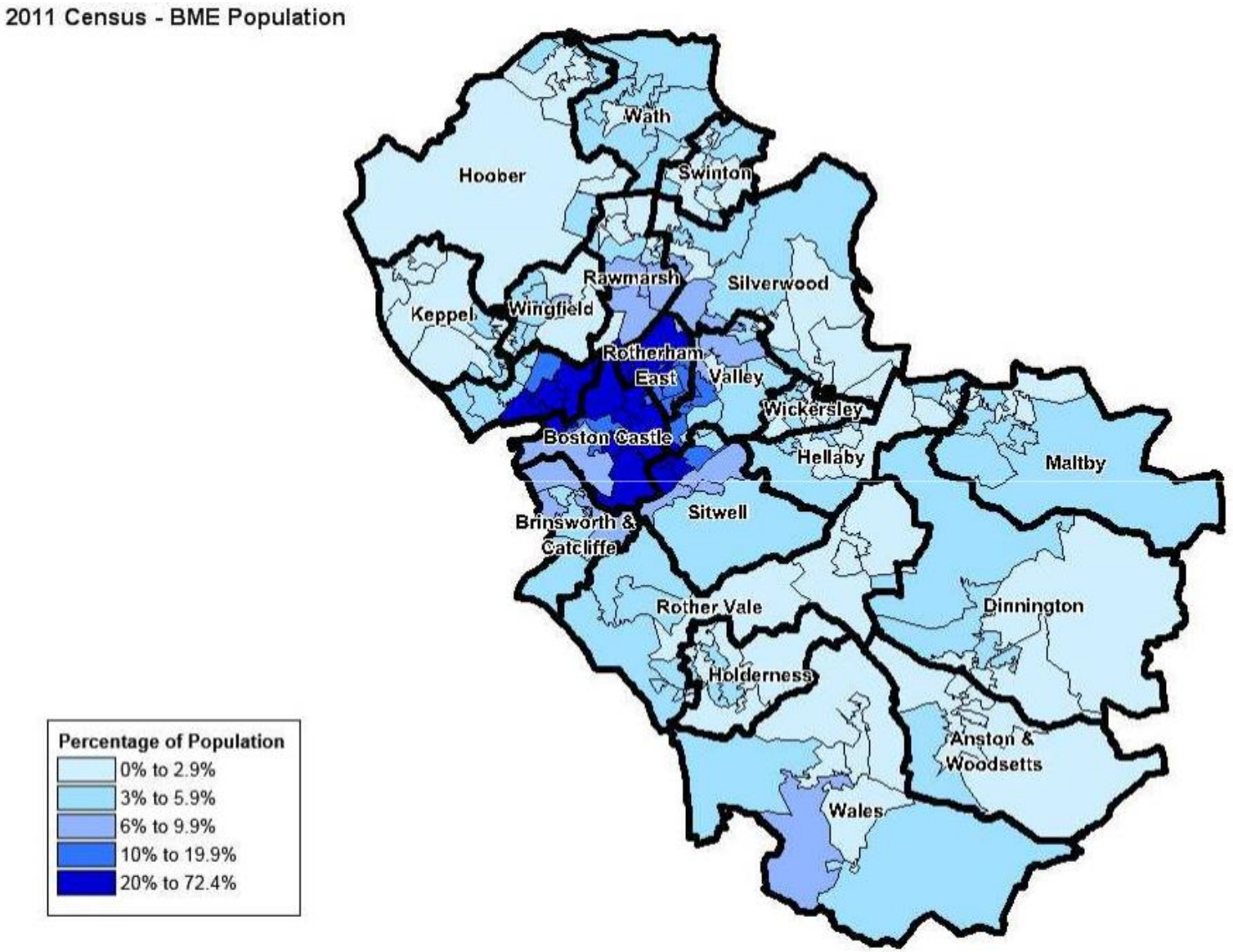
Age by Ward

Source: Office for National Statistics Mid-2020 Population Estimates for Middle Layer Super Output Areas in England and Wales by Single Year of Age and Sex - Supporting Information



Ethnicity

- This shows the black and minority ethnic (BME) population distribution in 2011 according to the census. The darker colours are the areas with the highest percentage of BME populations.



Source: https://moderngov.rotherham.gov.uk

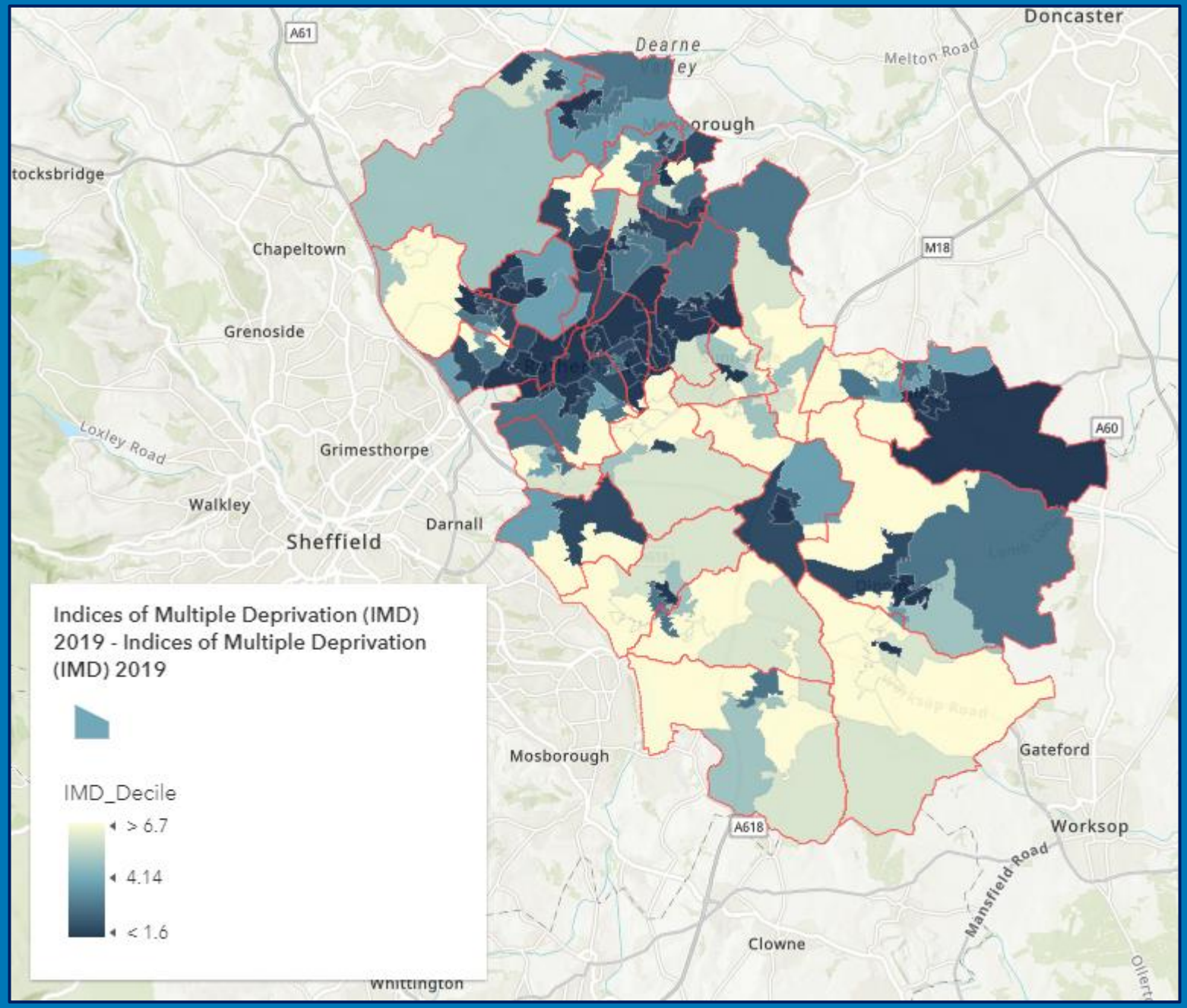
Deprivation

Deprivation: IMD overall decile

This combines information from the seven domains to produce an overall relative measure of deprivation.

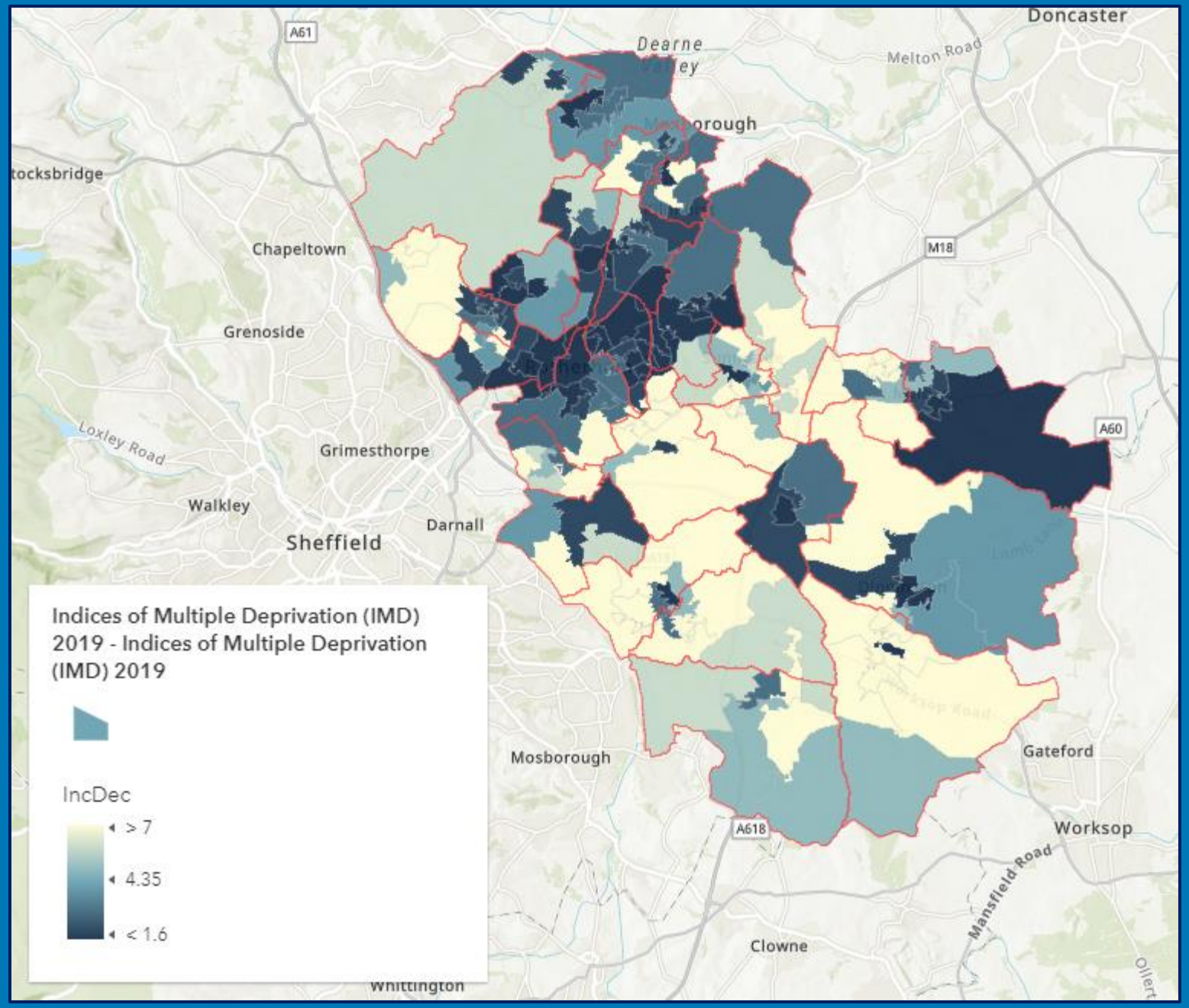
The domains are combined using the following weights: Income Deprivation (22.5%), Employment Deprivation (22.5%), Education, Skills and Training Deprivation (13.5%), Health Deprivation and Disability (13.5%), Crime (9.3%), Barriers to Housing and Services (9.3%), Living Environment Deprivation (9.3%).

Dark colours = most deprived (Where 1 is most deprived)



Deprivation: Income decile

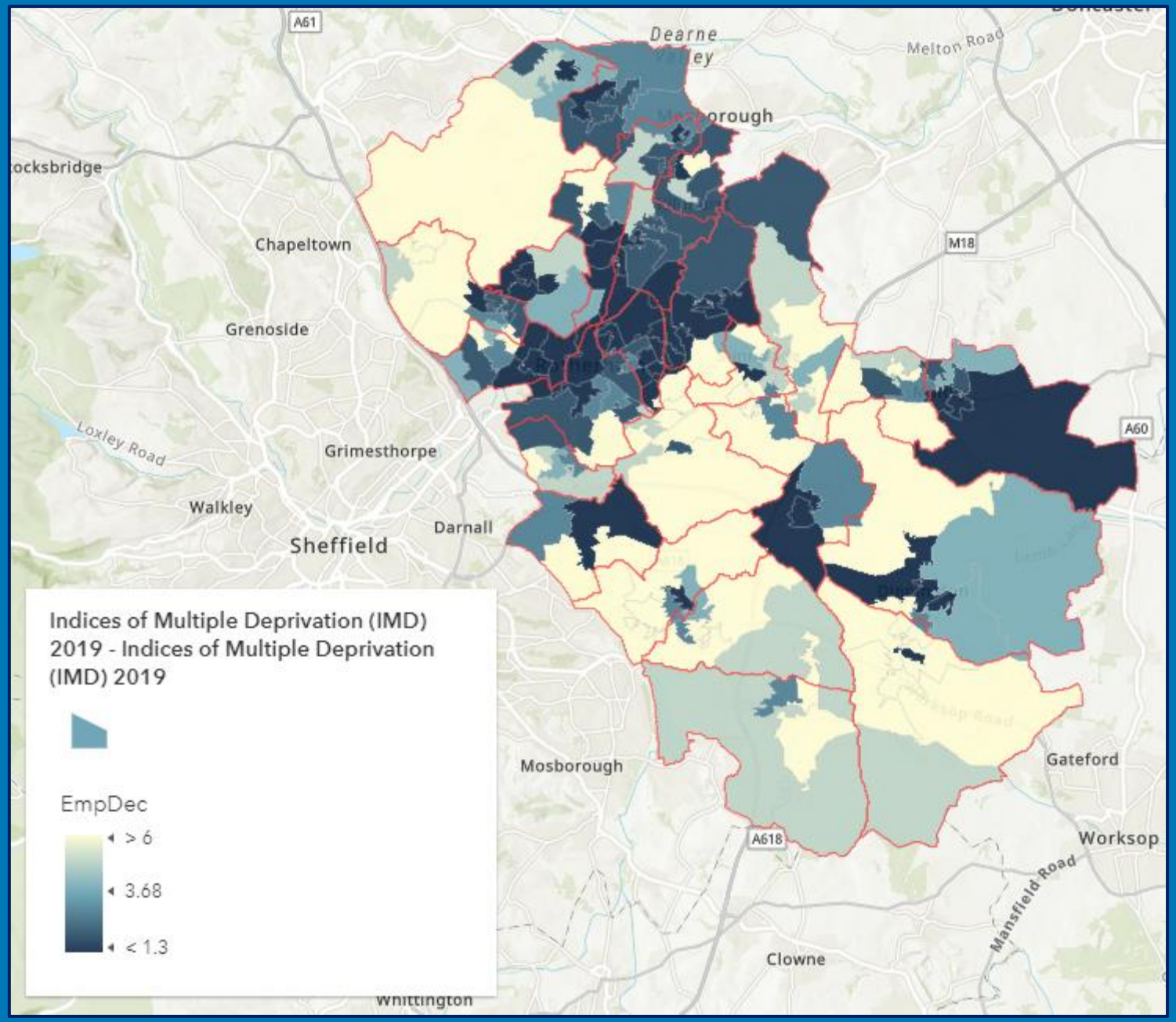
This measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings.



Dark colours = most deprived
(Where 1 is most deprived)

Deprivation: Employment decile

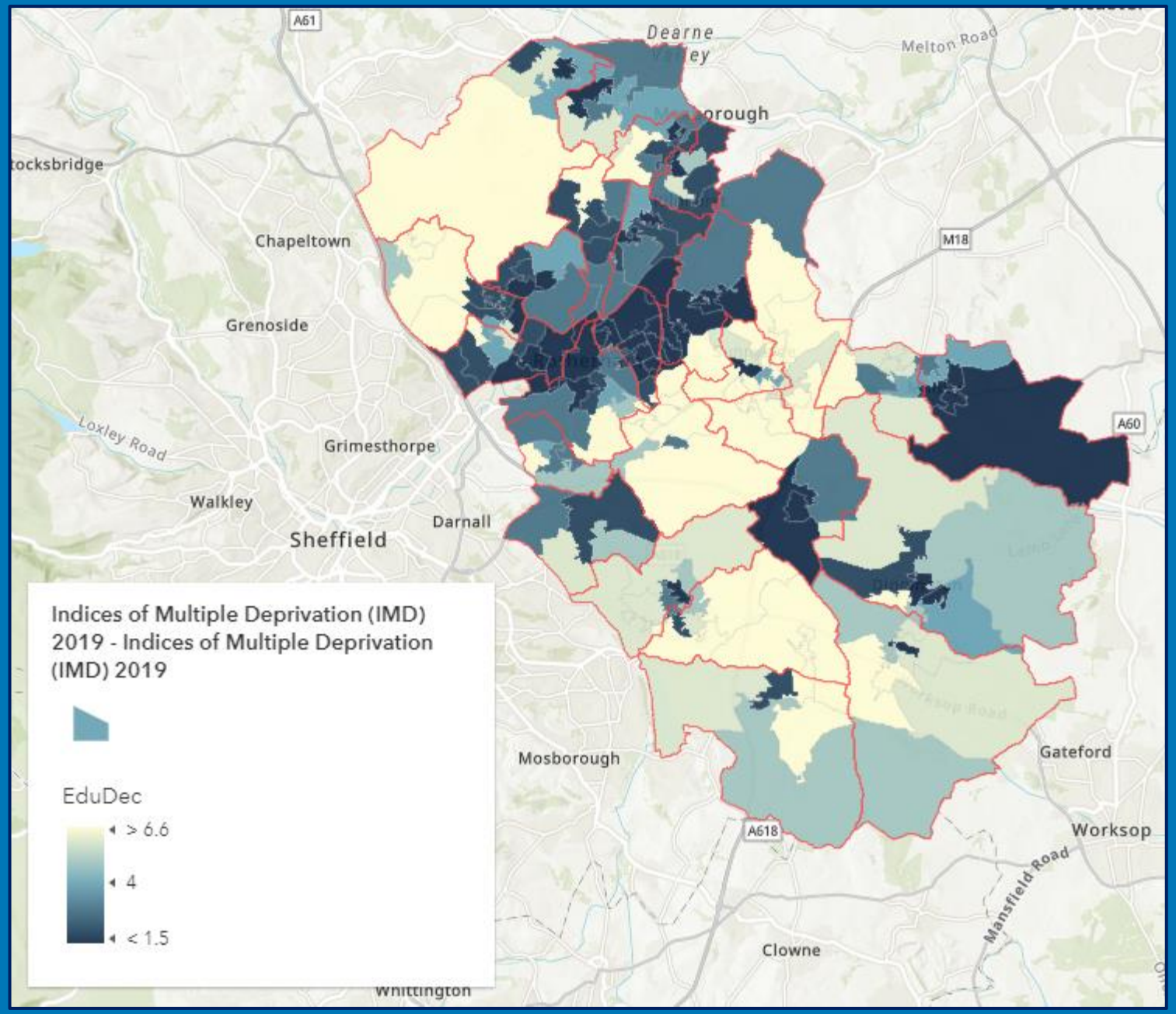
This measures the proportion of the working age population in an area involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities.



Dark colours = most deprived
(Where 1 is most deprived)

Deprivation: Education, skills and training decile

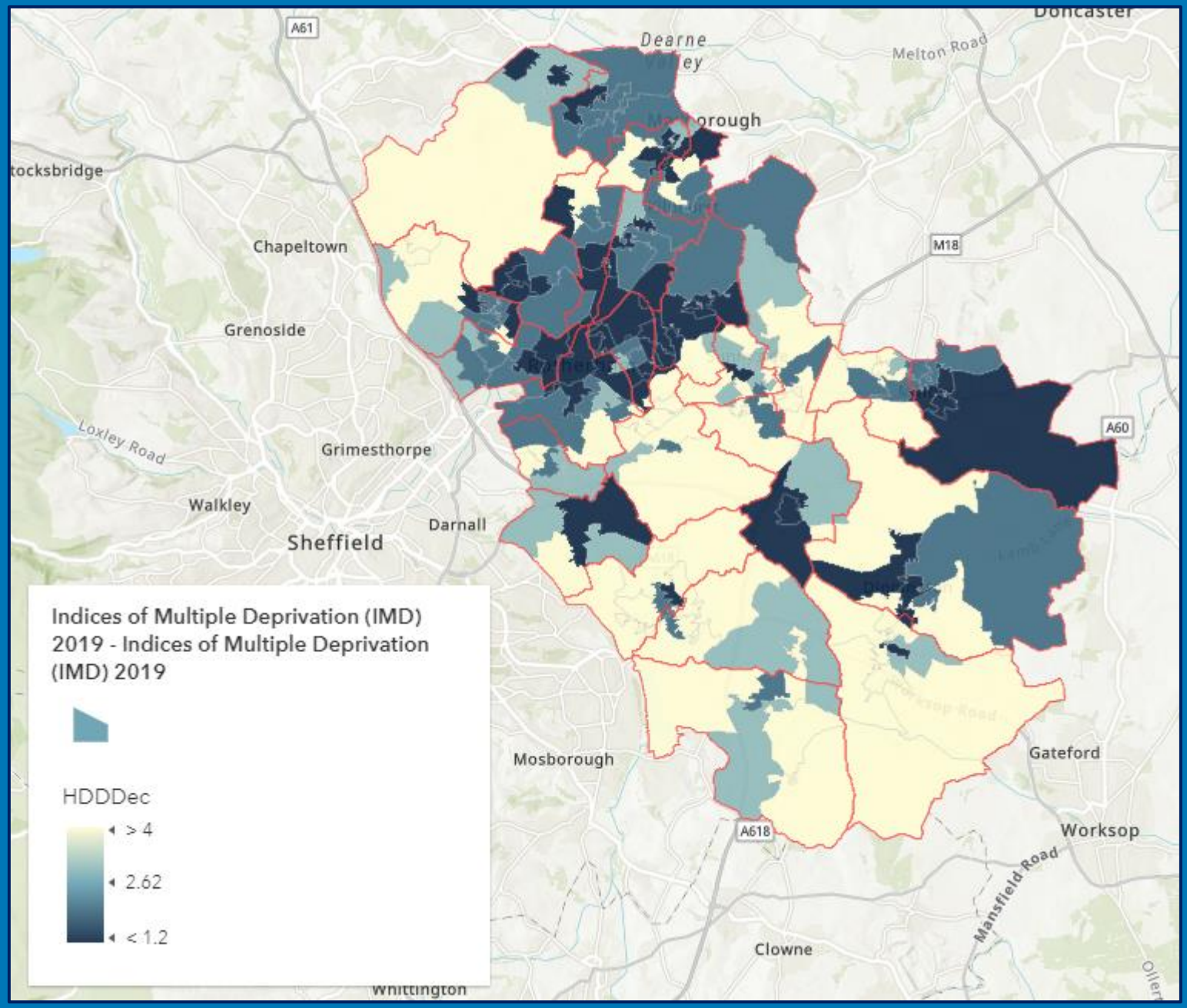
This measures the lack of attainment and skills in the local population.



Dark colours = most deprived
(Where 1 is most deprived)

Deprivation: Health deprivation and disability decile

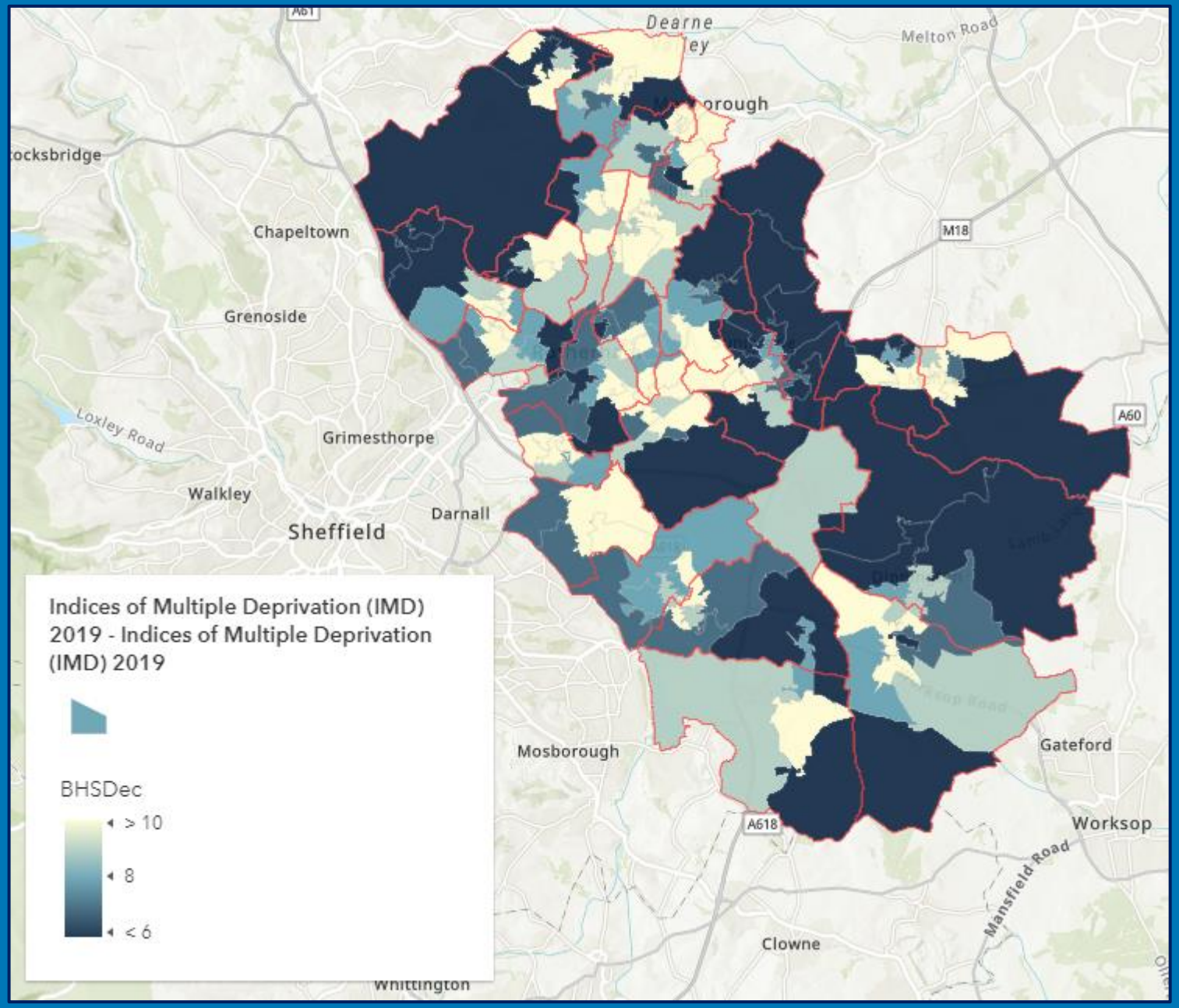
This measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation.



Dark colours = most deprived
(Where 1 is most deprived)

Deprivation: Barriers to housing and services decile

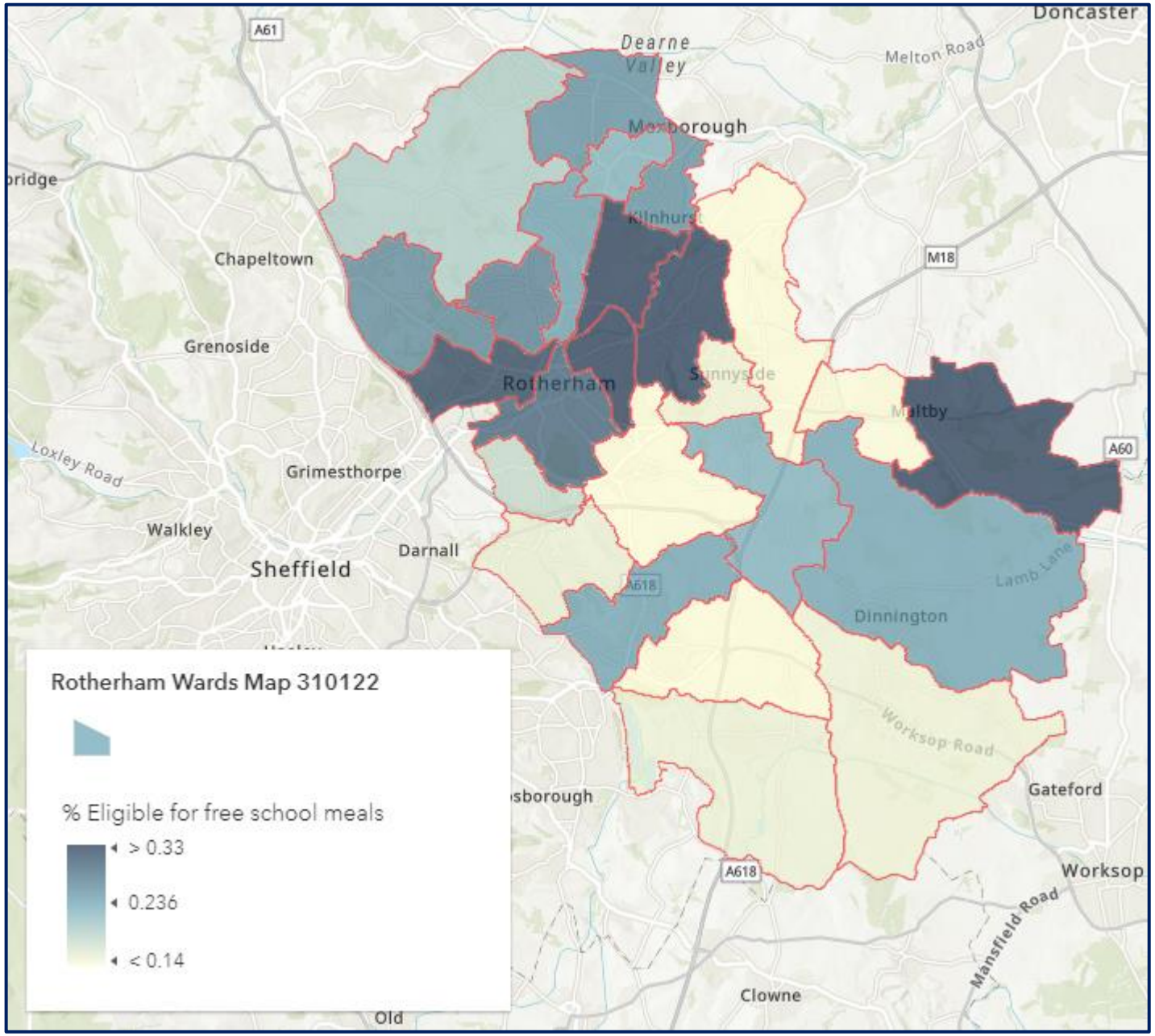
This measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: 'geographical barriers', which relate to the physical proximity of local services, and 'wider barriers' which includes issues relating to access to housing such as affordability and homelessness.



Dark colours = most deprived
(Where 1 is most deprived)

Free School Meals by Ward

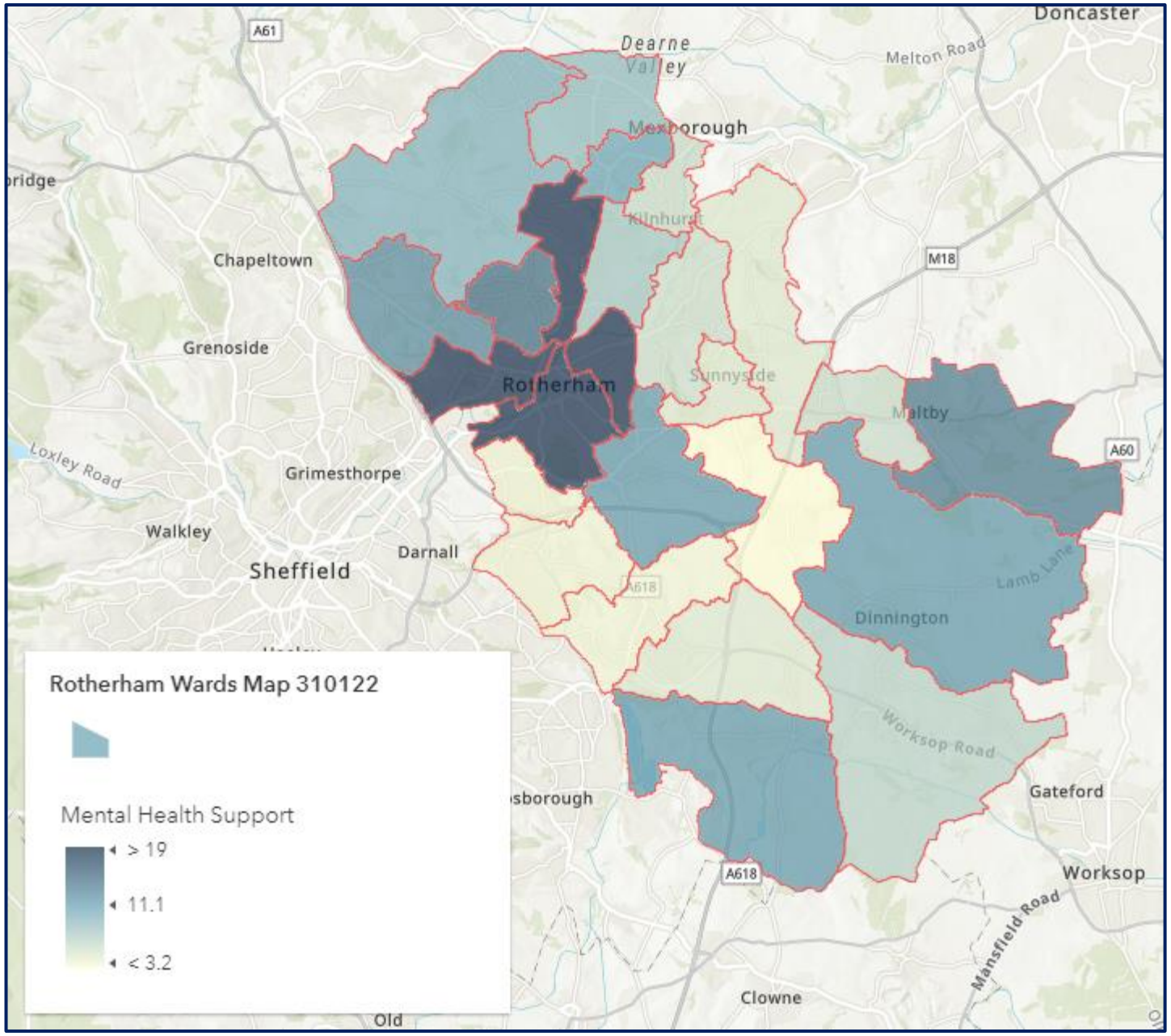
This shows the percentage of Rotherham school children eligible for Free School Meals - by Ward of Home address.



Dark colours = most deprived

Mental Health Support by Ward

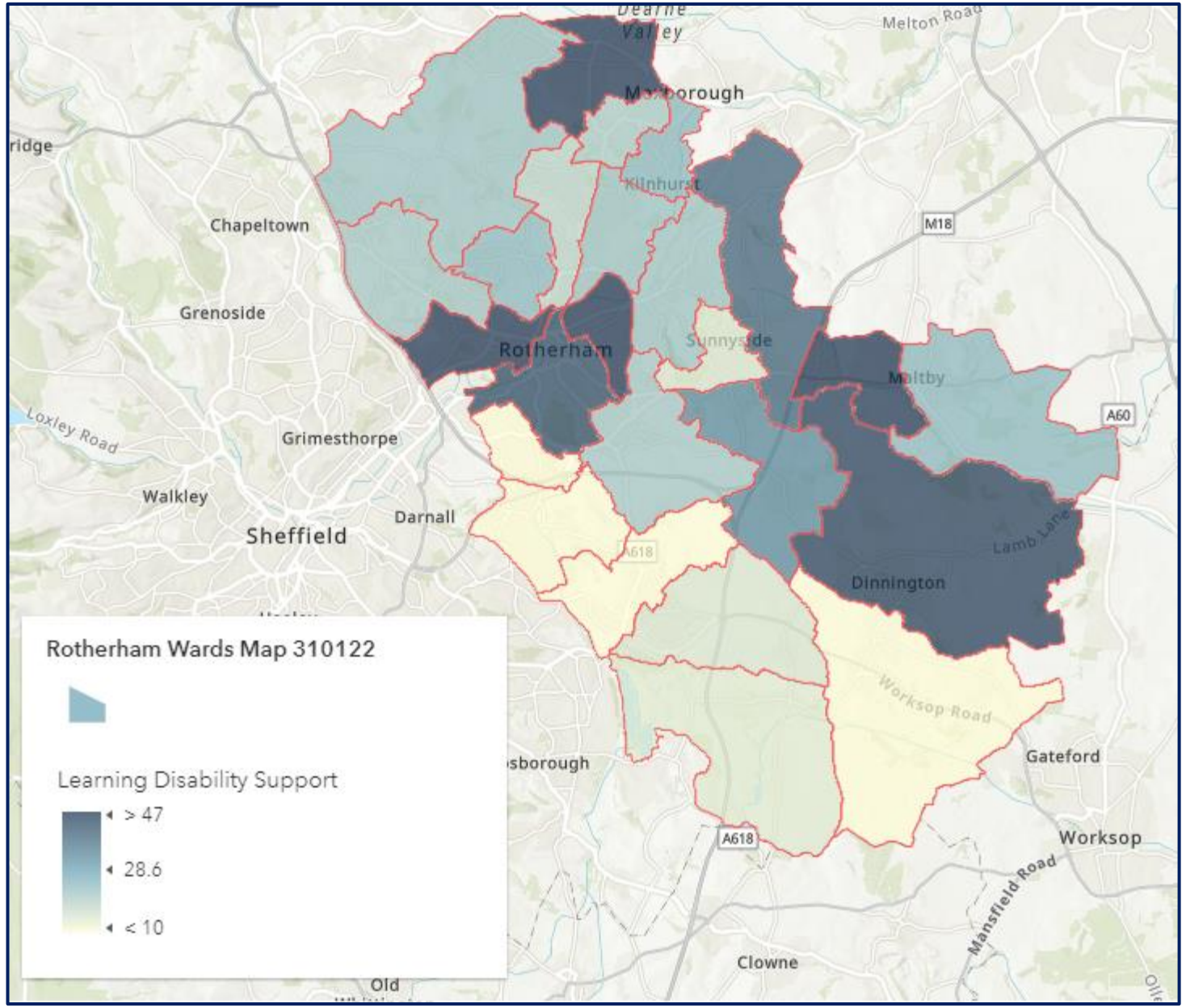
This shows the number of adults in receipt of Mental Health Council Social Care support by Ward.



Dark colours = most deprived

Learning Disability Support by Ward

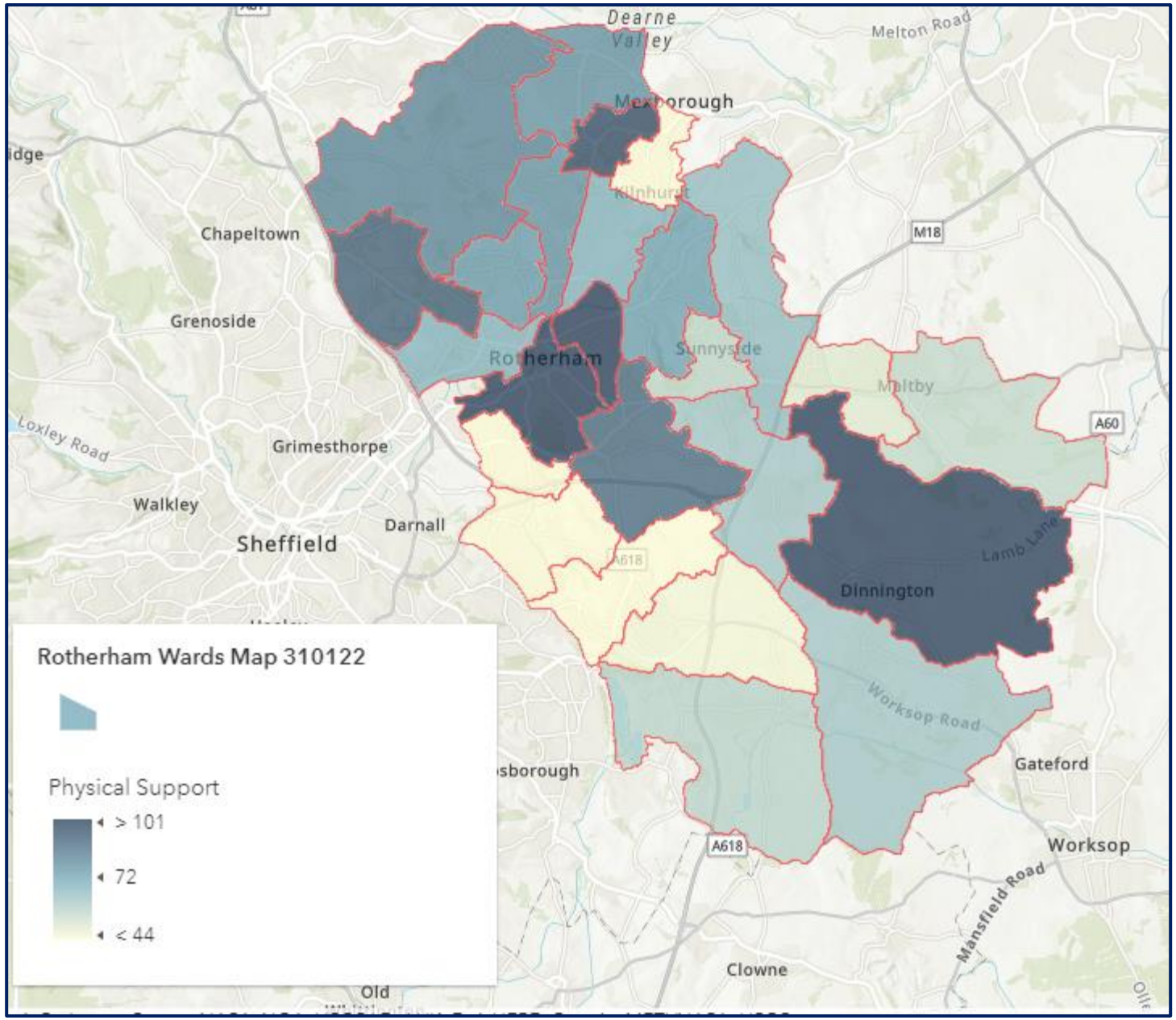
This shows the number of adults in receipt of Learning Disability Council Social Care support by Ward.



Dark colours = most deprived

Physical Support by Ward

This shows the number of adults in receipt of Physical Council Social Care support by Ward.



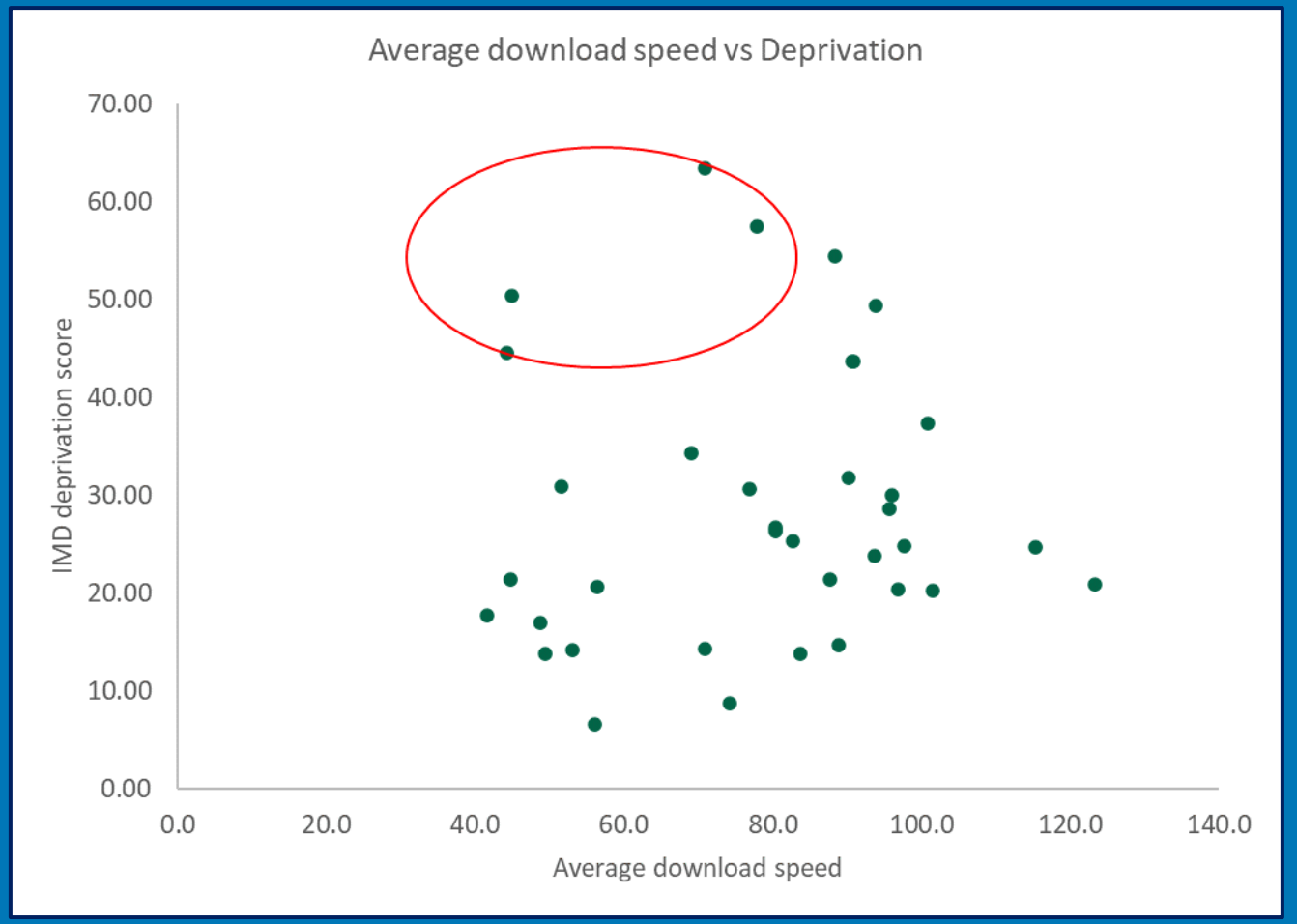
Dark colours = most deprived

Deprivation vs Digital Access by Ward Graph

This compares population-weighted IMD MSOA score to MSOA's average download speed.

- A sub-set of wards with high deprivation and low download speed is seen in the top left of the chart. These wards also tend to have lower median aged population.

