

Public Document Pack

Monday 20 March 2023
11.00 am

**South Yorkshire, Derbyshire and
Nottinghamshire Joint Health
Overview and Scrutiny Committee
Meeting**

Sheffield City Council Town Hall
Sheffield S1 2HH

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

3. Exclusion of Public and Press

To identify items where resolutions may be moved to exclude the press and public

4. Declarations of Interest

Members to declare any interests they have in the business to be considered at the meeting

5. Public Questions and Petitions

6. Developing our Initial Integrated Care Strategy for South Yorkshire

(Pages 3 - 274)

Joint Report of Marianna Hargreaves, Strategy and Transformation Lead, NHS South Yorkshire, Katy Davison, Deputy Director of Involvement, NHS South Yorkshire and Andrew Ashcroft, Director of Communications and Engagement, NHS South Yorkshire.

7. NHS Five Year Joint Forward Plan for South Yorkshire

Report as above.

8. Date of Next Meeting

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Joint Health and Overview and Scrutiny Committee

DATE 20th March 2023

TITLE Developing our Initial Integrated Care Strategy for South Yorkshire

Author: Marianna Hargreaves, Strategy and Transformation Lead, NHS South Yorkshire

Katy Davison, Deputy Director of Involvement, NHS South Yorkshire

Andrew Ashcroft, Director of Communications and Engagement, NHS South Yorkshire

Sponsor: Will Cleary-Gray, Executive Director Strategy and Partnerships NHS South Yorkshire

Purpose of report

This paper is to provide an update to the Joint Health Overview and Scrutiny Committee on the work that has taken place to develop our Initial Integrated Care Strategy for South Yorkshire, including the engagement work.

It will also provide an update on the development of the NHS Five Year Joint Forward Plan for South Yorkshire

Recommendations:

The Health Overview and Scrutiny Committee is asked to:

- Note the work undertaken to develop our initial Integrated Care Strategy for South Yorkshire including the engagement work within the challenging timeline set nationally.
- Note the plans for ongoing engagement.
- Note the work underway to develop the NHS Five Year Joint Forward Plan for South Yorkshire and consider how to approach scrutiny

Developing our Initial Integrated Care Strategy for South Yorkshire

20th March 2023

1. Purpose

- 1.1. This paper is to provide an update to the Joint Health Overview and Scrutiny Committee on the work to develop our Initial Integrated Care Strategy for South Yorkshire, including the engagement work.
- 1.2. It will also provide an update on the development of the NHS Five Year Joint Forward Plan for South Yorkshire

2. Background – South Yorkshire Integrated Care Partnership

- 2.1. Integrated Care Partnerships (ICPs) have been designed to provide a forum for NHS leaders and local authorities to come together as equal partners with other key stakeholders including the voluntary sector to support place-based partnerships.
- 2.2. It is expected that by complementing place based working, including overview and scrutiny arrangements and partnerships ICPs will play a critical role, in facilitating joint action to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments, inclusive and sustainable economies.
- 2.3. The South Yorkshire Integrated Care Partnership was established in September 2022 with membership drawn from each of our Health and Wellbeing Boards and our Integrated Care Partnership. It is chaired by our South Yorkshire Mayor, Oliver Coppard. All Integrated Care Partnerships were expected to develop an initial Integrated Care Strategy by the end of December 2022.

3. Developing our initial Integrated Care Strategy for South Yorkshire

- 3.1. Our initial Integrated Care Strategy for South Yorkshire was developed at pace between September and December 2022 and informed by the following
 - **A refresh of the South Yorkshire population health needs assessment**
Completed in September 2022, shared at the inaugural of our Integrated Care Partnership a refresh of our South Yorkshire population health needs assessment has fundamentally shaped and informed the development of our initial Integrated Care Strategy. There is a link to the full report in the Strategy.
 - **Insights from what the public and patients have told us are important to them**
Working within the challenging timelines set nationally to develop our initial Integrated Care Strategy informed by people living in South Yorkshire we have taken a phased approach to engagement. The phased approach is as follows:
 - 1) Gathering insights from existing engagement and involvement work undertaken by ICP partners in the last few years. 284 reports submitted by a broad range of ICP partners were analysed as part of this phase of the involvement work.

2) A campaign by way of survey aimed at seeking views from as many of our 1.4 million population across South Yorkshire as possible asking a simple question –

‘What matters to you about your health and wellbeing?’

3) Gaining deeper insights into seldom heard groups and people with lived experience working with and through Healthwatch and the Voluntary Sector.

The key themes identified in phase 1) used to inform our Strategy were as follows:

- **Awareness** – this includes the need for more information about health prevention and availability of different health and social care services.
- **Access** – this includes removing the barriers to accessing health and social care services. It is important to note that people’s experiences of accessing services have also been made within the context of the pandemic.
- **Agency** – this includes providing people with the information, tools and capacity to manage their own care

Our campaign **‘What matters to you about your health and wellbeing?’** to gain new insights took place throughout November and early December and we had over 500 responses.