Higher IMD score = most deprived



The wards in the red circle include (low average download speed, high IMD score):

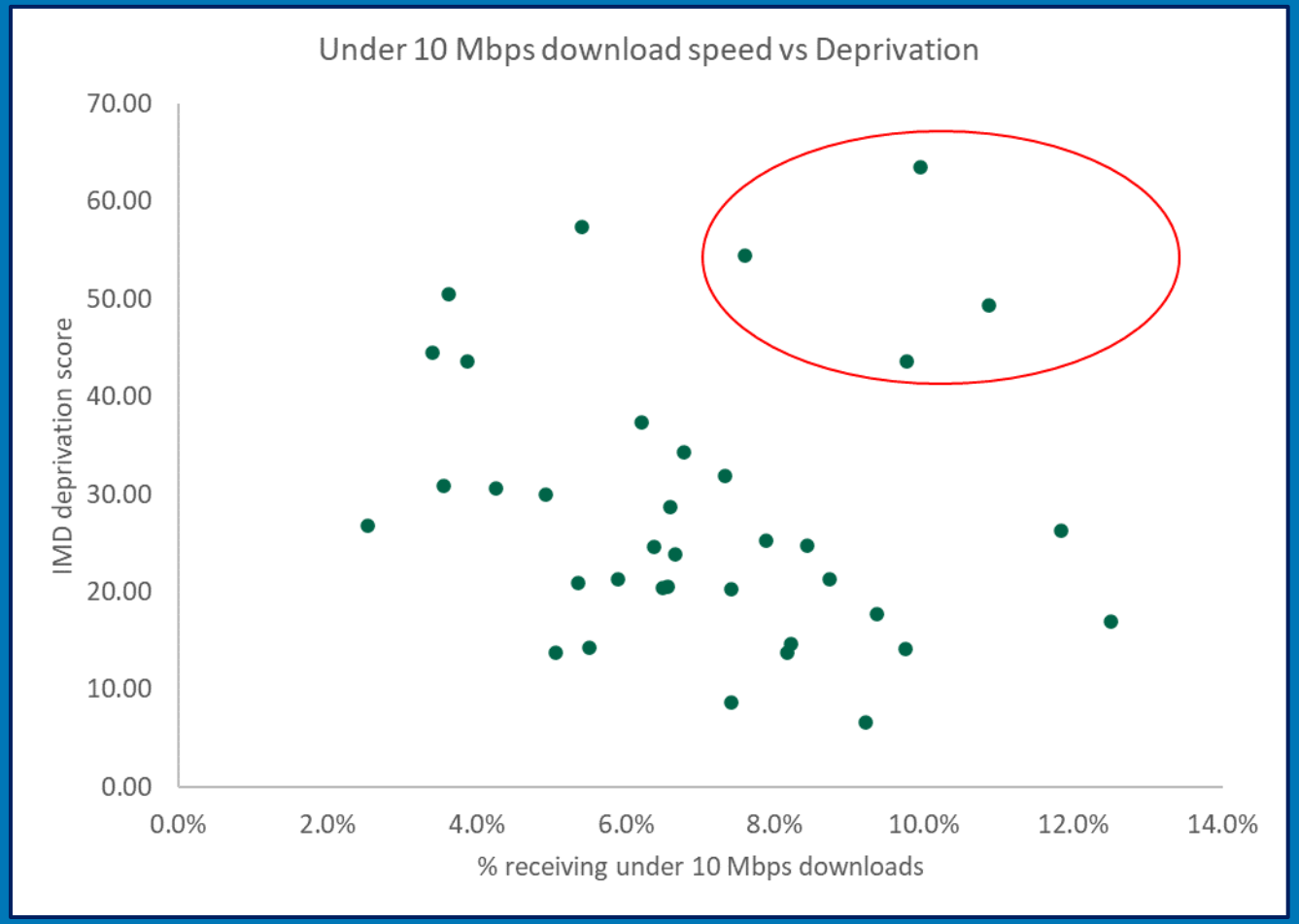
- Maltby East (44.3, 44.57)
- Thrybergh & Hooton Roberts (45.0, 50.47)
- East Herringthorpe (70.9, 63.49)
- Rotherham Central (77.8, 57.46)

Deprivation vs Digital Access by Ward Graph

This compares population-weighted IMD MSOA score to MSOA's receiving under 10 Mbps download speed.

- A sub-set of wards with high deprivation and high percentage with under 10Mbps download speeds is seen in the top right of the chart. These wards also tend to have lower median aged population.

Higher IMD score = most deprived

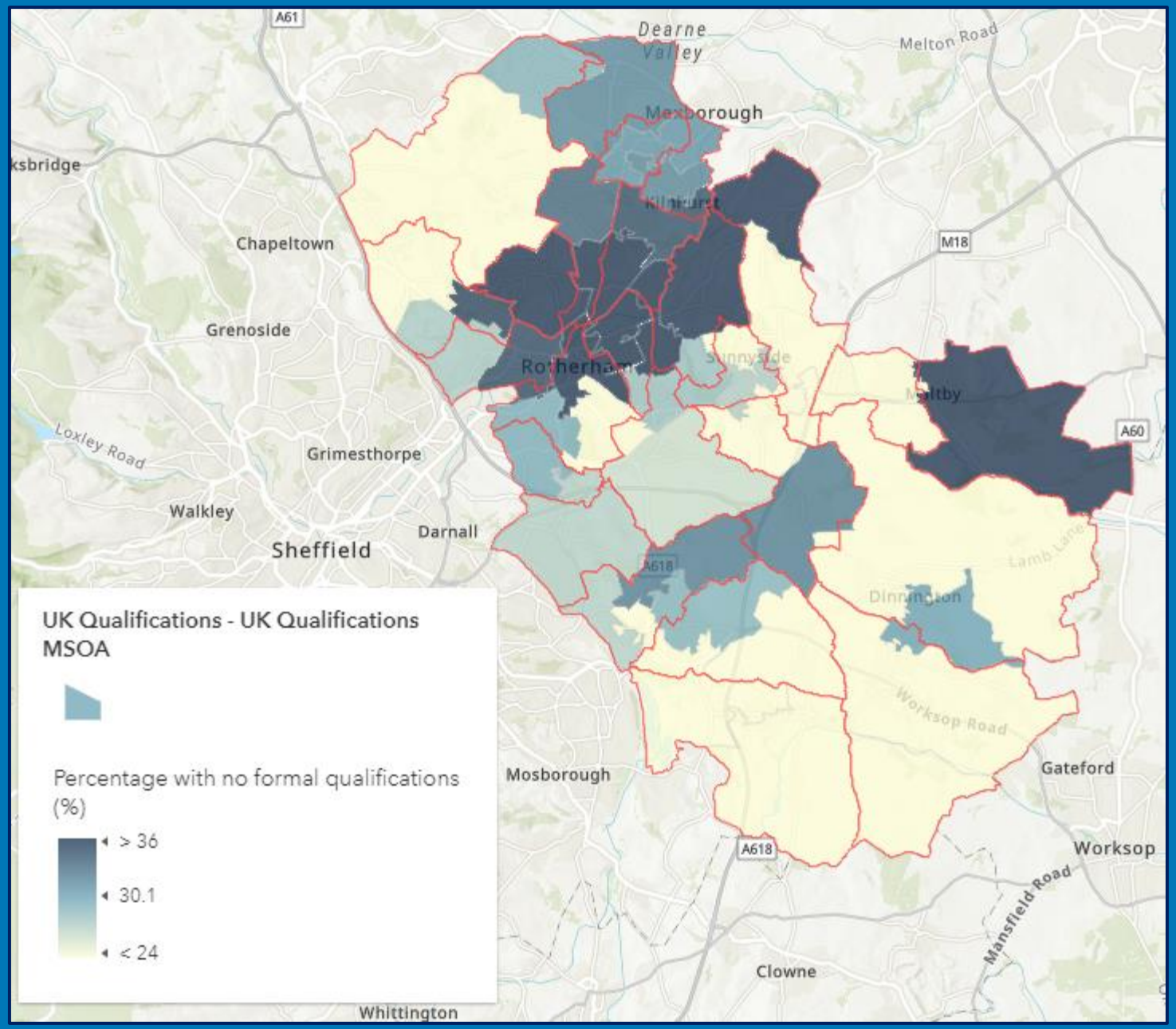


The wards in the red circle include (higher % receiving under 10 Mbps, high IMD score):

- Masbrough & Bradgate (7.6, 54.50)
- Greasbrough (9.8, 43.69)
- East Herringthorpe (10.0, 63.49)
- Eastwood & East Dene (10.9, 49.36)

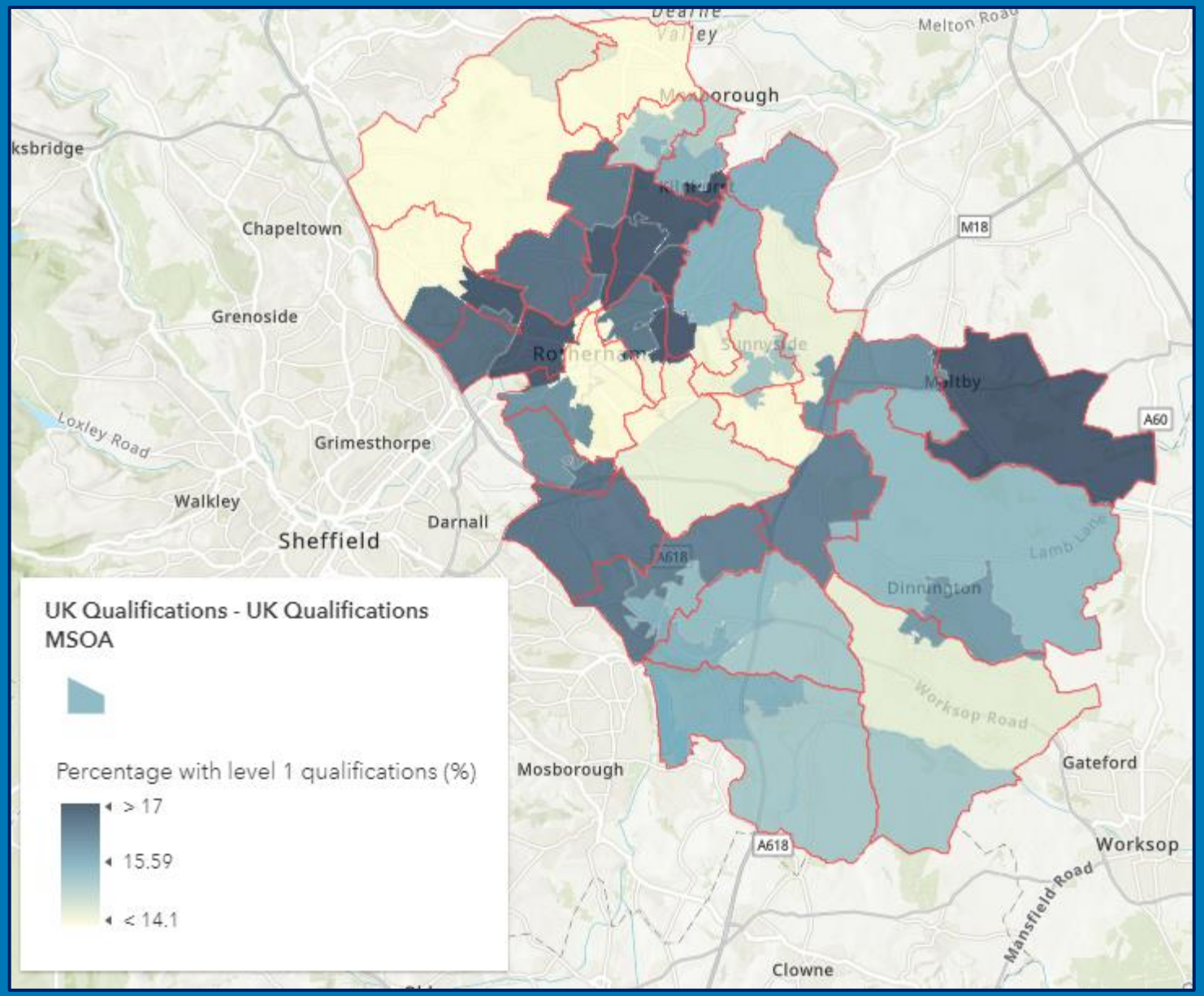
Education and economy

Percentage of adults that have no formal qualifications



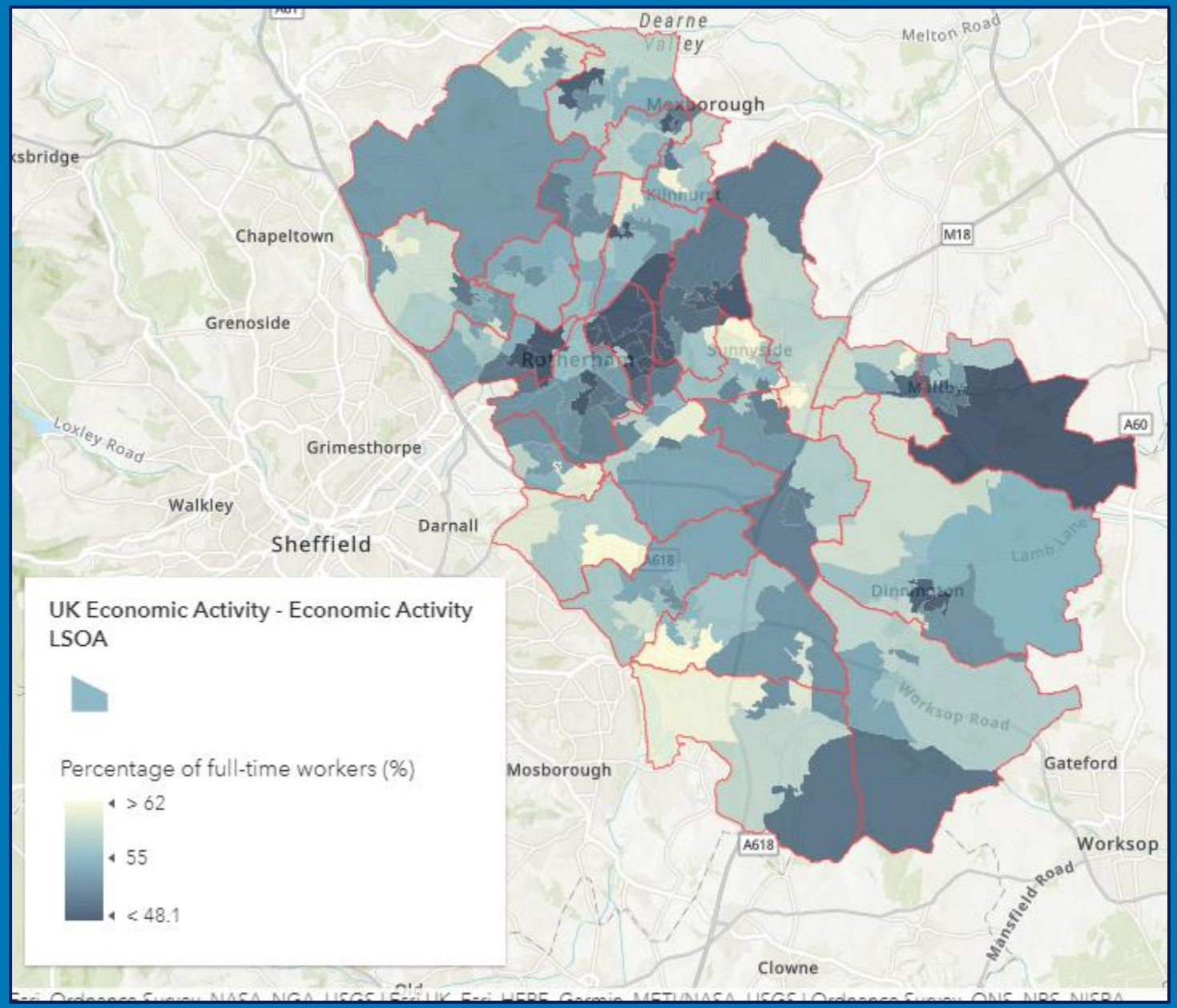
Dark colours = most deprived

Percentage of adults with level 1 qualifications



Dark colours = most deprived

Economic activity: percentage of FT workers



Dark colours = most deprived

Essential Digital Skills – Foundation Tasks

This shows the proportion of people who achieved the Foundation Level, depending on the region where they live. This data is for 2021.

Region	Digitally excluded (0 Foundation Tasks)	Partial Foundation Level (1-6 Tasks)	The Foundation Level (7 Tasks)
UK	6	14	81
East Midlands	2	16	82
East England	5	14	81
London	5	11	84
North East	6	12	82
North West	5	14	81
South East	6	11	83
South West	5	17	78
West Midlands	5	15	81
Yorkshire and the Humber	**7**	**16**	**77**
Scotland	6	13	81
Wales	9	17	73
Northern Ireland	11	9	79
England	5	14	81

Essential Digital Skills – Foundation Tasks by Skill

This shows the proportion of people who achieved the Foundation Level by each skill, depending on the region where they live. This data is for 2021.

Region	I can turn on a device and log in to any accounts/profiles I have	I can use the available controls on a device (e.g. mouse, keyboard, touchscreen etc)	I can use the different menu settings on a device to make it easier to use (e.g. change the font size to make it easier to read)	I can find and open different applications/programmes on a device	I can connect a device to a Wi-Fi network	I can open an internet browser to find and use websites	I can update and change my password when prompted to do so
UK	90	93	87	89	87	91	90
East Midlands	92	95	90	93	90	95	94
East England	90	94	86	89	89	92	91
London	93	93	89	91	89	93	91
North East	89	92	86	88	90	91	91
North West	90	92	86	88	86	90	89
South East	92	93	88	90	88	90	89
South West	91	93	86	89	85	90	89
West Midlands	91	94	88	87	87	91	89
Yorkshire and the Humber	**87**	**90**	**81**	**86**	**85**	**87**	**88**
Scotland	92	94	87	91	89	92	91
Wales	84	89	83	84	85	87	88
Northern Ireland	85	86	83	82	83	84	85
England	91	93	87	89	87	91	90

Essential Digital Skills – Life EDS

This shows the proportion of people who achieved Life EDS, depending on the region where they live. This data is for 2021.

Region	Withought the foundation level	Zero Life Skills (0 skills)	Partial Life Skills (1-4 skills)	Life EDS (5 skills)
UK	19	0	2	79
East Midlands	18	1	2	79
East England	19	0	1	80
London	16	0	3	81
North East	18	0	2	80
North West	19	0	2	79
South East	17	0	1	82
South West	22	0	3	75
West Midlands	19	0	2	79
Yorkshire and the Humber	**23**	0	2	75
Scotland	19	1	2	78
Wales	27	0	2	77
Northern Ireland	21	1	2	77
England	19	0	2	79

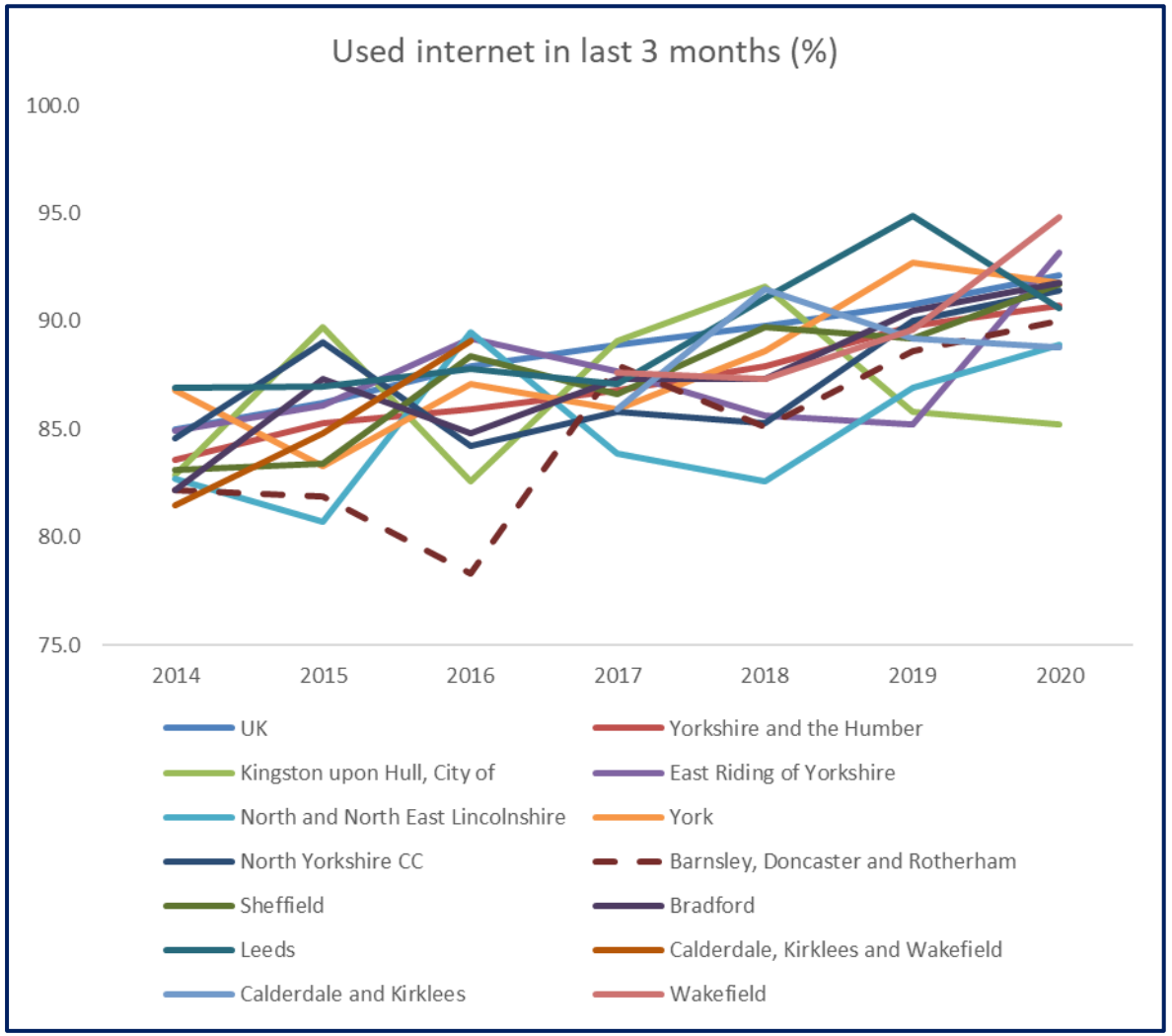
Essential Digital Skills – Life EDS by Skill

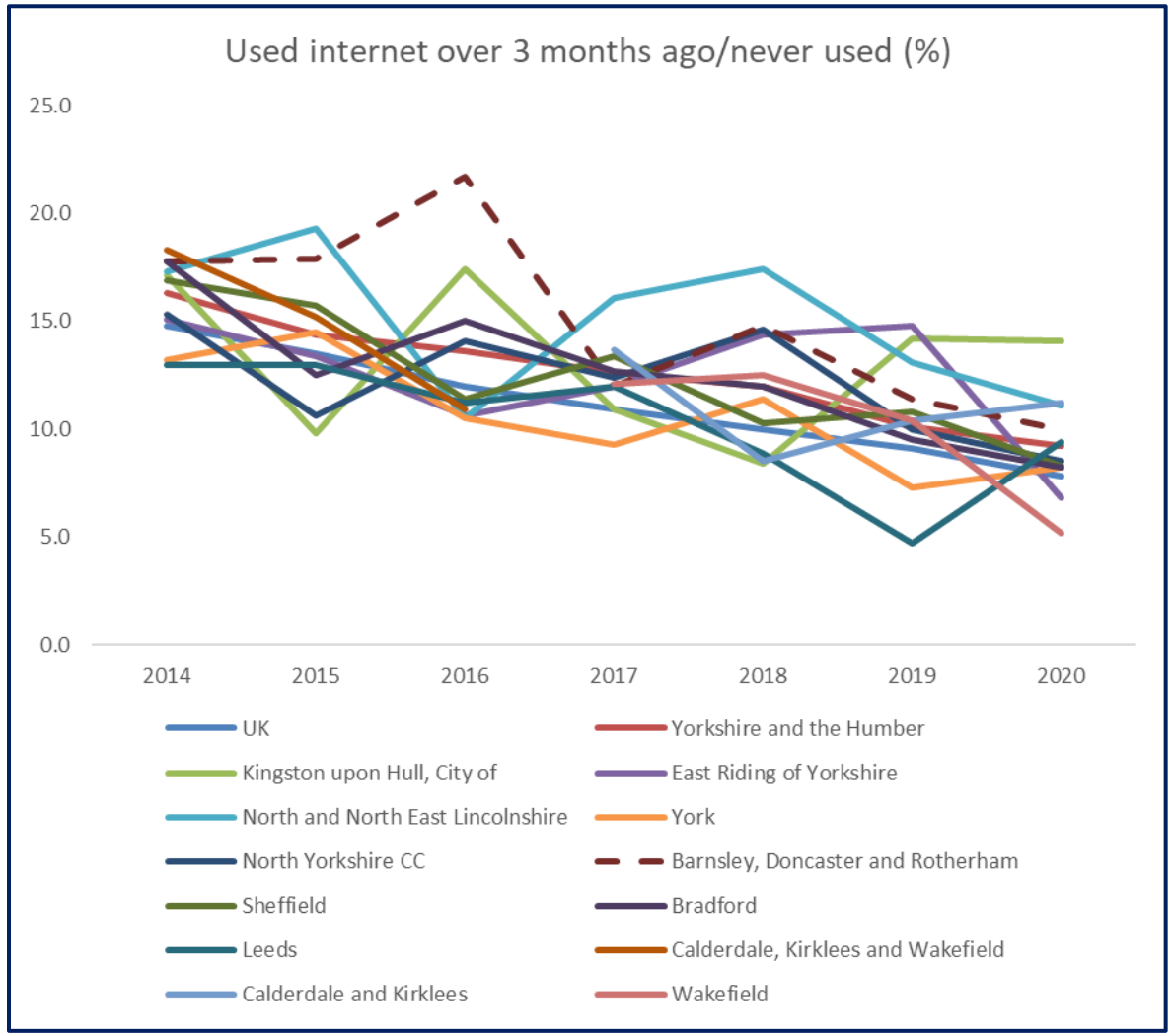
This shows the proportion of people who achieved Life EDS by each skill, depending on the region where they live. This data is for 2021.

Region	I can set up an email account	I can communicate with others digitally using email or other messaging applications (e.g. WhatsApp or Messenger)	I can use word processing applications to create documents (e.g. a CV or a letter)	I can share documents with others by attaching them to an email	I can communicate with others using video tools (e.g. Facetime or Skype)	I can post content on social media platforms (e.g. Facebook, Instagram or Snapchat) for example messages, photographs, video etc	I can recognise what information or content may, or may not, be trustworthy on websites/apps
UK	77	80	75	78	76	72	76
East Midlands	77	81	75	80	76	72	74
East England	77	80	76	80	78	70	76
London	81	83	79	81	80	75	79
North East	77	81	76	76	78	75	77
North West	77	80	74	79	76	75	73
South East	79	82	79	81	78	73	79
South West	75	77	73	74	74	70	75
West Midlands	79	79	75	77	76	72	75
Yorkshire and the Humber	**72**	**76**	**67**	**71**	**71**	**69**	**72**
Scotland	78	79	72	76	76	71	76
Wales	69	73	70	71	68	63	68
Northern Ireland	74	78	70	72	75	69	74
England	78	80	75	78	77	72	76

Internet access

Internet utilisation

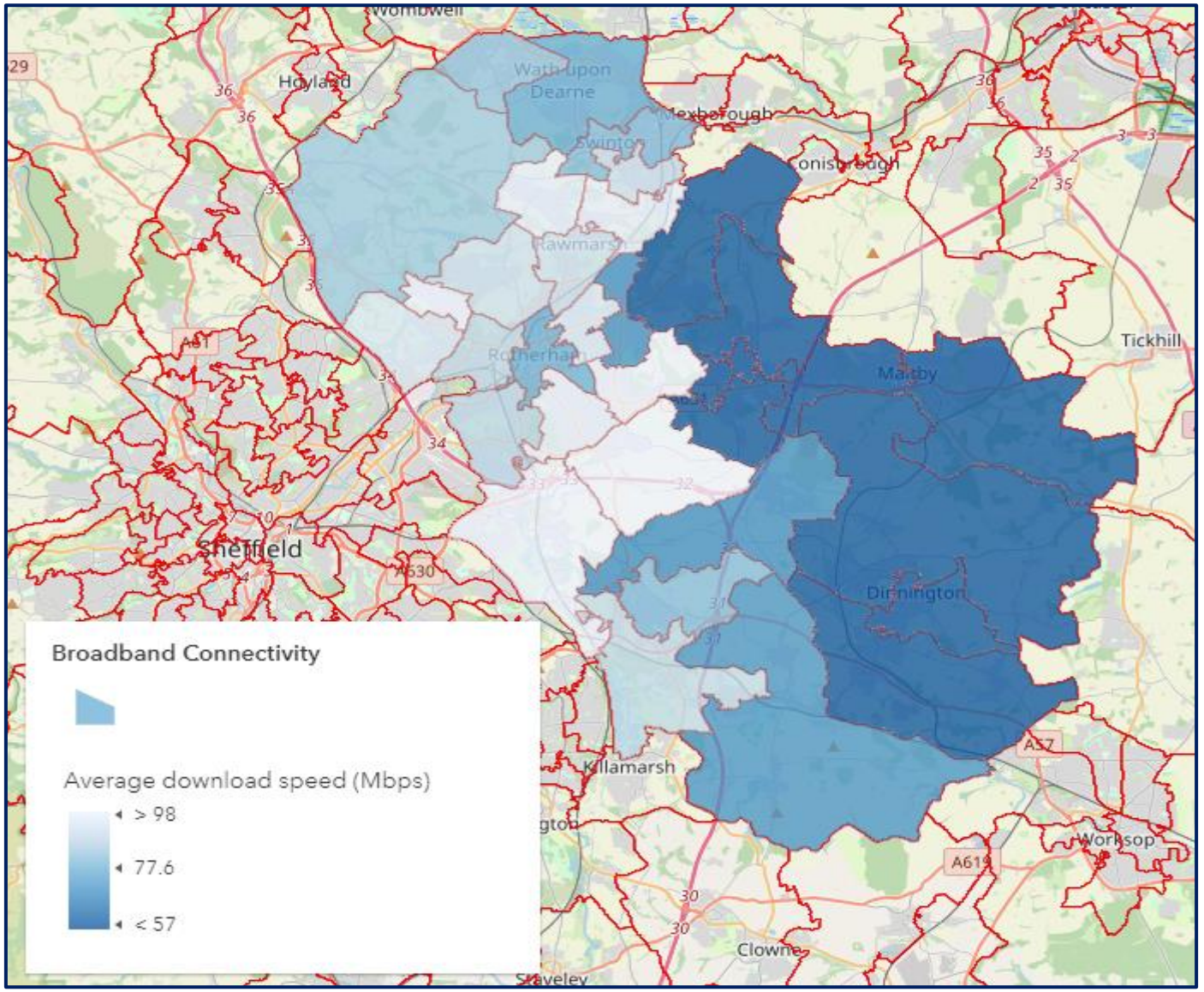




Broadband connectivity

MSOA name	MSOA Code	Population	Average download speed (Mbps)	Superfast availability	Unable to receive decent broadband	Gigabit availability	Receiving under 10 Mbps	Receiving over 30 Mbps	Median age	IMD Rank (1= most deprived)	IMD Score (Higher score = most deprived)
Aughton	E02005315	7989	56.1	93.6%	0.0%	76.3%	9.2%	66.4%	50	6371	6.63
Boston Spa & Bramham	E02002334	7160	74.3	94.9%	0.2%	50.5%	7.4%	68.7%	47	5883	8.71
Wickersley South & Bramley South	E02001599	6351	49.4	98.2%	0.0%	8.0%	5.1%	72.8%	48	4465	13.76
Thorpe Hesley	E02001584	6723	83.7	96.2%	0.0%	3.4%	8.2%	75.9%	48	4461	13.77
Ravenfield & Bramley North	E02001589	7873	53.1	99.6%	0.1%	25.9%	9.8%	76.0%	45	4352	14.15
Kiveton, Todwick & Harthill	E02001610	8363	70.8	98.3%	0.1%	43.2%	5.5%	79.6%	47	4318	14.30
Swallownest & Wales	E02001608	6784	88.8	98.3%	0.2%	50.5%	8.2%	75.6%	42	4197	14.72
Anston & Woodsetts	E02001609	8374	48.7	96.7%	0.7%	1.6%	12.5%	73.9%	50	3631	17.02
Maltby West & Hellaby	E02001595	8265	41.7	95.6%	0.0%	4.4%	9.4%	71.2%	47	3503	17.68
Whiston	E02001601	4863	101.5	99.6%	0.0%	1.0%	7.4%	86.7%	47	2998	20.27
Rotherham South	E02001600	11200	96.8	96.2%	0.0%	0.0%	6.5%	81.5%	40	2967	20.41
Laughton & Throapham	E02001605	7647	56.4	95.5%	0.3%	5.3%	6.6%	77.5%	42	2938	20.58
Catcliffe, Treeton & Waverley	E02001604	10996	123.2	98.0%	0.0%	63.8%	5.4%	89.7%	36	2864	20.93
Brinsworth	E02001602	8932	87.7	97.6%	0.0%	5.8%	8.7%	82.4%	43	2786	21.34
Wickersley North	E02001596	8241	44.7	99.3%	0.0%	3.3%	5.9%	71.7%	49	2784	21.35
Kimberworth	E02001592	8706	93.6	100.0%	0.0%	92.4%	6.7%	76.7%	45	2389	23.84
Dalton Long Lane	E02002307	5845	115.3	99.9%	0.0%	71.4%	6.4%	90.5%	44	2268	24.63
Herringthorpe	E02001598	9545	97.6	99.5%	0.0%	0.6%	8.4%	82.2%	45	2256	24.76
Brampton & West Melton	E02001578	11562	82.6	97.8%	0.0%	84.6%	7.9%	83.3%	37	2180	25.29
Swinton North	E02001580	8338	80.4	98.0%	0.0%	4.3%	11.8%	73.0%	45	2035	26.34
Aston	E02001607	8936	80.3	99.3%	0.0%	0.5%	2.5%	76.8%	43	1967	26.75
Rawmarsh North West	E02001582	7601	95.7	98.6%	0.0%	11.3%	6.6%	77.9%	42	1706	28.67
Rawmarsh North East	E02001583	5630	96.0	99.4%	0.1%	4.6%	4.9%	80.4%	40	1535	29.99
Wath upon Dearne	E02001579	9740	76.8	96.4%	0.0%	4.2%	4.3%	76.2%	41	1474	30.68
Dinnington	E02001606	8060	51.6	97.2%	0.0%	0.1%	3.6%	73.5%	42	1447	30.93
Swinton South	E02001581	6059	90.2	99.9%	0.0%	9.5%	7.3%	87.2%	42	1366	31.84
Thurcroft	E02001603	7198	69.0	98.8%	0.0%	12.6%	6.8%	76.5%	40	1099	34.30
Kimberworth Park	E02001588	7151	100.9	100.0%	0.0%	99.3%	6.2%	84.3%	38	875	37.38
Rawmarsh South	E02001585	6340	90.7	97.6%	0.0%	6.2%	3.9%	79.5%	39	529	43.68
Greasborough	E02001586	7788	90.8	98.1%	0.0%	0.6%	9.8%	81.0%	47	528	43.69
Maltby East	E02001597	9496	44.3	97.2%	0.1%	1.8%	3.4%	70.4%	37	501	44.57
Eastwood & East Dene	E02001591	8608	93.9	98.1%	0.0%	1.9%	10.9%	82.7%	33	317	49.36
Thrybergh & Hooton Roberts	E02001587	5723	45.0	98.0%	0.1%	5.4%	3.6%	71.1%	43	279	50.47
Masbrough & Bradgate	E02001593	7758	88.3	98.6%	0.1%	76.5%	7.6%	75.5%	33	167	54.50
Rotherham Central	E02001594	8444	77.8	96.8%	0.0%	9.9%	5.4%	71.6%	32	120	57.46
East Herringthorpe	E02001590	7689	70.9	98.4%	0.0%	5.2%	10.0%	69.4%	34	44	63.49

Average download speed

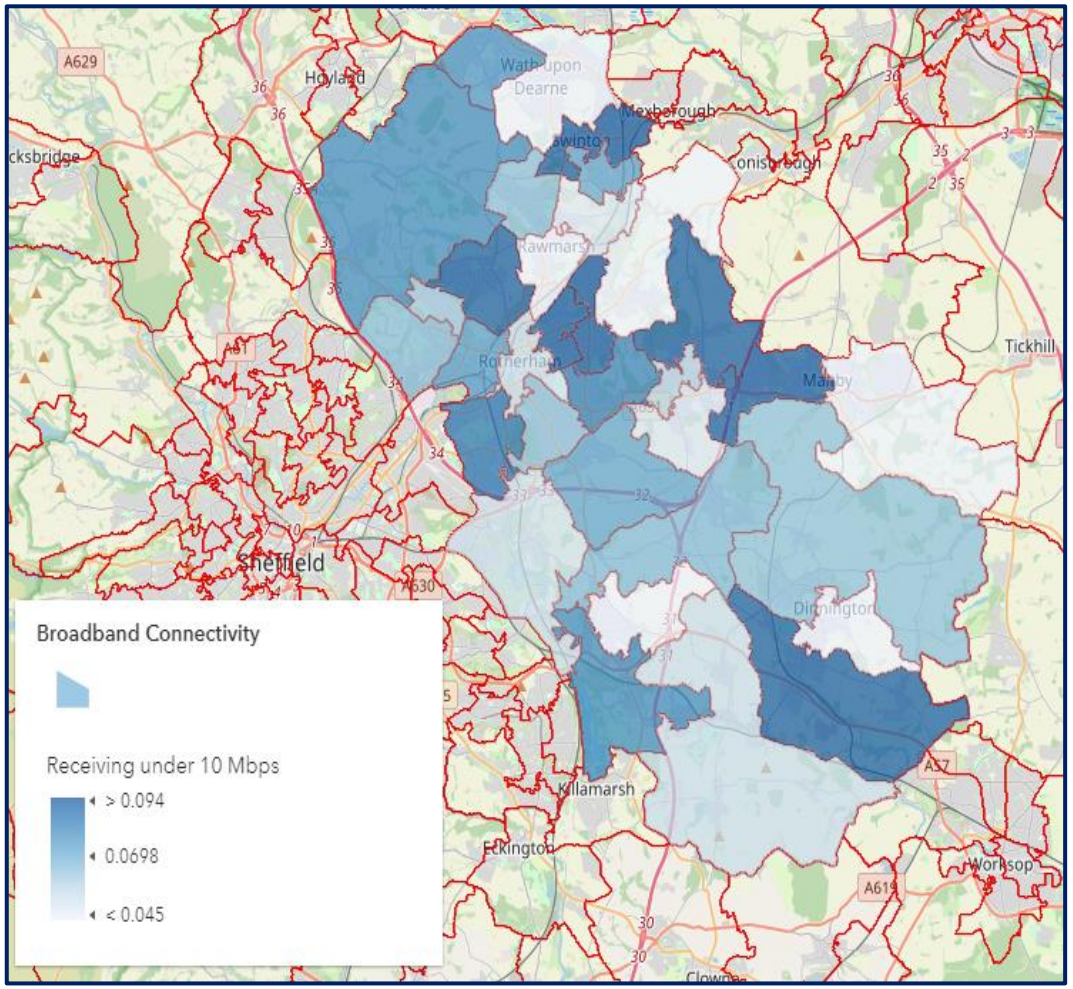


Dark colours = poorer download speed

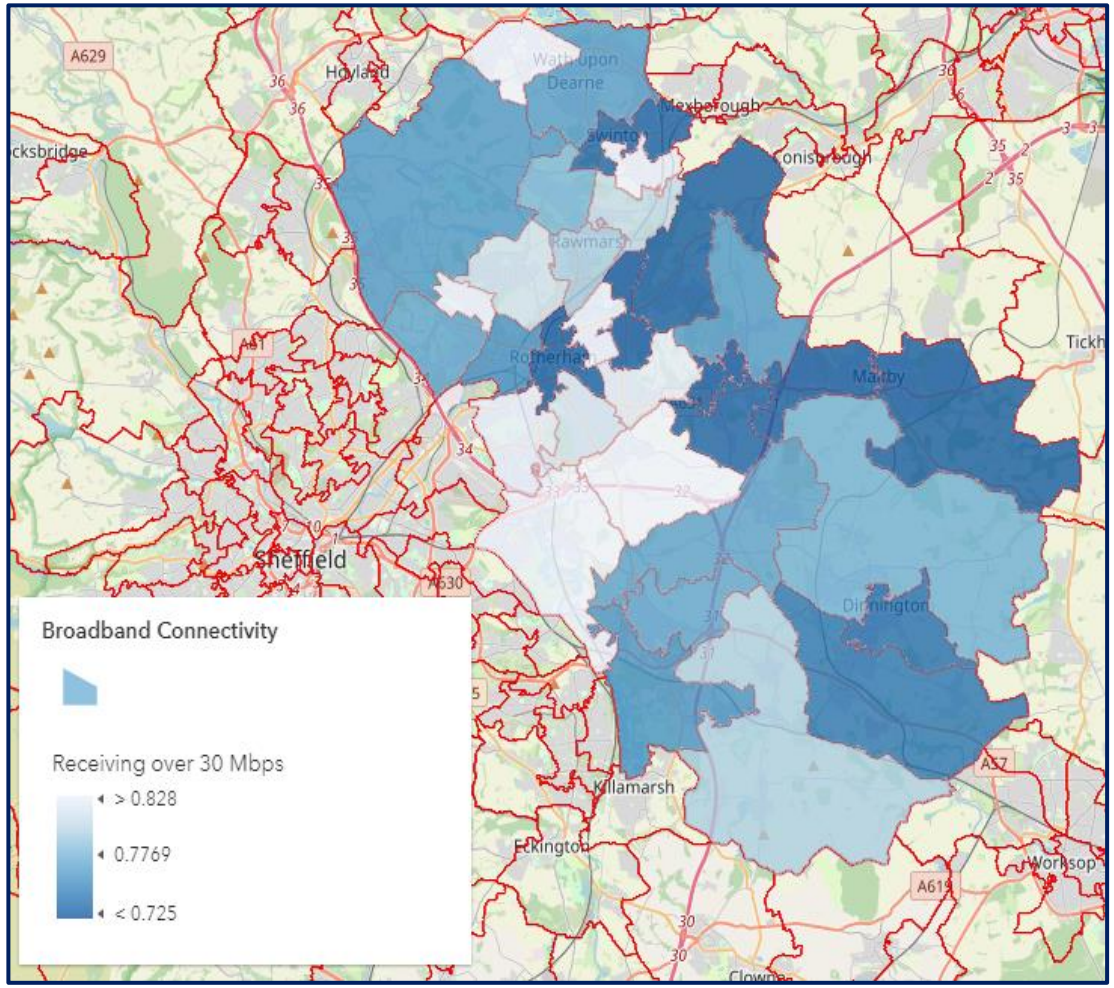
Broadband speed

This is the proportion of premises whose lines receiving these broadband speeds. Note that lines receiving slow speeds may nevertheless be capable of receiving superfast speeds.

Under 10 MBPS



Over 30 MBPS

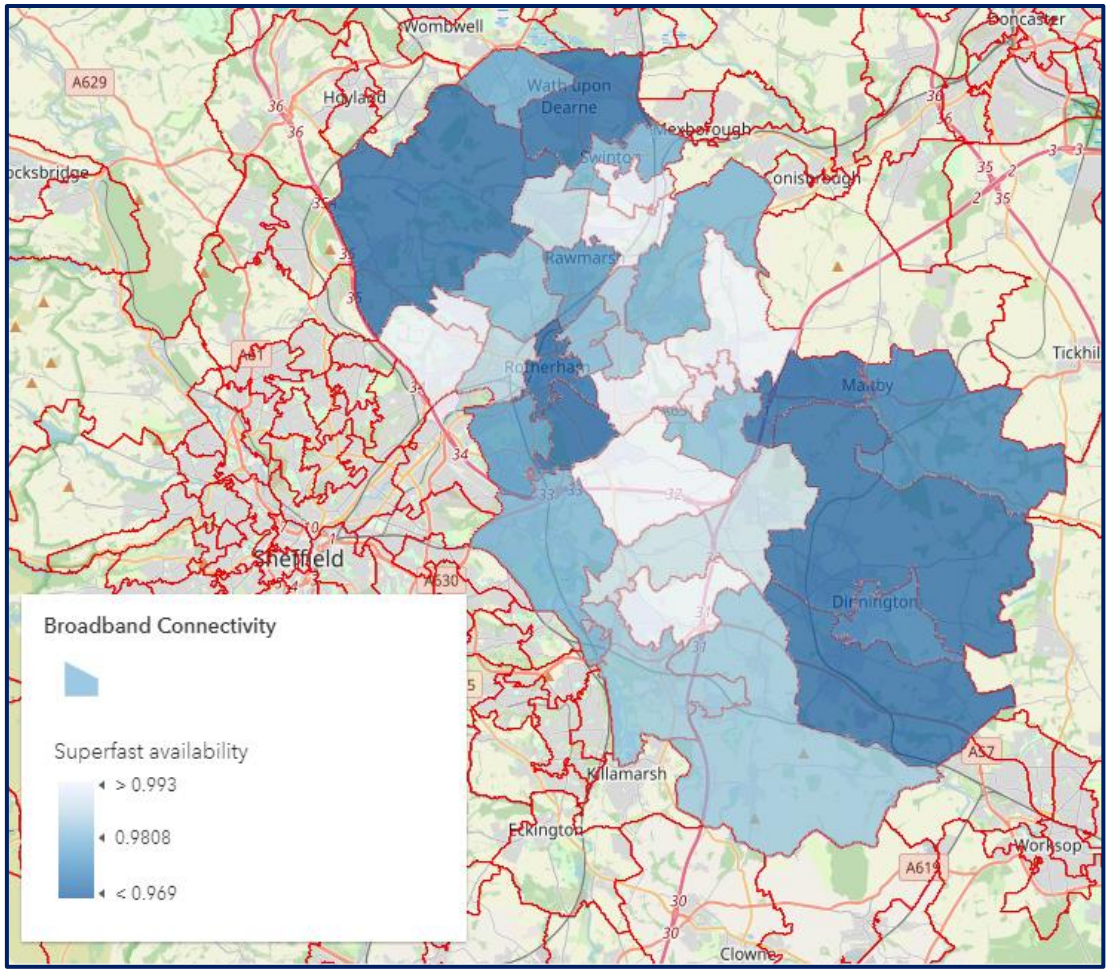


Dark colours = poorer broadband speed

Broadband availability

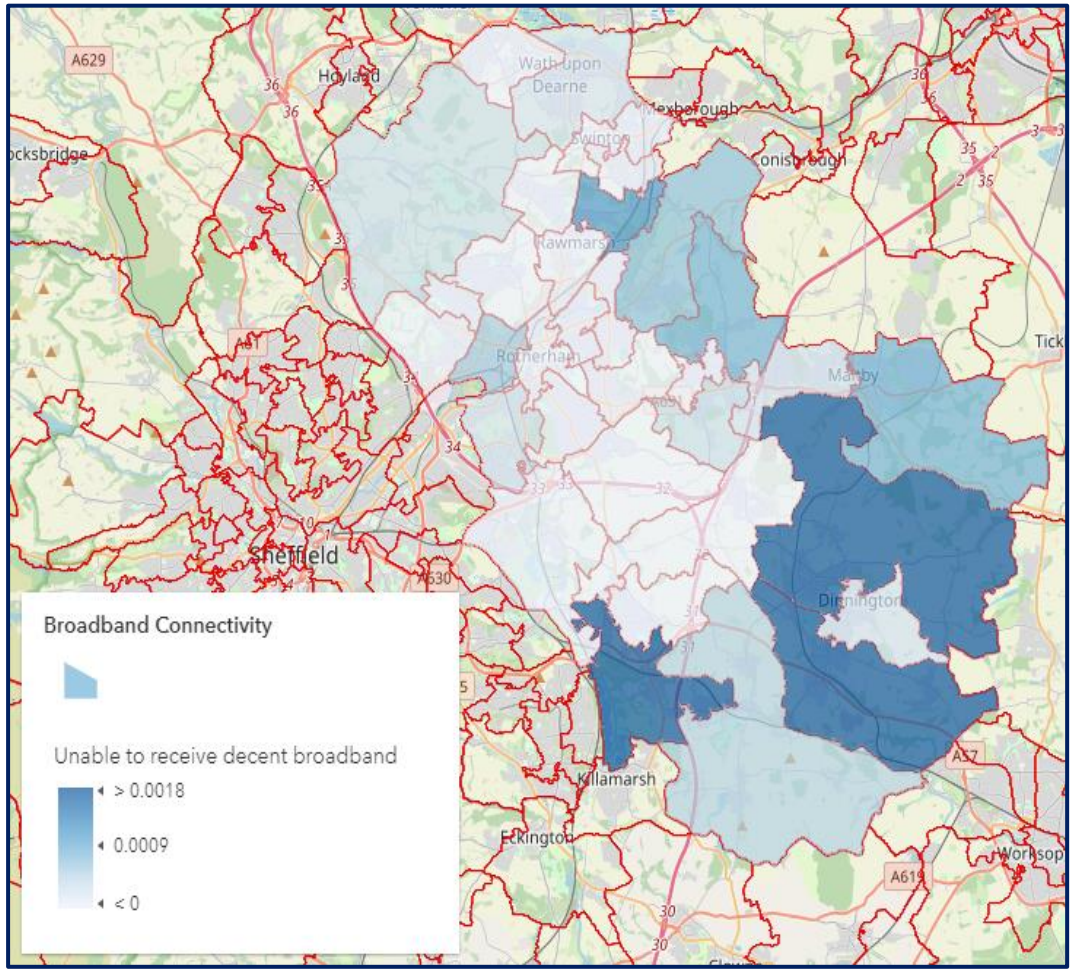
Superfast broadband available

Map shows the proportion of lines that could receive download speeds of at least 30 Mbps in May 2020.



Unable to receive decent broadband

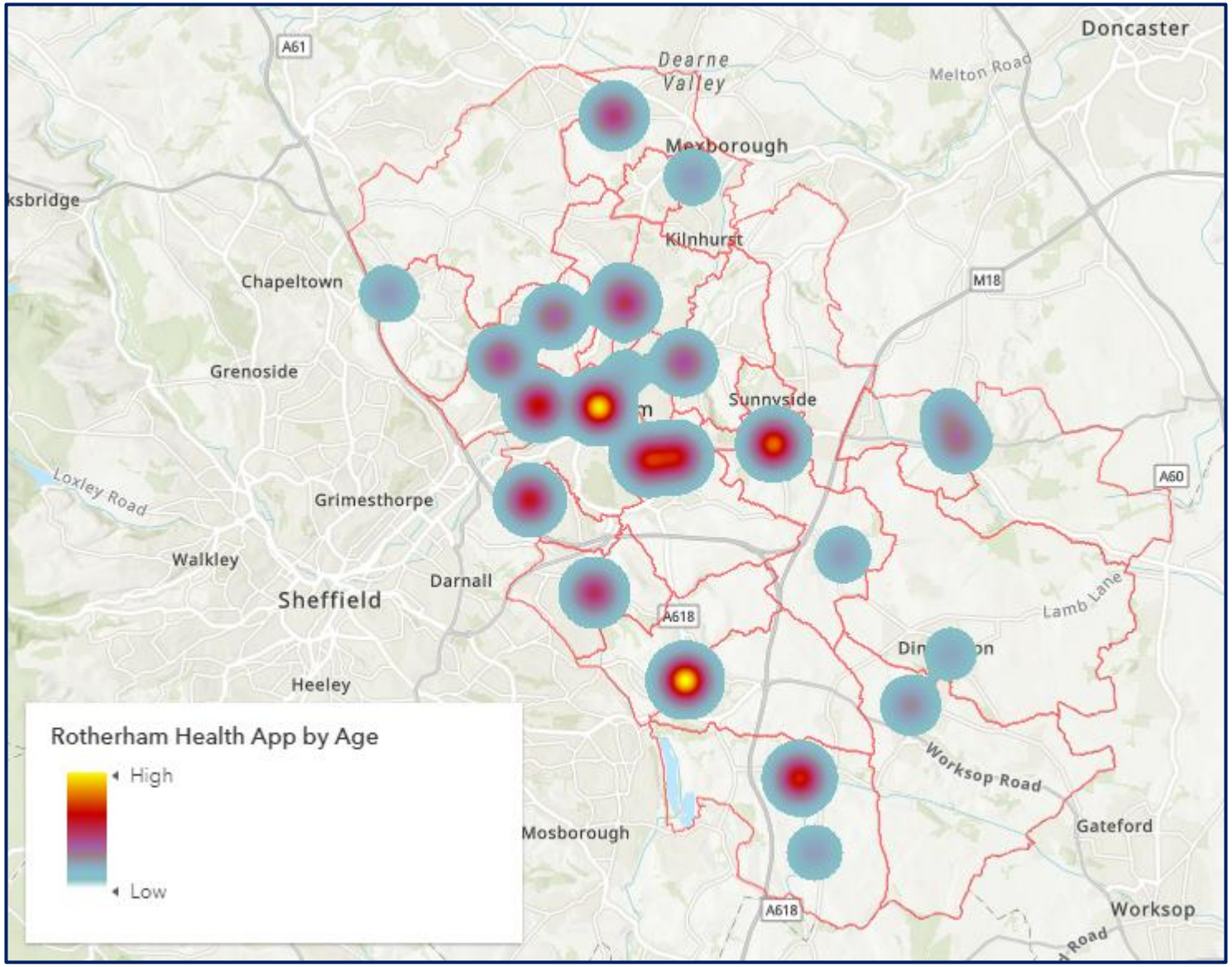
Map shows the proportion of premises below the Universal Service Obligation - those unable to receive 10 Mbps download speed or 1 Mbps upload speed.



Dark colours = poorer broadband availability

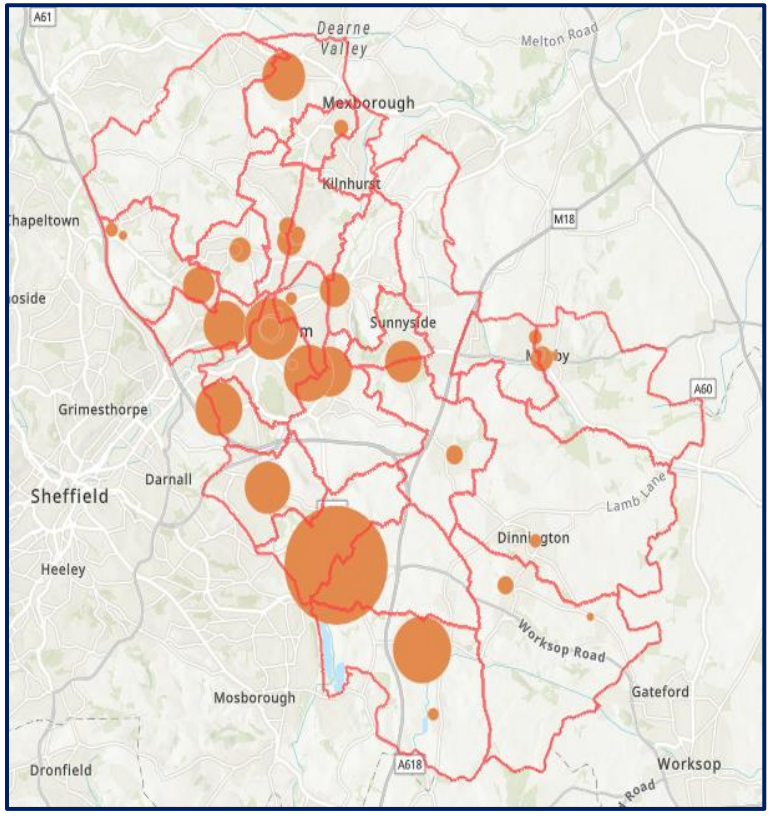
Use of the Rotherham Health App

This heat map shows those areas that have highest use of the Rotherham Health App.

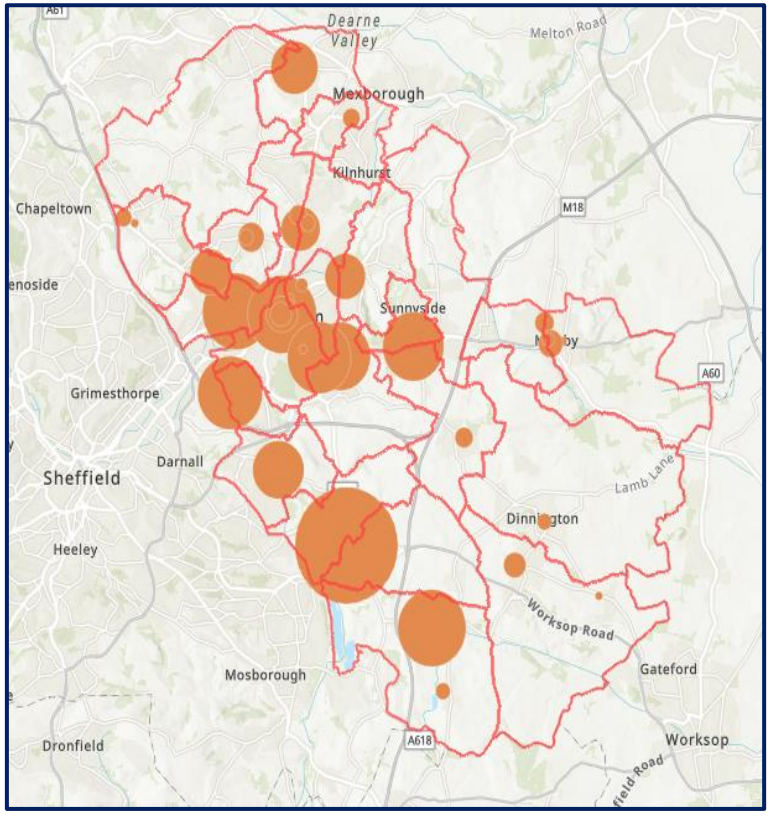


Use of the Rotherham Health App by age

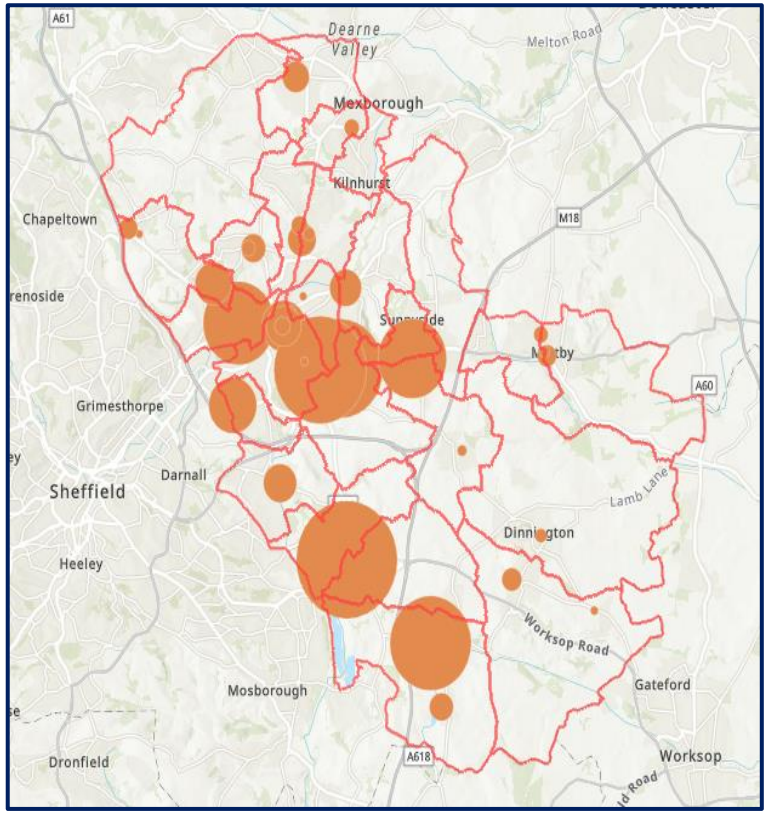
0-24



25-64



65 plus

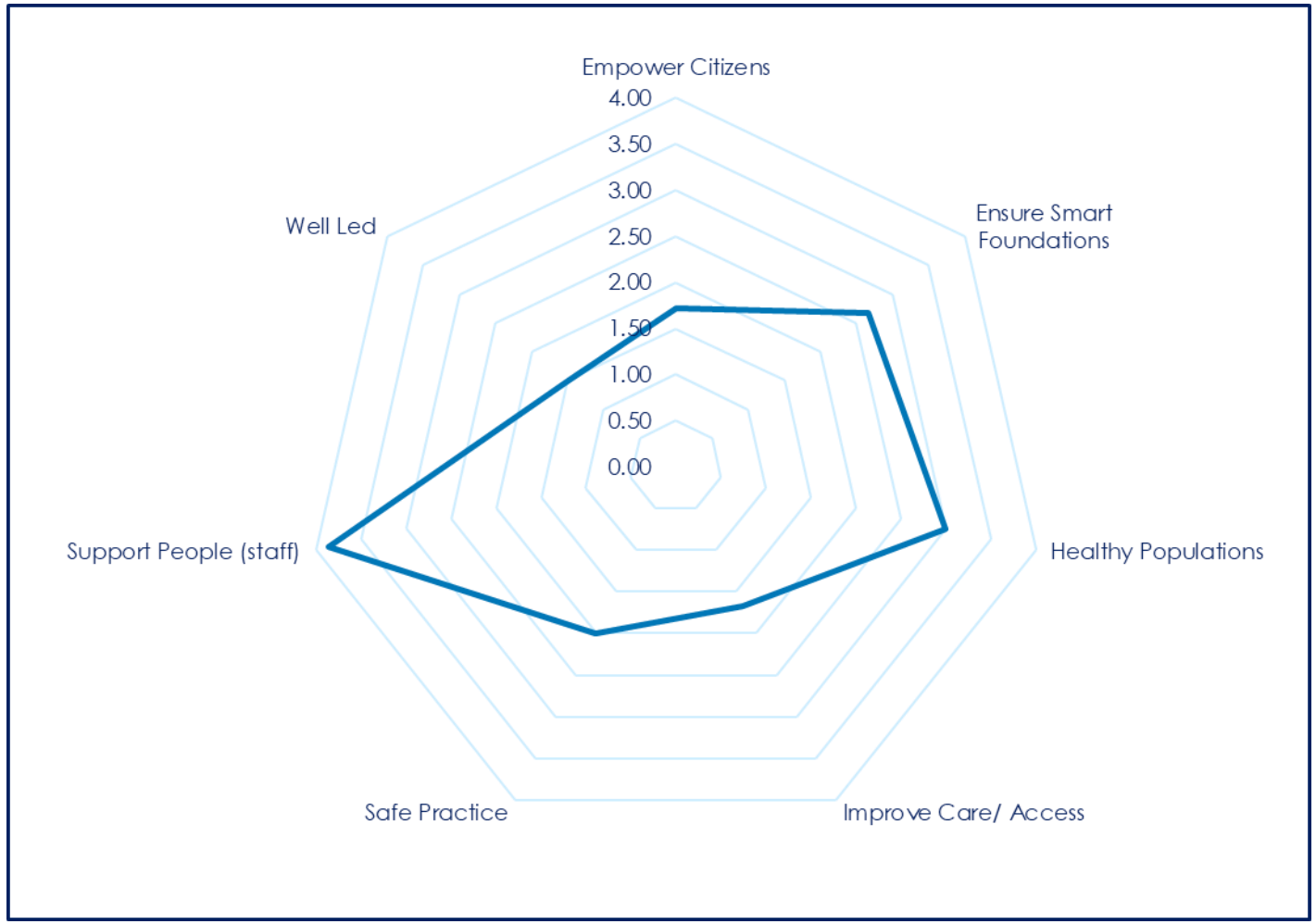


APPENDIX B

Digital Maturity

Voluntary Action Rotherham

	Average Score (0-5)
Empower Citizens	1.71
Ensure Smart Foundations	2.67
Healthy Populations	3.00
Improve Care/ Access	1.67
Safe Practice	2.00
Support People (staff)	3.86
Well Led	1.50
Grand Total	2.35

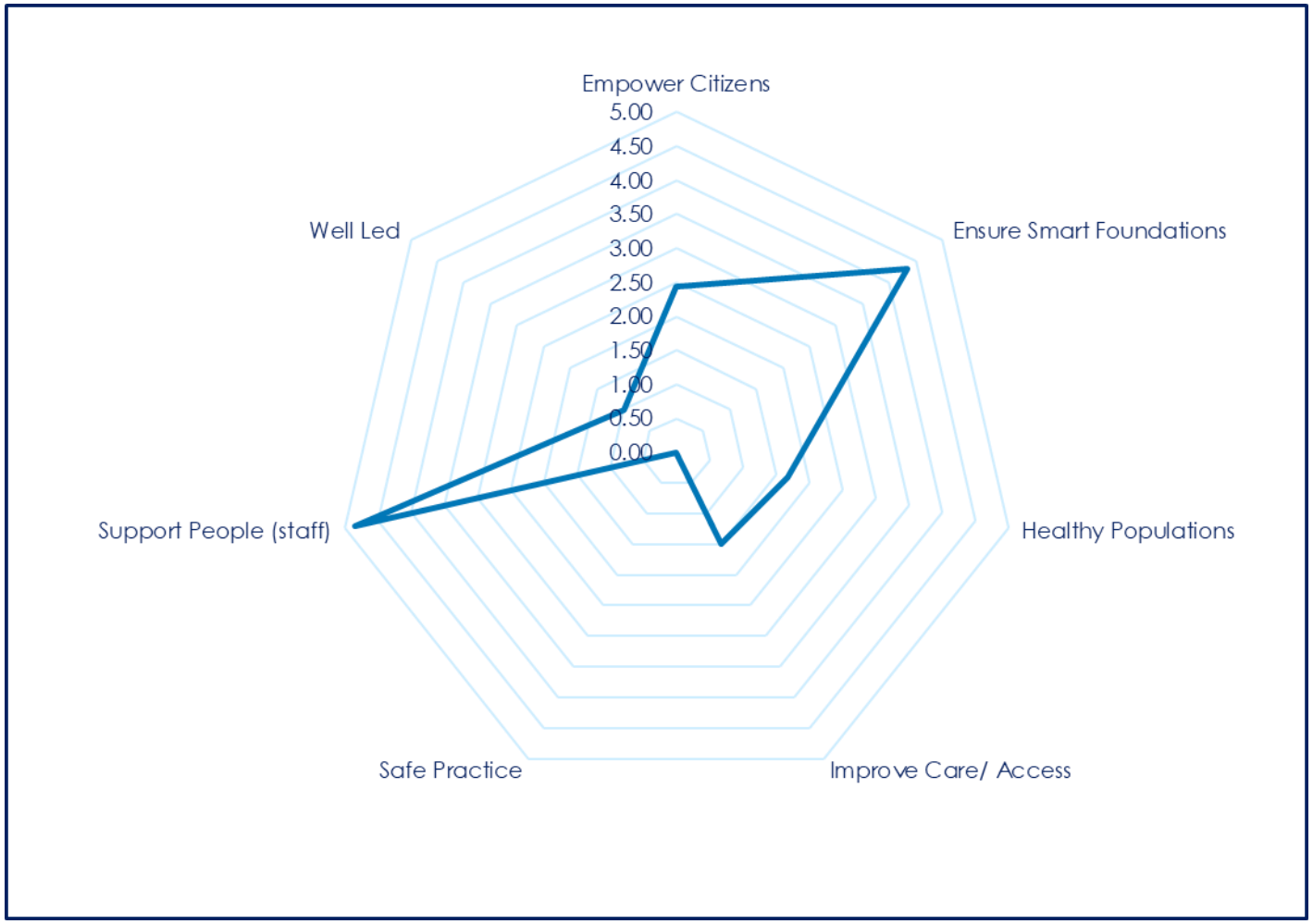


Rotherham CCG Primary Care

	Average Score (0-5)
Empower Citizens	3.29
Ensure Smart Foundations	4.17
Healthy Populations	4.00
Improve Care/ Access	3.83
Safe Practice	4.22
Support People (staff)	4.29
Well Led	4.00
Grand Total	4.00

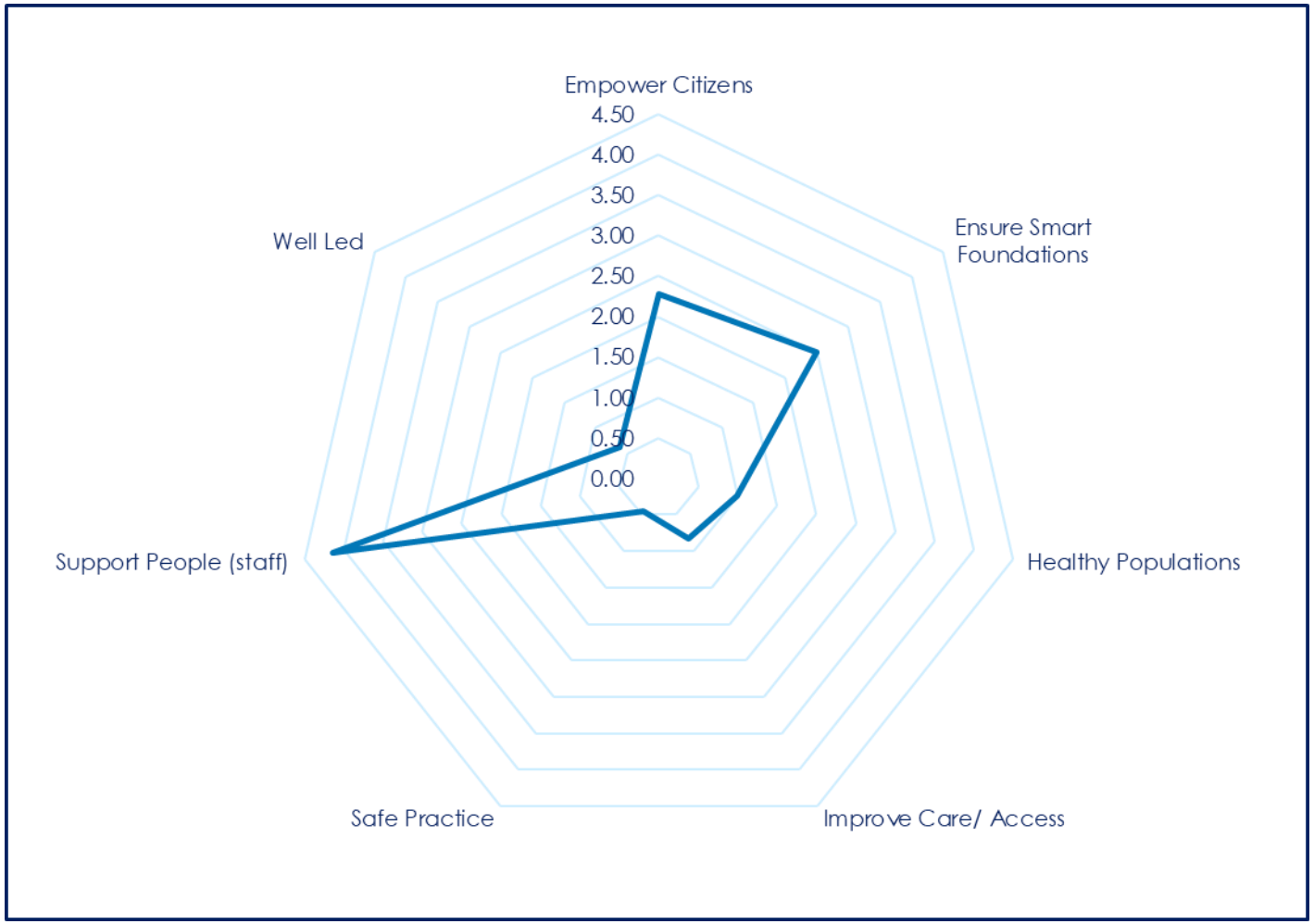
RotherFed

	Average Score (0-5)
Empower Citizens	2.43
Ensure Smart Foundations	4.33
Healthy Populations	1.67
Improve Care/ Access	1.50
Safe Practice	0.00
Support People (staff)	4.86
Well Led	1.00
Grand Total	2.36



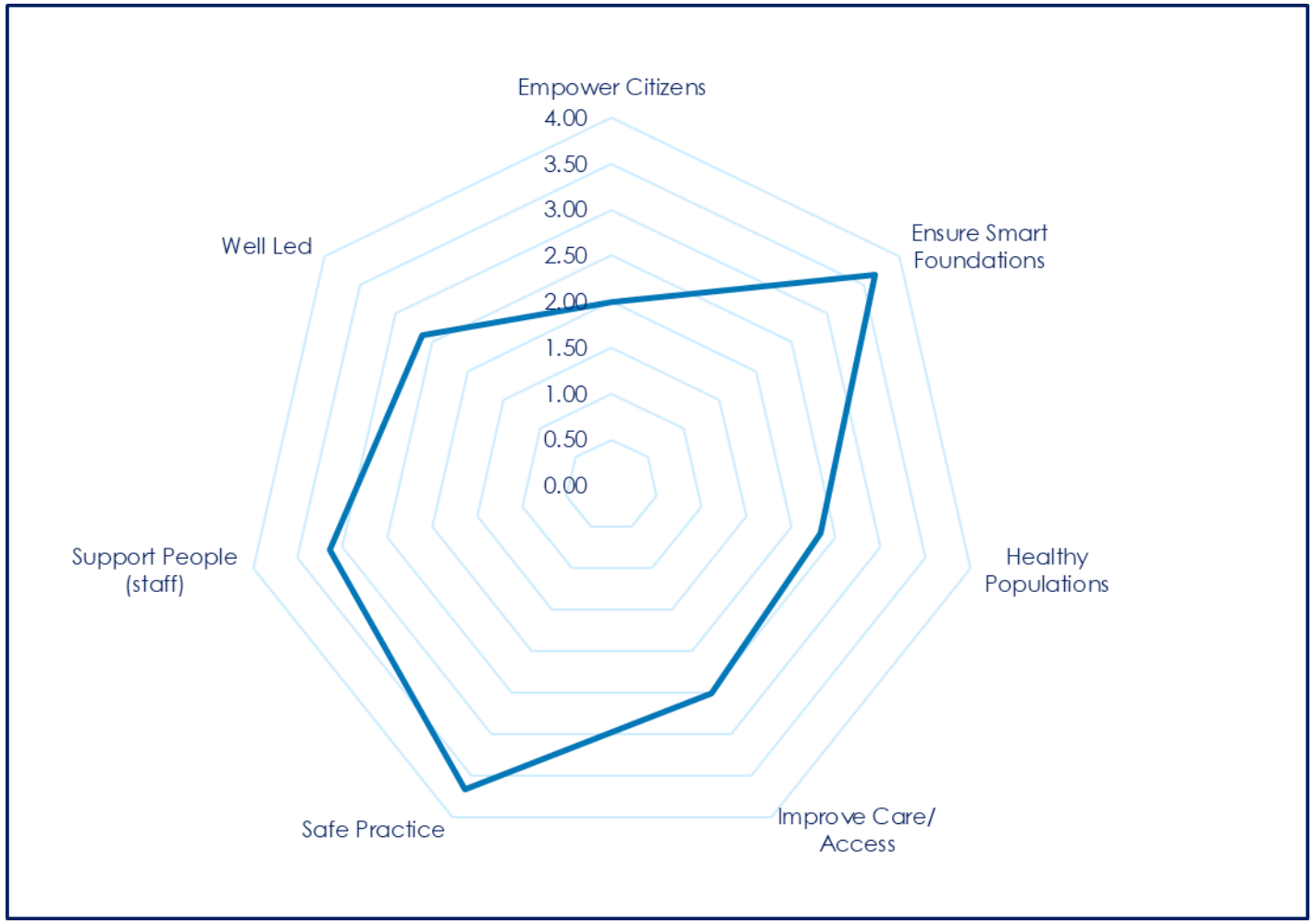
Clifton Learning Partnership

	Average Score (0-5)
Empower Citizens	2.29
Ensure Smart Foundations	2.50
Healthy Populations	1.00
Improve Care/ Access	0.83
Safe Practice	0.44
Support People (staff)	4.14
Well Led	0.63
Grand Total	1.73



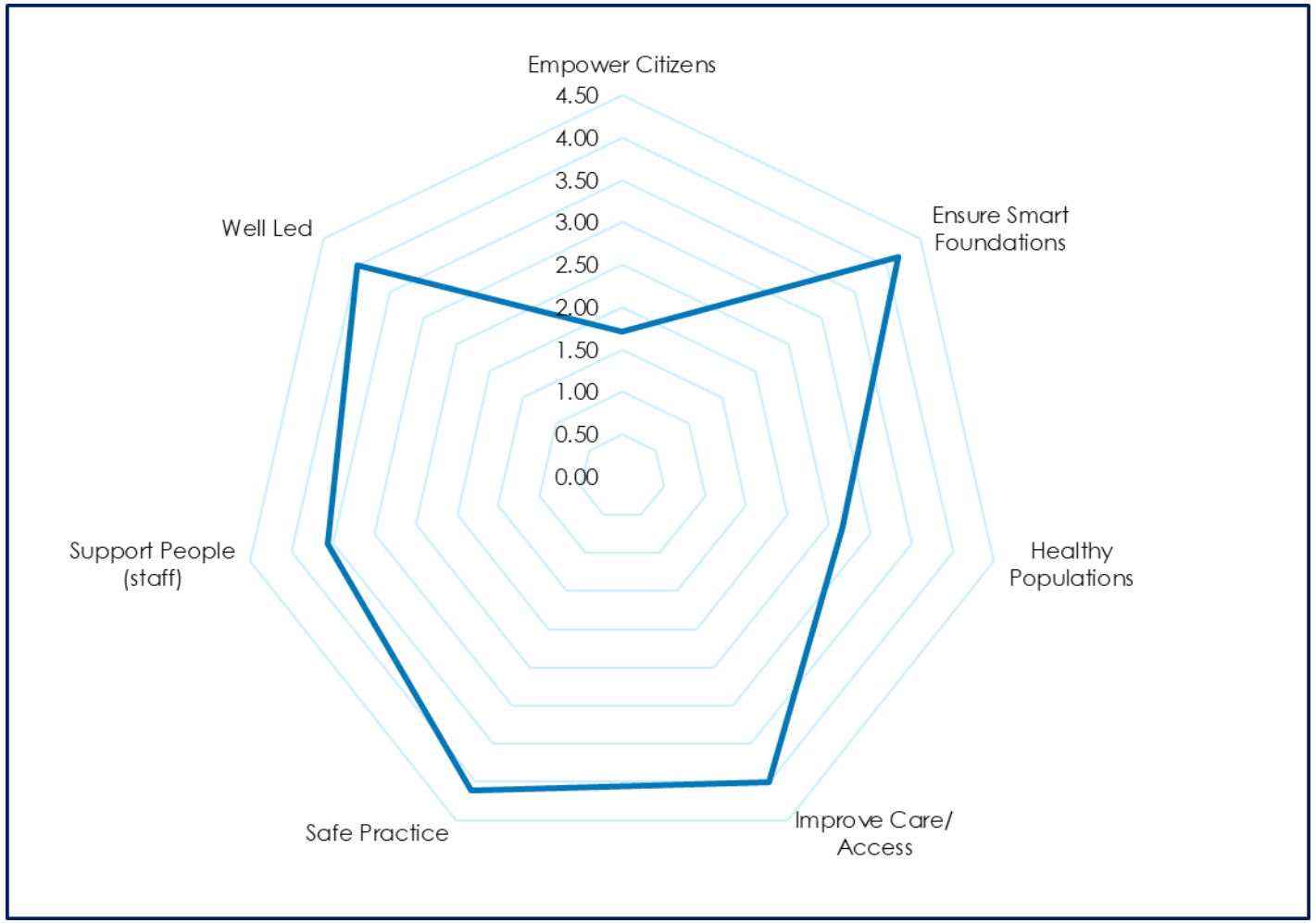
Rotherham Metropolitan Borough Council

	Average Score (0-5)
Empower Citizens	2.00
Ensure Smart Foundations	3.67
Healthy Populations	2.33
Improve Care/ Access	2.50
Safe Practice	3.67
Support People (staff)	3.14
Well Led	2.63
Grand Total	2.96



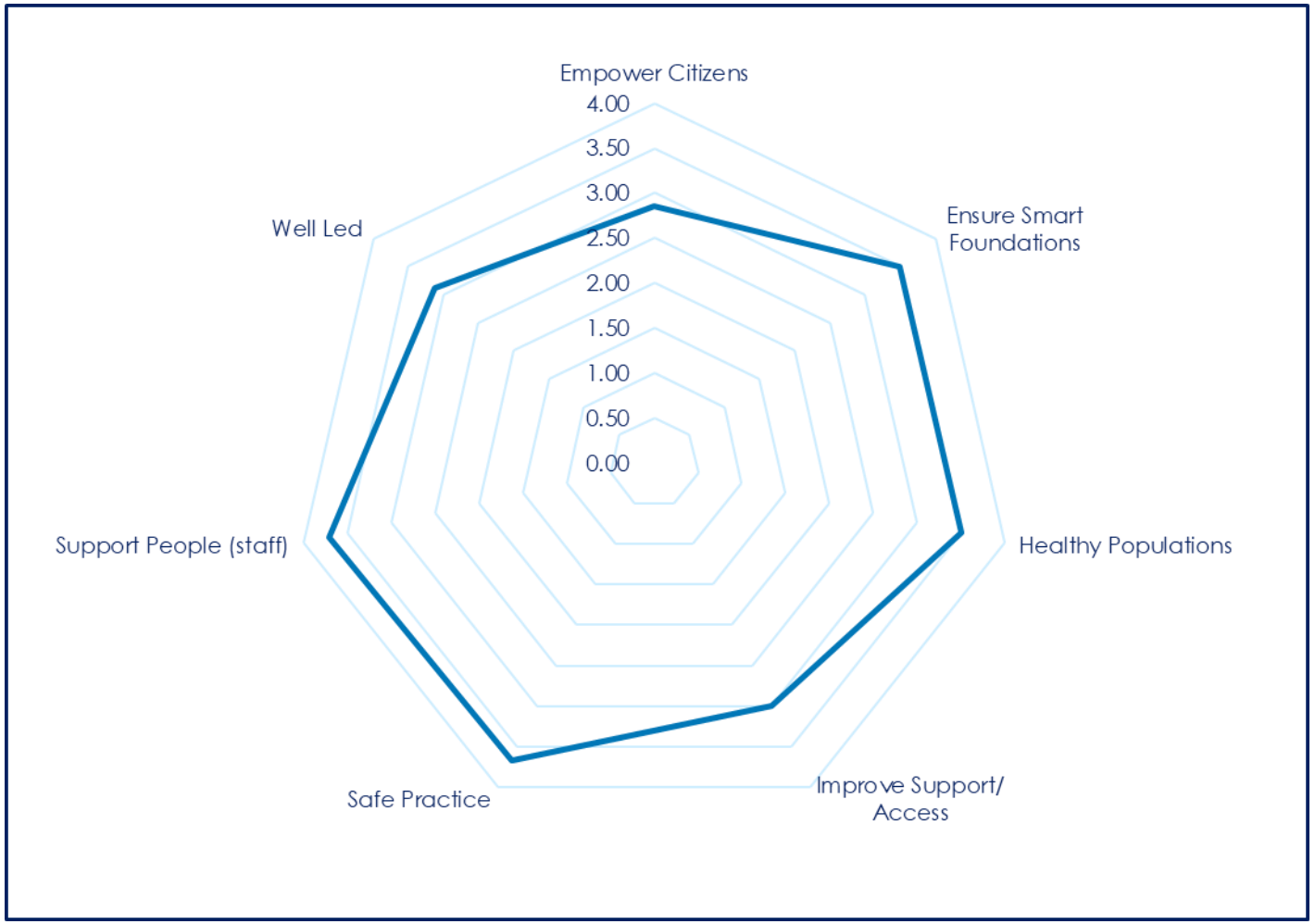
Rotherham Doncaster & South Humber FT

	Average Score (0-5)
Empower Citizens	1.71
Ensure Smart Foundations	4.17
Healthy Populations	2.67
Improve Care/ Access	4.00
Safe Practice	4.11
Support People (staff)	3.57
Well Led	4.00
Grand Total	3.56



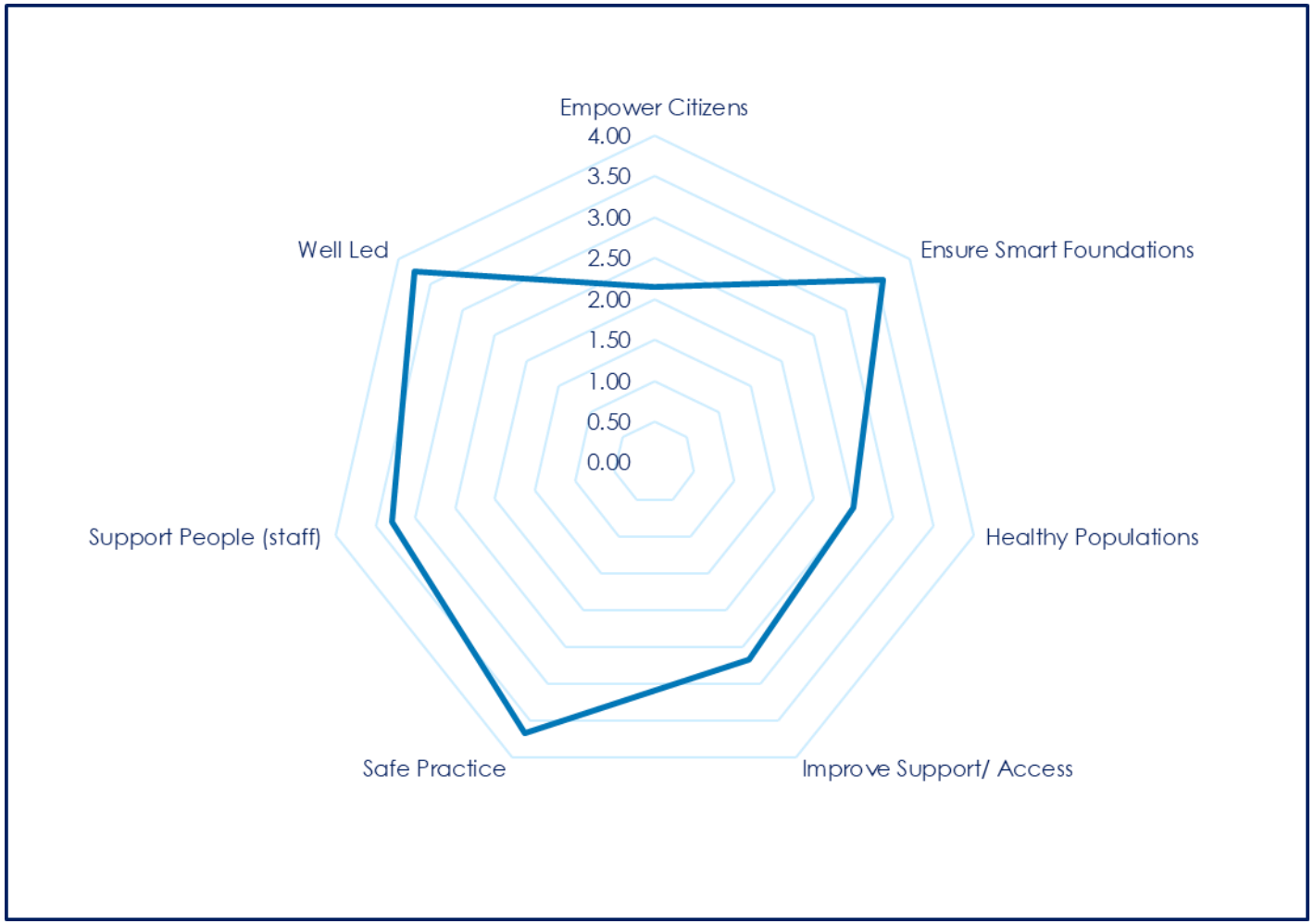
Age UK Rotherham

	Average Score (0-5)
Empower Citizens	2.86
Ensure Smart Foundations	3.50
Healthy Populations	3.50
Improve Support/ Access	3.00
Safe Practice	3.67
Support People (staff)	3.71
Well Led	3.13
Grand Total	3.36



The Rotherham NHS FT

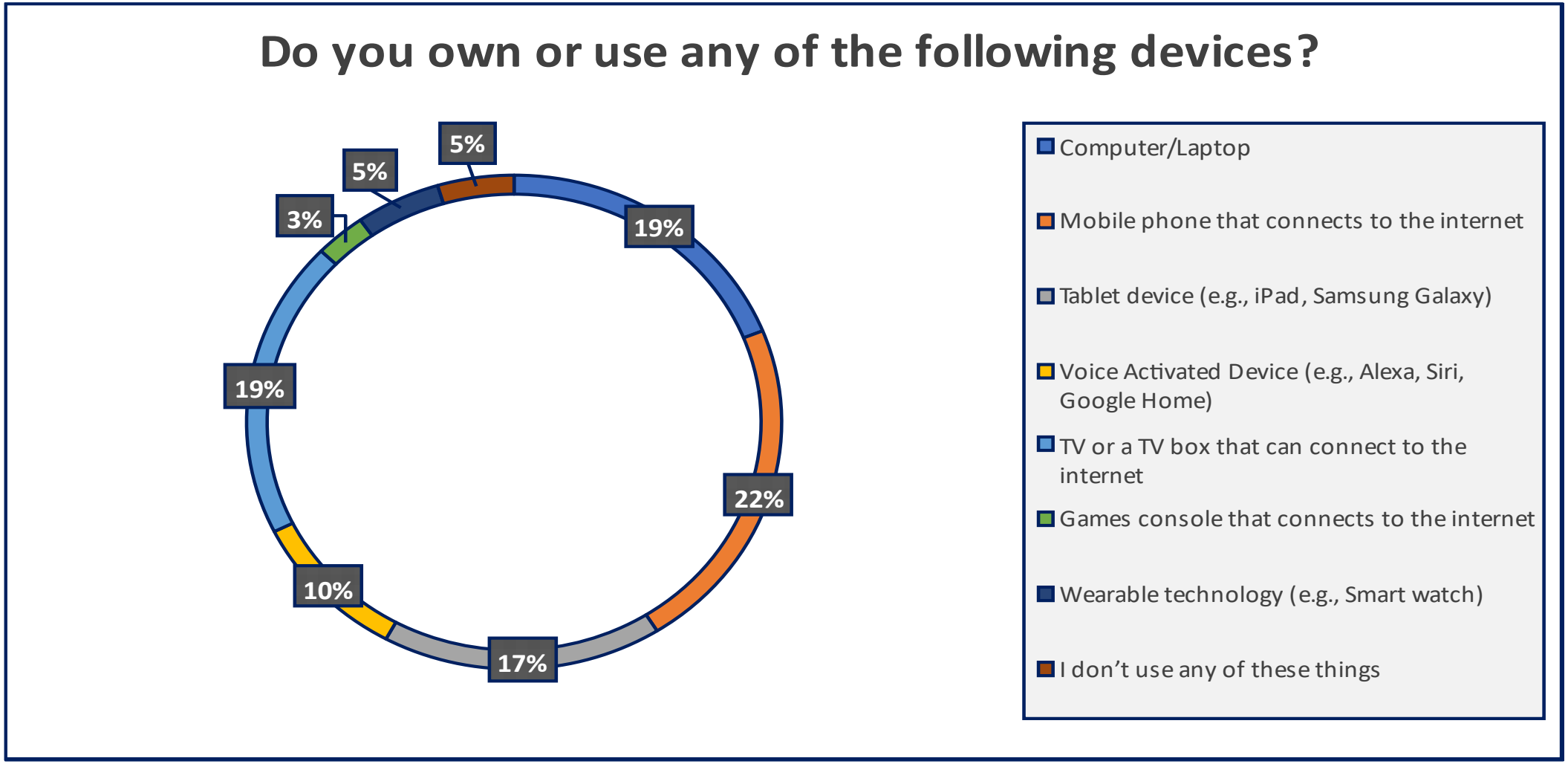
	Average Score (0-5)
Empower Citizens	2.14
Ensure Smart Foundations	3.58
Healthy Populations	2.50
Improve Support/ Access	2.67
Safe Practice	3.67
Support People (staff)	3.29
Well Led	3.75
Grand Total	3.18



APPENDIX C

Rotherham Resident Postal Survey Results

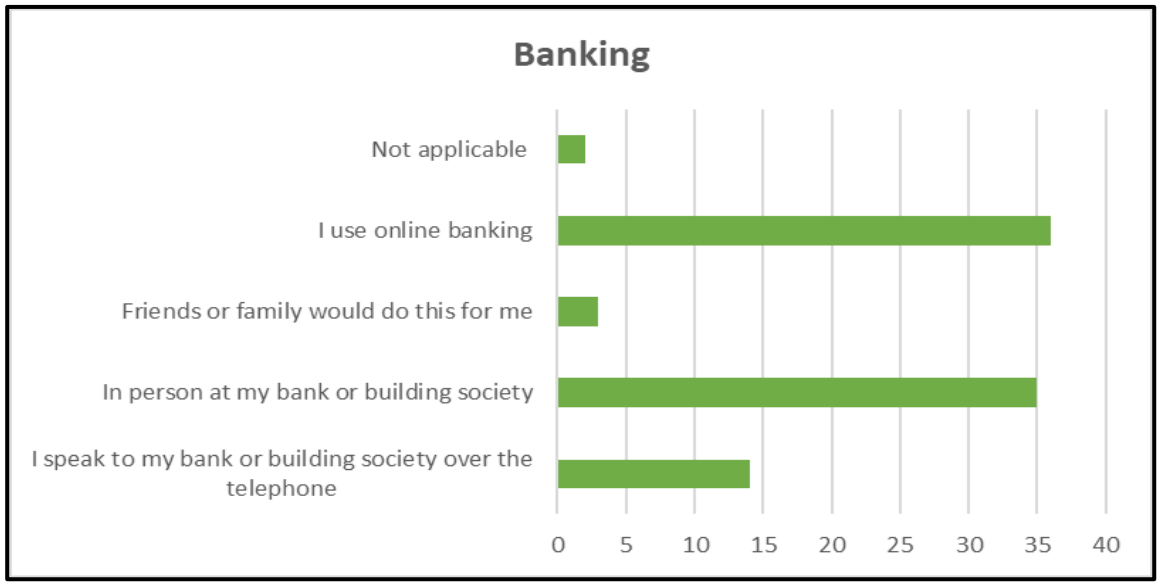
Q. Do you own or use any of the following devices?