To ensure we reached as many members of our population as possible we took the following steps:

- We launched a survey to reach as many of our South Yorkshire citizens as possible by free, digital means.
- The survey was promoted on our social media accounts, to our 1200 ICB membership network; and by asking all of our partners from NHS Trusts, Healthwatches, VCSE umbrella organisations, local authorities, elected members and the South Yorkshire Combined Mayoral Authority to share it on all of their networks. It received 465 responses.
- Healthwatch ran two Zoom focus group sessions.
- We also ran social media advertising targeted at the communities we don’t reach through organic posts, including posts in community languages

In terms of the numbers of people we need to hear from to achieve a 95% confidence with 5% margin of error on a population of 1.4m we need to hear from just under 400 people, however we recognise that statistical significance is relevant for our broader population but not our underserved communities. Therefore alongside our survey, working with our partners from the VCSE and Healthwatch we launched targeted face to face engagement including attending:

- 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

The 'live feedback' from both the survey and the VCSE activity was actively used to inform our Strategy. The full engagement reports are enclosed.

The following key themes emerged in addition to those above:

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



All the key themes have been used to inform and shape our initial Strategy. Although we have endeavoured to engage broadly, the national timeline for development of this initial Strategy has made it challenging. Going forward there is a strong commitment to continue to engage and involve as the Strategy evolves and we translate it into delivery plans. We

have shared within the Strategy quotes of what people across our communities have told us is important to them.

- **Building on all our existing Strategies and Plans**

The journey South Yorkshire has been on over the last six years and all our existing Strategies and Plans, including our Health and Wellbeing Strategies, Place Health and Care Plans and our South Yorkshire Strategic Plan. Links to all of our existing strategies and plans can be found at the back of our initial Integrated Care Strategy. Our renewed vision and ambition seeks to further enable delivery of these plans.

- **The work of the Integrated Care Partnership since 23 September 2022**

Including the inaugural meeting on 23 September and development sessions in late October and November 2022. It is through these sessions and the support of the ICP Working Group that the working vision and content of our initial Strategy, including our shared outcomes and bold ambitions have taken shape. Section 4 sets out our initial South Yorkshire Integrated Care Strategy plan on a page.

4. Feedback and finalising our Initial Integrated Care Strategy

- 4.1. An engagement draft of our initial Integrated Care Strategy was circulated and uploaded online ahead of the Integrated Care Partnership Meeting in public on 20th December and the essence of the strategy was considered in the meeting.
- 4.2. Feedback on the engagement draft of our initial Integrated Care Strategy was sought in late in December. A summary of the feedback was shared at the ICP Meeting on 24th January.
- 4.3. Feedback was received from a broad range of system partners including Health and Wellbeing Boards, Place Partnerships and NHS Provider Collaboratives and Alliances. Feedback was also received from Healthwatch.
- 4.4. Almost all the feedback acknowledges the effort made to engage broadly with a wide range of stakeholders, patients and the public within the challenging timeline set nationally. There is an understanding that the strategy was being developed simultaneously working with live feedback. There is strong support for continued engagement and the need to understand who we have not heard from and how best to work together to reach out to them.
- 4.5. Overall the feedback was and continues to be generally in support of the direction of travel set out in the our initial Integrated Care Strategy, particularly the shared outcomes, bold ambitions and joint commitments set out on the plan on a page and taking on board the feedback these remain unchanged.
- 4.6. A final full version of our initial Integrated Care Strategy and an executive summary is due to go to the Integrated Care Partnership meeting on Friday 24th March. An easy read version has also been developed.
- 4.7. Plans are now coming together for an intense launch week commencing 20th March and a toolkit has been developed to enable involvement.

5. Developing our South Yorkshire NHS Five Year Joint Forward Plan (JFP)

5.1. NHS England published guidance on developing Five Year NHS Joint Forward Plans (JFP) in December 2022, alongside the annual Operational Planning Guidance.

[B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf](#)
(england.nhs.uk)

5.2. Joint Forward Plans (JFP) are expected to set out how Integrated Care Boards together with their partner NHS Trusts will arrange and provide NHS services to meet both the physical and mental health needs of their local population, aligned to local joint strategic needs assessment and Health and Wellbeing Strategies.

5.3. The guidance is clear that systems are to use their Joint Forward Plan as a shared delivery plan for their Integrated Care Strategy, setting out the NHS contribution. The expectation is that year one is closely aligned to operational planning submissions for 23/24.

5.4. It is expected that JFPs will also address the NHS universal commitments, that is the areas identified in the NHS Long Term Plan and alongside this contribute to the delivery of the ICS' four core purposes. It is expected that the JFP will include the following:

- **Workforce** – Evidence based, integrated and inclusive workforce plans, aligned to operational planning, activity and finance plans.
- **Performance** – Specific performance ambitions with trajectories and milestones that align to operational plan submissions, with regard to LTP ambitions.
- **Digital/data** – Steps to increase digital maturity, contributing to delivering a digitised interoperable and connected health and care system.
- **Estates** – Steps to create stronger, greener, smarter, better health and care infrastructure with efficient use of resources and capital to deliver them.
- **Procurement/supply chain** – Plans to deliver procurement to maximise efficiency, aggregation of spend and demonstrate delivery of best value.
- **Population health management** – The approach to supporting implementation of more preventative and personalised care models, data and insight driven.
- **System development** – How the system will organise itself for delivery, governance, role of places, provider collaboratives, clinical and care leadership and organisational development.
- **Supporting wider socio economic development** – How the ICB and NHS Trusts will support development and delivery of local strategies to influence social, environmental and economic factors that impact on health and wellbeing.

5.5. The JFP is also expected to enable us to dispatch the following legal requirements:

- Arrange for the population of health services for the population

- Duty to promote integrated
- Duty to have regard to wider effect of declarations
- Financial duties
- Duty to improve quality of services
- Duty to reduce health inequalities
- Duty to promote involvement of each patient
- Addressing the particular needs of children and young people
- Duty to involve the public
- Duty to patient choice
- Duty to obtain appropriate advice
- Duty to promote innovation
- Duty in respect of research
- Duty as to climate change
- Duty to promote education and training
- Addressing the particular needs of victims of abuse

5.6. The national expectation is that we will have an engagement draft of our NHS Five Year Joint Forward Plan for South Yorkshire by the end of March 2023 and a final draft by 30th June 23.

5.7. A Joint Forward Plan Coordination Group has been established to bring together places, provider collaboratives and alliances to coordinate our initial JFP for South Yorkshire. It builds on significant work to date, our strategic baseline, work to understand our transformation programmes and develop change plans in the ICB, and work undertaken through our Provider Collaboratives and Alliances to bring people together to consider and agree priorities for their respective areas of focus.

5.8. Building on the engagement approach commenced to inform our Integrated Care Strategy, work is already underway to gain deeper insights, listening to inclusion groups people living in our most deprived communities and people with lived experience, working with Healthwatch and the voluntary sector.

5.9. We are continuing to build on all our existing strategies and plans, including Health and Wellbeing Strategies, Place Integrated Health and Wellbeing Plans and our previous South Yorkshire Five Year Strategic Plan. It is anticipated that the immediate priorities for year 1 and 2 will be focused on the areas identified in the operational planning guidance as follows:

Urgent and emergency care	Diagnostics	Primary care	Maternity	Learning disabilities and autism
Elective care	Cancer	Community health services	Health inequalities	Mental Health
Use of resources – balanced net system financial position				
Workforce – NHS People Plan delivery				

5.10 It would helpful to consider together with JHOSC how best to approach scrutiny as we work towards the final Joint Forward Plan at the end of June 2023.

6. Recommendations:

6.1. The Health Overview and Scrutiny Committee is asked to:

- Note the work undertaken to develop our initial Integrated Care Strategy for South Yorkshire including the engagement work within the challenging timeline set nationally.
- Note the work underway to develop the Joint Forward Plan and consider how to approach scrutiny

Appendices

- ICP Strategy
- ICP Strategy summary
- ICP Easy Read
- ICP Launch Toolkit
- ICP Phase 1 Engagement Report
- ICP Phase 2 Engagement Report



South Yorkshire Integrated Care Partnership

Strategy Launch: 21 March 2023 and beyond

#OurFutureSouthYorkshire
Creative Toolkit

Invitation to take part

This strategy 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.

If we succeed in making it happen, it will make South Yorkshire a healthier, wealthier and happy place. There will be lots of things happening across SY in the week but we are asking for your support starting a conversation about [#OurFutureSouthYorkshire](#) with your friends, work colleagues and communities.

The Creative Toolkit has lots of suggestions in it about how you can share [#OurFutureSouthYorkshire](#) and resources to use, but we know you are a creative lot in South Yorkshire and will find your own innovative and clever ways of exploring our Big Question:

- What South Yorkshire do you want the next generation to grow up in?

Please join in and do something themed around the strategy launch in your organisation, with your workforce, in your place. We want everyone to be involved in this special week.

See you there.

Oliver Coppard, Mayor of South Yorkshire.

Creative toolkit: #OurFutureSouthYorkshire

The '#OurFutureSouthYorkshire' campaign offers a platform for our communities to tell their stories about the South Yorkshire they want future generations to grow up in.

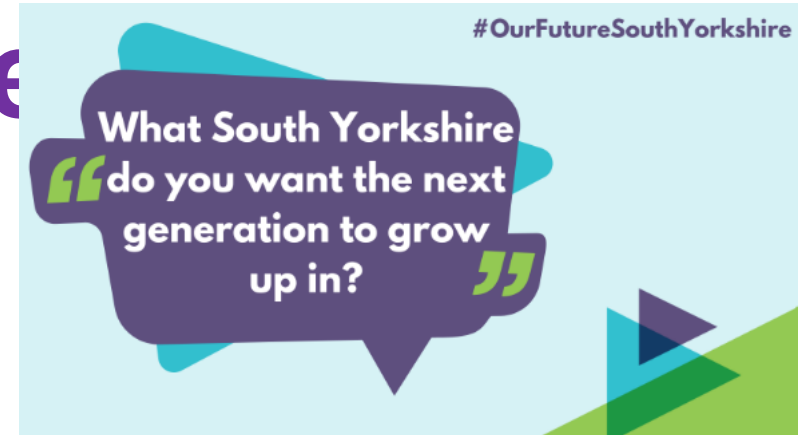
Our hopes for a healthier South Yorkshire are linked to the launch of the [Integrated Care Partnership strategy](#).