N=67

Postal responses collated and analysed by RMBC

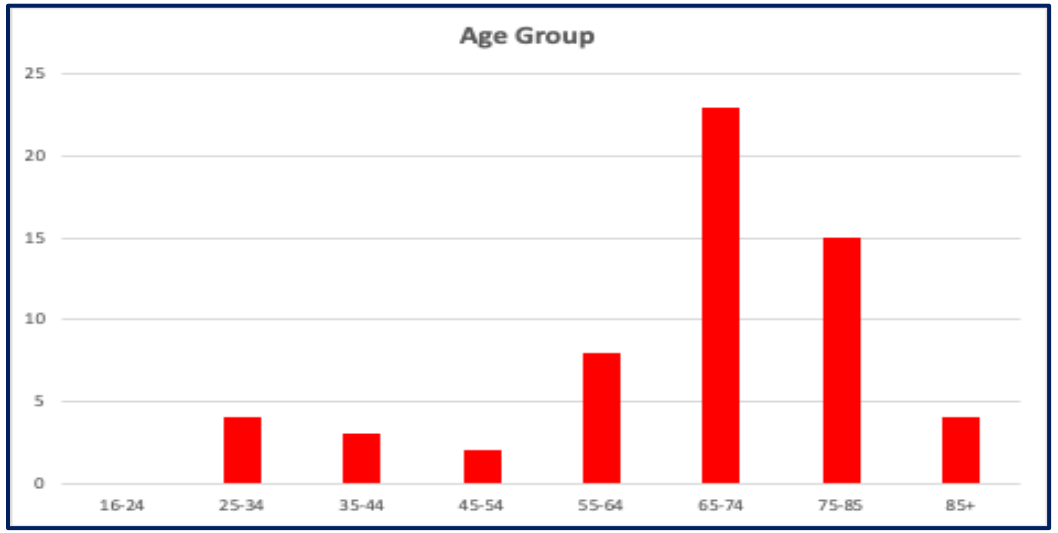
Q. How do you carry out these daily tasks

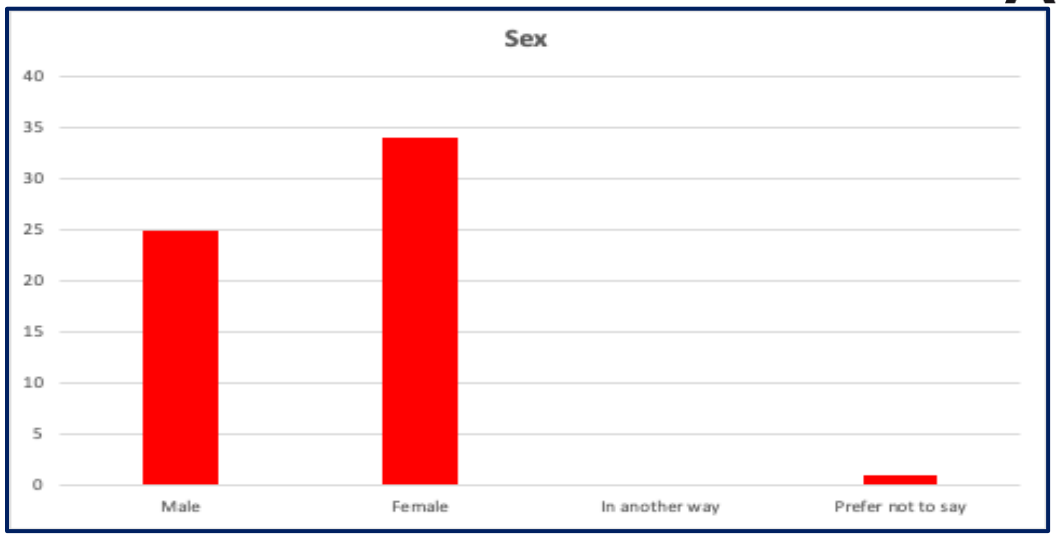


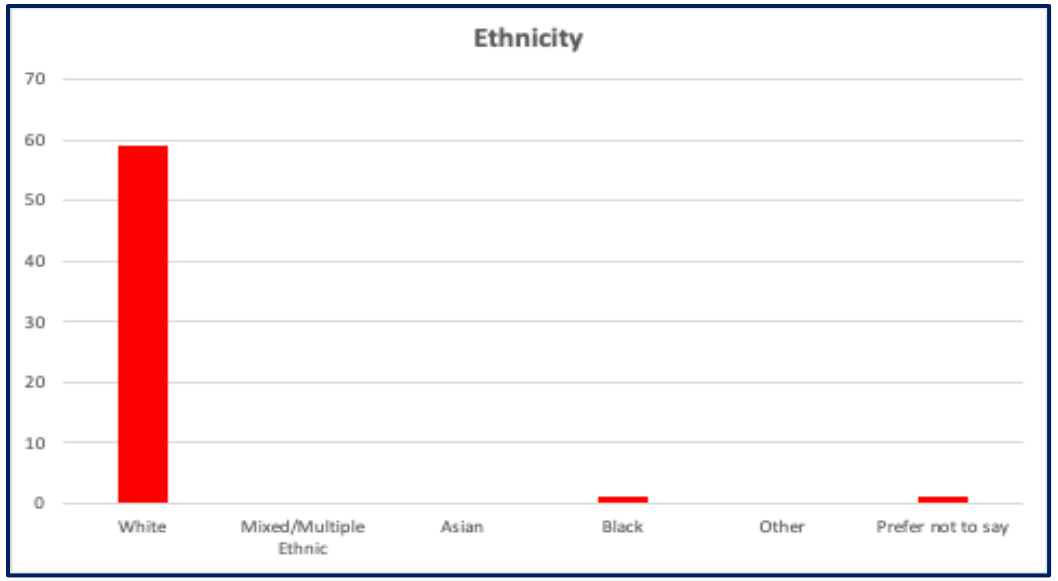
N=67

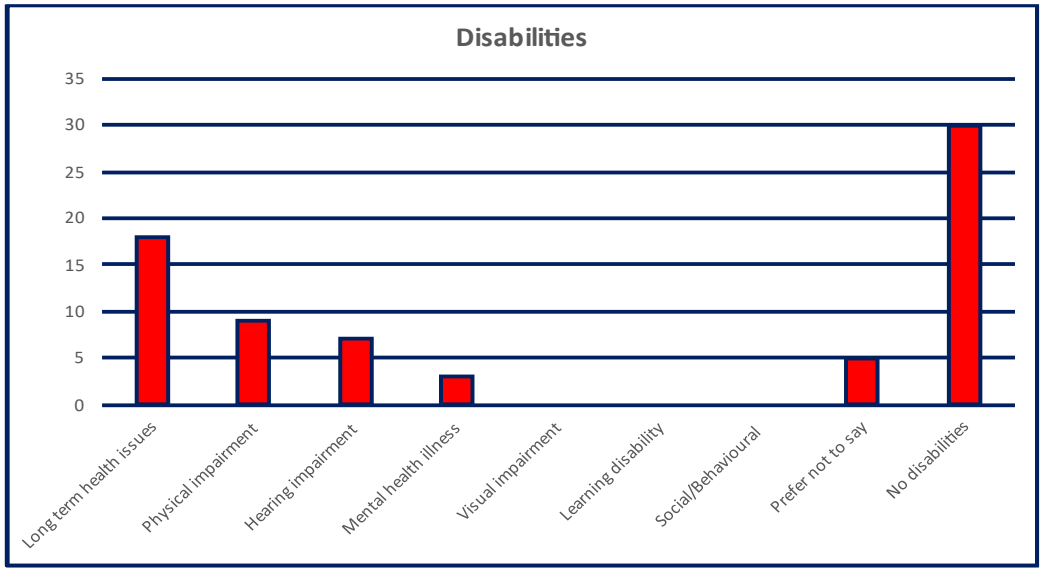
Postal responses collated and analysed by RMBC

Q. Demographics





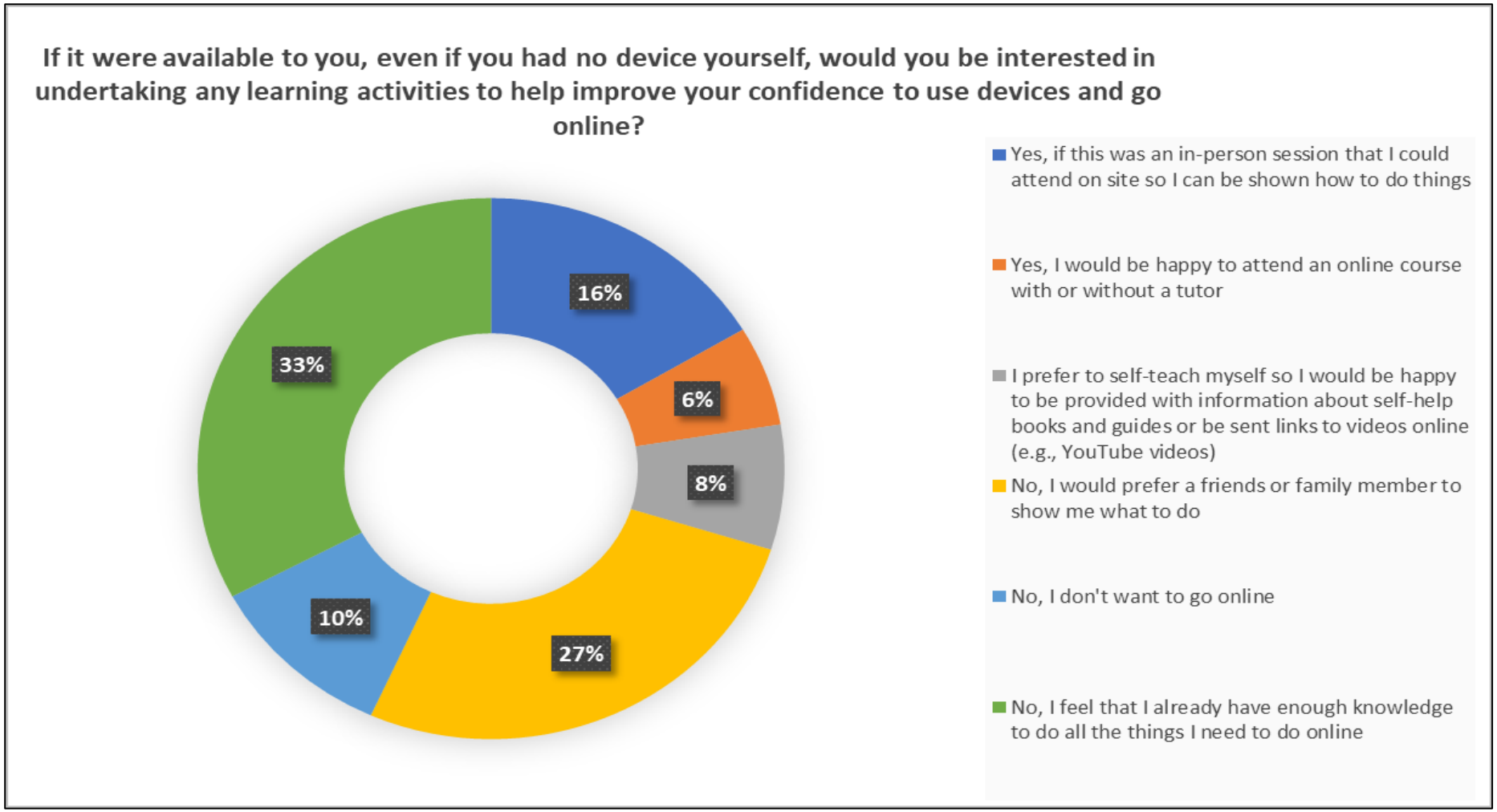




Postal responses collated and analysed by RMBC

N=67

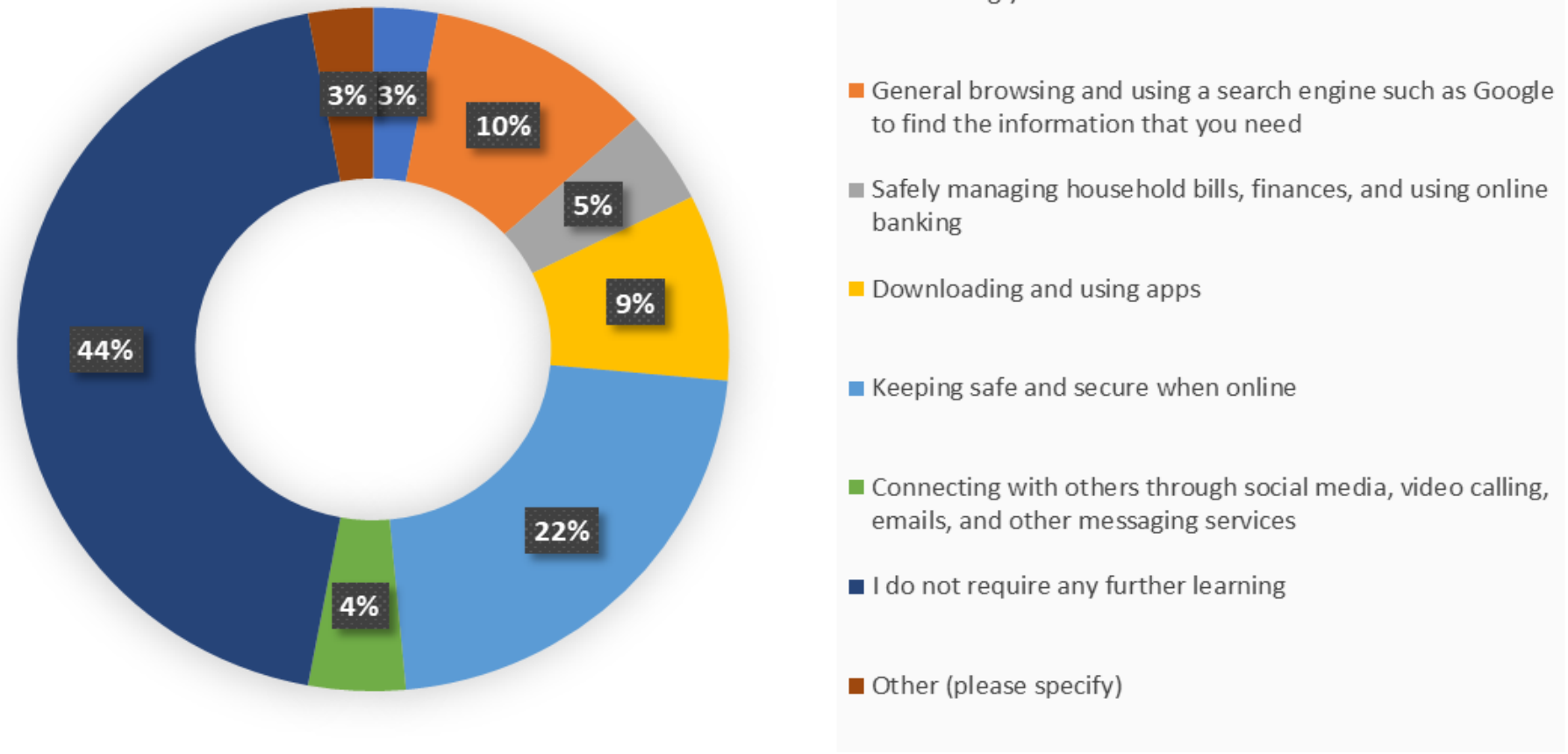
Q. What support do residents want?



Postal responses collated and analysed by RMBC

N=67

Q. Support content



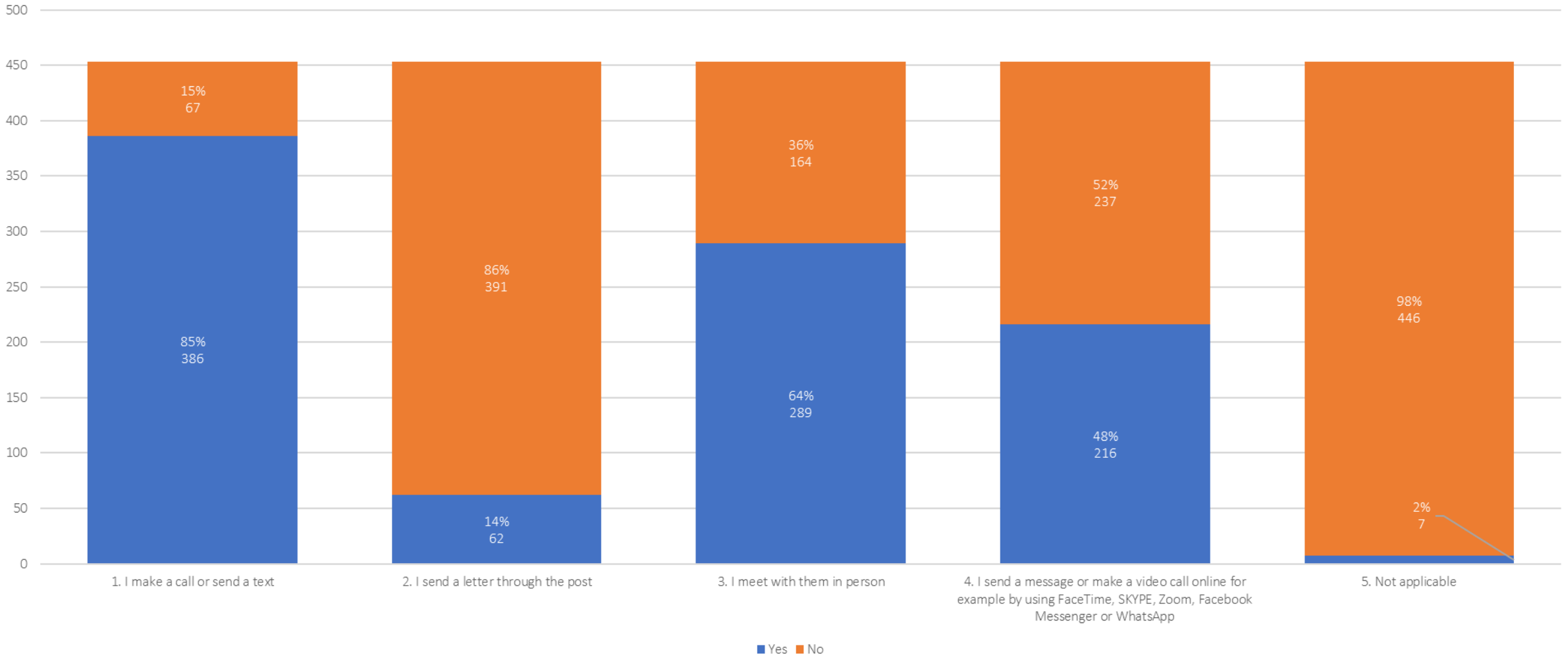
Postal responses collated and analysed by RMBC

N=67

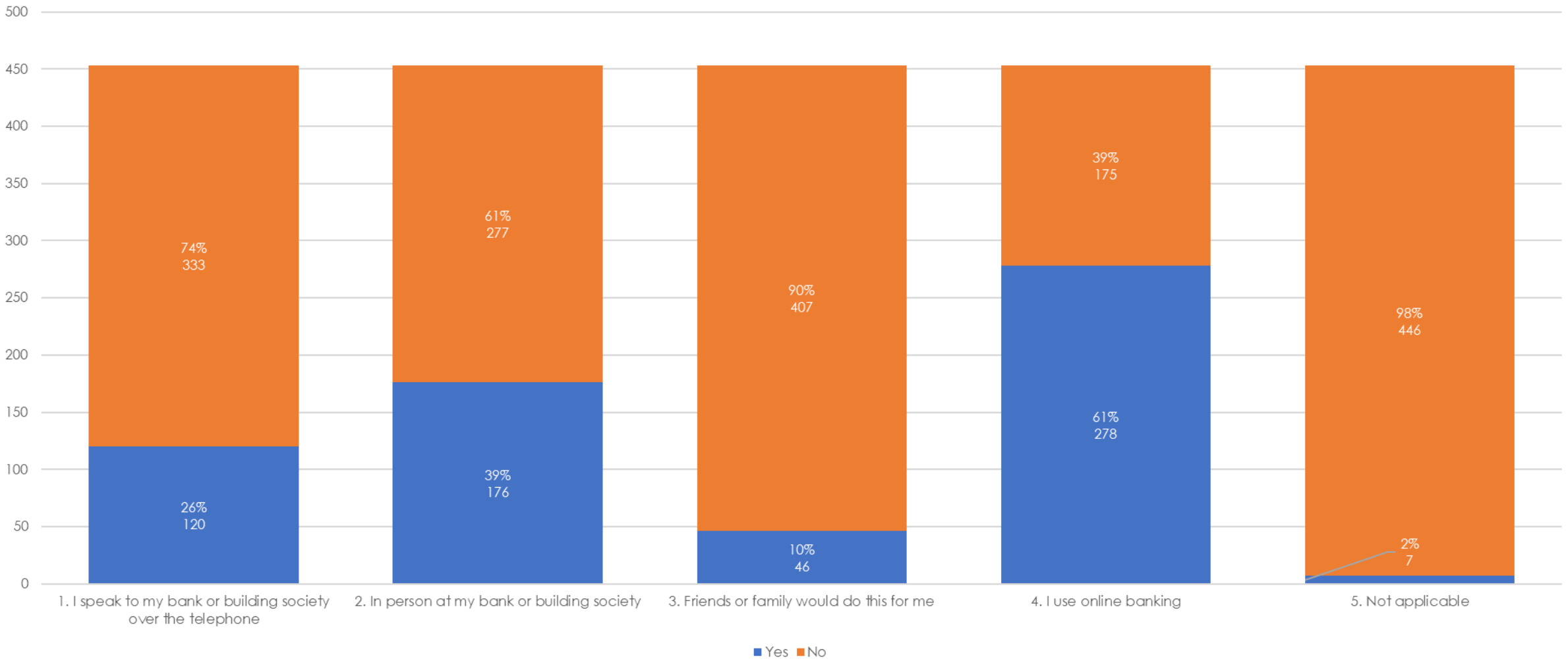
APPENDIX D

Rotherham Resident Online Survey Results

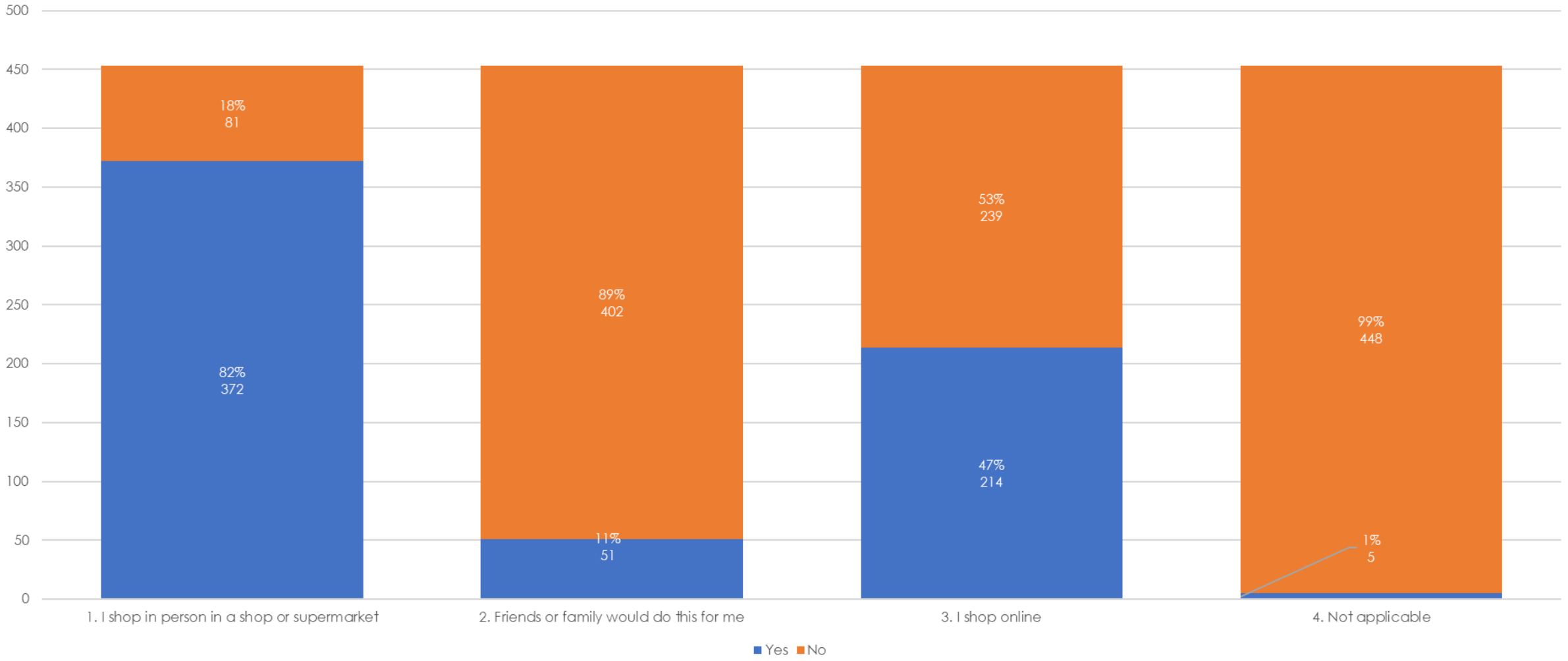
Q1. Connecting with friends and family



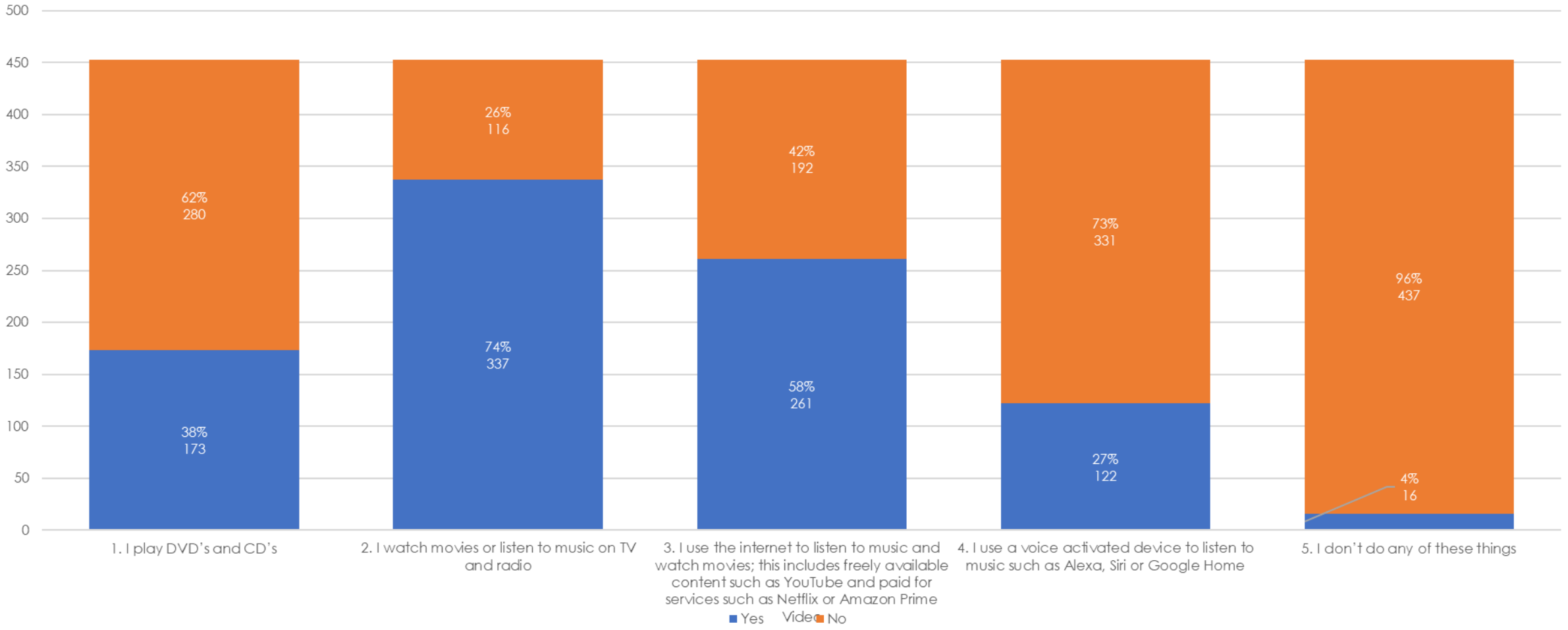
Q2. Banking


500
450
400
350
300
250
200
150
100
50
0
74%
333
26%
120
61%
277
39%
176
90%
407
10%
46
39%
175
61%
278
98%
446
2%
7
1. I speak to my bank or building society over the telephone
2. In person at my bank or building society
3. Friends or family would do this for me
4. I use online banking
5. Not applicable
Yes
No

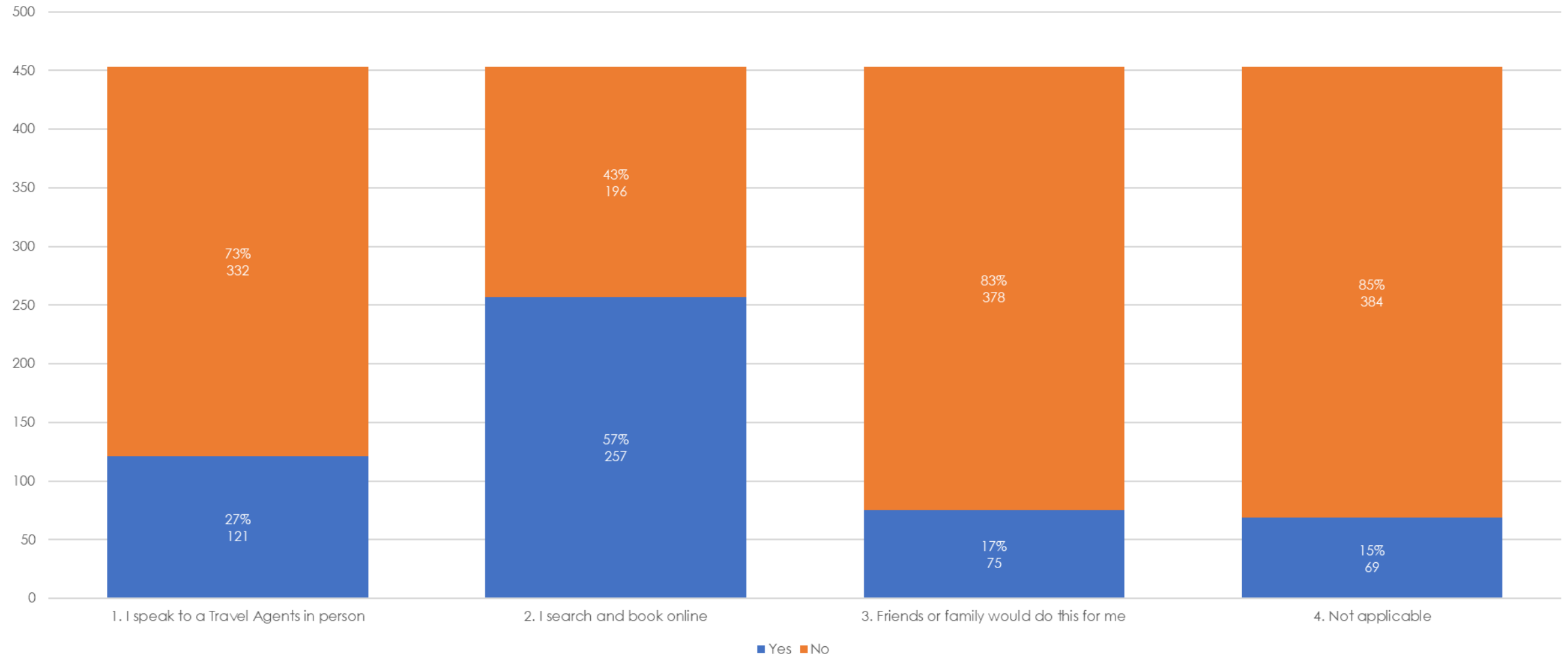
Q3. Shopping


500
450
400
350
300
250
200
150
100
50
0
18%
81
82%
372
89%
402
11%
51
53%
239
47%
214
99%
448
1%
5
1. I shop in person in a shop or supermarket
2. Friends or family would do this for me
3. I shop online
4. Not applicable
Yes
No

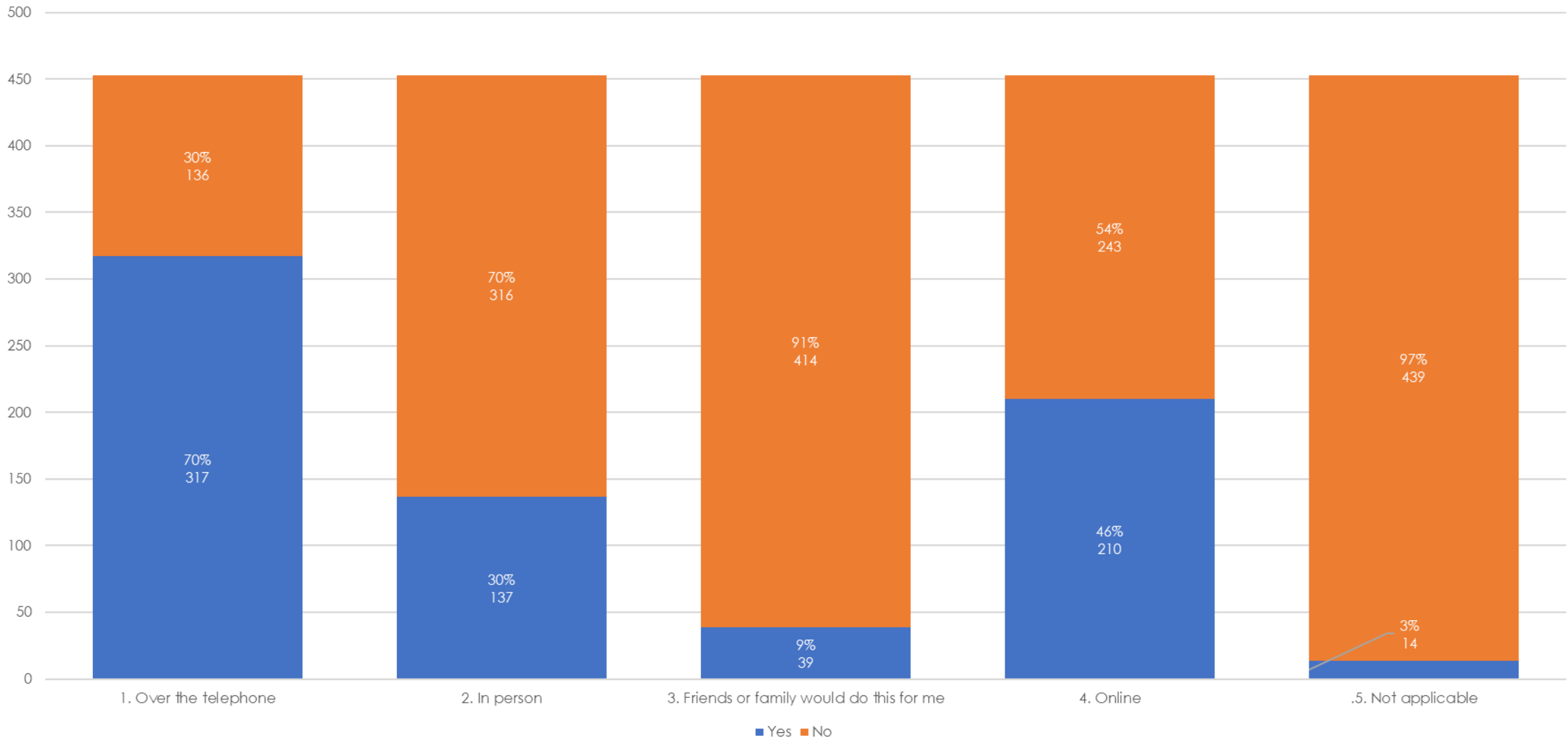
Q4. Watch movies, TV and listen to music



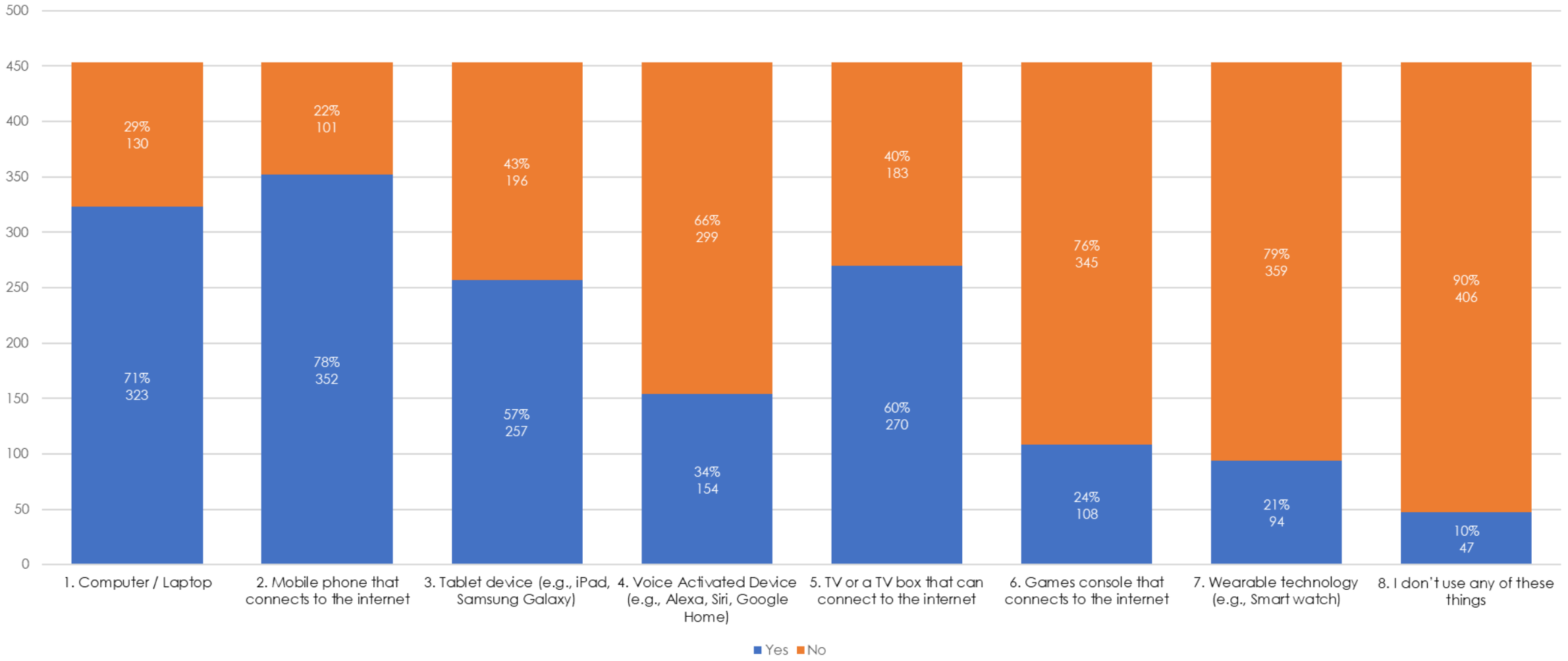
Q5. Plan a holiday



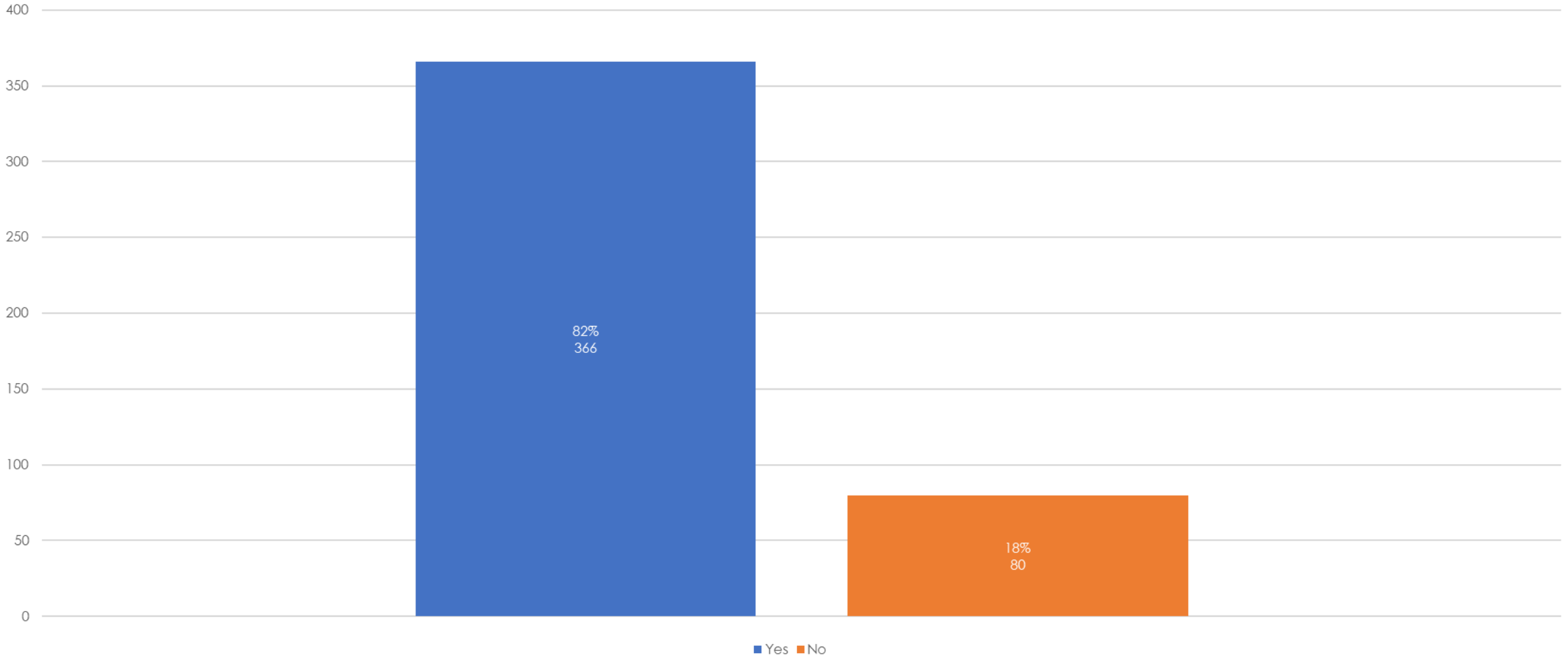
Q6. Access public services such as Council Services, Health Services, Police and Fire and Rescue Services



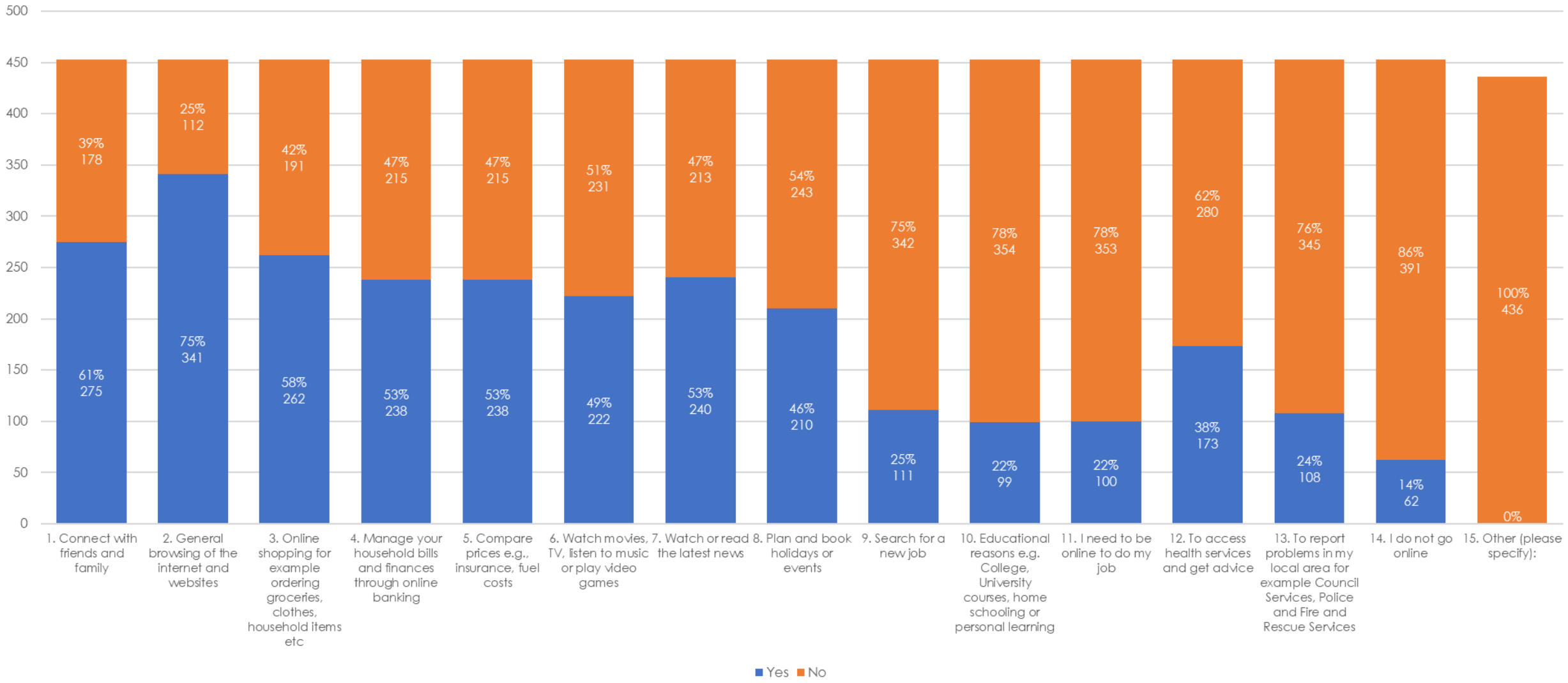
Q7. Do you own or use any of the following devices?



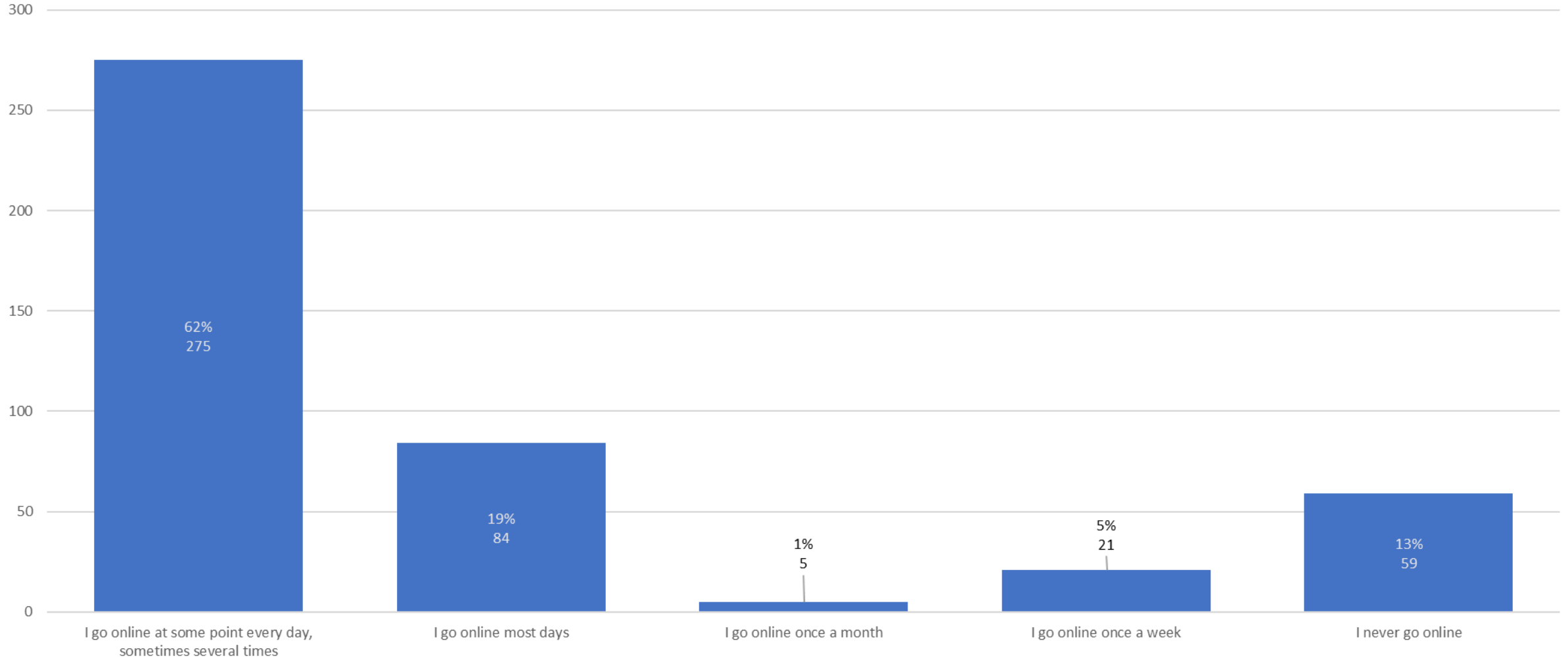
Q8. Do you use any of your devices for going online?