We want to promote the importance of a child's first 1,001 days, and start a big conversation about health and care. The campaign will pose a really simple test and a Big Question:

- What South Yorkshire do you want the next generation to grow up in?

This campaign is open to people of all ages, all 1.4m of us in South Yorkshire. It takes a wide-ranging view of health and focus on the wider issues that affect health and wellbeing, including education and skills, communities and families, work, homes, transport, the environment and access to green areas and an inclusive economy.

We want all our communities to be able to say in digital words, images, videos or in writing what matters for the future. The Mayor has invited all of you, and the organisations you work for or are involved with to be a part of this.



Getting involved

Getting involved is simple. You can design your own activity and deliver it with your group. Things you might do:

Host an event: to respond to the Big Question in your workplace using the short intro film clip and the plan on a page. If you do this, please share the photos and stories back with us

Tea and Talk: Take a break with your staff or team and share the strategy and the Big Question with them in a relaxed environment

VoxPops: Capture people's responses to the Big Question on your mobile phone as a series of vox pop videos and share them with us

Have a fuddle: A fuddle is a meal where everyone brings some food and everyone enjoys a taste of what everyone else brings. In the middle of all this, have a sit-down and write your collective response to the Big Question and share it with us

Social media: Post what your thoughts are about #OurFutureSouthYorkshire

A letter to the Mayor: If you're a teacher why not ask the children in your class to write a letter to the Mayor with your response to the Big Question and put it in the post to him, using one of the templates in the pack

Coffee and chat: Hold your very own coffee morning with your friends and colleagues and have a natter about the Big Question and the strategy. What would it mean for you in the next 10 years

Paint the future: Explore the questions 'what makes you feel healthy?' And 'what makes you feel happy?' with the children or young people in your class. Have each of them paint, draw or make a collage which captures their own personal response

Workshop: Use our simple workshop structure and cards to have a focussed session with a group you work with

Make a banner: and hang it out the window of your office with '#OurFutureSouthYorkshire' on it and the names of everyone in your group. Take photos and share it back with us

GP surgeries: Stick the strategy video on the screen in your waiting room with a copy of the EasyRead version in your surgery. Encourage your patient group to get involved.

Stick the kettle on: When you pop round to see a relative or neighbour, rather than the weather, discuss #OurFutureSouthYorkshire

Get active: Use the launch of the strategy to get out and about or get active. Host a yoga session in your workplace and put a notice on the door saying 'Do not disturb!' #OurFutureSouthYorkshire'. Or have a cycle with some friends that day with a T-shirt made with the hashtag on

A quiz: host a health and wellbeing quiz where everyone learns more about their own health and wellbeing and you could even give out a prize

Make your own animation: We have produced a short animation which tells you what people said they wanted to see in the strategy. You could use this with a group of young people to help make their own animation

Get cooking: Host a meal with some friends and explore the strategy between courses. Maybe use the Mayor's video to introduce the dinner. Then talk about the 'Bold ambitions' between starters and mains; the joint commitments between mains and dessert and 'making it happen' at the end of the night

Mindful colouring: Use the colouring sheet to show #OurFutureSouthYorkshire

Tell someone! Anyone!...it's a movement!

These are only our ideas. We know you will have your own ideas (that are way better than ours!) and your own way of involving your group or class. Please feel free to adapt any of these resources and make them your own.

Consider our Strategy and the joint commitments we are making. We know they will not be easy and to help us we welcome you to share your challenges and views on how we make them real.

The only thing we ask is that you share something of your discussions back with us, that could be using the hashtag #OurFutureSouthYorkshire or by emailing in at helloworkingtogether@nhs.net

By sharing what you talked about and what South Yorkshire you want the next generation to grow up in, we'll all see it and it will help to shape what we do. If you're feeling confident, we'd love to know what you have planned. Please drop us an email at syicb.communications@nhs.net to let us know



Don't know what to say? Here's a script...

The '#OurFutureSouthYorkshire' campaign aims to create a platform for us to tell our stories about the South Yorkshire we want future generations to grow up in.

There are some key facts that show in South Yorkshire children aren't doing as well compared to the national average. This is not one person's fault, and the solution lies within everyone in South Yorkshire playing their part in identifying what we can do together for the next generation.

This could be education and skills, communities and families, the work we do, good homes, transport and active travel, clean air and green spaces, and how we grow our economy, to name just a few.

So we want the Best start in life for Children & Young People, with a Focus on development in early years so that every child in South Yorkshire is school ready.

What do we think?

Key Facts:

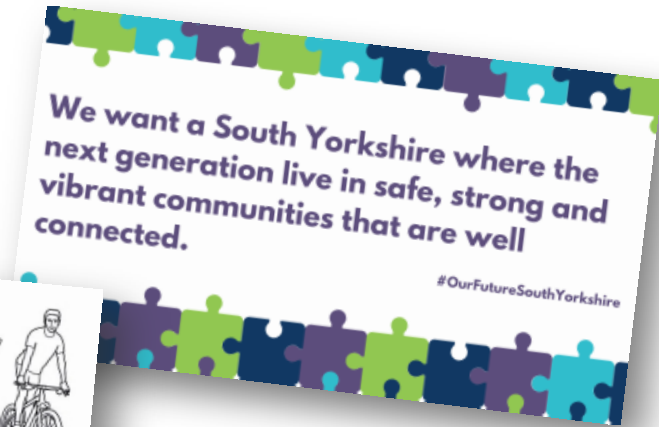
Compared to the national average, children in South Yorkshire are:

- 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)

Resources

Here we have assembled some resources which you may wish to use for your event or activity, which are all available [to download here](#). These include:

- Introducing the strategy: Video introducing the Strategy with our Mayor (coming soon!)
- [An Easy read version of the strategy](#)
- The Healthier, happy South Yorkshire [colouring sheet](#)
- The [full strategy](#) or the [summary](#) version
- Health and wellbeing [quiz](#)
- [An animation](#) to stimulate discussion
- Social media - #OurFutureSouthYorkshire ([with assets](#))
- Selection of quotes from our [Engagement sessions](#)
- [Workshop](#) structure, cards and suggested questions
- Some example videos of what people want for next generation
- [Primary](#) and [Secondary](#) School letter template so you can write to the Mayor
- Webpage with a [plain text version](#) of the strategy that can be translated into 54 languages



But you can use whatever resources you have available to you and design whatever process you think would engage your group. We know you will do things and have sessions and events that we wouldn't even have thought of. If you do produce a good resource for the week, please email it to use and we will add it to the resources page so that other people and groups can download it.

What's already happening

It will be a busy week for us all and there will be lots of other stuff going on. You will be in good company with all the other people who are involved and all the other stuff happening. Check out the events already happening in the week:

- The Mayor is taking part in a number of events, including visiting an Early Years setting to meet the next generation and help them paint the future
- Everyone is signing off on the strategy, including Barnsley, Doncaster, Sheffield and Rotherham Councils
- Our specialised Children's Hospital and Children and Young People Alliance will be taking part
- The leaders of all four local authorities are going to be talking about the movement in their organisations and their wider communities through a wider range of channels and events
- We're going to be asking our friends in the media to cover the launch across Barnsley, Doncaster, Sheffield and Rotherham
- The NHS will be playing their part, including promoting the movement across our 72,000 health and care staff
- NHS South Yorkshire will be one of many organisations holding a webinar to take part.

The Mayor is also launching a special video to let the world know about what we are looking to achieve in South Yorkshire. Finally, on Friday 24 March at the end of the week, there will be a special livestreamed discussion about the strategy at the SY Integrated Care partnership Board, hosted by Oliver Coppard, Mayor. Details on how to watch the event will be shared [here](#). All these events will be promoted using the hashtag #OurFutureSouthYorkshire

If you're a professional or amateur organiser

We know it is really really hard to start a movement on your own, and that's why we need your help. We've created some graphics, text and animations for you to post on your websites, social media accounts, intranets, noticeboards, the lot.

Please click this link to get everything you need so that people in your organisation, group, team, club or whatever it is you're involved in can participate.

In addition, we know you'll have lots of your own events and activities going on in the week from 20-24 March 2023. Can you include [#OurFutureSouthYorkshire](#) into the week somehow. If you're holding an event or meeting you could talk about what South Yorkshire do you want the next generation to grow up in. If you're visiting a different organisation or taking part in an activity, why not ask those you see what South Yorkshire do they want the next generation to grow up in.

If you want any clarification on how to get involved, or need something that might not be included here, please contact Andrew Ashcroft, NHS South Yorkshire Director of Communications and Engagement, at Andrew.ashcroft1@nhs.net

Join the conversation

You can join in the conversation via your social media linked to any events or activities you organise using the hashtag [#OurFutureSouthYorkshire](#)

You can also tag [@SouthYorksMCA](#) to let us know what you are doing.

Thank you!

We are really grateful for the time and energy you and your teams have put in to making sure we involve lots of people in the launch of the strategy. We couldn't have done it without you.

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.