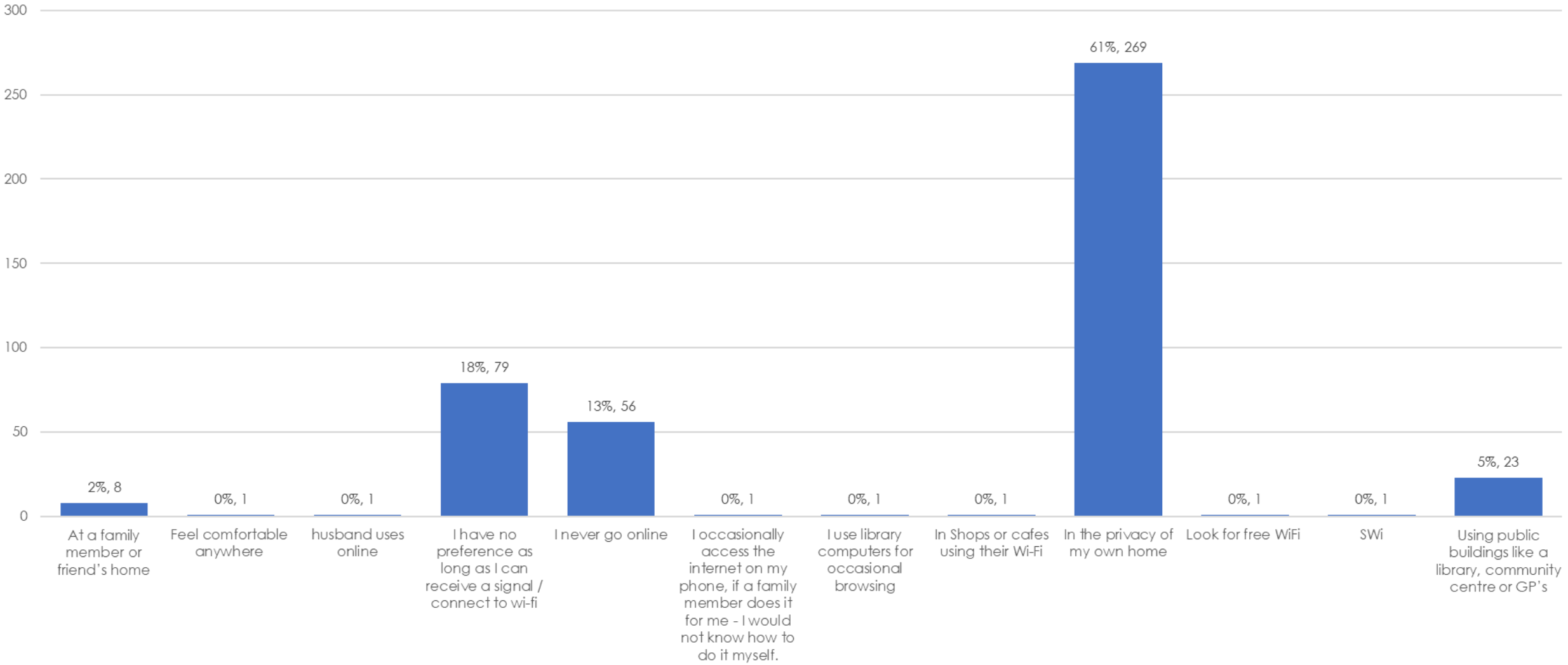
Q9. What do you do when you go online?



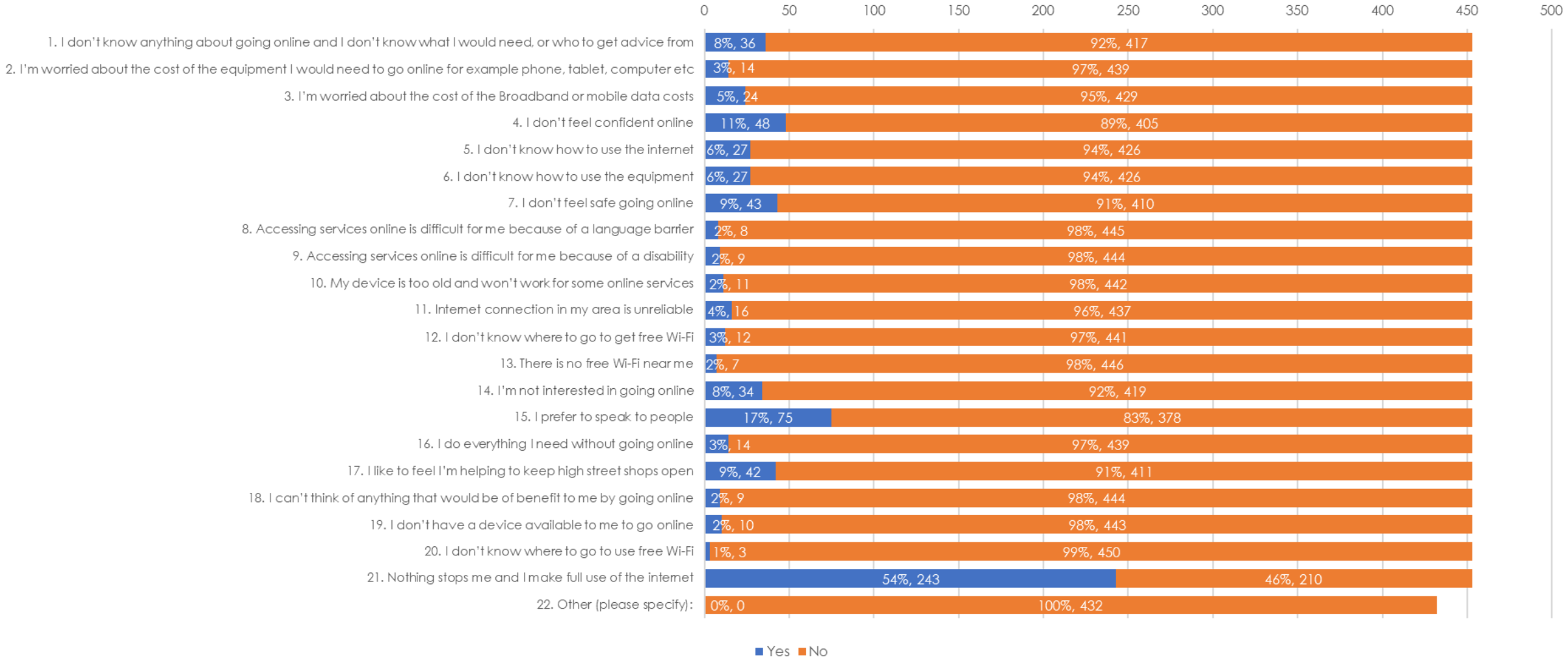
Q10. How often do you go online?



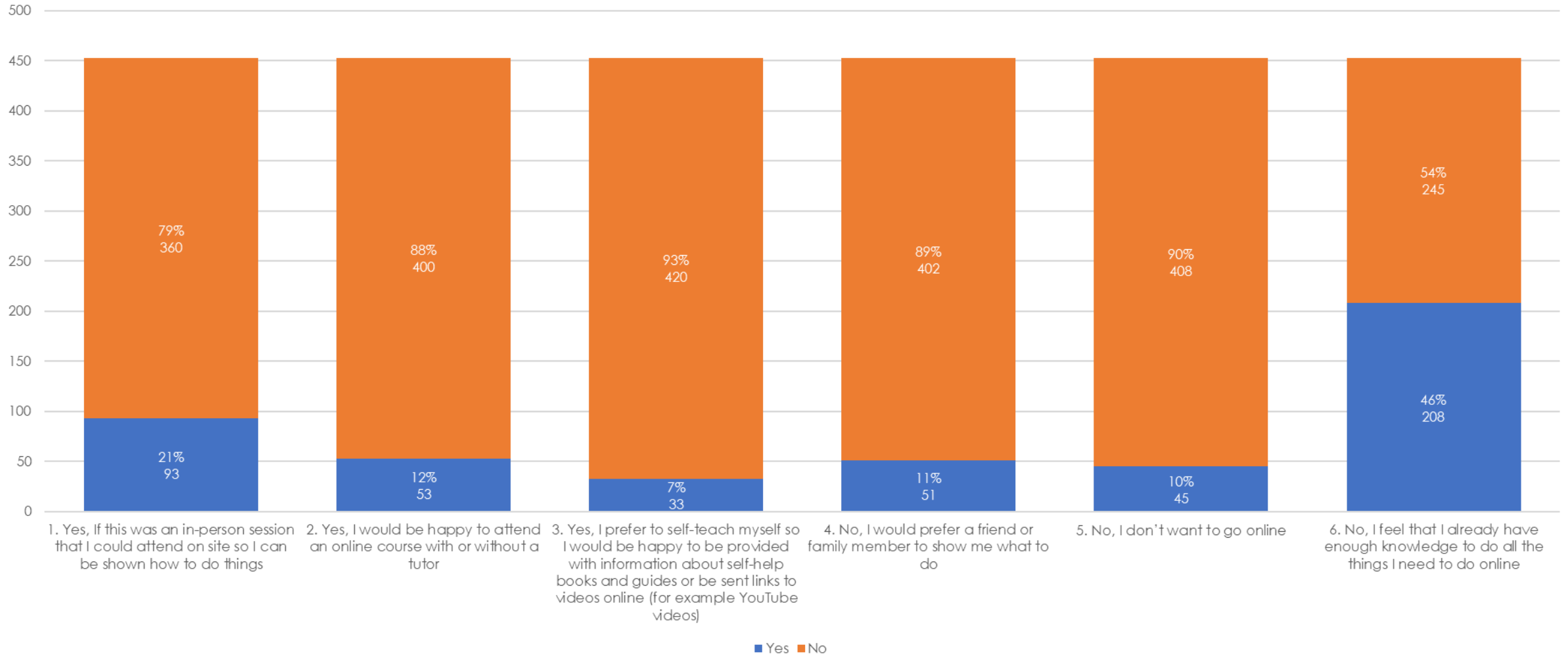
Q11. Where do you feel most comfortable when going online?



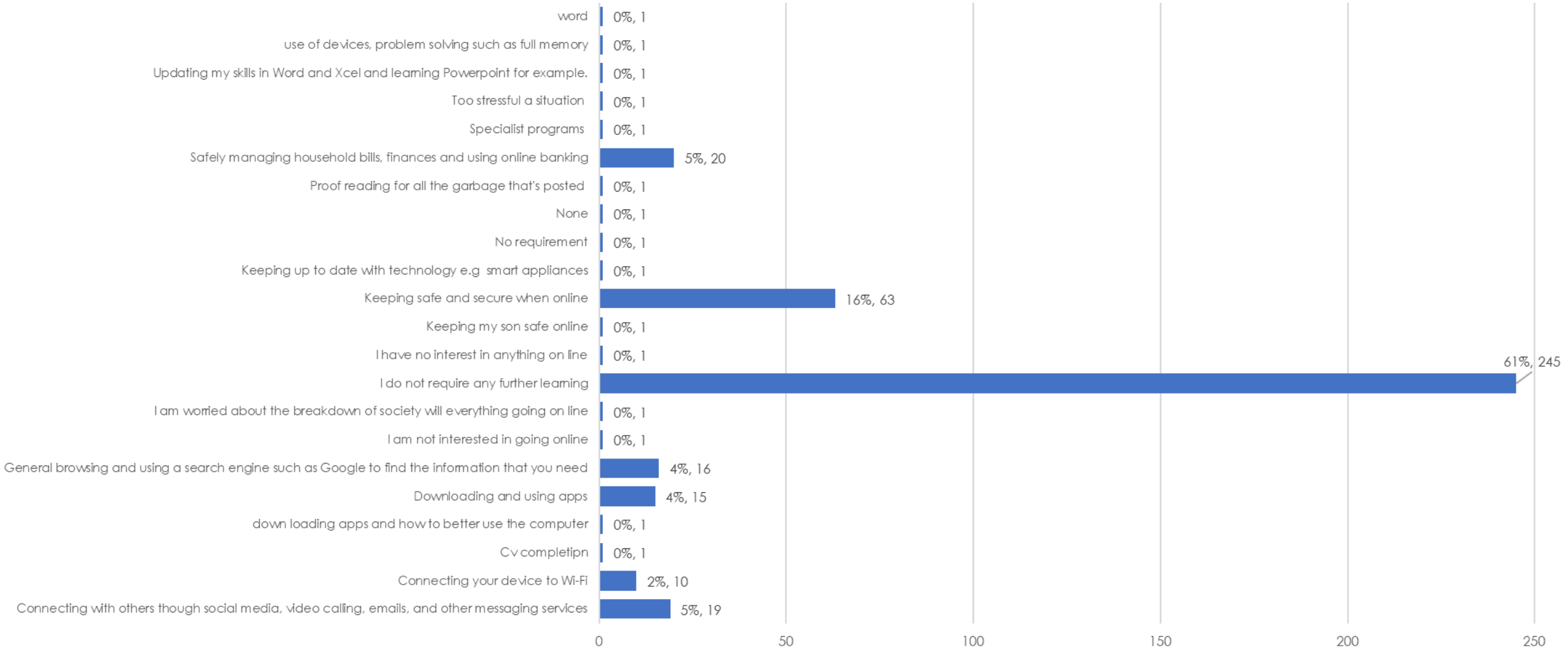
Q12. What stops you going online more than you do?



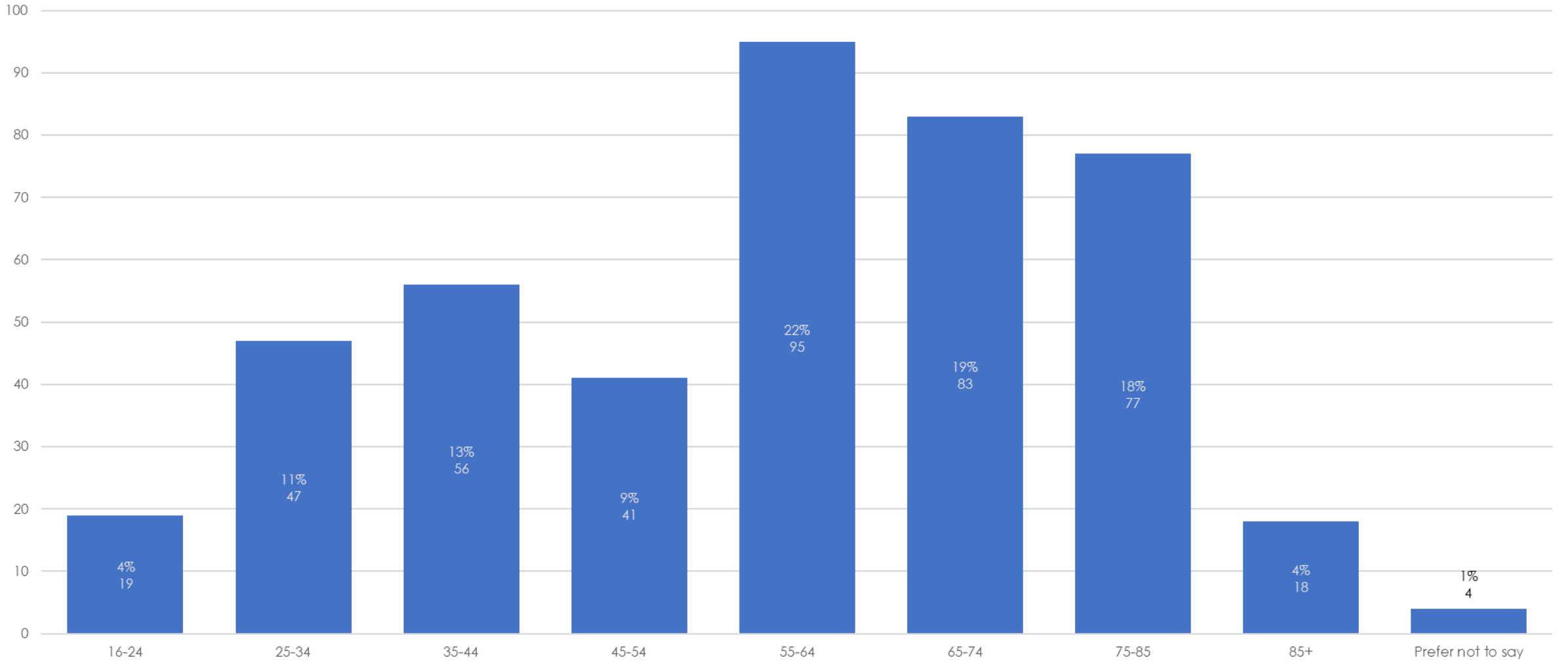
Q13. If it were available to you, even if you had no device yourself, would you be interested in undertaking any learning activities to help improve your confidence to use devices and to go online?



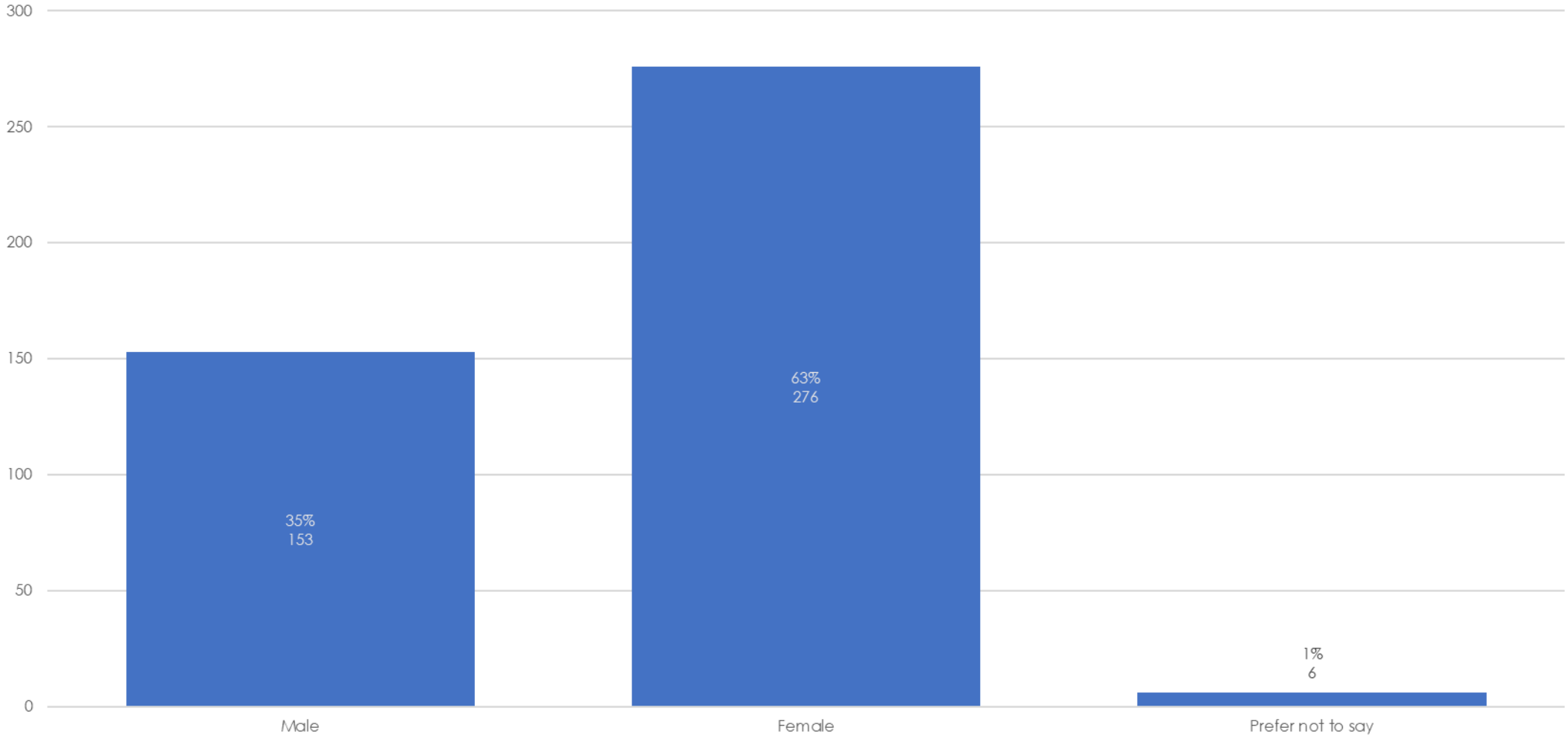
Q14. What kind of things would you mostly be interested in learning more about?



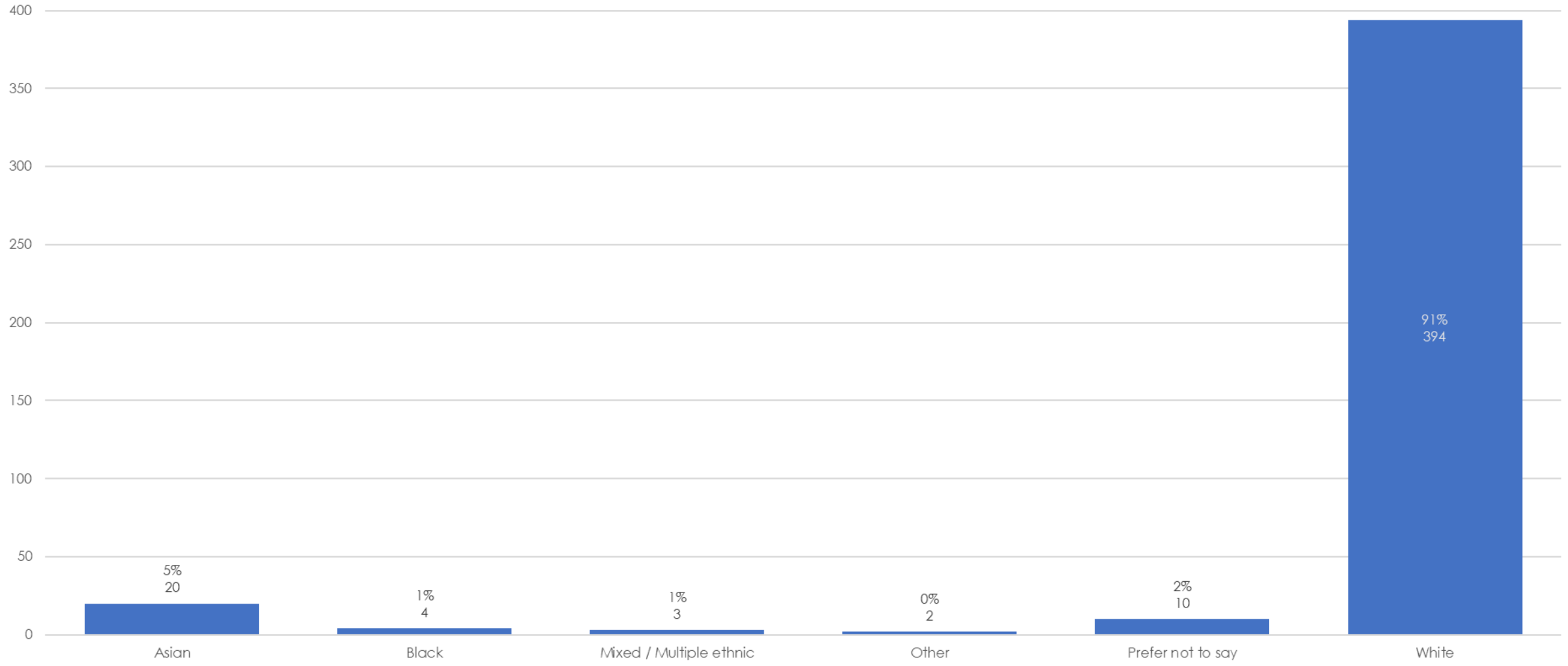
Q15. Age Group



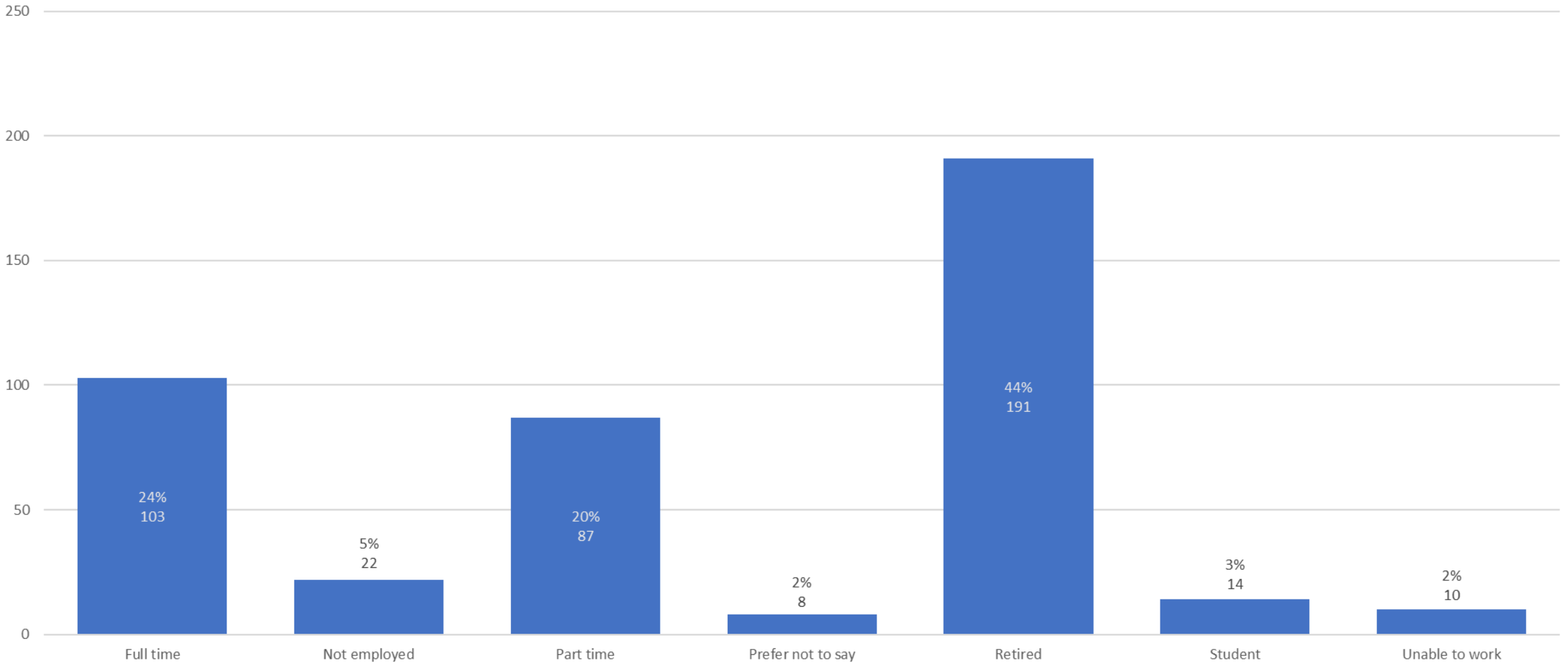
Q16. Gender


300
250
200
150
100
50
0
35%
153
63%
276
1%
6
Male
Female
Prefer not to say

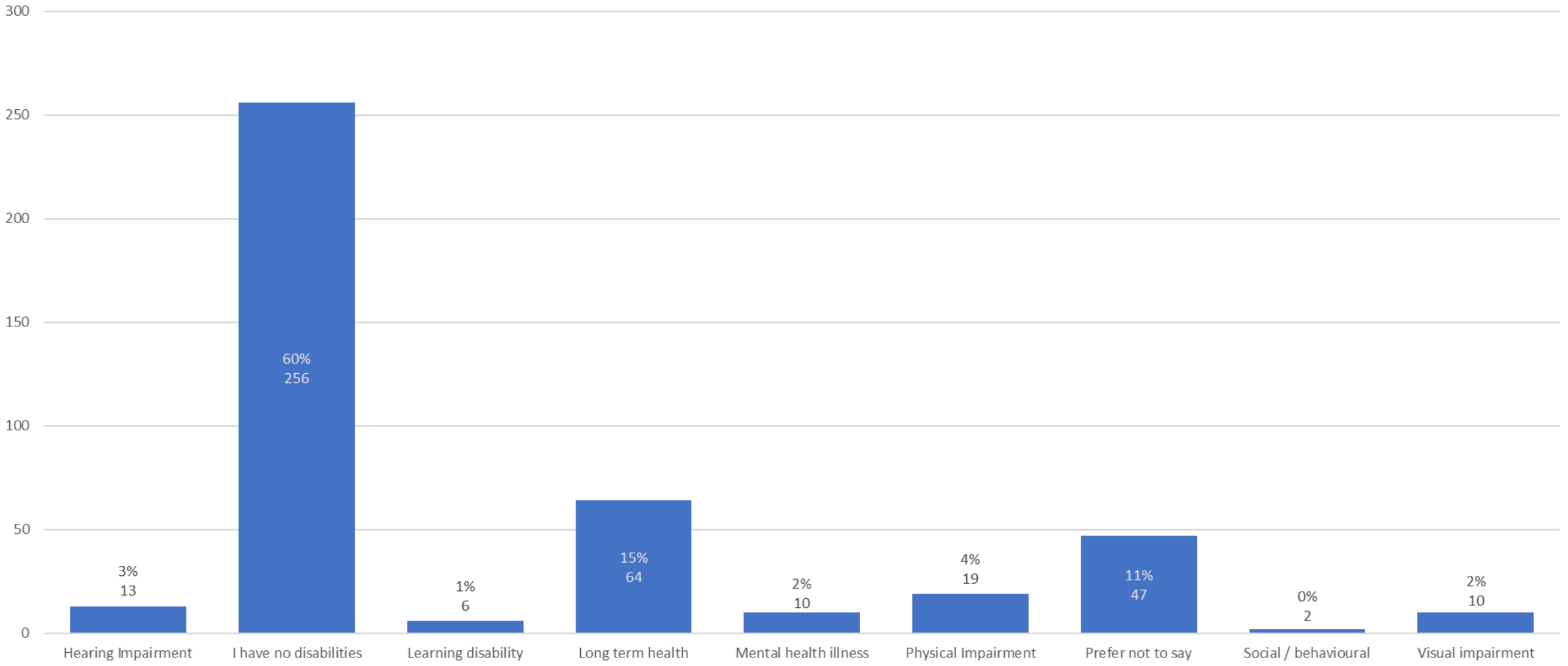
Q17. Ethnicity



Q18. Employment Status



Q19. Disabilities



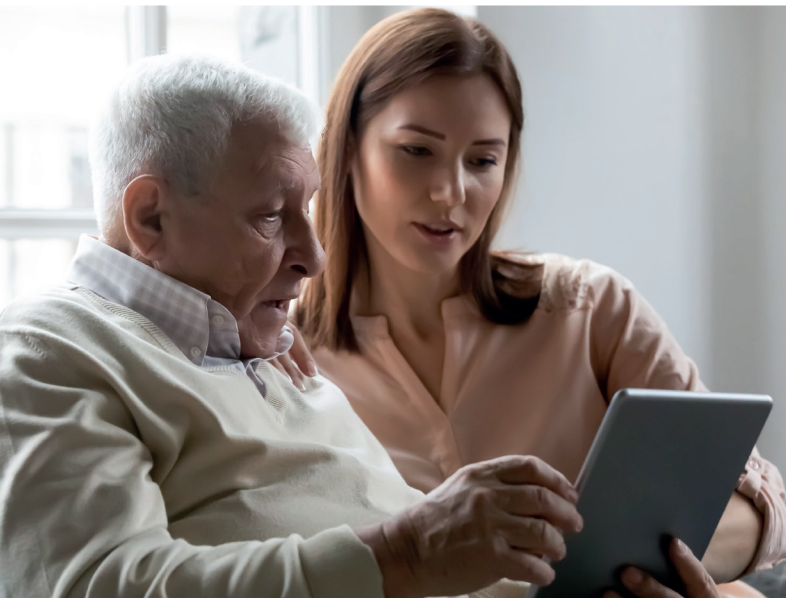
Attain

Improving health and wellbeing

Rhona Collins
rhona.collins@attain.co.uk

Matt Fassihi
matthew.fassihi@attain.co.uk

Rotherham Digital Inclusion Strategy



VoluntaryAction Rotherham

Rotherham Federation
Strengthening Communities

Rotherham ageUK

RNN GROUP

NHS

Rotherham Metropolitan Borough Council

What is digital inclusion?

Making sure that people are given the opportunity to use and access technology to do things that benefit them everyday.

What are the benefits of being online?

Finding a job

- More jobs now are only advertised online and the process to apply is often online only
- More employers require some level of digital skills

Keeping in touch

- Talk to friends and family through video or telephone calls, messages, or emails

Shopping

- It can be cheaper and more convenient to buy things online
- Find better deals for the things you need using comparison sites to find an energy supplier, mobile phone package and makes it easier to switch

Knowledge and learning

- The internet can help you find information, learn new skills, learn a new language, or keep up to date with news and events from around Rotherham and the world

Health

- Book and manage health appointments online 24/7
- View and manage your personal health information
- Improved access to health services and information

Entertainment and lifestyle

- Watching online TV services for your favourite box sets
- Tips and tricks for your hobbies, including finding recipes
- Buy tickets to events

Financial

- Online banking, apply for and access Council/Government services (including Benefits)

Travel

- Book holidays, check-in at the airport and get your NHS Covid Pass
- Travel around using a Sat Nav or online map

Why do we need a Digital Inclusion Strategy?

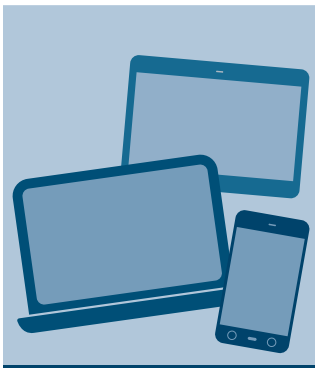
We want every resident in Rotherham to be able to enjoy the benefits of getting online.

We asked people who live and work in Rotherham about their views and experiences of using technology and their worries and concerns.

This is what they told us…

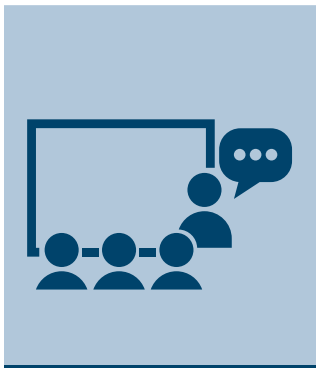
Everyone is different, but there is something for everyone

If technology isn't for you, that's fine but if you change your mind, help and support is available and we'd love to talk to you about it.



We want to help you learn about digital, as well as how to use and access devices.

We want to help improve your digital skills in a way that's flexible to your needs.

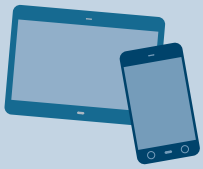


Can you help?
We can support you to share your knowledge with others.

We want to help you get online and feel more confident about using technology so you can do the things you want to do.

Based on what you told us we will:

Help you get online



Help you with phones, tablets and sim cards.

Increase the number of places where free Wifi can be accessed across Rotherham.

Help you learn

Show you how to use the internet and devices including computers, tablets and phone.

We want to offer flexible learning in your community and ensure schools and employers are improving the digital literacy of their students or workers.

Help keep you safe

We know how important it is for people to feel safe online and will provide you with advice and guidance.

Help through volunteering

We will help people who want to volunteer by putting them in touch with organisations across Rotherham who are providing support within the community where people need it.

Why we want to help you become more digitally included

- Some organisations only provide services or reduced costs online
- You can talk to organisations online, which is quicker than sending a letter
- Accessing help online will give your more choices and give you the information you need to make important decisions in your life when you need to make them.

Find out more

This document will be reviewed annually, and we welcome your feedback. If you need this information in another format or language, please contact us to discuss how we can best meet your needs.

Email: XXXXXXXXXXXXXXXXXXXXXXXX
Website: XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXX
Tel: XXXXX XXXXXX
XXXXXXXXXXX

Digital Inclusion Rotherham Action Plan April 2023 to September 2025

Phase 1 - Information gathering (Completed)

i) Objective:

A third-party organisation with a proven track record of assessing and analysing digital inclusion/exclusion, be commissioned to:

- Identify and profile the target group within the Rotherham Place.
- Understand the local barriers to digital inclusion at an individual and Rotherham Place level.
- Identify existing digital inclusion activity (and the gaps) across the Rotherham Place.
- Identify best practice Digital Inclusion activities and programmes at a local and national level to inform the type of digital inclusion activities that best respond to the brough wide needs and aspirations.

Ref	Outcome	Actions	Lead / Org	Timescales	Progress	Baseline Ref / Priority
1.1	Robust and effective programme governance in place	• Form a Digital Inclusion Stakeholder group with a diverse set of members from organisations across Rotherham to help form the strategy and action plan. This group will meet monthly • Appoint Digital Delivery Manager • Establish a governance framework that ensures accountability to the Rotherham Place Partnership Board and the Rotherham Together Partnership	H. Barker RMBC A. Clayton NHS	Complete November 2021		

1.2	Digital Inclusion Baseline report provides place-based evidence of digital inclusion/exclusion in Rotherham	• Create and sign off a specification document.
		
		• Appoint an independent research specialist to produce a Rotherham place baseline review to include:
		  • National and Rotherham population level analysis
		  • Consultation with residents across all channels, with particular focus on groups most likely at risk of digital inclusion.
		  • An indication of the digital maturity of organisations in Rotherham
		
		• Review report to ensure meets requirements specified
			Digital Inclusion Stakeholder group	Complete November 2021
				
				Complete November 2021
				
				Report completed and published April 22		

<u>Phase 2 - Develop evidence-based intervention strategies and programme governance (Complete)</u>

i) Objective (based on the findings derived from Phase 1)

- *Develop a Digital Inclusion strategy, the outcomes of which can be delivered by a range of projects and initiatives that target Rotherham's most digitally excluded using the most appropriate method of delivery within the budget available.*

Ref	Outcome	Actions	Lead / Org	Timescales	Progress	Baseline Ref / Priority

2.1	Digital Inclusion Strategy and Action Plan created in response to priorities identified in Baseline review	• Workshop with representatives from different organisations across Rotherham inputting into the creation of a Digital Inclusion Action Plan. • Financial Plan completed and signed off by budget holder (RMBC) • Work up a one-page visual document to highlight the work intended in 2023	Digital Inclusion Stakeholder group P Rushton/L Williams RMBC P Woodhouse RMBC	April 23 March 23 March 23	Drafts in progress Drafts in progress Drafts in progress	
2.2	Strategy and Action Plan supported by all organisations represented at the stakeholder group, Place Board and Rotherham Together Partnership Board	• Sign off final version of strategy and action plan by respective organisations/people • Presentation to Place Board • Presentation to Rotherham Together Partnership Board	Digital Inclusion Stakeholder group H Barker RMBC/ A Clayton NHS H Barker RMBC/ A Clayton NHS	March 23 April 23 May 23		
2.3	Publication of a Place Based Digital Inclusion Strategy	• Stakeholder group to make the agreed Digital Inclusion strategy publicly available	Digital Inclusion Stakeholder group	TBC	Following Place Board/ RTP Board	
2.4	Communication Strategy in place	• Develop a communications plan for the programme	W Wilcock RMBC	February 23 - Ongoing	This is a live document; subject to frequent review	

2.5	Action plan visual document	• Create a visual one-page action plan for purposes of sharing externally. It will follow the same visual style of as the strategy	P Woodhouse RMBC W Wilcock RMBC	Completed March 23		

Phase 3 - Delivery (In Progress)

i) Objective

- *Following the completion of phases 1 and two, identify the different delivery mechanisms that can add most value to the communities of Rotherham.*

Ref	Outcome	Actions	Lead / Org	Timescales	Progress	Baseline Ref / Priority
3.1	Key roles in place to focus on delivering the Digital Inclusion Action Plan in Rotherham	• Recruit a small team to work on delivering the action plan and Digital interventions in the community 1 FTE Digital Inclusion Delivery Manager 2 FTE Digital Support Officers	H Barker RMBC A. Clayton NHS	May 23		Page 5, 55,63
3.2	Residents of Rotherham to have increased access to technology including Wi-Fi, Devices and sim cards	• Map 'free Wi-Fi' locations Publish this information both on the website and using offline methods	Digital Inclusion Team	May 23 Onwards		
3.3		• Launch a National Databank pilot in RMBC libraries starting initially in Riverside House to offer free sim cards to residents.	A Heggie RMBC	Launched April 23 - Onwards	In progress	
3.4		• Explore the feasibility of installing free Wi-Fi in community settings:	Digital Inclusion Team	May 23 Onwards		Page 28 - Feedback

		• Identify pilot location – to be based in one of the following high priority areas: East Herringthorpe, Rotherham Central, Thrybergh or Maltby East • Implement • Measure impact and outcomes • Determine whether model can/should be rolled out more widely • Create model that can be sustained moving forward				from residents
3.5		• Work with the assisted technology teams in RMBC to make sure activities/priorities are aligned • Promote technology that helps people with their health. • Engage and link up with various departments and boards within Public Health • Engage and Link into mental health organisations / networks as the cost-of-living crisis is having a huge impact in this area	P Woodhouse RMBC P Woodhouse RMBC P Woodhouse RMBC P Woodhouse RMBC P Woodhouse RMBC	April 23 Onwards April 23 Onwards Ongoing Ongoing Ongoing		

		• Engage and Link into the Rotherham Prevention and Health Inequalities group	A Clayton NHS			
3.6		• Collaborate with the NHS to on their Virtual Wards programme	P Woodhouse RMBC	Ongoing		

3.7		• Research and explore the feasibility of offering a device loaning or gifting scheme.
		  • Create a proof of concept
		  • Implement
		  • Measure impact and outcomes
		  • Determine whether model can/should be rolled out more widely
		  • Create model that can be sustained moving forward
			Digital Inclusion Team/ Digital Inclusion Stakeholder group	May 23 Onwards		Page 52,56

3.8	Provide information that gives people more confidence in being safe online	• Identify local organisations to engage with to deliver safety talks into their community • Engage with Safer Rotherham Partnership	Digital Inclusion Team	March 23 Onwards		

3.9		• Signpost to existing online safety information
		  • Identify and make use of already published good practice safety guidelines
		  • Promote using online methods (website, YouTube
			CS Web team RMBC
			
			Digital Inclusion Team/CS web Team
				April 23 Onwards		Page 36, 56

		etc) but also when out in the community • Work with organisations to help support young people with information about being safer using social media • Promote safety information to parents/carers to help them feel better informed as to the different types of social media out there, their uses and risks.	Digital Inclusion Stakeholder group Digital Inclusion team Digital Inclusion Stakeholder group / W.Wilcock (RMBC)			
3.10	Help residents across Rotherham increase their Digital Skills: Activities and actions to be initially focused on the high-risk groups (Older People, Deprivation, LTC / Learning Disability, Disadvantaged Young People) living in the high risk wards (East Herringthorpe, Rotherham Central, Thrybergh, Maltby East)	• Identify organisations across Rotherham currently offering free digital skills training. • Promote and share these opportunities via Rotherham digital website, partner websites, social media and whilst out in the community.	Digital Inclusion team All	Ongoing		
3.11		• Create 'digital surgeries' in libraries and community centres in East Herringthorpe, Rotherham Central, Thrybergh, Maltby East) (where people can drop in to learn more about digital and how to do things online)	A Clayton NHS Digital Inclusion Team	May 23 Onwards		

3.12		• Establish volunteer programme with RNN whereby Digital students go into community groups to help residents with their use of technology	P Woodhouse RMBC M Smith RNN	March 23 Onwards	In Progress	Page 28, 63
3.13		• Develop a longer term plan of community-based activities linking in with existing and established outreach programmes eg. Warm welcome, poverty & financial inclusion • Create activities that focus on helping residents with their digital skills • Provide and promote an easy way for residents to seek help if unsure how to do something online	Digital Inclusion Team	May 23 Onwards		Page 55
3.14	Residents use and develop their digital skills working in the voluntary sector to help others	• Create a digital champion model that compliments existing volunteer programmes across Rotherham	Stakeholder group members	Ongoing		Page 56,63
3.15		• Work with community groups to encourage people to become involved in volunteering so they can support other people in their local area	Digital Inclusion team/ Digital Inclusion Stakeholder group	Ongoing		Page 56,63
3.16	Opportunities seized to learn from the best practice of others	• Continue dialogue and learning from all the current work happening in other parts of the country to learn from best practice and identify opportunities for shared benefit.	P Woodhouse RMBC	Ongoing		

3.17	A robust and effective Communication Strategy is in place to ensure the Digital inclusion programme is communicated across Rotherham using both online and offline methods	• Publish the Digital Inclusion Strategy in different formats so people can find out more about the programme aims and support available	W Wilcock RMBC CS Web Team RMBC	May 23		

3.18		• Launch the 'Rotherham Digital' website:
		  • Website that captures all Digital Inclusion information, case studies, best practice, and activity in Rotherham,
		  • Promote the website through social media and other available messaging to encourage and inform residents, communities, and businesses.
			W Wilcock RMBC	May 23		

3.19		• Promote digital inclusion work using all available offline and online communication channels so people are aware of what's happening, how they can get involved, and how they can access the help and support they may need • Plan attendance at events across Rotherham like the Rotherham Show and various roadshows. • Create easy way for organisations to make contact to share information about their Digital Inclusion activity and/or request support/help.	W Wilcock RMBC Digital Inclusion Stakeholder group Digital Inclusion team Digital Inclusion team	Ongoing Start of each financial year June 2023		

Phase 4: Develop a sustainability and ongoing financial model (longer term)

I) Objective

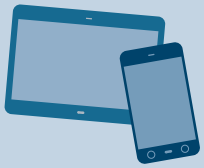
- *Evaluate the effectiveness of digital inclusion interventions to demonstrate how the programme has added value; the evidence from which can be used to inform "what future delivery would look like."*
- *Agree a programme of continued support for all partner organisations to establish digital inclusion activities as a core component of service offerings.*
- *Explore options for additional funding and pool potential match funding to support the programme and future sustainability.*

Ref	Outcome	Actions	Lead / Org	Timescales	Progress	Baseline Ref / Priority
4.1	The effectiveness of the programme is fully evaluated to inform what future delivery would look like	• Establish measurement mechanisms that are designed to evaluate the impact of actions taken; to both residents and organisations/businesses within the Rotherham Place	Digital Inclusion Stakeholder group	July 2023		
4.2		• Through established programme governance, ensure the Digital Inclusion programme continues to focus on agreed priorities and is being delivered to timescale within budget	Digital Inclusion Stakeholder group	Ongoing		
4.3		• Constantly review the membership of the group to identify any gaps in representation and look to address this by inviting new members to join	P Woodhouse RMBC	Ongoing		
4.4		• Share case studies involving local people and community groups to inspire others onto the website and through regular updates to our partners	P Woodhouse RMBC	Ongoing		

4.5		• Keep a track of national, regional digital inclusion levels and compare against the baseline review	P Woodhouse RMBC	Ongoing		
4.6	Partner organisations have each established digital inclusion activities as a core component of their service deliver/approach	• Identify activities/best practice that should/could be absorbed by all organizations • Review the digital maturity findings of the baseline report to identify organisational gaps • Create a library of best practice guidance that all organisations can access when undertaking any work with a digital inclusion aspect	Digital Inclusion Stakeholder group	Ongoing		
4.7	Activities/actions required to further increase digital inclusion have been identified	• Identify any actions that have not been completed due to timescales/budget • Assess the impact of any work not undertaken and likely risks if not completed • Identify critical actions/activities and deliverables that should be considered as key to the continued reduction of digital exclusion	Digital Inclusion Stakeholder group	Ongoing		
4.8	Options for the future sustainability of the programme have been fully considered	• Briefing paper created setting out activities undertaken, impact on the Rotherham Place and recommendations/risks of continuing/ending the programme	Digital Inclusion Stakeholder group	To be completed by July 2024		

Rotherham Digital Action Plan

This is what we want to do in 2023.