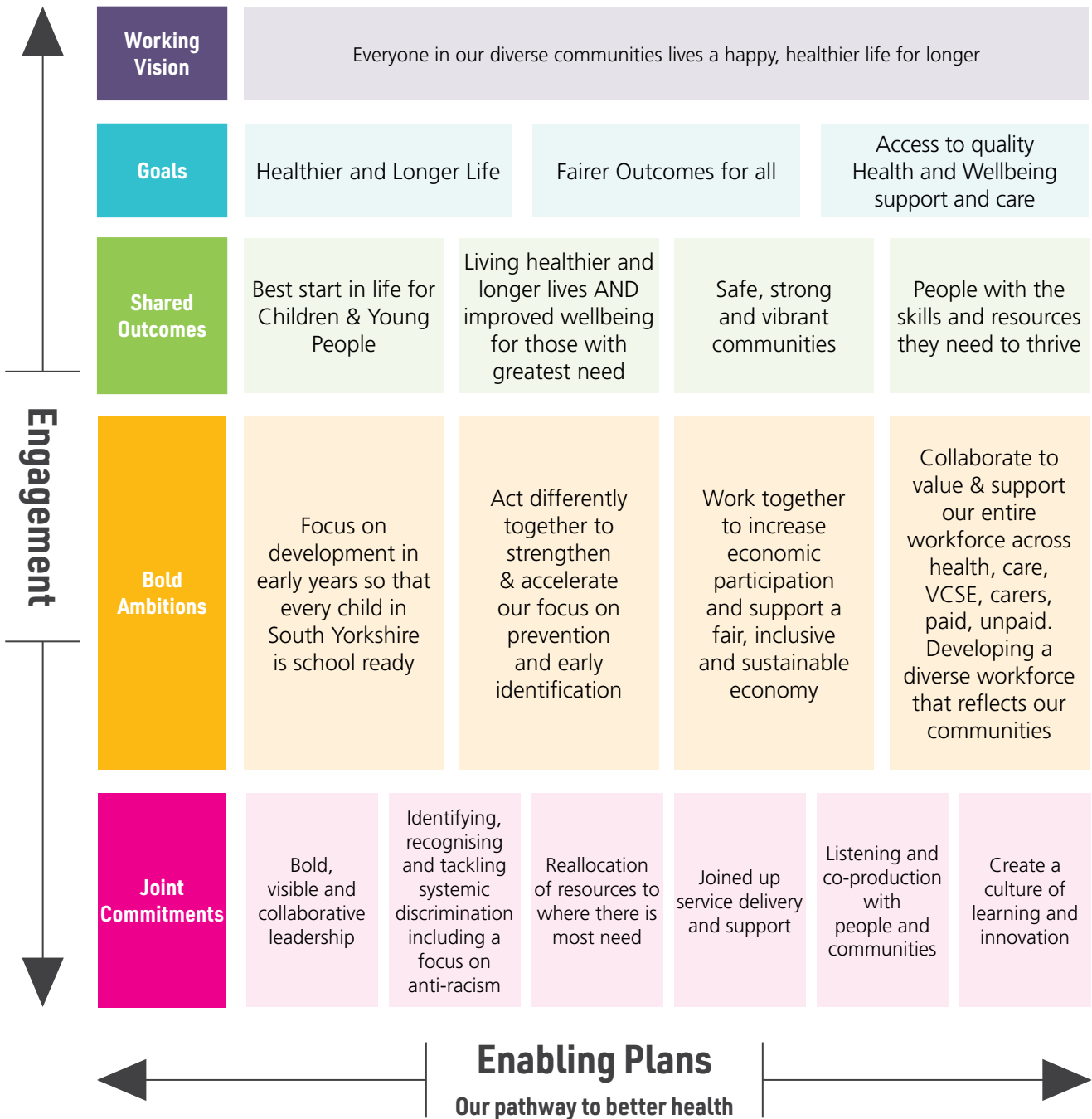
Oliver Coppard

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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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.

¹Michael 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’ report¹, 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.

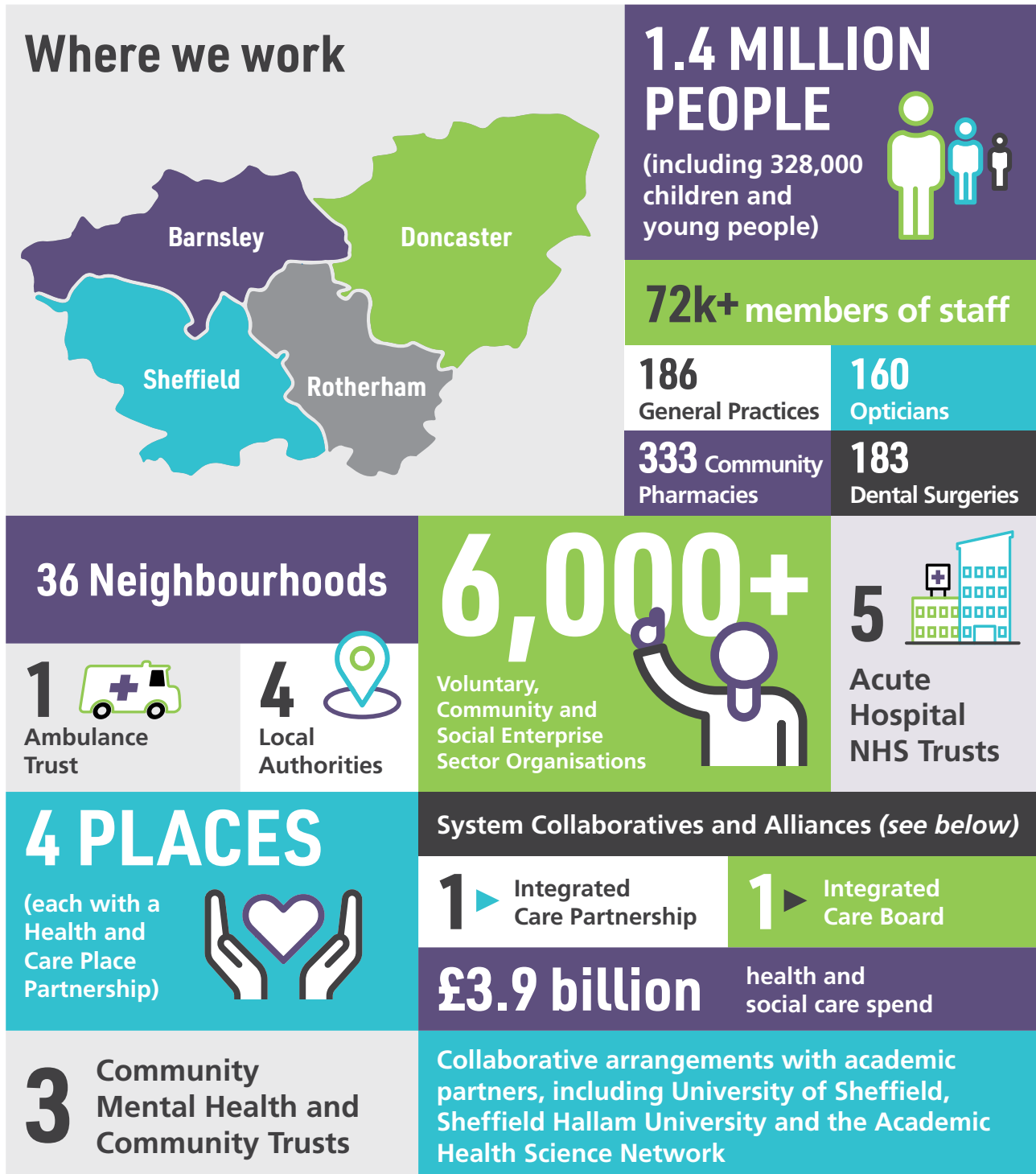
Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

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.



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
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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
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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 than 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



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

	<p>Housing</p> <p>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.</p>	<p>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.</p>
	<p>Access to green spaces and active travel</p> <p>Access to green space such as woodland, supports wellbeing and allows people to engage in physical activity.</p>	<ul style="list-style-type: none"> • 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.
	<p>Education</p> <p>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.</p>	<ul style="list-style-type: none"> • 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.
	<p>Jobs</p> <p>Being in good work is good for both physical and mental health/wellbeing.</p>	<ul style="list-style-type: none"> • 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.
	<p>Inclusive work</p> <p>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.</p>	<ul style="list-style-type: none"> • 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.
	<p>Crime and violence</p> <p>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.</p>	<ul style="list-style-type: none"> • 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).
	<p>Air pollution</p> <p>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.</p>	<ul style="list-style-type: none"> • 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.