Help getting you online

- Make sure people know where and how they can access free Wi-Fi across Rotherham
- Utilise local and national initiatives to provide help to those who need it. This includes schemes that provide free sim cards, or device loaning services
- Help local community groups improve their access to Wi-Fi

Online safety

- Provide information that helps people get online safely
- Work with local organisations to deliver safety talks to community groups

Learning

- Support businesses and their employees to make the most of digital
- Create 'digital surgeries' where people can drop in to learn more about digital and how to do things online
- Provide support across neighbourhoods and show people how to complete a range of common tasks on their phones, tablets, and devices
- Share digital resources and learning opportunities on offer in Rotherham

Volunteering

- Recruit Digital Champions, linking in with existing volunteer groups to make sure all communities can benefit from the available support and advice
- Work with community groups to encourage people to become involved in volunteering so they can support other people in their local area.

Communication and engagement

- Share the Digital Inclusion Strategy so people can find out more about our work
- Launch the 'Rotherham Digital' website
- Promote digital inclusion work using all available offline and online communication channels so people are aware of what's happening, how they can get involved, and how they can access the help and support they may need

Evaluation

- Ensure the Digital Inclusion Stakeholder Group continues to focus on agreed priorities
- Share case studies involving local people and community groups to inspire others

Voluntary Action Rotherham · Rotherham Federation · Rotherham age UK · RNN GROUP · NHS · Rotherham Metropolitan Borough Council

ROTHERHAM'S ANCHOR INSTITUTION ACTION PLAN – 2023/24

'Harnessing partners' collective roles as anchor institutions' is one of the five priorities within the Prevention and Health Inequalities Strategy. Within the strategy, the term 'anchor institutions' is defined as *"organisations which have an important presence in a place, usually through a combination of being largescale employers; the largest purchasers of goods and services in the locality; controlling large areas of land; and/or having relatively fixed assets."*

Being such large and influential institutions within Rotherham means that Place partners have the potential to shape Rotherham as a Place, improving the health of local people by influencing the socioeconomic and environmental conditions that influence health outcomes. This plan seeks to deliver on this ambition to affect change to the health of our local population through action as employers, procurers, estate-managers, delivers of services and corporate decision-makers. The plan forms part of the delivery of the Prevention and Health Inequalities Strategy and the Place Plan.

This plan has been informed by self-assessments that were undertaken using the Joseph Rowntree Foundation (JRF) Framework, and workshops to explore these findings with relevant subgroups which took place in Quarter 4, 2022/23. An overview of the self-assessment framework is included below, and the high-level findings are appended. The action plan has been structured around these dimensions.

What does it mean to be an inclusive anchor organisation?

Areas for action

Dimensions	Themes	Anchor institutions can…
Employer	• Recruitment • Pay and conditions • Training, development and progression • Healthy workplaces	• Recruit in ways that provide equality of opportunity and maximise scope for local people to secure good jobs • Pay the living wage, and go further to support people in stretching take home pay, e.g. via pensions, non-pay benefits and poverty proofed HR policies • Commit to lower paid staff reaching their potential via inclusive personal and professional development, flexible working, transparent progression pathways and excellent management • Support mental and physical health, e.g. via facilities, policies, culture, advice
Procurer	• Local supply chains • Social value from procuring goods and services	• Engage with local suppliers and increase the proportion of spend with them • Use procurement processes to deliver social value, e.g. for communities, employees, environment
Bricks and mortar	• New development • Best use of land and assets	• Procure developments in ways which create local jobs, skills and apprenticeships, with focus on young people and those facing disadvantage • Design buildings/spaces to create vibrant places with community, health and environmental benefits • Enable access and use by local communities
Service delivery	• Core service delivery and disadvantaged communities • Links to community anchors	• Design and deliver services so that they reach and benefit disadvantaged communities • Work with local 'community anchor' organisations to better deliver and gain uptake of services, especially by disadvantaged communities
Corporate and civic	• Internal anchor ownership • External civic role and partnerships	• Recognise the organisation as being an anchor, then embed inclusive anchor dimensions into organisational vision/mission, values, culture/communications, behaviours, leadership, corporate planning and budgeting • Champion anchor collaboration, take civic responsibility, learn, share, promote the services of other anchors, lead by example

DRAFT

EMPLOYER

Data shows that healthy life expectancy in Rotherham – which is the years that people live in good health – is significantly below that for the country as a whole at 58.7 years (England 63.1 years) for men and 56.5 years (Eng 63.9 years) for women (PHOF, 2018-20). There is also a gap in healthy life expectancy of almost 20 years between our most and least deprived communities. This means that many local people are in poor health before they reach retirement age, impacting both quality of life and economic productivity for the borough. As health and social care organisations are major employers within Rotherham, with a high proportion of our staff living within the local area, there is an opportunity to influence these outcomes. By supporting the health and wellbeing of our own workforce, we have the opportunity to intervene at a critical point and prevent ill-health in our workforce, and through them, amongst their families and the wider Rotherham community.

Additionally, focussing on creating opportunities for local people to be in 'good work' is increasingly important, particularly in the context of the cost-of-living crisis and the downturn in the economy following the COVID-19 pandemic. Through focussing on inclusive employment practices, health and social care organisations can support wider work led by the Rotherham Together Partnership to drive an inclusive economy.

Our aims:

- Reduce inequalities by employing more people from deprived communities or from within other inclusion groups. This includes focussing on retention, progression, and inclusivity for these groups, as well as recruitment.
- Support the health, wellbeing, and quality of life of our workforce, with a focus on raising healthy life expectancy.

What we will do in the next 12 months:

- Undertake analysis to identify inequalities within our collective workforce and engage with key target groups identified to evaluate our current approach and understand any barriers to recruitment, retention, and progression within our organisations.
- Review best practice to identify opportunities to apply solutions to address inequalities identified in the analytical project.
- Review our offer for those aged 50+ within our collective workforce, both in terms of supporting their health and wellbeing and opportunities for progression and further development.
- Promote the pension offer, particularly to groups with a low uptake currently.

DRAFT

PROCURER

Collectively, partners have significant purchasing power, with Rotherham Place partners spending in the order of £650m across the health and social care system each year. This means that decisions about what and how local organisations decide to buy can significantly influence the local economy and have an impact on the health and wellbeing of the population.

Prior to the COVID-19 pandemic, Rotherham had one of the fastest growing economies in the UK and the fastest growing in Yorkshire. However, the pandemic caused significant contraction to Rotherham's economy (10.5% fall in its year-on-year growth rate for Q3 of 2020). Health and social care partners can play a role in boosting the local economy by increasing the proportion of spend which is local.

Additionally, there is also an opportunity to realise social value through commissioning and procurement activity – including contracts that are awarded to non-local providers. If all suppliers are focussed on advancing social, economic, and environmental outcomes within Rotherham, such as paying the living wage or supporting our local voluntary and community sector, there is an opportunity to have a substantial influence on the wider determinants of health.

Our aims:

- Increase local spend to support Rotherham's economy.
- Promote good employment practices within anchor institutions and across our supply chains, including payment of the Living Wage.
- Drive increased social value through all commissioning and procurement.
- Build the understanding of the local market to identify and address local supply gaps.

What we will do in the next 12 months:

- Undertake a baselining assessment to analyse local spend and the broader social value realised through all contracts. This work will form the foundation and the evidence-base to drive increases in these areas.
- Work with partners to develop a resource that sets out consistent terminology around social value within procurement, building from and linking to existing resources like the Social Value Charter.

DRAFT

BRICKS, MORTAR AND THE NATURAL ENVIRONMENT

Health and social care organisations often have significant physical assets that can be leveraged for community benefit. This includes buildings and outdoor/green spaces. There is an opportunity to think about how local organisations can manage and develop land and estates to support broader social and economic aims – such as regeneration of the Town Centre or bringing communities together in local spaces.

Additionally, environmental sustainability is a key factor in considering the best use of our land and assets. Reducing the environmental impact of our estates is a key step in delivering against our net zero commitments and our collective responsibility to tackle the climate crisis.

The JRF framework describes this dimension as 'bricks and mortar', but it has been raised as beneficial to expand this to incorporate the natural environment. In Rotherham, a nature crisis has been declared due to diminishing wildlife and biodiversity within the UK, which is likely to have a negative impact on our population in the longer-term. Nature is an asset that can be used to bring communities together and foster positive mental wellbeing.

Our aims:

- Utilise our estates and the natural environment to promote good health and wellbeing and realise wider goals such as supporting sustainability and the regeneration of Rotherham.
- Widen access to local community spaces to support grassroots action and cohesive, connected communities.
- Reduce the environmental impact of our estates.

What we will do in the next 12 months:

- Develop plans for a Clinical Diagnostic Centre within the Town Centre.
- Scope green spaces within partner estates to identify how these could be used to support with partnership agendas, such as community growing projects and emergency food provision.
- Increase the number of vulnerable people's homes that are retrofitted through the ECO-4 scheme to reduce fuel poverty and emissions.
- Explore opportunities for health and social care partners to contribute to action to address the nature crisis, which will benefit the health and wellbeing of the local population in the longer-term.

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SERVICE-DELIVERY

Our Prevention and Health Inequalities Strategy sets out a commitment to the principle of proportionate universalism, which means resourcing and delivering services at a scale and intensity that is proportionate to the local degree of need. In line with this principle, commissioners and providers should consider how resources are allocated to maximise the overall impact on outcomes and on the health inequalities that exist within the borough. To do this effectively, we will need to involve local people from the communities with the poorest health outcomes, to understand their experiences and how best to meet their needs.

Additionally, the evidence shows that the factors driving poor health outcomes in Rotherham are largely amenable to prevention. By shifting our focus and resources towards a prevention-led approach, there are opportunities to improve the health of our population as well as managing, delaying, and preventing future demand for our health and social care services.

Our aims:

- Consider tackling health inequalities as a core part of all service-delivery, following the principle of proportionate universalism and delivering services at a scale that is proportionate to the local degree of need.
- Shift our focus and resources towards prevention.
- Empower all our staff to understand health inequalities and their role in addressing them.
- Work with our communities on what matters to them, using their voice and community intelligence as key drivers in the way we deliver our services.

What we will do in the next 12 months:

- Produce training around prevention and health inequalities for the wider partnership workforce, including a focus on understanding our collective roles as anchor institutions and the role of each employee in contributing to this agenda.
- Develop our health and equity in all policies approach through the development of a screening tool to ensure that anchor action is considered as part of all service-delivery, drawing from the ‘triple bottom line’ approach.
- Work with partners on our approach to community involvement and engagement to support the delivery of the Prevention and Health Inequalities Strategy and embed community co-production into our delivery models.

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CORPORATE AND CIVIC

To draw these diverse workstreams together into a single and cohesive programme, we need strong leadership, governance, and partnership arrangements. The self-assessments found that there is a solid foundation to build from, with a clear commitment to this agenda across all partners and the recognition that working together poses a real opportunity to deliver improvements for our population at scale.

Ensuring that strategic leaders and decision-makers have assurance of delivery of this plan will be a key priority. Additionally, there are opportunities to link what we're doing in Rotherham with work taking place in South Yorkshire and more widely.

The corporate and civic part of this plan will also be important to tie together cross-cutting issues – such as work to tackle the climate crisis – within all the different workstreams.

Our aims:

- Accelerate progress by sharing learning and working together to deliver at scale.
- Achieve our net zero goals.
- Ensure effective assurance of our role as anchor institutions and monitor and measure the success of the programme.

What we will do in the next 12 months:

- Work together as Rotherham's anchor institutions and with the South Yorkshire ICP to share learning across the region and collaborate where appropriate on anchor action.
- Create a Climate Change Charter to support partnership working around delivery of our net zero commitments.
- Develop reporting through the Place partnership, considering how to connect the diverse agendas and subgroups taking this work forward to ensure we take a single, cohesive approach.
- Build measures around our approach as anchor institutions into our Health Inequalities Tool and assurance framework to monitor and measure the success of our delivery.

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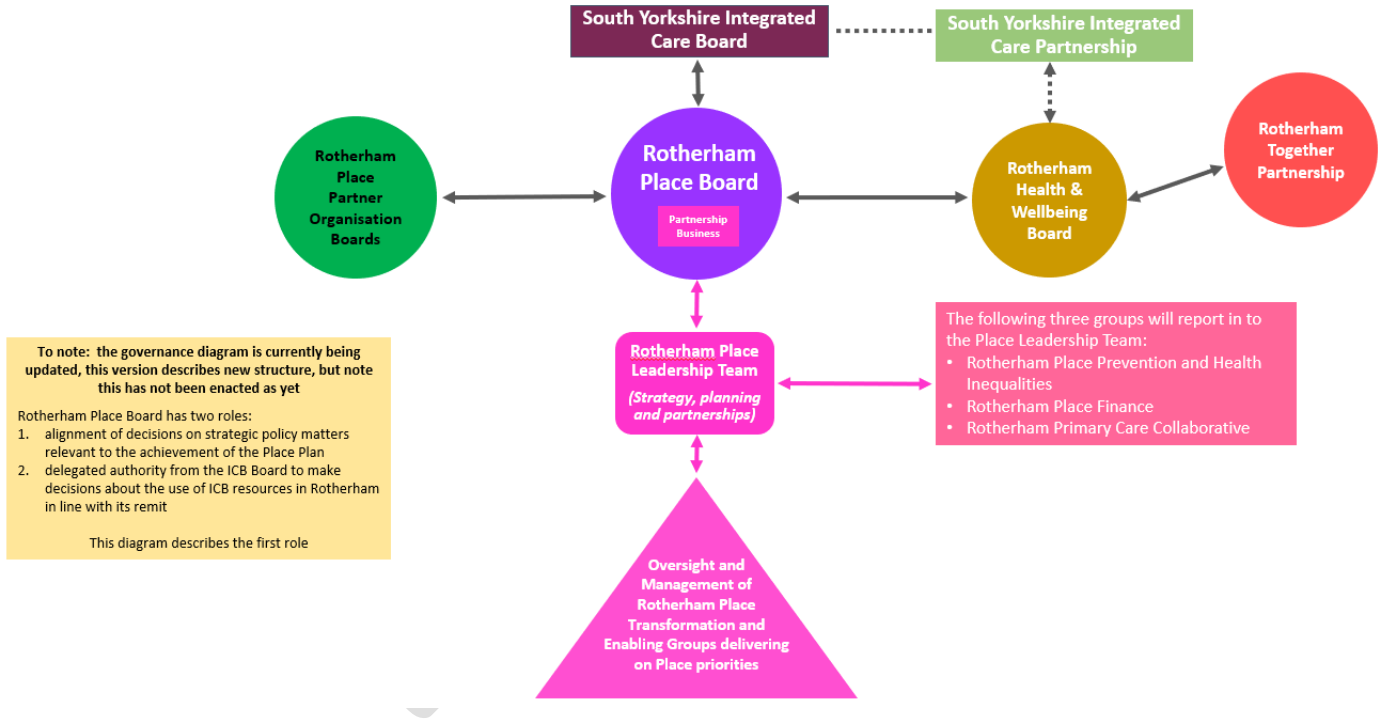
GOVERNANCE

This action plan forms part of delivery of Rotherham's Place Plan and the Prevention and Health Inequalities Strategy. It will therefore be overseen at a strategic level by the Place Board and the Prevention and Health Inequalities Group. Individual partnership subgroups will operationally lead on different aspects of the agenda, and details of this is included in the action plan.

Although this is an action plan specifically focussed on health and social care organisations, there need to be strong links with other partnership bodies with a wider remit, such as the Rotherham Together Partnership. This link will be maintained through updates to this group at appropriate intervals.



ACTION PLAN

Dimension	#	Action	Why is this important?	Timescale	Lead delivery group	Lead(s)
Employer	1.1	Undertake an analytical project to identify inequalities within our collective workforce, including outreach and engagement work to understand barriers to recruitment, progression, and retention for certain groups.	Inclusive approaches to recruitment and retention are vital for addressing health inequalities. It has also been expressed that starting from a solid evidence-base about the current picture is particularly important given financial pressures (i.e., focussing where there is the greatest need.)	Q4	Workforce and OD Group and Prevention and Health Inequalities Enabler Group	Rotherham Place Workforce Lead – TRFT (TBC) Alex Henderson-Dunk – ICB
	1.2	Review the offer for those aged 50+ within our collective workforce to address healthy ageing and increase opportunities.	Rotherham has an ageing population and healthy life expectancy is lower than the national average. This means that many people in Rotherham are living in poor health by the time they reach retirement age. A large proportion of the Place workforce is made up of local people, meaning there is an opportunity to address these health outcomes through work to support our workforce's health and wellbeing. By reviewing our collective resources, we may be able to identify duplication or opportunities to strengthen the offer and align to Rotherham's prevention pathway. There are also may be opportunities to tie into other programmes of work, such as the sector-based academy programme.	Q3	Workforce and OD Group	Rotherham Place Workforce Lead – TRFT (TBC)

DRAFT

Dimension	#	Action	Why is this important?	Timescale	Lead delivery group	Lead(s)
	1.3	Promote the pension offer, particularly to groups with a low uptake currently.	Within the self-assessments that were undertaken, the pension section was one of the lowest scoring sections. The reason behind this was not related to the offer itself, but to do with the targeted promotion of the offer to groups with low uptake. This emerged as a clear recommended action.	Q2	Workforce and OD Group	HR leads across all organisations
Procurer	2.1	Undertake a baselining exercise, divided into two sections: • Part A – local spend • Part B – broader social value realised from all contracts	Currently, there is not a clear view across the Place partnership of our baseline. This came up as a priority from the anchor self-assessment that was undertaken. RMBC have already undergone this baselining process, and TRFT are in the process of doing. For RMBC, this baselining has been an integral step to driving increases in the social value realised through contracts. By following this process, there is the potential to realise significant benefits to Rotherham's economy.	Part A to be completed by end of Q2 Part B to be completed by end of Q4	Procurement Anchor Network	Susan Grundy and Justin Seaman – TRFT Rory Browne – ICB Lynne Beedle – RDaSH (Support from Karen Middlebrook – RMBC)
	2.2	Hold a series of workshops with partners to develop a resource that sets out consistent terminology around social value within procurement, building from and linking to existing resources like the Social Value Charter.	One of the challenges raised from the workshop with procurement leads is that there is currently a lack of a consensus and consistent understanding of terminology. This is currently a barrier to partnership working around this agenda, so developing resources to address this would be beneficial. In terms of what this resource will look like, this will be scoped out with	Q4	Procurement Anchor Network	Steve Eling – RMBC Levi Karigambe – RMBC

DRAFT

Dimension	#	Action	Why is this important?	Timescale	Lead delivery group	Lead(s)
			partners and will be a product of the workshops.			
Bricks, mortar and the natural environment	3.1	Develop plans for a Clinical Diagnostic Centre within the Town Centre.	Community diagnostic centres (CDCs) provide a broad range of elective diagnostics away from acute facilities, so reducing pressure on hospitals, providing quicker access to tests and greater convenience to patients. Placing a CDC in the town centre will support early detection and early prevention as well as support regeneration of the Rotherham town centre.	Q2	Strategic Estates Group	Chris Edwards – ICB Joanne Martin – ICB
	3.2	Scope green spaces within partner estates and produce a paper on how these could be used to support with community growing projects and emergency food provision.	Emergency food provisions (foodbanks etc.) are stretched, further exacerbated by the cost-of-living crisis. The stock they receive is usually ambient, and there is a massive need for fresh fruit and vegetables. Often this means the diets of those who rely on this support suffer and the health impacts of a poor diet are well established. Growing projects also provide the opportunity for food education, which would serve as a preventative measure and offer positive activity opportunities for the community. Growing projects develop community infrastructure and	Q4	Strategic Estates Group and Food Network	Jonathan Marriott – RMBC (engaging partner estate leads) David Plumtree – VAR

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Dimension	#	Action	Why is this important?	Timescale	Lead delivery group	Lead(s)
			resilience and will put food on the table of those in need. This action also seeks to address aspects of the JRF framework about community engagement and involvement within anchor estates.			
	3.3	Increase the number of vulnerable people's homes that are retrofitted through the ECO-4 scheme to reduce fuel poverty and emissions.	This action plays an important role in both mitigating the impacts of climate change through the reduction of emissions, but also has an important role in addressing health inequalities associated with fuel poverty.	Q4	Rotherham Energy Network	Louise Preston – RMBC
	3.4	Explore opportunities for health and social care partners to contribute to action to address the nature crisis, informing the Climate Change Action Plan.	Almost half of all UK wildlife is in long term decline and 15% of species are at risk of extinction. The climate crisis is only hastening this destruction of the natural environment, damaging habitats, and disrupting ecosystems. Yet it is these very habitats that have the potential to lock up carbon and fight back against rising global temperatures which endanger health and wellbeing in the longer-term. It is essential that we not only protect these spaces but let them thrive – for the benefit of people, planet and nature.	Q4	Rotherham Together Climate Partnership	Louise Preston – RMBC Becky Woolley – RMBC

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Dimension	#	Action	Why is this important?	Timescale	Lead delivery group	Lead(s)
Service-delivery	4.1	Produce training around prevention and health inequalities for the wider partnership workforce, including work around anchor institutions.	Off the back of the South Yorkshire Health Inequalities Event, there have been discussions about the importance of building the understanding of our collective workforce around health inequalities. More specifically, all three workshops undertaken with lead groups to develop these actions identified that relevant stakeholders to this agenda do not have a strong understanding of what we mean by 'anchor institutions' or what our local approach is. This action will support delivery of the other actions within this plan and our Prevention and Health Inequalities Strategy.	Q4	Prevention and Health Inequalities Enabler Group and Workforce and OD Enabler Group	Gilly Brenner – RMBC
	4.2	Work with partners to develop our approach to community involvement and engagement to support the delivery of the Prevention and Health Inequalities Strategy.	At the South Yorkshire Health Inequalities Event and in meetings of the Prevention and Health Inequalities Enabler Group, the importance of community engagement and involvement and harnessing community intelligence has been raised multiple times.	Q3	Prevention and Health Inequalities Enabler Group	Becky Woolley – RMBC
	4.3	Develop the health and equity in all policies approach for Rotherham, including working with partners to produce a prevention and health inequalities screening tool.	The JRF self-assessment framework sets out that best practice includes considering disadvantaged communities within all service-delivery. Taking a health and equity in all policies approach and having a screening tool to reinforce this within	Q3	Prevention and Health Inequalities Enabler Group	Leonie Wieser – RMBC

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Dimension	#	Action	Why is this important?	Timescale	Lead delivery group	Lead(s)
			decision-making will help to ensure that our services follow the principle of proportionate universalism.			
Corporate and civic	5.1	Develop reporting of anchor roles through the Place partnership, considering how this connects diverse agendas and subgroups taking this forward.	During the workshops with relevant subgroups, it was fed back that not all subgroups/partners feel strongly tied into the anchor institution agenda. Understanding the broader ambition and how each section of this plan fits within a whole approach would be beneficial to ensure that this programme of work is cohesive.	Q2	Place Leadership Team	Lydia George – ICB
	5.2	Create a Climate Change Charter to support partnership working around delivery against our net zero commitments.	This charter will form the foundation for partnership working around this agenda and be the basis for future programmes of work. This will include activity with a focus on addressing climate-related health inequalities.	Q3	Rotherham Together Climate Partnership	Louise Preston – RMBC
	5.3	Build measures around our approach as anchor institutions into our Health Inequalities Tool and assurance framework.	This is important as it will help to measure the success of this action plan and will also help to drive delivery towards our longer-term ambitions.	Q2	Prevention and Health Inequalities Enabler Group	Lorna Quinn – RMBC and Alex Henderson-Dunk – ICB

DRAFT

SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire
Our Initial Integrated Care Strategy

March 2023

A message for the people and communities of South Yorkshire:

In South Yorkshire we want everyone to live happy and healthier lives for longer. We know times are tough with the ongoing effects of Covid-19 and the rising cost of living, our engagement shows that having access to high quality care and support is important for our community. That's why we're working together as a partnership to make sure you have the support you need.

We're committed to listening to you, involving you, and responding to your needs. This strategy was created by our newly formed Integrated Care Partnership between September and December 2022 and will guide us up until 2030. It's a legal requirement, but we see it as just the start of a journey with all of you.

We're excited to work alongside our communities and the amazing people in our voluntary, community, and social enterprise sector. And we want this strategy to continue to improve and evolve through your involvement, because your health and well-being is important to us all. Let's work together for a happy and healthy South Yorkshire.

Foreword

The Mayor of South Yorkshire - Oliver Coppard

This strategy is a test; a test we are setting ourselves. Included in that test are questions we have asked ourselves before. And if we do not rise to the challenge this time, we will be back here again in a few years' time to ask ourselves those questions again. And within those intervening years yet more people – our friends, colleagues and neighbours – will have had their lives blighted, their careers cut short, and their happiness undermined by ill health.

So I am determined we will make a positive difference to the health of our communities across South Yorkshire, and this strategy is where we start. We have to challenge ourselves to think radically about what we do and how we do it.

That's why this strategy is so important as we look ahead over the next decade to 2030. If we achieve the goals in this strategy we will improve the health of our communities across Barnsley, Rotherham, Doncaster and Sheffield, tackle deep seated inequalities in health outcomes and access, make the most of the resources we have, and make sure our health and care services support our wider objectives as a region; making South Yorkshire a healthier, wealthier and happier place.

If we're going to achieve those goals, we will need to use not just the £3.8bn spent on health and care but also the wider £16bn

of public services spent in South Yorkshire each year to help those who need it most. We will need our 72,000 strong health and care staff to have the skills and resources they need to support our communities.

We need all our public services, such as employment support, transport and housing, to promote good health. We will need to listen to and strengthen our voluntary and community sector and recognise them as the equal partner they are. And we will need to put the lived experiences of our diverse communities at the heart of the way in which we work.

There are no shortage of great assets and examples of good practice across South Yorkshire upon which we can build however, there is no denying the scale of the challenge we face; those challenges are longstanding and complex. Some people in our communities will live shorter lives than others, by as much as nearly a decade in some cases. Life expectancy in South Yorkshire is no longer going up, something that has not happened in the last 40 years. There is healthy life expectancy gap of 20 years between some of our communities. And around a third of people across our region are living in some of the most deprived parts of our country.

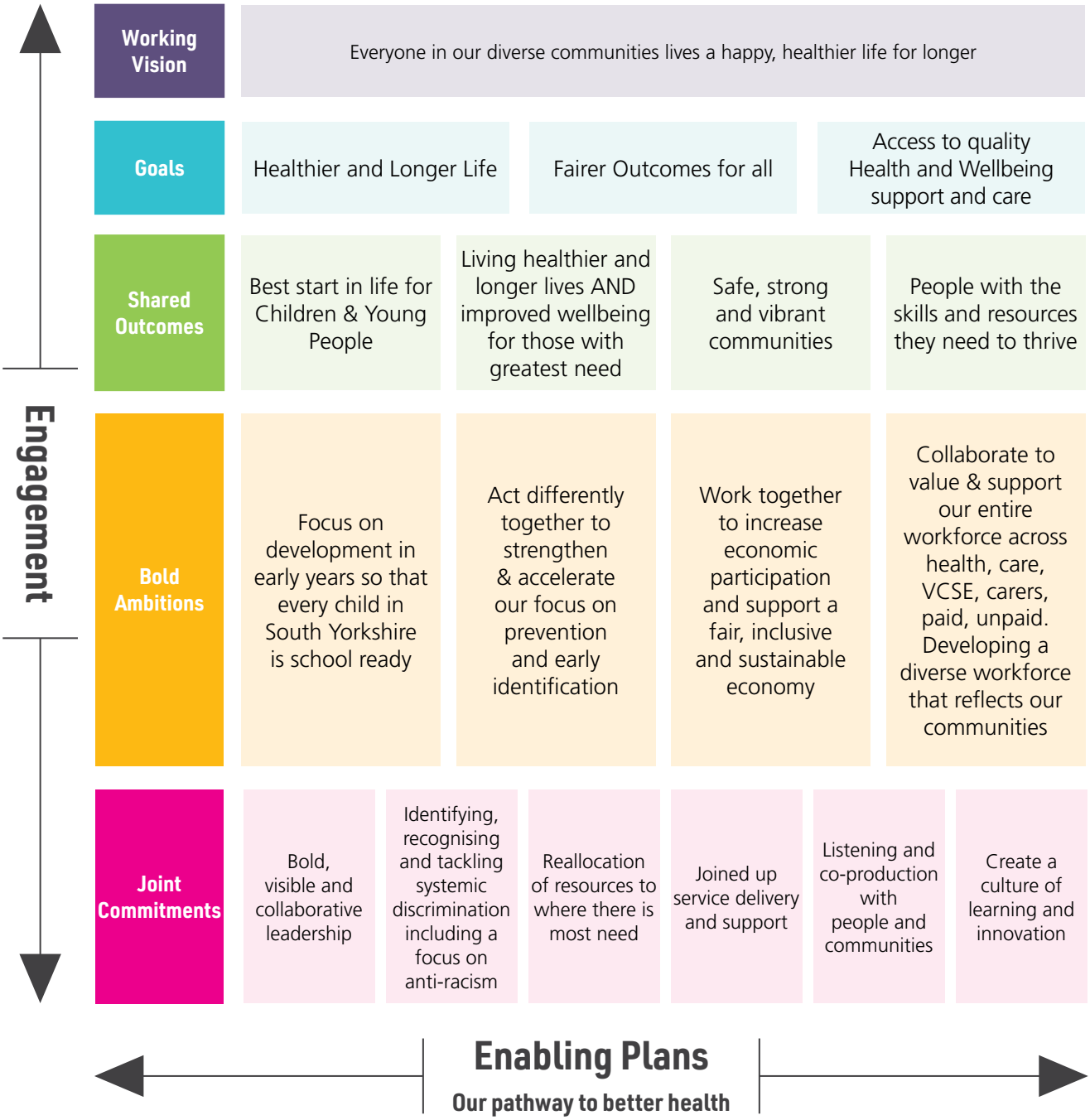
So the challenges are undeniable. But there is nothing inevitable or insurmountable about them. If we are going to overcome those challenges, together, we must do things differently.

Our commitment to you, our 1.4 million strong community across South Yorkshire, is to work in partnership together, to do things differently, to focus our people and our resources on those that need them the most, and to accelerate our focus on prevention and early identification. And through all of this we will continue to put our community's voices and needs first. This is our plan for a happy, healthier South Yorkshire.

Oliver Coppard
Mayor of South Yorkshire

Summary Plan on a Page

Our Shared Outcomes, Bold Ambitions and Joint Commitments



Bold Ambitions

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

1 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

2 Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

3 Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

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

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

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

4 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

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

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

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1

Introduction

South Yorkshire has much to be proud of with our strong and vibrant communities, proactive Voluntary, Community and Social Enterprise Sector and a broad range of health and care services providing a strong foundation for improvement. South Yorkshire developed around the industries of mining and steel and this industrial heritage means our close communities have a deep sense of place and identity. These have developed into a diverse and vibrant economy with health and care including regional and national specialised services and centres of excellence, advanced manufacturing, technology, research and education being significant industry sectors across South Yorkshire. We are a diverse and welcoming county with outstanding natural, heritage, cultural and artistic assets. We are geographically compact and fortunate in our location, in that we have good access to open green spaces, including the western edge of Sheffield and Barnsley bordering the Peak District National Park. All this contributes to South Yorkshire being a great place to be born, live and work.

There are, however, some serious challenges to overcome. South Yorkshire has a significant proportion (37%) of people living in the most 20% deprived areas nationally. Life expectancy in South Yorkshire is no longer increasing. Not only are people in South Yorkshire dying younger, they are living fewer years in good health. There is also a significant difference in the number of years people can expect to live in good health, with those living in the most deprived areas dying up to nine years earlier compared to people living in more affluent areas across South Yorkshire communities.

The gap in life expectancy between the most and least deprived areas is also widening. Our commitment in this strategy is to change this to improve outcomes for everyone in South Yorkshire. We are committed to working together to take action to address health inequalities and improve healthy life expectancy. We will work together as partners, with people and communities and our voluntary, community and social enterprise sector. Our ultimate ambition is in line with the Mayor's Manifesto, for South Yorkshire to become the healthiest region in the UK and this strategy is our initial staging post.

[1]Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2020) Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity

The *'Marmot Review 10 Years on'* report[1] , published prior to the Covid-19 Pandemic, found unprecedented declines in health nationally over the decade before Covid-19. Improvement in health in the UK had slowed dramatically, inequalities had increased and health for the poorest people in society had got worse. The Covid pandemic has further exposed these deep inequalities and it is evident that the current cost of living crisis has further exacerbated these disparities. South Yorkshire with its relatively lower level of earnings and employment is particularly vulnerable. However, health inequalities are not inevitable and by definition are preventable. It is within this challenging context that we have come together to develop our South Yorkshire Integrated Care Partnership with refreshed energy and renewed commitment to collaborate as partners and work with our local communities of Barnsley, Doncaster, Rotherham and Sheffield to work differently together to address health inequalities and improve the health and wellbeing of all people living in South Yorkshire.

This is our initial Integrated Care Strategy developed within the challenging timeline set nationally at a time when there is immense pressure across the health and care system. We have endeavored to engage broadly, to listen to what matters to people living in South Yorkshire and actively engage with our wider partners in the development of this Strategy. We will build on this and continue to engage and involve as the Strategy evolves and we translate its ambition into delivery.

2

What is the South Yorkshire Integrated Care System – an overview

Partner organisations across South Yorkshire have a long history of collaboration. The first Sustainability and Transformation Partnership was established in 2016. This then became one of the first non-statutory Integrated Care Systems in England in 2018. Following the Health and Care Act 2022 a statutory Integrated Care System (ICS) has come together from July 1st.

Partners have already started to break down organisational barriers so that we can wrap support, care and services around people and improve lives. In Barnsley, Doncaster, Rotherham and Sheffield, our Local Authorities, NHS partners, the Voluntary, Community and Social Enterprise Sector and many others have strengthened the way they work with each other and have joined forces where it makes sense to do so and where it makes a real difference to the public, patients, and staff.

Our pledges in 2016 were to give people more options for care while joining it up in communities and neighbourhoods, to help people to stay healthy, tackle health inequalities, improve quality, access and outcomes of care, meliorate workforce pressures and introduce new technologies. We paid particular attention to cancer, mental health and primary care, and the two key enablers of workforce and digital technology. Since then, much has changed - the impacts of the Covid-19 pandemic and the more recent cost of living crisis provide a very challenging backdrop as we set out our new strategy.

But we remain focussed and committed in our goal and undeterred for the people of South Yorkshire. We will build on our commitment to the quadruple aim, set out in our **Health and Care Compact** and use the new system architecture and partnerships and our renewed vision, ambition and commitments to go further faster on health inequalities. We will also build new partnerships with agencies outside the ICS to support improved and more equitable health and wellbeing for all and focus on those with greatest need.

New statutory Integrated Care Systems have been set up to bring local authorities, NHS organisations, combined authorities and the Voluntary, Community and Social Enterprise Sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.

Integrated Care Systems have four key purposes:

1. Improving outcomes in population health and health care
2. Enhancing productivity and value for money
3. Tackling inequalities in outcomes, experience and access
4. Helping the NHS to support broader social and economic development

They are made up of:

- **An Integrated Care Partnership** - a statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary, Community and Social Enterprise Sector and other partners.

The partnership is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities. They are rooted in the needs of people, communities and places, oversee population health strategies, drive integration and take an inclusive approach to involvement.

- **An Integrated Care Board,** which is an NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members, including Healthwatch, Mental Health and the Voluntary Care Sector representation.

What matters most to me about my health and wellbeing is to live in an equal society. Only through equality can health equity be achieved. I want to live in high-quality housing, in pedestrianised, green, and clean neighbourhoods, with local community facilities and assets prioritised. I want to live in a city that takes care of the most vulnerable, and where everyone is valued. I want to receive compassionate and destigmatising care from health and wellbeing professionals, that empowers me to take control of my life and health. I want to be able to access the resources to take care of myself and my community.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

In South Yorkshire the membership of our Integrated Care Partnership (ICP) was proposed by the Health and Wellbeing Boards in the four local authority areas – Barnsley, Doncaster, Rotherham and Sheffield and NHS South Yorkshire. We have worked hard to ensure there is a rich diversity of voices and perspectives represented and will continue to do this across the life of this strategy. Oliver Coppard, Mayor of South Yorkshire Combined Mayoral Authority became Chair of the South Yorkshire Integrated Care Partnership in September 2022 and Pearse Butler the Chair of NHS South Yorkshire is vice chair. By developing our partnership in this way we have built upon our existing partnership and aligned with Health and Wellbeing Boards. Work continues to increase diversity and inclusion in our Partnership and to further strengthen representation from our Voluntary, Community and Social Enterprise Sector as an equal partner, linking with the developing Voluntary, Community and Social Enterprise (VCSE) Sector Alliance.

The South Yorkshire Integrated Care Partnership covers the 1.4 million people and families living in Barnsley, Doncaster, Sheffield and Rotherham.

Where we work

1.4 MILLION PEOPLE
(including 328,000 children and young people)

72k+ members of staff

186 General Practices

160 Opticians

333 Community Pharmacies

183 Dental Surgeries

36 Neighbourhoods

1 Ambulance Trust

4 Local Authorities

6,000+ Voluntary, Community and Social Enterprise Sector Organisations

5 Acute Hospital NHS Trusts

4 PLACES
(each with a Health and Care Place Partnership)

System Collaboratives and Alliances *(see below)*

1 Integrated Care Partnership

1 Integrated Care Board

£3.9 billion health and social care spend

3 Community Mental Health and Community Trusts

Collaborative arrangements with academic partners, including University of Sheffield, Sheffield Hallam University and the Academic Health Science Network

Places, Collaboratives, Alliances and Networks

Places: In each of our communities of Barnsley, Doncaster, Rotherham and Sheffield we have well established place-based health and care partnerships already working well together to provide joined up integrated health and social care, support and services by creating integrated multidisciplinary neighbourhood teams to meet the needs of local people. These are the cornerstone of our health and care system and already have delegated authority from the new NHS South Yorkshire to plan, determine and deliver for local communities.

Collaboratives: Our hospitals, mental health trusts and primary care organisations have also established strong collaborative arrangements. These Provider Collaboratives have been developed to further strengthen partnership working between our hospital and care providers to support joined up sustainable health and care services building resilience across organisations and pathways of care. They include:

- Mental Health Learning Disability and Autism Provider Collaborative (including acute, community and specialist services)
- Acute Hospital Provider Collaborative (including acute, elective and diagnostics children's and specialist services)

Alliances & Networks: Important Alliance arrangements have also been developed where partners across whole pathways or sectors come together to integrate and improve services and care support. These include:

- Primary Care Alliance (including general practice, pharmacists, dentists, and optometrists)
- Urgent & Emergency Care Alliance
- Children and Young People's Alliance (CYPA)
- Voluntary, Community and Social Enterprise Sector Alliance (VCSE) and creative and arts sector
- Cancer Alliance
- Local Maternity and Neonatal Network (LMNS)
- Social Care Networks and Clinical Networks

The **South Yorkshire Mayoral Combined Authority** (SYMCA) is a formal partnership of our four local authorities in South Yorkshire: Barnsley Metropolitan Borough Council, Doncaster Council (City of Doncaster Council from January 2023), Rotherham Metropolitan Borough Council and Sheffield City Council. It covers the same population and is led by an elected Mayor. Its Strategic Economic Plan for the region recognises the critical interdependency of health, the economy and having good work. It aims to deliver a stronger, greener and fairer economy, one which reduces social and health inequalities. Oliver Coppard was elected as Mayor of South Yorkshire in May 2022 and is the Chair of the Integrated Care Partnership. One of his Mayoral priorities is the health and wellbeing of local communities, and he has a personal ambition to make South Yorkshire the healthiest region in the country.

We tend to think of our health as being mostly the product of our own energies, whereas in fact health outcomes and the inequalities in those outcomes are largely shaped by social, environmental, commercial and economic conditions in which we live. Our chances of experiencing good health and wellbeing, and maximising the length and quality of our lives, depend on **the circumstances and environment within which we are born, live, work and age.** Good health outcomes and health inequalities are rooted in socioeconomic circumstances. Many of the levers for improving population health, **such as quality education, good employment, comfortable, quality housing, connectivity, healthy local neighbourhoods, creativity and arts and commercial environment** reside with our local authorities and SYMCA, making our partnership a unique opportunity to make a real difference.

3

Listening to our communities in creating this Strategy

To develop our strategy, we started by understanding what matters to people living in South Yorkshire by:

- Gathering insight from a wide range of engagement and involvement activities undertaken in South Yorkshire in the last two years by our ICP partners, from 284 different sources (for more details see page 69).
- Building on this with a campaign to gain new insights: **'What Matters to You'.**

Our early insight-gathering identified the following key themes:

- **Awareness** – the need for more information about health prevention and availability of different health and social care services.
- **Access** – making it easy for people to access health and social care services and removing barriers
- **Agency** – enabling people to have the information, tools and capacity to make informed decisions and be in control of their lives.

Our **'What Matters to You Campaign'** took place over November. Working with our local Healthwatches and VCSE we asked people a single question. We reached out to as many people as possible in South Yorkshire, including our health and care workforce, children and young people, under-represented and socially excluded groups and asked **'What matters to you about your health and wellbeing?'** The 'live feedback' from our campaign has been actively used to shape and inform our Strategy. The following key themes have emerged in addition to those from the early insight and they have been used to shape our strategy:

- **Access to care**
- **Quality of care**
- **Improving mental health and wellbeing**
- **Support to live well**
- **Wider determinants of health**
- **Affordability**

All the quotes throughout this Strategy are taken directly from our engagement work and the insight gathered informs our goals, shared outcomes, bold ambitions and joint commitments outlined in the next section. We have endeavoured to engage broadly and acknowledge the national timeline for development of this initial Strategy has made it challenging. There is a strong commitment from the partnership members to continue to engage and involve as the Strategy evolves and we translate it into delivery. This will include continuing to work with our local healthwatches and VCSE to engage with local people in neighbourhoods. We are working with local healthwatches and VCSE to engage with local people in neighbourhoods including those we have yet to hear from.

4

Our vision, strategic goals and shared outcomes for South Yorkshire

Our strategy to better health starts with people and families living in our communities.

Our Vision is that **Everyone in our diverse communities lives a happy, healthier life for longer.** Our vision is in line with Mayor's Manifesto, for South Yorkshire to become the healthiest region in the UK.

We have developed our initial strategy at a significantly challenging time for all partners. We are recovering from the covid pandemic, managing increasing operational and workforce pressures and responding to periods of industrial action. All these substantial factors are together creating an incredibly challenging environment for our health and care services and contributing to the access issues and increasing waiting times being experienced by people living in South Yorkshire.

Access to high quality services is identified as what matters most to people in South Yorkshire from our recent engagement work. Addressing access issues, including access to primary care, urgent and emergency care, mental health services and the increasing waiting times for hospital services are a key area of focus for our immediate delivery plans, with work already well underway upon which we will continue to build.

To improve access to services we know that we need to address increasing waiting times. We also need to understand the barriers people face and how we can work together with them and our VCSE partners to overcome these barriers to address inequalities in access. Alongside ensuring we have sufficient capacity in services to meet demand.

Addressing inequalities in access, improving access to services for those with the greatest needs will actively contribute to addressing health inequalities in South Yorkshire. So we commit to work together to address our immediate challenges through our delivery plans, including our NHS Five Year Joint Forward Plan, in a way that builds towards our longer term vision to address health inequalities in South Yorkshire.

This strategy is our initial staging post, through which we are making a commitment to work together to take action to address health inequalities and improve healthy life expectancy in South Yorkshire.

Creating the environments and economy that create and support health and allow people to thrive, now and in the future.

Our Strategic Goals

Our vision is underpinned by three overarching goals. We want to see the people in all our communities:

1. Live healthier and longer lives
2. Experience fairer outcomes
3. Have access to quality health and wellbeing support and care

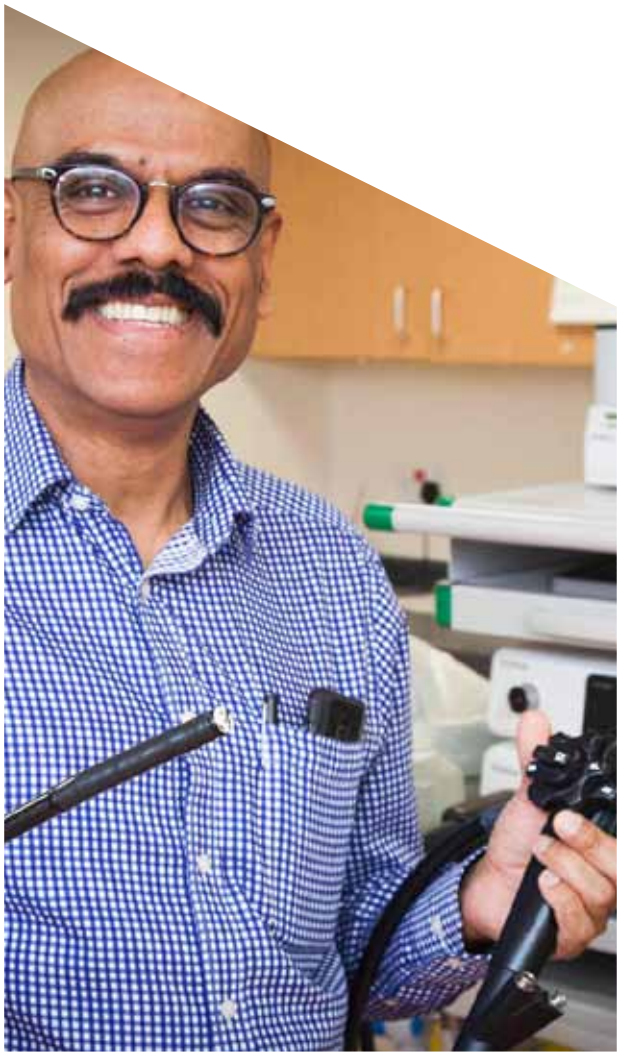
Our success in these goals will ultimately be determined by improvements in Healthy Life Expectancy (HLE), the gap in HLE between the most and least deprived groups, eliminating inequalities in access and experience and unwarranted variation between our communities.

Our aim is to:

Halt the stall in Life Expectancy (LE) in South Yorkshire and improve it by 3 years by 2028/30

Halt the stall in Healthy Life Expectancy (HLE) and close the gap between South Yorkshire and England by 2028/30

Close the gap in healthy years lived between the most and least deprived groups in South Yorkshire



Our vision and goals are supported by **four shared outcomes** which are reflected in all our current Health and Wellbeing Board Strategies in each of our places. These shared outcomes align well to the life courses of **Starting Well, Living Well** and **Aging well** and act as an enabler in this strategy for current plans. These are:

1	Children and young people have the best start in life
2	People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
3	People are supported to live in safe, strong and vibrant communities
4	People are equipped with the skills and resources they need to thrive

Working Vision	**Everyone in our diverse communities lives a happy, healthier life for longer**

Goals	**Healthier and Longer Life**	**Fairer Outcomes for all**	**Access to quality Health and Wellbeing support and care**

Shared Outcomes	**Best start in life for Children & Young People**	**Living healthier and longer lives AND improved wellbeing for those with greatest need**	**Safe, strong and vibrant communities**	**People with the skills and resources they need to thrive**

In this strategy we will set out a focussed number of bold ambitions to support achievement of our shared outcomes which can only be achieved by all partners working together.

5

Where are we now?

The impacts of the pandemic have been unequal and unfair and have highlighted inequalities which have been there for some time in South Yorkshire. Learning from the pandemic has provided us with an expanded view of inequality and to consider the importance and interplay of housing, employment, environment, skills, creativity, and transport (as key wider determinants of health) and their fundamental impact on health and wellbeing. We are fortunate to have many excellent care and support services across South Yorkshire, however, as a result of the pandemic and the impact on our workforce these have become stretched and under significant pressure over a prolonged period. We know from our engagement work, our communities value simple and timely access to high quality care and for this to support both physical and mental health needs. Our strategy and delivery plans, including our NHS Joint Forward Plan, which follow will address this and our focus will be on enabling equitable access to care and support.

Understanding the Population Health Needs and outcomes in South Yorkshire

Inequalities cost lives. People of South Yorkshire are living shorter lives than they should. The average number of years a baby born today in South Yorkshire can expect to live is 1.5 years less that those living elsewhere in England.

Not only are we dying younger, but we are living less years in good health, around 3.6 more years of life in poorer health than other areas in England. 37% (527,000) of people living in South Yorkshire live in the most 20% deprived areas nationally. Men and women living in the most deprived parts of South Yorkshire die around nine years earlier than those living in the most affluent parts of South Yorkshire. People who live in the most deprived areas are also more likely to spend longer in poorer health.

National data tells us that women in the most deprived areas will spend up to 19 years in poorer health compared to those in the most affluent areas. People living in the most deprived areas will experience the onset of multiple ill health conditions 10-15 years earlier than those in the most affluent areas.

Poor health damages our economy, prosperity and opportunity. Around a third of the productivity gap between the North and the rest of the country is estimated to be attributable to poor health. We are also seeing a rise in older workers leaving the labour market due to poor health.

My health is dependent on my financial stability. If I can afford to heat my home, eat well, socialize, and commute to work safely then I am starting from a good foundation.

The conditions that create our health (wider social, environmental and commercial determinants)

To have a healthy society we need a range of building blocks in place: stable jobs, good pay, quality housing and education.

We need local streets and places that create and support health, environments that are free from pressure towards unhealthy products and behaviours and make it easier to be active and connect with people and with nature.

Over the last century or more we have seen a rise in non communicable diseases linked to smoking, obesity, alcohol and lack of physical activity. In that time people's genetics or will power have not changed, what has changed is the cultural and commercial environment in which we live.

Making changes to ensure everyone has equality of opportunity, has an environment that gives agency of choice and gives access to the building blocks of health is not easy and will require us to be determined in our focus for the people of South Yorkshire.

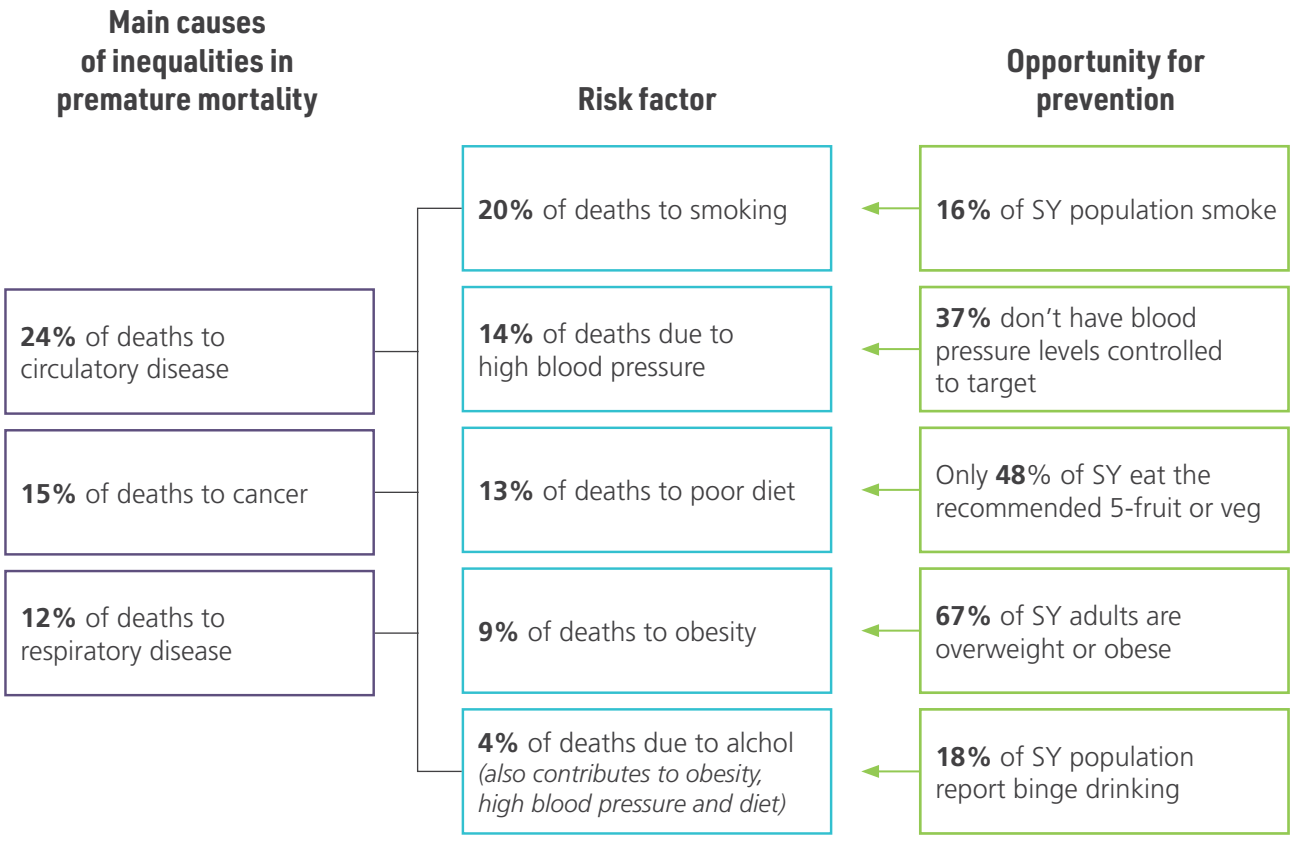
Theme	Key indicator
Housing Many of the most pressing health challenges such as obesity, poor mental health, physical inactivity are directly influenced by the built and natural environment, including access to quality housing.	Nearly 19% of South Yorkshire homes were reported to be experiencing fuel poverty, this is significantly worse than the England average (13%). This is likely to significantly increase given the rising cost of fuel prices and is estimated to impact on at least 42% of households.
Access to green spaces and active travel Access to green space such as woodland, supports wellbeing and allows people to engage in physical activity.	• 14% of adults in South Yorkshire walk for travel. • 16% of South Yorkshire residents make use of outdoor space for exercise or health reasons. • All four Places in South Yorkshire are ranked in the top 10 of all local authorities with the highest rates of children being killed or seriously injured on roads.
Education Access to a high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives.	• An estimated 1,840 (6.2%) young people are not in education, employment or training in South Yorkshire. • 30% of children were deemed to not have achieved the expected level of development at the end of reception.
Jobs Being in good work is good for both physical and mental health/wellbeing.	• 73% of South Yorkshire residents aged 16-64 are in employment, this is significantly lower than the England average. • The average weekly earnings are only 91% of the England average. • The main reason for sickness absence is MSK– 19% of over 16s report having a long term MSK problem.
Inclusive work To ensure everyone can benefit from the protective factors of being in good work, labour markets should be inclusive and diverse so everyone can access good work with fair pay.	• There is a 12% gap in the employment rate between those with a physical or mental long term condition and the overall employment. This is even worse for those with a learning disability, where the gap is 66%. • Those from non-white ethnic minority groups are less likely to be in employment, similarly employment levels are lowest in those in the most deprived areas and those aged 50-64.
Crime and violence Crime is both a risk factor for health and an outcome from a number of other social determinants of health: crime can lead to both the short term effects which can be severe but it can also lead to long term problems such as depression or anxiety-related illnesses and; crime itself has its own risk factors.	• There were approximately 46,000 violence offences reported, a rate of 33 offences per 1,000 population, this is higher than the value for England (29 per 1,000). • The rate of deaths to drug misuse was 7.6 per 100,000, that's nearly 300 deaths due to drug misuse (in a three-year period).
Air pollution Poor air quality is the largest environmental risk to public health in the UK as long-term exposure to air pollution can directly result in long term conditions as well as exacerbate conditions leading to hospitalisation.	• Approximately 5% of all deaths are attributable to air pollution. • It is estimated that 200,000 residents of South Yorkshire live in areas that are vulnerable to air pollution.

Health conditions amenable to prevention

We have a good understanding of the main contributors to mortality in South Yorkshire. They are cardiovascular disease, which includes all heart and circulatory diseases such as coronary heart disease, hypertension, stroke and vascular dementia. Inequalities in the wider determinants, risks and behaviours are strongly associated with poorer outcomes. The principal risk factors associated with the main causes of death and ill health are smoking, high blood pressure, diet, obesity and alcohol. South Yorkshire has higher than national rates of these common, but modifiable, risk factors.

Key numbers:

- 14% of population are recorded to have high blood pressure and 7% diabetes
- Rates of deaths from stroke are twice that in the most deprived group than least deprived group.
- Admissions for pneumonia in all 4 places are some of the highest in the country
- Early detection of cancer is most important factor for outcomes, only 51% of cancers are diagnosed early, which is much less than the national target of 75%

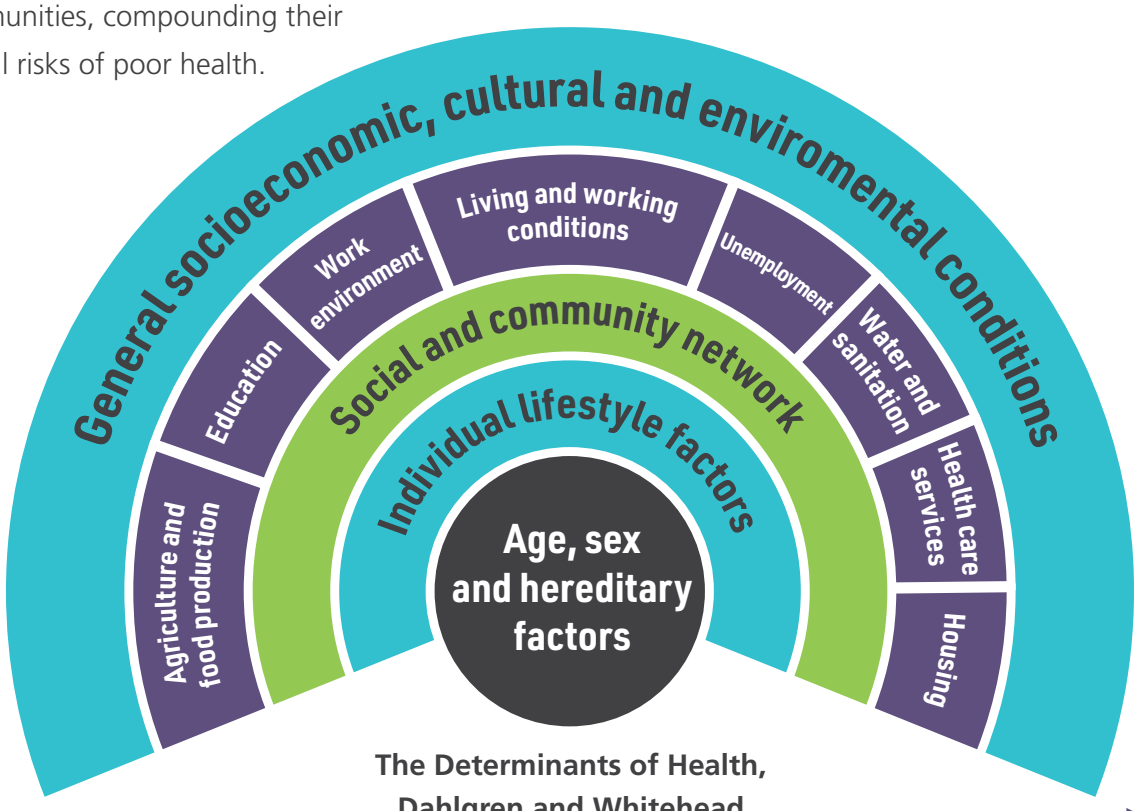


The health of groups vulnerable to inequalities

Smoking, poor diet, physical inactivity and harmful alcohol are drivers for early onset of illness and death in South Yorkshire. But people's ability to adopt healthy behaviours is strongly shaped by the environment in which they live. People in deprived areas tend to have less agency to make healthier choices as they disproportionately experience the pressures of unhealthy products due to increased advertising, exposure, normalisation, and a reduced financial means to access better alternatives, thus driving inequality.

Inequalities in the wider determinants of health; housing, environment, education, jobs and the modifiable risk factors (smoking, healthy weight, alcohol) often cluster in individuals and communities, compounding their overall risks of poor health.

The cost-of-living crisis means many more children, young people and adults in South Yorkshire will be living in poverty. Cuts in income combined with increased costs of living also means for many not being able to eat, heat their homes or keep clean. This impacts on immediate health and ability to access health and care services and support and increases the risk of illness in the short and longer-term. Poverty impacts on health through the wider determinants, affecting educational outcomes, life chances, choices and opportunities. By having to focus on their immediate needs and threats, people living in poverty may make decisions that are damaging for their health in the longer term.[2]



The Determinants of Health, Dahlgren and Whitehead

[2] How poverty affects people's decision-making processes Jennifer Sheehy-Skeffington and Jessica Rea 2017 JRF

Very poor health and lower average age of death is also often experienced by people who have become socially excluded as a result of multiple adverse events such as poverty, violence and complex trauma. This may be experienced, for example, by people who experience homelessness and drug and alcohol dependence. It may also be experienced by vulnerable migrants, Gypsy, Roma and Traveller communities. Poor access to health and care services and negative experiences can also be commonplace for these groups due to multiple barriers, often related to the way healthcare services are delivered, further compounding their inequalities in health.

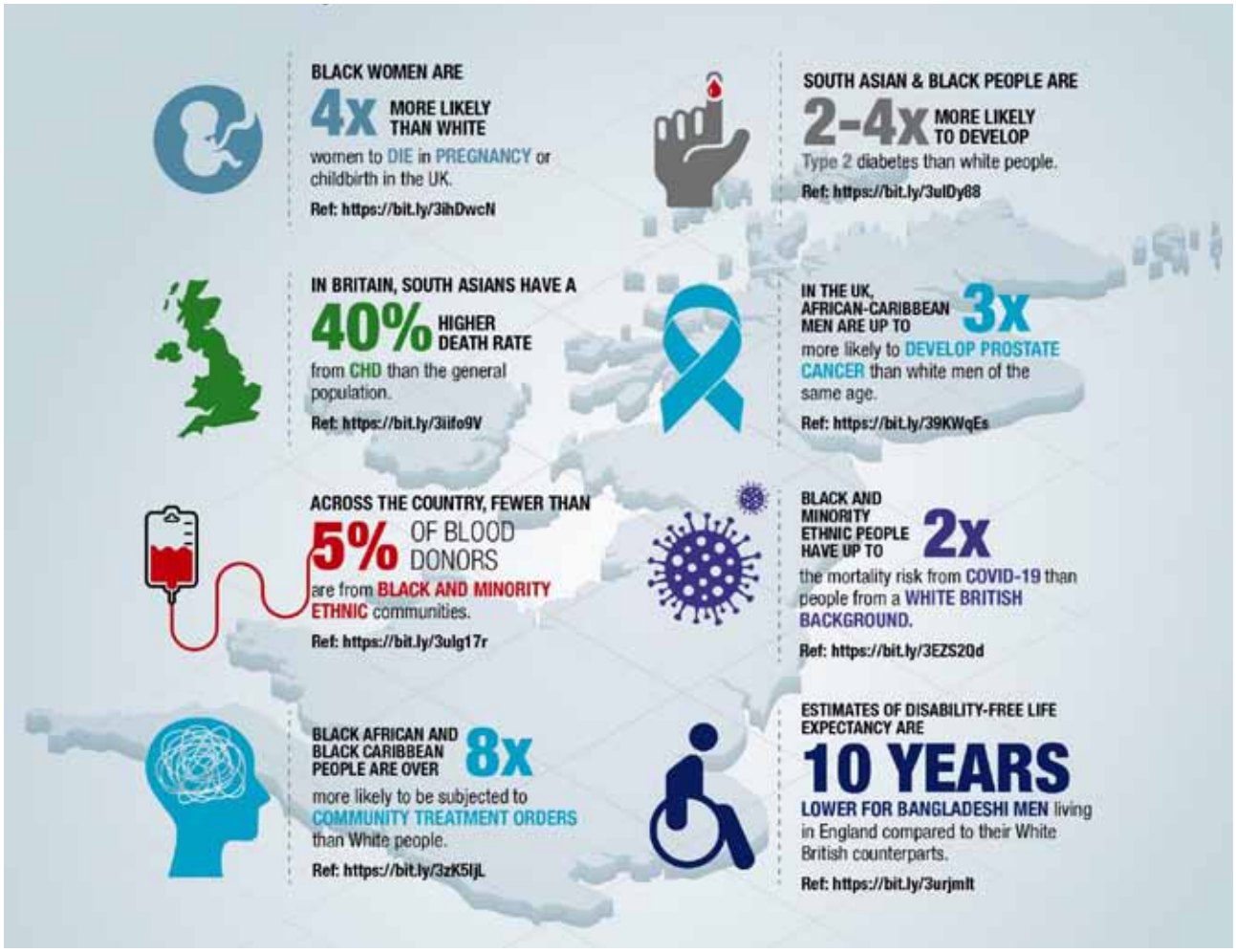
The Covid pandemic has brought to the fore the health inequalities experienced by people from Black and minority ethnic groups in the UK. The recently formed NHS Race and Health Observatory concludes that the health of ethnic minority patients has been negatively impacted by inequalities in access to, experiences of, and outcomes of healthcare and that these longstanding problems in the NHS are rooted in experiences of structural, institutional and interpersonal racism.[3]

Key Facts:

- People from Black and minority ethnic groups are disproportionately affected by socio economic deprivation
- People with severe mental illness are at greater risk of poor physical health and reduced life expectancy compared to the general population. On average men with severe mental health conditions die 20 years earlier, and women die 15 years earlier than the general population.
- People with a learning disability have worse physical and mental health and women with a learning disability die on average 18 years younger and men 14 years younger.

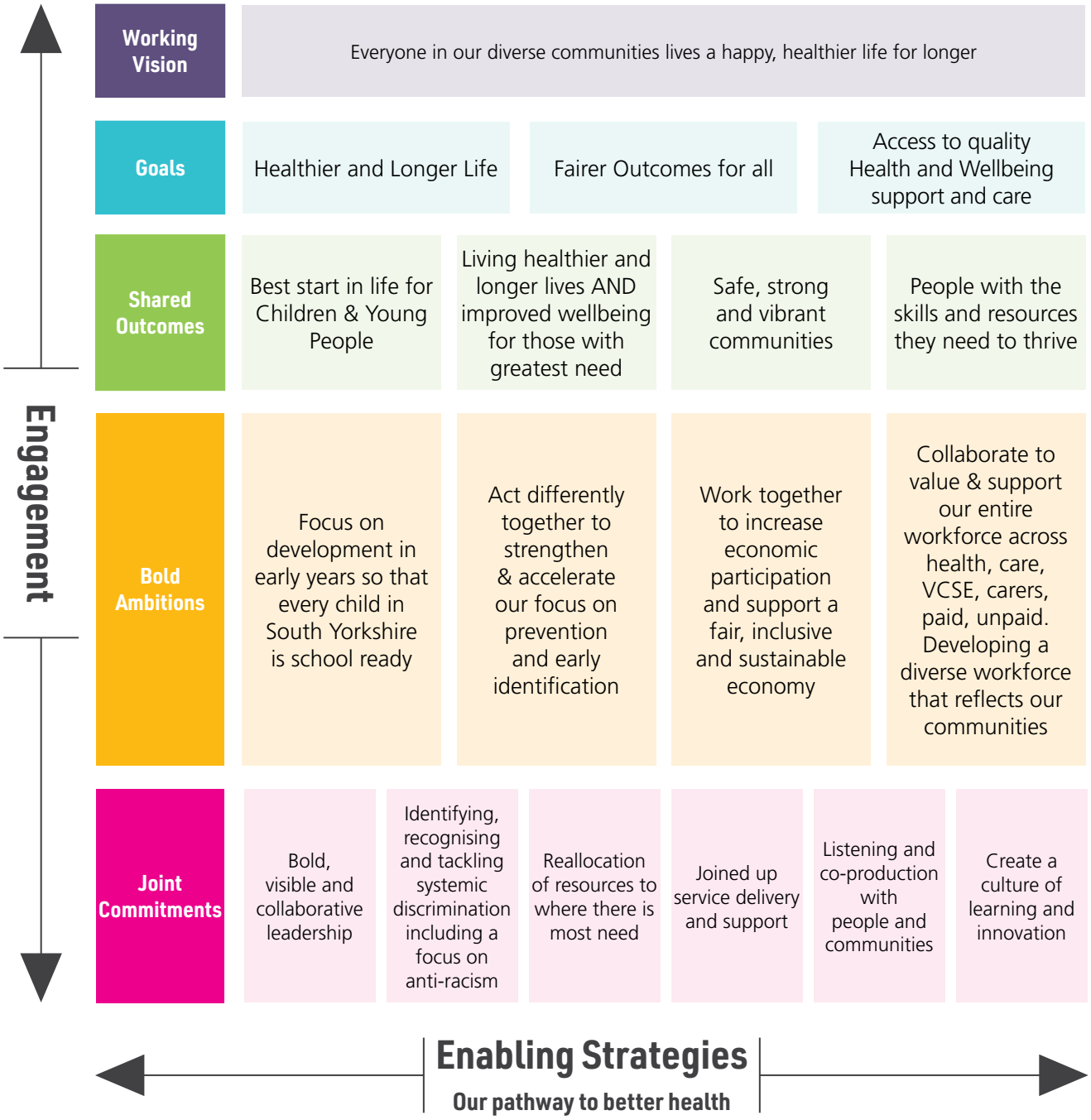
[3] NHS Race and Health Observatory. Ethnic Inequalities in Healthcare: A Rapid Evidence Review. 2022

Figure Ethnic Health Inequalities in the UK Source: Ethnic Health Inequalities in the UK - NHS - Race and Health Observatory NHS – Race and Health Observatory (nhsrho.org)



6 Summary Plan on a Page

Our Shared Outcomes, Bold Ambitions and Joint Commitments



Across South Yorkshire and in each of our places we have existing, strong strategies and plans, these include our Health and Wellbeing Strategies, our Place plans, our 5 Year Health and Care Plan and our South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan. It is not our intention in this initial Integrated Care Strategy to duplicate these but to build on them, setting out where, as a whole partnership working together, we can add value and support to go further faster on some of the more challenging and intractable issues to contribute to reducing health inequalities and improving healthy life expectancy.

Our intention is to:

- Ensure that we focus on what matters to people, including good access to high quality care and support, and to demonstrate we have listened we have identified this as one of our strategic goals.
- Amplify or give visibility to exemplars of best practice to support learning, sharing and adoption.
- Identify a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align our collective power and influence to enable delivery at pace and at scale.

Our shared Outcomes are:

1. Children and young people have the best start in life
2. People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
3. People are supported to live in safe, strong and vibrant communities
4. People are equipped with the skills and resources they need to thrive

Our Bold Ambitions are to:

1. Focus on development in early years so that every child in South Yorkshire is school ready
2. Act differently together to strengthen & accelerate our focus on prevention and early identification
3. Work together to increase economic participation and support a fair, inclusive and sustainable economy
4. Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Our Shared Outcomes

1

Children and young people have the best start in life

We need...local community groups to allow children to do things outside school. Access to help on healthy eating and groups to promote exercise at all ages.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Why is it important?

- The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development. Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing, educational achievement and economic status.
- Behaviour is heavily influenced by our living conditions. Living in a street or place which encourages play and physical activity within daily life makes it much easier for children to develop healthy habits. We know that physical activity improves mental and physical health and is important for childhood development.
- Childhood is the most important time for enabling the development of behaviours that will have a lifelong influence on health and wellbeing, including physical activity and healthy eating.
- As with adults, the wider determinants of children's health include socio-economic factors, housing, social networks and education.
- Parental ill health, including mental health can also have implications, these vary according to the nature of each parent's condition, their child's health and stage of development, and relationships with other family members.
- Poverty is a major social determinant and adversely affects children's life chances. In South Yorkshire a quarter of children live in poverty, which is higher than the national average and the increasing cost of living is placing additional strain on many families in our communities. We have lower rates of school readiness, more children who are obese and the number of children who have dental caries is higher than the national average.
- In addition, evidence suggests that the pandemic has had a significant negative impact on children and young people and their mental and physical health.

Key Facts:

Compared to the national average, children in South Yorkshire are:

- Less likely to be breastfed at 6-8 weeks after birth
- Have slightly lower rates of school readiness (71% of children achieved a good level of development at the end of reception)
- More likely to be obese (37% of Year 6 and 25% of reception children are overweight or obese)
- More likely to have dental caries (830 admissions per 100,000 population, ages 0-5)
- More likely to die / be seriously injured on roads (37 deaths per 100,000 population of those aged 16 and under)
- There were 212 hospital admissions per 100,000 as a result of self-harm in those aged 10-14 (180 of our children)

What are we doing about it?

- We are working in each of our places, with our Local Maternity and Neonatal Network and Children and Young People's Alliance and Primary Care Networks to enable all our children and young people to thrive, have good physical and mental health, high aspirations and to ensure that they are able to maximise their capabilities to participate and contribute to society.
- We are enabling children and young people and their families to have a voice together with the information, tools and resources to manage their own health and wellbeing and to actively participate in how we improve and integrate services.
- We know that there is more we can do together to support families, including the development of family hubs in South Yorkshire to ensure that all our children are well supported in their early years and are all school ready and enabled to maximise their potential. To both support children to have the best start possible now, and to build on this for future generations.
- We are committed to supporting a reduction in healthcare inequalities, using the new Core20Plus 5 framework adapted for children and young people. The 'Core20' is the most deprived 20% of the national population as identified by the national index of multiple deprivation. The plus groups include ethnic minority communities; people with a learning disability, autistic people; people with multi morbidities; and those with protected characteristics.

Specific consideration is given to young carers, looked after children, care leavers and those in contact with the justice system. As part of the framework five clinical areas have been identified to be focused on by Integrated Care Boards and Integrated Care Partnerships and these are the key areas we are already working on:

  - Asthma
  - Diabetes
  - Epilepsy
  - Oral health
  - Mental health

- We are working together with the Mental Health Provider Collaborative to improve the support of our children and young people's emotional wellbeing and mental health responding to the ongoing impact of the covid pandemic.
- We know the association between exposure to adverse childhood experiences and poor adult outcomes is heightened in looked after children therefore we are working to support all our looked after children to enable them to achieve academically and develop the capabilities to maximise their potential.
- Children's social care services are supporting families to stay safely together, with a focus on early help, access to services and preventing them from reaching crisis point.
- We are working together to identify where unhealthy commodity industries influence our environment and choices for profit, and use our powers to control those pressures. For example Local Authorities limiting saturation of hot food takeaways in areas around schools and working to remove industry interference in alcohol and gambling educational materials.

As a South Yorkshire Integrated Partnership, we will:

- Act swiftly together to galvanise all partners, including Primary Care Networks and partners in education and childcare settings, to deliver our bold ambition to focus on development in early years so that every child in South Yorkshire is school ready.
- Ensure, through our Place Partnerships, Local Maternity Network and Children's and Young People's Alliance that the voice and insights of families, children and young people are central to strengthening our understanding of their needs and enable changes to services to be co-produced.
- Through our Place Partnerships and Local Maternity Network, working closely with our communities, the Maternity Voices Partnership and VCSE, enhance maternity care, to decrease inequalities in maternal and neonatal outcomes.
- Building on existing relationships and multi-agency collaboration, take a strengths-based and coordinated approach to establishing family hubs across South Yorkshire, which have a focus on supporting families with the greatest needs. Maximise the opportunity through this approach to improve uptake of childhood immunisations.
- Through our Place Partnerships and Children's and Young People's Alliance, enable all our children to have the information, knowledge, skills and confidence to have good physical and mental health so that they are able to increasingly manage their physical and mental health and wellbeing, maximise their capabilities and have choice and control over their lives.
- Through our Place Partnerships and Mental Health Provider Collaboratives, take action to improve support and access to mental health and wellbeing services for children and young people.
- Maximise the benefit of the Bloomberg Harvard City Leadership Programme for South Yorkshire focused on addressing health inequalities, including targeting the use of national frameworks such as the Core 20 Plus.
- Barnardo's and the Institute of Health Equity, led by Prof Sir Michael Marmot, are partnering to shape the way Integrated Care Systems (ICSs) create health and address health inequalities among children and young people. In South Yorkshire we have been invited as one of three successful ICSs to be part of this Children and Young People's Health Equity Collaborative over the next three years.
- The development of a National Centre for Child Health Technology (NCCHT) at Sheffield Olympic Legacy Park, a global first centre will develop the world's most advanced and integrated healthcare system for children and young people.

Our Shared Outcomes

2

People in South Yorkshire live longer and healthier lives
AND the physical and mental health and wellbeing of those with the greatest need improves the fastest

To live a healthy, long life I want support maintaining my general health and mobility; access to fitness classes that suit me; confidence in my GP; suitable housing, preferably near a family member in case support is needed; enough money to eat reasonably healthily and to heat at least one room of my home.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Why is it important?

- People in South Yorkshire are living shorter lives than they should. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.
- People in South Yorkshire deserve better health and wellbeing.
- We want all citizens of South Yorkshire to benefit from an improvement in their health and wellbeing. We need to ensure that those with the greatest needs and /or most at risk from health inequalities see the biggest and fastest improvements.
- Taking a proactive approach, creating the conditions for good health and wellbeing to prevent problems and issues from arising in the first place, including creating streets and places that support every day physical activity and social connection.
- But where problems do arise, we need to focus on preventing them from escalating further, so that people can live happy, healthy, and fulfilling lives for as long as possible.
- Creating good health and preventing ill health is better for people, better for services and better for the planet.
- Consumption and choices are influenced by the commercial environment in which we live. An environment where these pressures, normalisation and exposure are reduced give people greater agency to make healthier options.

What are we doing about it?

To help improve physical and mental health and wellbeing and to reduce health inequalities action is being taken on a range of fronts:

- Partners are working together in every place with communities to take actions to improve the wider determinants of health such as education and skills, housing, employment opportunities, neighbourhoods and communities, air pollution, creativity and arts climate mitigation and adaptation.
- Our partners are working to identify where 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.
- Place based Partnerships, including Primary Care Networks and the Voluntary Community and Social Enterprise (VCSE) sector, are working with communities to support a strengths-based approach to the development of vibrant communities (see later sections)
- Targeted actions are being taken on the main risk factors for the conditions that are leading to premature death – smoking, alcohol, obesity and hypertension. For example, each Place is working to reduce access to tobacco and support people to stop smoking and all trusts in South Yorkshire are implementing the QUIT Programme[4]. Place Partnerships and the Children and Young People's Alliance are working with schools to promote healthy weight for children and young people.

[4] www.sybics-quit.co.uk

- Healthcare services, including Primary Care Networks, are taking steps to identify earlier, and improve the clinical management in line with evidence, of the main diseases that contribute to our mortality and premature mortality – 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).
- We have a well established Cancer Alliance that is leading the way with its focus on health inequalities and early diagnosis using behavioural science techniques, working in partnership with communities, primary care and the Voluntary Sector with Voluntary, Community and Social Enterprise Sector.
- We also have regional Clinical Networks for Cardiovascular, Diabetes, Stroke and Respiratory Disease. Our places are all actively involved in delivering prevention and management initiatives linked into these Clinical Networks.
- Physical activity partnership arrangements are well established, supported by Health and Wellbeing Boards and Place Partnerships, including for example Sheffield's Move More and Get Doncaster Moving. The South Yorkshire Mayoral Combined Authority has made a commitment to enabling active travel.
- Place Based Partnerships and the Mental Health Provider Collaborative are working with communities and people with lived experience to improve mental wellbeing, by promoting the importance of mental health throughout every stage of life, identifying those at risk of poor mental health and reducing the factors that contribute to this, including social and economic factors.
- Proactively enabling early intervention to prevent more serious difficulties and preventing suicide.
- Supporting people with mental ill health to have better physical health and working with primary care to enhance the annual physical health check for people with serious mental ill health.
- Mental Health Trusts now have specialist Tobacco Treatment Advisors who are supporting people in contact with secondary care mental services to stop smoking.
- Adult social care services are helping people to live the life they want while keeping safe and well in their local communities, guided by the 'Making it Real' Framework[5] focusing on what matters most to people.

[5] Making it Real - Think Local Act Personal

- We are being guided by what is important to people, we know that this includes access to services, seeing the right professional, at the right time and getting the right support when they need it. To enable this, we are working together to improve access to services, understand and remove barriers and enable the integration of care. For example, Places are developing multidisciplinary teams, bringing together Primary Care Networks, community services, specialist community teams, social care and the VCSE sector.
- We have an effective health protection programme in South Yorkshire and will continue to work with the UK Health Security Agency (UKHSA) and NHSE to deliver health protection, including maximising delivery of routine adult and childhood vaccination programmes and ensuring effective delivery of covid and seasonal flu vaccination programmes. We will also continue to support delivery of health protection through Local Authorities, e.g. environmental health protection, outbreak management and addressing air pollution.
- Places are increasing their focus on addressing ethnic health inequalities. For example, improving access to social prescribing for ethnic minority communities.
- Partners are also developing their approach to the use of data and information from patients and communities to more effectively identify individuals and communities who are at risk or are experiencing poor health outcomes and adapting the way care or broader interventions are delivered to improve patient experience, access and outcomes. For health care services, this is known as taking a population health management approach.
- Whilst progress is being made, if we are to prevent people living in South Yorkshire from having many years in poor health or from dying too early, we need a step change in the focus on wellbeing, prevention and the early identification and management of physical and mental ill health.

As a South Yorkshire Integrated Care Partnership we will:

- Through our Place Partnerships, working with the Mayoral Combined Authority Collaboratives and Alliances, ensure that community voice and insights are central to strengthening our understanding of our population needs and enable changes to services and local programmes to be co-produced with local communities and people with lived experience.
- Work through our Place Partnerships with local communities and the VCSE as equal partners to support local geographic and other communities to identify and address what matters most to them and ensure that prevention interventions are co-produced with local communities, delivered, and funded at sufficient scale to have real impact.

- Work through the Place Partnerships, Collaboratives and Alliances to accelerate the move from reactive care to proactive care, taking a whole-person approach and focusing on what matters most to people.
- Work together to 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, knowledge and experience to benefit the wider community.
- We will act differently together to deliver our ambition to strengthen and accelerate our focus on prevention and early identification. This will include a focus on improving access and the quality of care and support to reduce inequalities in access, experience and outcomes.
    - This will mean focusing on the four main modifiable risk factors – smoking, healthy weight, alcohol, and hypertension
    - Early identification and management of the three main causes of early death and unwarranted variations in care in South Yorkshire – Cardiovascular, Respiratory Disease and early diagnosis of Cancer.
- We will enhance rehabilitation for patients prior to cancer therapy and rehabilitation for people with cancer, cardiac and respiratory diseases and stroke. By doing this we can help to delay the onset of multimorbidity and frailty as well as premature death.
- We will take a personalised approach to support those living with multiple conditions and those with life limiting conditions, enabling choice and control and supporting end of life planning.
- We will work with communities and people with lived experience to improve mental health and well-being and to remodel and integrate mental health services to have a strong focus on prevention, early intervention, resilience and recovery and continue our focus on reducing suicides.
- We will work together to challenge mental health stigma and promote social inclusion and social justice for everyone affected by mental illness.
- We will work with:
    - People with serious mental health conditions and those with learning disabilities and autism to improve their physical health.
    - People with serious physical long-term conditions to enable them to have good mental health.
    - Ethnic minority communities to support improvements in physical and mental health.
- We will build on the work of our partners to identify where commercial actors disproportionately influence choices and behaviours towards unhealthy products, and identify opportunities to work together to use our collective powers to reduce those pressures.

- NHS partners will commit to increase the focus on reducing inequalities in healthcare using the 'Core 20 Plus 5', an NHS England health inequalities framework, to support local health services to focus action on:
    - People living the most deprived neighbourhoods (Core 20).
    - Locally identified priority groups (Plus). Our Places each identified their priorities groups. Examples include people from ethnic minority heritage, Gypsy, Roma and Traveller communities, asylum seekers, people with learning disabilities, homeless, LGBQTrans communities.
    - Five clinical areas that will impact significantly on health inequalities if we accelerate improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and high lipids.
    - Decreasing smoking.

- We will increase our joint use of data and information to identify those at risk to target improvements in care, treatment and support. This is taking a population health management approach and will help us to support those who need it most.

Our Shared Outcomes

3

People are supported to live in safe, strong and vibrant communities

My health and wellbeing are severely affected by the environment in which we live. Clean air, green space access, safer roads, installation of renewable energy sources in public areas, improved public transport locally, more of it at affordable prices to encourage use.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Why is it important?

- We have many strong, proud and vibrant communities in South Yorkshire, but many communities have seen the decline of their local economy and of their community assets and through this they experience a lack of connectivity to education, employment and opportunities.
- The physical environment where people live and work and how safe they feel in their communities are important in creating good health and health outcomes. Good health is supported by a sense of wellbeing. Many things contribute to our sense of wellbeing; having good relationships with friends and family, being connected to nature, hobbies and having access to activities and amenities, culture and art. There is evidence of the benefits of these factors, including creativity and health improvement, particularly in relation to mental wellbeing. Other factors can be detrimental to wellbeing such as feeling lonely and isolated, living in places that we find ugly, run-down or unsafe. So creating and investing in places and local environments that support good health and wellbeing is really important for population health. Transport, planning and how the local environment is shaped, influence our wellbeing by making it easier, or harder, to get around and connect with people, activities and amenities. They are also important in creating local places that people enjoy living in.
- People living in places with poor quality housing, high air pollution and traffic volumes, poor access to green space and poor active travel and public transport links to jobs, services, family and friends and leisure are far more likely to experience poorer health outcomes. Environments like these discourage every day physical activity and can increase social isolation. These differences in the quality and liveability of our communities and local places are key contributory factors to the health inequalities we see across South Yorkshire.
- Living in poor quality housing, or homes that you are unable to heat is known to contribute to both physical and mental health problems. We know that this is an issue in South Yorkshire, with the latest published data (2020) estimating around 18% of South Yorkshire homes were experiencing fuel poverty. This is significantly worse than the England average, and likely to have increased considerably with increasing cost of living challenges. Damp, mould and condensation are all becoming increasing issues linked to fuel poverty.

What are we doing about it?

- Health and Care Partnerships in every place are working together to address these wider determinants and support community development. Health and Wellbeing Boards in each place play a critical role in driving forward this work. Places are actively enabling the growth of community infrastructure, working to increase access to physical activity in communities, working closely with the VCSE sector and with communities to enable use of our estate.
- Place Partnerships are also working together to ensure sufficient warm, sustainable and affordable housing is built across South Yorkshire and linking housing improvement programmes to public health and wider social care agendas. Places are also aligning their plans to address housing issues related to fuel poverty and services for those with cold homes to address the key drivers of fuel poverty, income, energy efficiency and fuel prices.
- In each place organisations are working to leverage their local economic power to help create more accessible jobs for people in our communities and retain more of our public sector spend within our local areas to deliver additional social value for local people, including building wealth within our local communities through progressive procurement strategies. Progressive procurement is about making it easier for potential suppliers to bid for opportunities and to offer their goods and services to public sector organisaitons in a way that it benefits the local communities.
- Places are taking a strengths-based approach to build on the skills and strengths in different communities to enable positive and sustainable improvements.
- Places are working with local people and the VCSE sector to find solutions to local issues. Taking an asset-based community development approach is important in creating vibrant communities in which people feel happy, safe and proud. Putting more power and control in the hands of local people and local organisations helps to build stronger communities.
- This on the ground approach is enabling us to create more connected local communities. Being part of and feeling like you belong to a connected and resilient community, with opportunities to be physically active and participate in arts and culture, all contributes to people's mental as well as physical wellbeing.
- Work is underway to enable access to green space, leisure and sport facilities in our local communities, and to also enable access to cultural and creative opportunities, all of which positively contribute to health and wellbeing. Work needs to continue to improve health outcomes, including through interventions in the arts and a set of recommendations have been outlined to guide this in *"Improving health outcomes through culture, arts and heritage: Opportunities for the Integrated Care Strategy."*
- Strengthen our action on climate mitigation and adaption to unlock co-benefits for health and reduce health inequalities.

As a South Yorkshire Integrated Care Partnership, we will:

- Through our Place Partnerships, Collaboratives and Alliances we will actively support strength based community development, work to enable access to green space, cultural and creative opportunities and ensure decisions are made as close to communities as possible.
- In doing so we will promote physical activity and enable participation in meaningful activities to increase connectivity and reduce loneliness.
- Work through our Place Partnerships with local communities and the VCSE as equal partners to support local geographic and other communities to identify and address what matters most to them and co-produce solutions that address issues and enable community development in a way that contributes to safer, stronger more vibrant communities.
- Supporting place partnerships working together with housing providers to address key issues associated with fuel poverty, including condensation, damp and mould.
- Through our Place Partnerships, Collaboratives and Alliances, and together with our communities, to harness our collective role as anchor institutes to aid community development.
- Use our ability as a partnership to share learning and influence wider partners so that all are able to act as an advocate for safer and stronger communities.

Our Shared Outcomes

4

People with the skills and resources they need to thrive

My health is dependent on my financial stability. If I can afford to heat my home, eat well, socialize, and commute to work safely then I am starting from a good foundation.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Why is it important?

- We know that being able to keep well, have choice and control and feel able to manage your own health and wellbeing is important to people in South Yorkshire. Equipping people with the skills and resources they need is vital so people have the information, knowledge, skills and confidence to keep well, manage and improve their own health and wellbeing and know when to seek support.
- To have a healthy society we need a range of building blocks in place as already described, these include stable jobs with good pay, quality housing, education and freedom from pressure towards unhealthy choices. As outlined socioeconomic factors such as education, employment and income all impact on our health and wellbeing.
- Together with a focus on the first 1,001 days, access to high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives. It is also important that learning opportunities are available for adults of all ages to develop the skills and qualifications needed for employment and progression.
- Equipping people with the skills and resources they need to thrive, through formal education, informal life-long learning, adult and community education, enables people to maximise their potential, participate in their communities and secure stable employment or contribute in other ways. It also equips people with the ability to research, ask questions, think critically, be curious and access/find the information and knowledge they need about how to manage their own health and wellbeing behaviours, supporting the wider prevention agenda.
- Being in work is good for both physical and mental health and wellbeing. Currently 72% of South Yorkshire residents aged 16-64 are in employment and this is significantly lower than the England average. Sheffield has one of the lowest rates in the country at 69%. As well as having less people employed in South Yorkshire the average weekly earnings are only 91% of the England average.
- Sickness absence in South Yorkshire is also higher than England. Doncaster has one of the highest rates in England, at 3.1%. There is a relationship between health and productivity, healthy people are more productive in the workplace.
- Affordability has been identified by people in South Yorkshire as an area of challenge and a barrier to enabling them to manage their health and wellbeing. It is anticipated that this will increase further as the cost of living increases, resulting in more children, young people and adults in South Yorkshire living in poverty.

What are we doing about it?

- The South Yorkshire Mayoral Combined Authority is working with partners to enable delivery of the South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan. The Strategic Economic Plan (SEP) sets out local leaders' blueprint to drive our post covid recovery and to transform South Yorkshire's economy and society for people, businesses and places. We are already working to develop an inclusive and sustainable economy. "An inclusive and sustainable economy is one that works for everyone, with no one being left behind. It also protects the needs of future generations by ensuring that these can be met within the means of our planet".
- To enable this, labour markets need to be inclusive and diverse so everyone can access good work with fair pay. The South Yorkshire Skills Strategy, which is in development, will help support lifelong learning and develop people with the appropriate skills to support the economy. Life-long learning and skills development is important at all ages and in ensuring that people working in unsustainable industries are able to transition into quality, good, green jobs.
- Partners in South Yorkshire are already working together to take forward a transport strategy, with a focus on affordable public transport and enabling a shift towards active travel.
- Health and care services are working together to enable people to have the information, knowledge, skills and confidence to improve their health and wellbeing and feel confident about taking control and looking after themselves. Healthy engaged people are more able to work and are more productive in the workplace and thus able to contribute to wider economic prosperity.
- Places are working with communities and the VCSE to understand what matters most to people in our communities and what we can do to help to mitigate the negative health and wellbeing impacts of the increasing cost of living, e.g. ensuring they have a single point of contact and streamlined access to welfare advice and support. Affordable public transport is identified as important to enhance access to services and jobs, reduce poverty and address inequalities.

As a South Yorkshire Integrated Care Partnership, we will:

- 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.
- Take action with our partners to support those that may traditionally find it difficult to get into or stay in work or find other fulfilling ways to make a meaningful contribution, such as those with a physical or learning disability, or a long-term health condition. In South Yorkshire we have schemes in place such as Working Win, but we know we can do more to make a difference.
- Actively promote the development of inclusive labour markets by focusing on work and health, including 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.
- Partner with education and skills providers who offer skills development at all stages of the life-course, in both formal and informal learning settings, to enable people to develop the skills and acquire the knowledge and understanding to look after their own health and wellbeing where possible.
- Amplify, sharing learning and actively support the work underway in each of our places with local communities and the VCSE sector to reduce the impact of the increasing cost of living on people living in South Yorkshire, especially for those in the greatest need. Work together to understand those most at risk and to mitigate the impact of cost of living on access to health and care services and support.

Being able to flex my employment around my health needs is the most incredible gift and I cannot thank my employer enough for that, I've had jobs in the past where disability and health have always been a barrier in the workplace but where I currently work the culture and support available is genuinely the best I could ask for.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

I think having a decent standard of living in many aspects such as financial health, whilst taking responsibility for own health is of upmost importance. Finance and health are linked in such a way where you can afford to eat healthy foods, something that has become a challenge in recent months. Everything is interlinked with Mental and Physical Health as well.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Bold Ambitions

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

1	**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
2	**Act differently together to strengthen & accelerate our focus on prevention and early identification**
	With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030
3	**Work together to increase economic participation and support a fair, inclusive and sustainable economy**
	Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30
	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
	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
	Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets
4	**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
	For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities
	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

Joint Commitments

To enable successful delivery of our strategy requires us to do things fundamentally differently for our communities. Our commitments underpin delivery of our Integrated Care Strategy.

They are:

- To be **bold, generous, visible, creative and and collaborative in our leadership** for the people of South Yorkshire, doing things differently being courageous and taking risks where it improves outcomes or reduces health inequalities.
- To **identify, recognise, and tackle systemic discrimination together** with a focus on anti-racism.
- To **reallocate our resources to where there is most need** and where they can have the greatest impact on population health outcomes. This means reducing duplication, investing differently and earlier in people's lives. It means reallocating our collective resources towards prevention and those people and areas with the greatest needs.
- To **join up service delivery and support** between health and social care and VCSE where it makes sense to do so in our places and across South Yorkshire.
- To **listen** and facilitate **co-production with people and communities.**
- To **create a culture of learning and innovation**, where best practice is shared confidently and adopted quickly across communities, places and South Yorkshire as a whole.
- Develop and deliver **inclusive enabling strategies which** support delivery of our strategy **to better health.**

What do we mean by these commitments?

Bold Collaborative Leadership

- As a Partnership we are making a joint commitment to bold, visible and collaborative leadership which embraces and empowers leaders at all levels and across all partners working within a distributed leadership model.
- We will harness the power of our collective leadership across the Partnership, including VCSE. We will take an inclusive approach to develop leaders at all levels to reflect the communities we serve and develop a leadership culture which is inspiring and courageous.

Identify, recognise and tackle systemic discrimination with a focus on anti-racism

- As a Partnership we are making a joint commitment to identify, **recognise and tackle systemic discrimination with a focus on anti-racism**. We will identify and make systematic discrimination visible and work together to create the conditions to address it and to ensure fair and inclusive treatment and engagement.
- We are committed to supporting health and care systems, change levers and management leadership behaviours to tackle ethnic health inequalities and promote quality of care, safety, compassion and **a fairer experience** for patients, NHS staff and diverse communities alike.

Reallocate our resources

- As a partnership we are making a joint commitment to **reallocate our resources to where there is most need** and where they can have the greatest impact on population health outcomes. This means reducing duplication, investing differently and earlier in people's lives. It means reallocating our collective resources towards prevention and those people and areas with the greatest needs.
- To deliver this Strategy we know that we will need to be more flexible with the use of our financial resources, rebalancing our spend towards prevention and those with the greatest needs to address health inequalities. This will mean collectively challenging ourselves as partners to operationalise a different approach to allocating our resources. We are committed to working through this together, understanding each other's differing financial regimes, the national constraints we need to operate within and considering what we can do differently, including the scope of our pooled budget arrangements.
- We will continue to strive to make best use of our financial resources, to ensure value for money and work towards a financially sustainable health and care system.

Joined up service delivery & support

- As a Partnership we are making a joint commitment to joined up service delivery and support. Through our engagement work we know that people really value access to high quality health and care services that are easy to navigate, personalised and joined up in their delivery. In every place in South Yorkshire, we are already working to join up service delivery and support by integrating health and care services. General practices are working together as Primary Care Networks, with community health services, mental health, social care, community pharmacy and the VCSE sector. They are working together to integrate health and care services through the creation of integrated multidisciplinary neighbourhood teams to deliver more preventative and personalised care, treatment and support for people in their local communities.
- Across South Yorkshire Better Care Fund Plans supported integration by enabling joint planning and pooled budgets between NHS commissioners and Local Authorities. Section 75 is a key tool to enable integration and is well utilised in South Yorkshire. Through the Better Care Fund, we have enabled people to stay independent for longer and improved our hospital discharge pathways and reablement services.
- There is still much more we can do to better integrate health and care services, physical and mental health services in each place working with our communities, the VCSE and our developing Provider Collaboratives and Alliances. By joining up service delivery and support we will be able to better meet the needs of individuals and communities in South Yorkshire.

Listening and co-production with people and communities

- As a partnership we are making an ongoing commitment to listen consistently to, and collectively act on, the experience and aspirations of local people and communities.
- We will work creatively and accessibly to reach those whose voices / views / opinions/ experiences that are underrepresented, seldom heard, too often ignored or not sought, working closely with the Voluntary Community and Social Enterprise sector (VCSE) and using flexible methods.
- Understanding the insights and diverse experiences of people and communities from across South Yorkshire is essential to help us build on all the strengths within those communities, enabling us to co design services to address health inequalities and the other challenges faced by our health and care system and our places.

Creating a Culture of Learning and Innovation

- In South Yorkshire we want to create the conditions for a high learning and sharing health and care system, where best practice is shared confidently and adopted quickly across communities, places and South Yorkshire as a whole.
- We want to work together to strengthen our approach to research and innovation and bridging the gap between new knowledge, research and implementing evidence of what works to improve for all our local communities. There are a number of healthcare research and innovation organisations that operate in South Yorkshire that we are already connecting with, including University of Sheffield and Sheffield Hallam University and we have also partnered with the Academic Health Science Network to establish an Innovation Hub.
- We are committed to further forging partnerships between the NHS, Universities and Industry to contribute to improving the health and wellbeing of people living in South Yorkshire. Our aim is to:
    - Increase the pace of adoption and spread of impactful innovation
    - Make data, research evidence and insights more accessible
    - To support researchers and innovators and remove obstacles for those with potentially impactful solutions for health and care
- The South Yorkshire Integrated Care Partnership provides a refreshed opportunity to advocate for increased focus for innovation and research in the primary and social care sectors and explore new opportunities for socially focused research on challenges experienced by our communities, including the wider determinants of health.
- We will develop and use plans for an Academy for Population Health and Health Inequalities as a platform to connect people working across all sectors of our health, care and VCSE system to raise awareness and share knowledge. The academy will develop the confidence and capability of our workforce to enable cultural change to facilitate better collaboration and integration with the intent of reducing health inequalities and improving the health of people across South Yorkshire.

7

How we will achieve our ambitions: Enabling plans and our partnerships

Inclusive Enabling Plans

Developing Our Workforce

- Our South Yorkshire health and care workforce is our greatest asset as an integrated care system. Over 72,000 people are employed across our NHS and care sectors, spanning over 300 diverse roles. In addition, our communities benefit from a strong Voluntary, Community and Social Enterprise (VCSE) sector. Our workforce has grown, but demand is now often outstripping supply and there are ongoing challenges which require us to work together differently as partners.
- In addition to our health and care workforce we also recognise the significant role of unpaid carers, which includes thousands of people providing unpaid care and support. Carers often experience poorer health outcomes themselves and report that the experience of care for their family member, and themselves could be improved.
- Volunteers play a substantial role in supporting the work of all sectors and communities across South Yorkshire, and we are working together to ensure that volunteers feel valued and supported, that opportunities to volunteer are inclusive, meaningful and varied, and that organisations working with volunteers collaborate to offer best practice in volunteer management and support.
- Across South Yorkshire we operate a well-established Workforce Hub. The Hub has been developed in partnership with Health Education England and is aligned to the NHS South Yorkshire. It delivers a range of workforce transformation programmes across health and care to support education and training, recruitment, retention, health and wellbeing, equality, diversity and inclusion, and new ways of working.
- It has been agreed with our partners to develop a workforce strategy for South Yorkshire. This will enable us to:
    - Ensure that our workforce feels valued and supported by health and care organisations in South Yorkshire and the system as a whole
    - Drive parity of esteem across sectors and develop a sense of belonging
    - Continue to support the health and wellbeing of our existing workforce
    - Develop our future health and care workforce, supporting local people to enter health and care roles, and those that may traditionally find it challenging to enter and stay in work, such as care leavers or people living with a physical or mental health conditions
    - Develop creative leadership across the health and care sector working with the creative sector

- Recruit and develop a workforce that reflects the diversity of the communities we serve
- Deliver the NHS People Plan ambition for more people, working differently, in a compassionate and inclusive culture and to ensure our workforce and staff find fulfilment and enjoyment in their work
- Progress shared development of innovative new workforce roles to meet emerging needs
- Deliver on our commitment to the Sheffield Race Equality Commission recommendation to become anti-racist employers by 2024
- Work with partners to address health inequalities, especially where protected characteristics have increased those inequalities
- Put in place programmes to support unpaid carers which are coproduced to meet their needs.

Quality and Quality Improvement

- Access to high quality health and care is consistently identified as a key theme that is important to people in South Yorkshire. We know that seeing this through a Health Inequalities lens is critical to delivery of our goal of Fairer Outcomes for All. Our approaches to Quality and Quality Improvement need to build on the principles of fairness and equity. We have embedded an approach to continuous improvement and delivery of high-quality services as a fundamental principle of our collective delivery. We are keen to build on this and to continue to embed a culture of continuous learning and improvement across our Partners.
- Our Partners are committed to delivering high quality services that meet the needs of local communities and are evidence based, and to do this through embedding the voice of our citizens throughout our work; an area we are already progressing through our System Quality Group and our broader delivery programmes. Engaging with the power in the voices of local people, listening to their needs and being driven by high quality, timely, information is core to our continuous development.
- As well as being driven by continuous improvement, we will be responsive in our approach to quality management and understanding the key risks across the systems, working together to respond to pressures across the system, embedding a supportive culture and using our collective experience and expertise to ensure we mitigate any risks to service delivery.
- We have set out a series of key principles for Quality which we deliver through the work of the partnership:
  - We will work together to develop detailed **clear standards defining what high quality care and outcomes look like**, based on what matters to people and communities
  - Create a shared understanding of **accountabilities** for the delivery of **quality and safety** across the system.
  - Focus our **resource and embed effective quality governance** arrangements appropriately

- Core to our approach will be to reduce health **inequalities and minimise variations in the quality of care and outcomes across South Yorkshire** to inform our ongoing improvement
- Embed a single, consistent approach to **measuring quality and safety** using KPIs triangulated with intelligence and professional insight
- Celebrate **where we have got things right and share this learning** widely to continue our development journey
- Focus on **adopting innovation, embedding research and monitoring care and outcomes** to provide progressive, high-quality heath and care policy

- As part of setting out our governance arrangements, we have embedded an approach to quality and monitoring, which will further develop to complement our work programmes and delivery of services. We recognise, within this, the important role of regulators including the Care Quality Commission (CQC) and Office of Standards for Education, Children's Services and Skills (OFSTED) in ensuring we meet requirements around safety and quality. We will continue to ensure that individually, and collectively, we work with agencies to learn and develop. This will include learning from good practices elsewhere both within and beyond the UK, embedding national policy and recommendations as well as learning from our local service delivery.

Improving access to services, care and support

- Access to health and care services is identified by people in South Yorkshire as important to them. Across health and care we know that there is variation in access and that there is more that we can do working with our local communities and VCSE to understand the barriers people face and how to enable these be overcome to facilitate more equitable access.
- Access to primary care is an area specifically identified. In recent years primary care has been challenged by increasing workload, both complexity and intensity and workforce challenges. The expectations of people and professionals are changing and with them the manner and scale in which services are delivered are being adapted, drawing on technology and digital solutions, balancing the need for face to face and remote consultations, whilst building capacity to enable us to meet increasing patient demand.
- The South Yorkshire Primary Care Provider Alliance brings together General Practice, Community Pharmacy, Dental and Optometry. It will develop a strategic plan for primary care which includes recommendations from the Fuller report published by NHS England. This will address the need to enable good access to services delivered at the right scale, whilst retaining the benefits of local neighbourhood services that offer continuity of care. NHS South Yorkshire will commission Community Pharmacy, Dental and Optometry services from April 2024, creating an opportunity to play to the respective strengths of the providers of primary care services, including addressing issues with access to dentistry, widening the range of services available through Ophthalmic Opticians and increasing the role of community pharmacies in providing services and support to local populations.

What matters to me about my health and wellbeing is getting care for me & my family in a timely way when we need it - be it an ambulance, a care home, a GP appointment.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

- Similar to the position nationally, waiting lists for hospital treatment in South Yorkshire have increased through the pandemic. Working through our Acute Provider Collaborative we have a strong focus on reducing waiting times such as through Community Diagnostic Centre developments. We are also working through Place Partnerships and our Urgent and Emergency Care Alliance to develop and implement plans for winter to increase capacity and support to deliver more personalised and preventative care and support for people in their own homes.
- The pandemic has also increased demand for mental health services, including children's and young people's mental health and neuro diversity services resulting in increased waiting times. We are working through our Place Partnerships and our Mental Health Provider Collaborative to take action to address this. Our aspiration is in line with 'No Wrong Door', a NHS Confederation publication that sets out a vision for mental health, learning disability and autism services in 2032 is that there will be no wrong door to access quality and compassionate care and support.

Estates

- Health and care services in South Yorkshire are delivered in a wide range of buildings and hubs across our communities. An Estate Strategy for South Yorkshire was developed by NHS South Yorkshire during 2021/22. The Estate Strategy is working towards ensuring that we have modern, fit for purpose, sustainable and high-quality estate for the people in South Yorkshire. It's purpose is to demonstrate how our estate can be improved over time, for the benefit of patients, staff and the local community. This includes supporting a wide range of projects such as plans to upgrade hospital facilities, for example the redevelopment of Doncaster Hospital and working together as partners to invest in estate in town centre locations to improve access, increase footfall and maximise social value.
- We have been increasingly moving from a functional approach to managing our estate, to one which looks at the whole estate across South Yorkshire, building on the 'One Public Estate' approach and principles. The Estate Strategy embeds this approach and provides a strategic focus and added value via a collaborative and innovative approach to estates management, maintenance and efficiency; and strategic development and investment across the ICB footprint. It supports delivery of our clinical strategies and joint plans to maximise use of our assets through greater utilisation of existing estate, co-locating with other agencies and services where possible, creating a better patient environment and reducing the carbon emissions linked to our estate.
- Through this we are committed to taking a strategic approach to managing our estate to get the most out of our collective assets. That includes working with our communities to ensure that we plan and deliver integrated services that are in the right places and furthering our role as anchor institutions by supporting the use of our estate by VCSE and local communities contributing to social value.

Digital, data and technology

- In South Yorkshire we have an ambitious plan for digital transformation. Our vision is to promote and coordinate optimal use of digital tools, integration and interoperability of technologies (how technologies speak to each other and work together) to create a seamless digital experience for people and clinical staff with the aim of increasing safety, improving experience and reducing inequity.

- Our priorities are:
  - Working with communities VCSE and other anchor organisations / institutes to enable digital inclusion
  - Actively supporting improvements in partner digital maturity and digital transformation including delivery of electronic health records and shared care records. This will support joined up service delivery, improve access to data for health and care staff and improve reliability and cyber security
  - Implementing transformative technologies for our public to remotely interact with their care record, use new remote monitoring technologies to access health and care services and manage their own health and wellbeing
  - Develop a digital workforce strategy to improve digital and technical expertise and enable new ways of working

- We are committed to working with partners to co create a high-quality intelligence service for South Yorkshire to enable better use of data to understand our population health needs and health inequalities. Practically this means:
  - Supporting development of a data-literate community across South Yorkshire to develop an insight-led health and care system
  - Provision of a South Yorkshire data platform, collating not only health and care data, but information integral to understanding wider determinants of health
  - Supporting, where legally appropriate, sharing of data and information with research partners
  - Expanding our analytical capability to use innovative tools, techniques and advanced analytics to deepen our understanding of outcomes and develop new integrated pathways of care
  - Building a strong analytical community to promote sharing of data management and analysis skills and expertise across the system

What matters to me is staying healthy to enable me to stay independent and remain in my own home as long as possible.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Sustainability

- A Sustainability and Green Plan was launched by the South Yorkshire Integrated Care System in 2022. It sets out a programme of work that focuses action on a number of areas including estates and facilities, travel and transport, supply chain, medicines and adaptations, alongside workforce and digital. Local priorities were also identified, including primary care. The agreed programme of work set out in the South Yorkshire ICS Sustainability and Green Plan enables us to exploit synergies between partners.
- Climate change and population health are closely linked, the actions needed to promote sustainability and tackle climate change are also those that contribute to preventing ill health and improving population health. Taking a more preventative approach to health also can reduce health sector carbon emissions. Recognising this interdependence, as an Integrated Care Partnership we will collaborate with existing programmes of work and strengthen our commitment as partners to work together and with others to have a wider impact. By joining up our work to raise awareness, educate our workforce and progress initiatives to deliver sustainable travel, active travel, reduce air pollution and other sustainability initiatives.
- Action on climate and the environment also can improve health and reduce health inequalities through other mechanisms. For example, improving the energy efficiency of homes results in warmer homes and helps reduce the cost of living, both which are related to better health outcomes and contribute to reducing health inequalities. The creation of good, accessible, green jobs could be targeted to those further away from the labour market and to those needing to transition from carbon intensive jobs.
- There are also many opportunities to boost the local economy collectively as anchor institutions by meeting South Yorkshire's net zero ambition, including the needs of the NHS, by supporting local innovation, local businesses and local jobs.

- Working with partners to support nature recovery will also benefit health by providing more options for nature connectivity for our communities and can also support climate adaptation by reducing flood risk and protecting against high urban temperatures.
- The NHS has committed to reaching carbon net zero. The Health and Care Act 2022 placed new duties on NHS to contribute towards statutory emissions and environmental targets. The South Yorkshire Mayoral Combined Authority and Local Authorities are moving at pace to develop tangible plans for how they tackle climate change, including the Mayoral manifesto commitment to establish a South Yorkshire Citizens Assembly for Climate Change and together this has fuelled our collective ambition.

Broadening & strengthening our partnerships

- As a Partnership we will only be able to achieve our bold ambitions and make progress in relation to our shared outcomes to improve the health and wellbeing of people living in South Yorkshire and reduce health inequalities if we work together as partners and broaden and strengthen our partnerships.

What matters to my health and wellbeing is having care systems that work for the patient. I have complex health needs so I need a health system that connects services together. In theory this happens but in reality it does not. I spend a lot of my time connecting the missing dots, sharing missed letters between professionals so we can have wider conversations about my health as one condition can affect another.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Working with our Voluntary, Community and Social Enterprise Sector (VCSE)

VCSE Sector in South Yorkshire

- South Yorkshire is home to over 6000 diverse VCSE organisations undertaking wide ranging activities and services that impact positively on the health and wellbeing of our communities. This includes small grassroots community associations, community groups, voluntary organisations, faith groups, charities, not for private profit companies and social enterprises. It also includes the creative and cultural sector.

How will we work in real partnership with VCSE?

- We hugely value the contribution of VCSE organisations to our health and care landscape, and the Integrated Care System is committed to embedding and strengthening the role of the VCSE sector as an equal partner in our work, fulfilling its potential to collaborate on strategy, delivery, engagement and insight.
- To enable and support this, we are working with our VCSE partners to develop a VCSE Alliance. The Alliance will enable VCSE organisations across South Yorkshire (and Bassetlaw where appropriate) to participate in system work in meaningful ways including networking, information exchange, co-designing new opportunities and participating in South Yorkshire level ICS meetings. The Alliance will connect with VCSE organisations and networks in our Places, and will be guided by a Steering Group of VCSE infrastructure leaders (please see diagram).
- A new VCSE and ICS Memorandum of Understanding describes our relationship underpinned by shared values, principles, responsibilities and priorities. This has been co-designed by VCSE partners and conversations with NHS and Local Authority partners and will be adopted in 2022/23.
- Our 'enabling' priorities for partnership working include strengthening our VCSE commissioning and investment approach, enhancing communications, and building a culture of parity of esteem.

What will we do together?

- We will build on successful work already underway such as social prescribing and identify new opportunities and potential for collaboration across our system partners and transformation priorities.
- We have started a conversation about how we value and support the workforce both paid and unpaid across all sectors in South Yorkshire and will co-design a new workforce strategy with Voluntary, Community and Social Enterprise Sector partners.
- We will continue to utilise VCSE expertise in our work with VCSE, NHS and Local Authority partners to strengthen and support volunteering across South Yorkshire.
- We are scoping opportunities to understand how our Voluntary, Community and Social Enterprise Sector partners can work with us to improve outcomes on a range of pathways, including mental health, maternity and stroke.
- With our renewed commitment to enhancing population health and tackling health inequalities, we will harness VCSE expertise and knowledge of our local communities of geography and diversity. Building on our experience of and learning from collaboration during the Covid-19 pandemic, and as we look ahead to a cost of living crisis, this has never been more important.

Working with other agencies including Housing and Education

- Place Partnerships in South Yorkshire are already facilitating multi-agency collaboration that enables consideration of the physical, social, structural, cultural and commercial environments people live in that directly impact on their ability to lead a healthy life.
- To enable children and young people to have the best start in life we will build on the existing relationships to strengthen our work with education providers. Education is a key factor that influences the health and wellbeing of children, young people. Not being in education increases the risk of a range of negative outcomes for young people. Increasing access to a high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives.

- To enable people in South Yorkshire to live longer healthier lives we will build on our existing relationships with adult focused education providers, including through the development of the South Yorkshire Skills Strategy. Life long learning is important to enable people to develop the skills to work and for career progression so we will work with Life-Long learning delivery partners and the VCSE to ensure people continue to learn the skills they need to thrive in the fast-changing world of the 21st Century.
- We will also build on existing relationships with housing providers to support people to access the right housing support they need, as the quality of housing, house tenure and affordability are all linked to health and wellbeing.
- As a South Yorkshire Integrated Care Partnership we will strengthen multiagency collaboration through our Place Partnerships and facilitate work with other agencies across South Yorkshire where it adds value to do so. This could be on planning for cross boundary housing developments, engaging with communities and public transport providers across South Yorkshire to improve links, walking and cycling routes and further developing sustainable and active travel.
- We will also build partnerships approaches with others, including working with the Police and Crime Commissioner. As part of this we are commencing partnership working with the violence reduction unit to prevent and reduce crime.

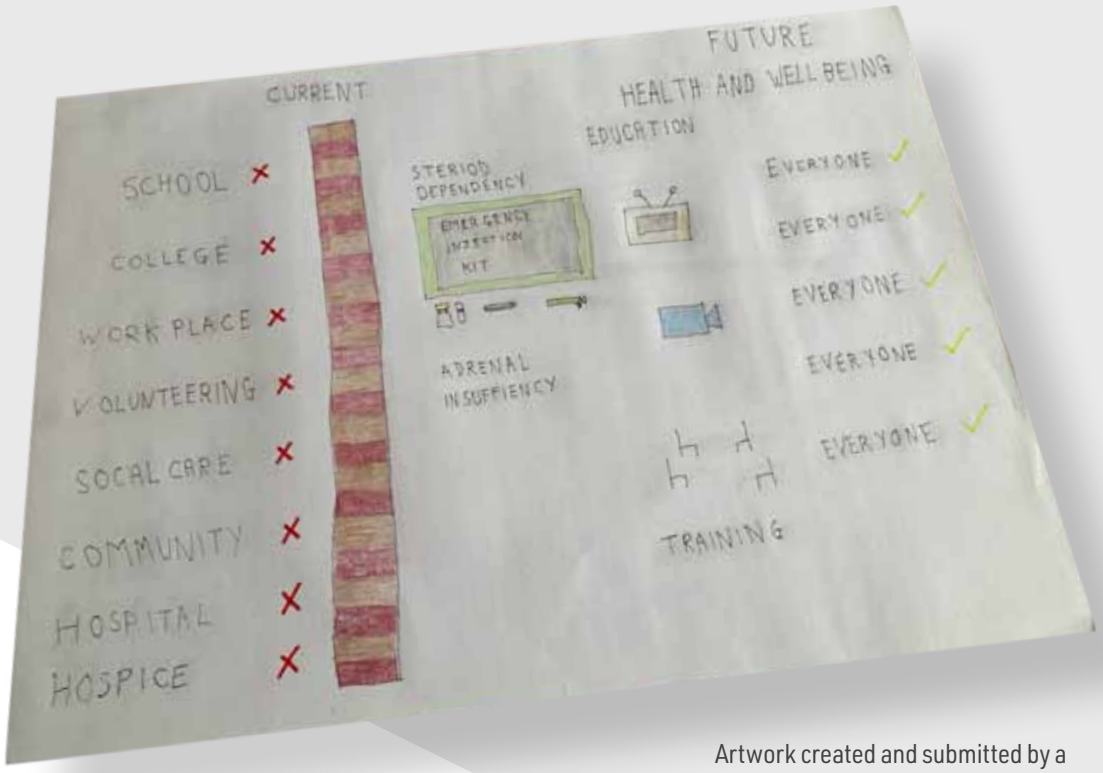
Harnessing our collective role as 'Anchor Institutions' - Working through our Partnerships to develop an Anchor System

- Health, Local Authorities, Universities and other large employing organisation in our communities are 'anchor institutions' which have an important presence in an area. This is usually through a combination of being largescale employers; the largest purchasers of goods and services; controlling large areas of land; and having relatively fixed assets. The term anchor is used because they are unlikely to relocate given their connection to their local community. They can make a real difference to social determinants and have a significant influence on the health and wellbeing of communities.
- In South Yorkshire we are committed to collectively harness our role as 'Anchor Institutions' across the NHS, Local Authorities, Universities, particularly maximising our collective contribution as large scale employers to support the health and wellbeing of our staff, develop the health and care workforce for the future, creating a more inclusive and sustainable economy.

8

Enabling delivery of our Integrated Care Strategy and measuring success

- To enable delivery of our Integrated Care Strategy we will develop a delivery plan overseen by our Integrated Care Partnership.
- The NHS South Yorkshire Five Year Joint Forward Plan to be developed by March 2023 will be a key delivery vehicle for our Integrated Care Strategy.
- We will also develop an outcomes framework to inform and monitor our progress towards our goals and vision.
- The framework will include the multiple levels at which we need to track our progress as reflected in this strategy. We will develop a dashboard to present the selected measures which will comprise:
    - an assessment of the health needs of the South Yorkshire population. This has been largely completed and was used as the basis of this strategy
    - metrics that reflect the high level goals that underpin our vision
    - the ambitions we have set ourselves where we will work differently as a partnership
    - the metrics that reflect our shared outcomes. These are largely based on existing place plans and outcomes frameworks
    - the measures and metrics (or proxy measures) that are used by each partner in the partnership to inform and monitor their input to our shared outcomes, ambitions and vision
    - An initial set of proposed metrics are set out in the appendix but will be developed further alongside the progressing of the partnership and partner delivery plans to make sure our actions can be linked to the outcomes we want to achieve

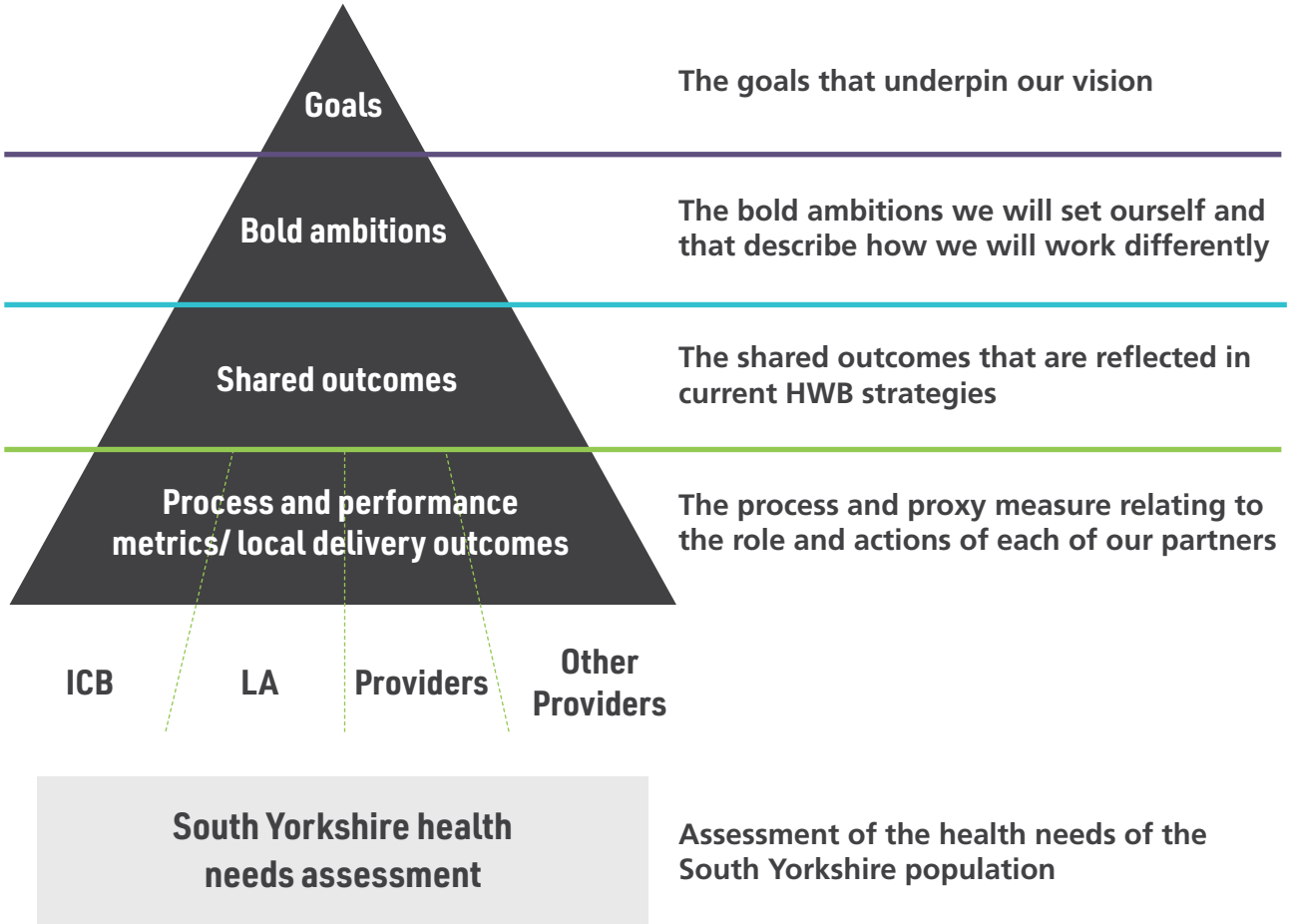


Artwork created and submitted by a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Having a work life balance is crucial to my health and wellbeing, working keeps me well as I love what I do, but on the flipside sharing quality time with my friends and family really makes my heart sing.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Figure 1 Proposed outcomes framework for South Yorkshire Integrated Care Strategy



My health is central to my hopes, ambitions and opportunities.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Appendices

Full Engagement Report:
https://syics.co.uk/application/files/7516/7094/4690/Final_phase_2_report.pdf

South Yorkshire Population Health Needs Assessment:
https://syics.co.uk/download_file/2837/0

Developing our Outcome Framework:
https://syics.co.uk/download_file/2836/0

Appendices

Strategy/Plan	Place	Link
Health & Wellbeing Strategies in South Yorkshire	Barnsley	Barnsley Health and Wellbeing Strategy 2021 – 2030:
	Rotherham	rotherham-joint-health-and-wellbeing-strategy (rotherhamhealthandwellbeing.org.uk)
	Doncaster	051115 i9 HWB_Strategy update 2015 Ap4.pdf (moderngov.co.uk)
	Sheffield	Joint Health Wellbeing Strategy 2019-24.pdf (sheffield.gov.uk)
Place Health and Care Plans	Barnsley	Barnsley Health and Care Plan Refresh 22/23
	Rotherham	Rotherham Integrated Care P Place Plan appendix.pdf
	Doncaster	DCCG-Place-Plan-Refresh-2019-22-web-FINAL.pdf (doncasterccg.nhs.uk)
	Sheffield	Shaping-Sheffield-Main-Doc-Final.pdf (sheffieldhcp.org.uk)
South Yorkshire Strategic Five Year Plan	South Yorkshire Strategic Five Year Plan	Five Year Plan (2019 - 2024): SYB ICS (syics.co.uk)
	South Yorkshire Green & Sustainability Plan	South Yorkshire Green & Sustainability Plan
South Yorkshire Strategic Economic Plan	South Yorkshire Strategic Economic Plan	SCR_SEP_Full_Draft_Ja (southyorkshire-ca.gov.uk)
South Yorkshire Housing Prospectus	South Yorkshire Housing Prospectus	Home I Yorkshire Housing

South Yorkshire Integrated Care Partnership Membership Nominations

	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire Wide
Health and Wellbeing Board Chairs and other elected members	**Councillor Caroline Makinson**	**Councillor Rachael Blake** **Councillor Nigel Ball**	**Councillor David Roche**	**Councillor Angela Argenzio**	
Local Authority Chief Executive		**Damian Allen,** Chief Executive DMBC	**Sharon Kemp,** Chief Executive RMBC		
ICB Executive and Non-Executive Members					**Pearse Butler,** ICB Chair **Gavin Boyle,** ICB Chief Executive (Vice chair) **Will Cleary-Gray,** ICB Executive Director of Strategy and Partnerships **Christine Joy,** ICB Chief People Officer **David Crichton,** ICB Chief Medical Officer **Cathy Winfield,** Chief Nursing Officer **Wendy Lowder,** ICB Executive Place Director
Public Health		**Rupert Suckling,** Director of Public Health		**Greg Fell,** Director of Public Health	
Adult Social Care				**Alexis Chappell,** Director of Adult Heath and Social Care	
Children and Young People	**Carly Speechley**, Director of Children and Families				**Suzie Joyner.** Strategic Director Children services, Rotherham (TBC)

	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire Wide
Voluntary, Community and Social Enterprise Sector		**Dolly Agoro** Co-chair Doncaster inclusion and fairness forum	**Kate Davis** Chief Executive Crossroads, Rotherham	**Helen Steers** Director of Strategic Partnerships, VAS	
Hospitals	**Sheena McDonnell,** Chair - Barnsley Hospital		**Richard Jenkins,** Chief Executive Rotherham and Barnsely Hospitals		
Primary Care			**Dr Jason Page** GP Primary Care		
Housing	**Kathy McArdle,** Service Director - Regeneration and Culture			**Juliann Hall** Co-Director of Care, Health and Wellbeing, SYHA	
Education					
South Yorkshire Mayoral Combined Authority					**Oliver Coppard** (Chair)
Workforce					
Mental Health	**Adrian England,** Independent Chair – Mental Health, Learning Disability and Autism Partnership				

Glossary

ICS	**Integrated Care System**	Statutory Integrated Care Systems (ICSs) are being set up to bring local authorities, NHS organisations, combined authorities and the Voluntary, Community and Social Enterprise Sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.
ICP	**Integrated Care Partnership**	A statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary, Community and Social Enterprise Sector and other partners. The ICP is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities.
ICB	**Integrated Care Board**	An NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members including Healthwatch, Mental Health and the Voluntary Care Sector representation.
SYMCA	**South Yorkshire Mayoral Combined Authority**	A formal partnership of our four local authorities in South Yorkshire: Barnsley Metropolitan Borough Council, Doncaster Council (City of Doncaster Council from January 2023), Rotherham Metropolitan Borough Council and Sheffield City Council. It covers the same population and is led by an elected Mayor.
VCSE	**Voluntary, Community, Social Enterprise Sector**	VCSE sector is a term that refers to the voluntary, community and social enterprise sector, as all working with a social purpose.
LE	**Life expectancy**	**Life expectancy (LE)** is an estimate of how many years a person might be expected to live, whereas **healthy life expectancy (HLE)** is an estimate of how many years they might live in a 'healthy' state. Both of them are key summary measure of a population's health.
HLE	**Healthy life expectancy**	

Core20 Plus 5	**Core20 Plus 5 Framework**	The 'Core 20 Plus 5' an NHS England health inequalities framework to support local health services to focus action the most deprived neighbourhoods (core20), locally identified groups (plus) and Five clinical areas that will impact significantly on health inequalities if we accelerate improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and high lipids. Alongside decreasing smoking.
PHM	**Population Health Management**	Population health management (PHM) is an approach that uses data and insight to help health and care systems to improve population health and wellbeing, by identifying those individuals and communities who are at risk or are experiencing poor health outcomes and adapting the way we support and care or broader interventions are delivered to improve patient experience, access and outcomes.
BCF	**Better Care Fund**	The Better Care Fund is a programme that supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.
CQC	**Care Quality Commission**	The Care Quality Commission, CQC is the independent regulator of health and adult social care in England.
OFSTED	**Office of Standards for Education, Children's Services and Skills**	Ofsted is the Office for **Standards in Education, Children's Services and Skills.** They inspect services providing education and skills for learners of all ages.
MSK	**Musculoskeletal**	**Musculoskeletal (MSK)** is a medical condition that can affect your joints, bones and muscles. They can range from minor injuries to long term conditions. It is estimated that over 30 million working days are lost to MSK conditions every year in the UK.
CVD	**Cardiovascular disease**	**Cardiovascular disease (CVD**) is a general term for conditions affecting the heart or blood vessels. CVD includes all heart and circulatory diseases, including coronary heart disease, angina, heart attack, congenital heart disease, hypertension, stroke and vascular dementia.
SMI	**Serious Mental Illness**	**Serious Mental Illness (SMI)** is a term used to describe people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.

Our thanks

Our thanks to the following organisations, who held focus groups or provided feedback through surveys that helped to in influence this strategy:

- Barnsley College, Dark Nights
- Barnsley Parent Carer Forum
- Barnsley Youth Council
- Beacon Coffee Morning (Carers)
- Breathing Space Rotherham
- Chilypep
- Citizens Advice Event, Barnsley Library
- Doncaster District Deaf Society, Happy Hands
- Doncaster Health Ambassadors
- Healthwatch South Yorkshire
- KickBack Recovery
- Newlife
- Roshni Asian Sheffield Women's Group
- Rotherham Ethnic Minority Alliance
- Safeguarding Event, Barnsley Market
- Salvation Army Goldthorpe Foodbank
- Sheffield Mansel Primary School
- South Yorkshire Stroke Survivor and Carer Panel
- Speakup for Autism
- SY Military Veterans support
- TransBarnsley
- Umbrella Winter Wellbeing

SOUTH YORKSHIRE
INTEGRATED CARE PARTNERSHIP
STRATEGY

Working together to build a healthier South Yorkshire
our Initial Integrated Care Strategy

March 2023

Email
helloworkingtogether@nhs.net

Address
South Yorkshire Integrated Care Board
722 Prince of Wales Road
Sheffield
S9 4EU

Telephone
0114 305 4487

www.healthandcaretogethersyb.co.uk

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Minutes	
Title of Meeting:	**PUBLIC** Rotherham Place Board: Partnership Business
Time of Meeting:	9.00am – 10.00am
Date of Meeting:	Wednesday 15 March 2023
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Richard Jenkins, Chief Executive, The Rotherham Foundation Trust Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council Dr Neil Thorman, Executive GP Lead, RPCCB Shafiq Hussain, Chief Executive, Voluntary Action Rotherham Wendy Allott, Chief Financial Officer - Rotherham, NHS SY ICB Sally Kilgariff, Chief Operating Officer, The Rotherham Foundation Trust
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	Confirmed as quorate.

Members Present:
Chris Edwards (**CE**), Chairing, Executive Place Director, NHS South Yorkshire ICB
Ben Anderson (**BA**), Director of Public Health, Rotherham Metropolitan Borough Council
Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS South Yorkshire ICB
Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust
Dr Anand Barmade (**AB**), Medical Director, Connect Healthcare Rotherham
Julie Thornton (**JT**), Care Group Director (Roth), Rotherham, Doncaster & South Humber Foundation Trust
Ian Spicer (**IS**), Strategic Director of Adult Care, Rotherham Metropolitan Borough Council

Participants:
Sue Cassin (**SC**), Chief Nurse - Rotherham, NHS South Yorkshire ICB
Andrew Clayton (**AC**), Head of Digital, NHS SY Integrated Care Board
Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB
Nathan Heath (**NH**), Assistant Director of Education, RMBC
Gordon Laidlaw (**GL**), Head of Communications (Roth), NHS SY ICB
Dr Jason Page (**JP**), Medical Director, NHS SY ICB
Cllr David Roche (**DR**), Joint Chair, Health and Wellbeing Board, Rotherham Metropolitan Borough Council
Shahida Siddique (**SS**), Independent Non-Executive Member, NHS South Yorkshire ICB

In Attendance:
Leonie Wieser, Policy Officer, Rotherham MBC
Wendy Commons, Support Officer, Rotherham Place, NHS SY ICB
Nick Simkins, Client Manager, 360 Assurance (observing)

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Item Number	Discussion Items
1	**Public & Patient Questions**
There were no questions.	
2	**Public Health Update: by exception**
BA reported that we are entering another wave of covid. These seem to occur every 2-3 months – this one will be the sixth. The peaks appear to be getting smaller. The current wave is just over the 2% threshold with more outbreaks in care homes and Trusts and expected to continue. It is therefore important to continue the vaccine programme. The spring booster will target those 75 and over, vulnerable groups and care homes and staff. It was noted that we are seeing fewer deaths from covid and less patients on high ventilation and oxygen. Although covid is not abating population immunity is improving. NHS planning is based on being below 4% bed occupancy, however, but 6% is expected to be more likely and Rotherham plans will take account of that. Members noted the position.	
3	**Digital Enabling Group Update**
AC gave a progress update from the Digital Enabling Group that covered the period since June 2022 to the present. The programme management office (PMO) tracked the group's projects and a snapshot was shown of the 53 live projects. Since last June, 30 projects had been completed. AC went on to give an overview of progress made on eight of the key strategic projects namely Rotherham Health Record, Rotherham Health App, the IT service review, Yorkshire and Humber Care Record, the digital costed plan, digital inclusion, NHS Wayfinder programme. AC specifically highlighted the exemplary piece of work on The Rotherham Foundation Trust command centre which enables staff and partners to manage patient flow in near real time, using machine learning, predictive analytics, and integration with other systems such as the Yorkshire Ambulance Service, and the RHR. This is now influencing the South Yorkshire dashboard. Risks for the Digital Enabling Group were mainly around staffing and capacity as working across South Yorkshire for system wide initiatives has become an issue for Place initiatives. Next steps will include re-profiling the PMO for 2023-4, working with colleagues in ICB to get more projects underway, enabling access to Yorkshire & Humber care records via Rotherham Health Record and rolling it out to care homes, RHR sort YHCR sorted and roll out to care homes, and presenting to the HSJ Awards judging panel if the bid submitted is successful. Following a query from SS about whether integrating records increases the risk of cyber-attacks, AC gave reassurance that work has been carried out following learning from a recent attack to improve security. Each organisation is responsible for its own security arrangements and all partners are meeting current standards, although a balance is important with sharing of good practice.	

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JP commented as to whether the recent cost of living increases will affect people's ability to update their digital devices. AC advised that the digital inclusion work will consider how this can be addressed but assured members that the approach adopted is 'digital first but not digital by default'.

CE thanked AC for the update and IT colleagues for the work undertaken on the many and varied projects. Noting that, in some ways Rotherham is a victim of its own success in that others want to share our developments, it is important to ensure Rotherham continues moving forward. CE will raise the staffing and capacity issues at SY ICB level.

Action: CE

4	**South Yorkshire – Tackling Inequalities in Early Childhood**

CE provided an update from the recent Bloomberg Harvard City Leadership Initiative that a team of eight from South Yorkshire including CE had attended. The aim was to look at how we can have the most impact on improving outcomes for our population. A development session will be arranged for the attendees to look at next steps.

Next week will see the launch of the ICP Strategy to start a big conversation about health and care, promoting the importance of a child's first 1001 days, and ask the question about 'what South Yorkshire do you want the next generation to grow up in'. A toolkit has been shared with partners, members and groups showing the activities planned across the week and providing resources to be shared with stakeholders promote the strategy and start conversations.

It was agreed to bring the strategy to the next Public Place Board to look through in more detail.

Action: CE/LG

5	**Place Partnership Update (Issue 4)**

The Rotherham Place Partnership newsletter is produced monthly to give South Yorkshire ICB Board an update on Rotherham progress and developments. It is also shared at this Board for information and for sharing with partners. At the February Place Board, SK had asked the communications and engagement enabling group to consider and agree an approach for sharing with partners. This process has now been agreed for GL to disseminate to communications colleagues for inclusion in their internal comms bulletins in future.

Members noted the work that had taken place across the Borough including the trialling in January of the first quarterly NHS England Place meeting where key areas of the performance report were discussed. Rotherham had been chosen for the first meeting because there were already processes in place to give board assurance. An invitation was extended to all Place Board members to attend future performance meetings with NHSE.

6	**Rotherham Place Achievements**

Members noted the successes and achievements received for January & February 2023. These included:

1. Children and Young People's Crisis and Intensive Community Support Service
2. Community Mental Health Transformation – Engagement Event
3. I -Relate
4. Trauma Resilience Service
5. Virtual Reality Pilot

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7	**Feedback from SY ICB Partnership Board**

DR advised that the formal launch of the ICP Strategy is being held in Rotherham on Friday 24 March. He is not able to attend but will ask SK to feedback to Place Board members at next month's meeting.

DR gave an update on the business from February's meeting:

- Governance processes are to be slightly revised.
- Feedback had been received on the ICP strategy. Next, the ICB will produce an action plan.

Place Board took assurance from the feedback and will receive the strategy next month for a more detailed review.

8	**Communication to Partners**

- ICP Strategy launch
- A development session will be organised for the eight on the Bloomberg Harvard initiative to look at next steps.

9	**Draft Minutes and Action Log from Public Place Board – 15 Feb 2023**

The minutes from the February meeting were agreed as a true and accurate record.

The action log was reviewed and up to date.

10	**Risks and Items for Escalation to Health and Wellbeing Board**

Place achievements to go to H&WBB for information and DR will share with elected members.

Although there are no elections in Rotherham in May, there are some in South Yorkshire that may impact Rotherham Place business cycle. GL will confirm dates for purdah.

Action: GL

11	**Future Agenda Items:**

- Anchor Institutions (Apr)
- Prevention Campaign (Apr)
- Digital Inclusion (Apr)
- Update on Plan Priorities (Apr)

Standing Items

- Bi-Monthly Place Partnership Briefing
- Feedback from SY ICP Meetings
- Place Achievements

12	**Date of Next Meeting**

The next meeting will take place on ***Wednesday 19 April 2023*** in Elm Room, Oak House from 9.00am – 10.00am.

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Membership

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
Sharon Kemp (Joint Chair)	Chief Executive	Rotherham Metropolitan Borough Council
Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Sheila Lloyd	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Dr Anand Barmade	Medial Director	Connect Healthcare Rotherham (GP Federation)
Dr Neil Thorman	Primary Care Representative	Rotherham Primary Care Collaborative Group

Participants

Cllr David Roche	Joint Chair	Rotherham Health and Wellbeing Board
Claire Smith	Deputy Place Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Sue Cassin	Chief Nurse, Rotherham Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Chief Finance Officer, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health	Rotherham Metropolitan Borough Council
Suzanne Joyner	Director of Children's Services, RMBC	Rotherham Metropolitan Borough Council
Lydia George	Strategy and Delivery Lead	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Michael Wright	Deputy Chief Executive	The Rotherham NHS Foundation Trust
Sally Kilgariff	Chief Operating Officer	The Rotherham NHS Foundation Trust
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

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PUBLIC ROTHERHAM PLACE BOARD ACTION LOG - July 2022 - March 2023

Mtg Date	Item No.	Agenda Item Title	Action Description	By	Action Status	Comments
15.3.23	3	Digital Enabling Group Update	CE will discuss at ICB level, the IT staffing and capacity required to ensure the development and continuity of both Rotherham and South Yorkshire system wide initiatives.	CE	Amber	
15.3.23	4	SY - Tackling Inequalities in Early Childhood	Place Board to review the ICP Strategy in detail.	CE	Green	On Place Board agenda for 19 April
15.3.23	10	Risks and escalation for H&WBB	GL to confirm dates for purdah, so that impact on Rotherham Place business cycle can be taken into account.	GL	Green	e-mail sent out by GL - completed