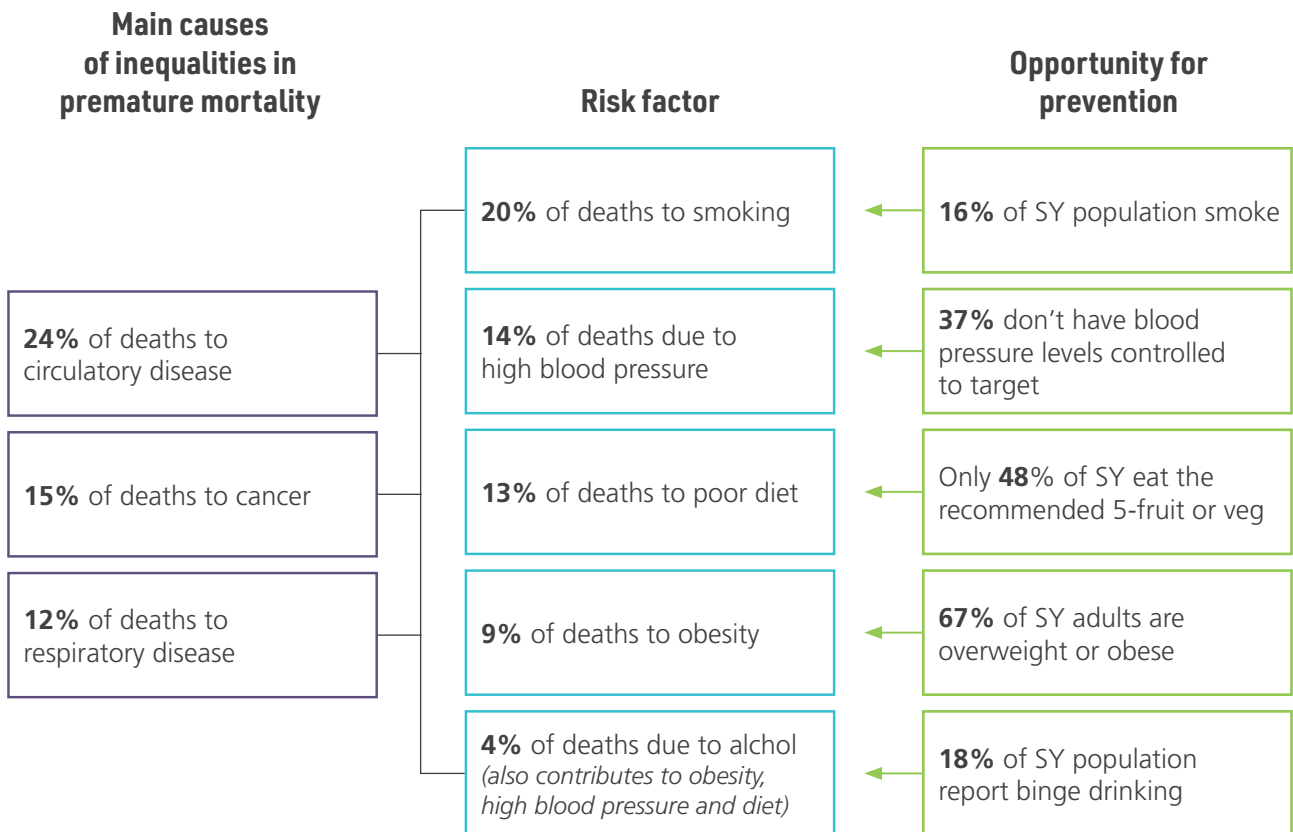


Health conditions amenable to prevention

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%

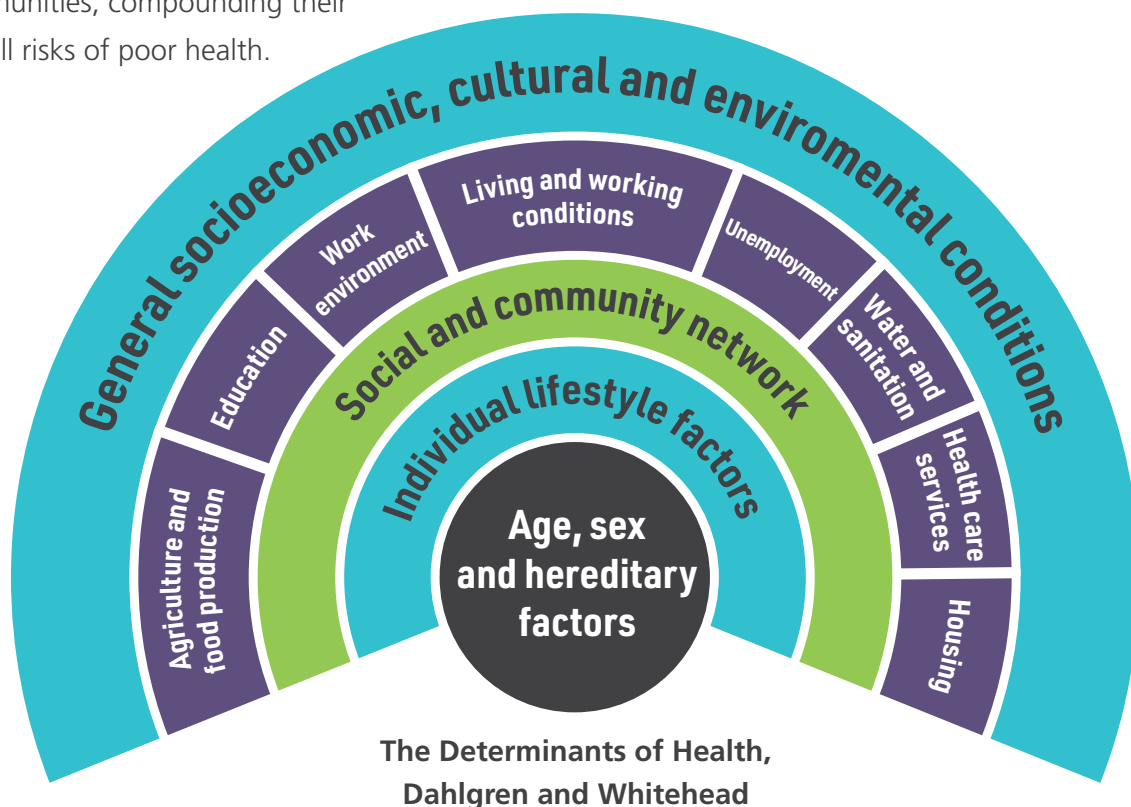


The health of groups vulnerable to inequalities

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



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

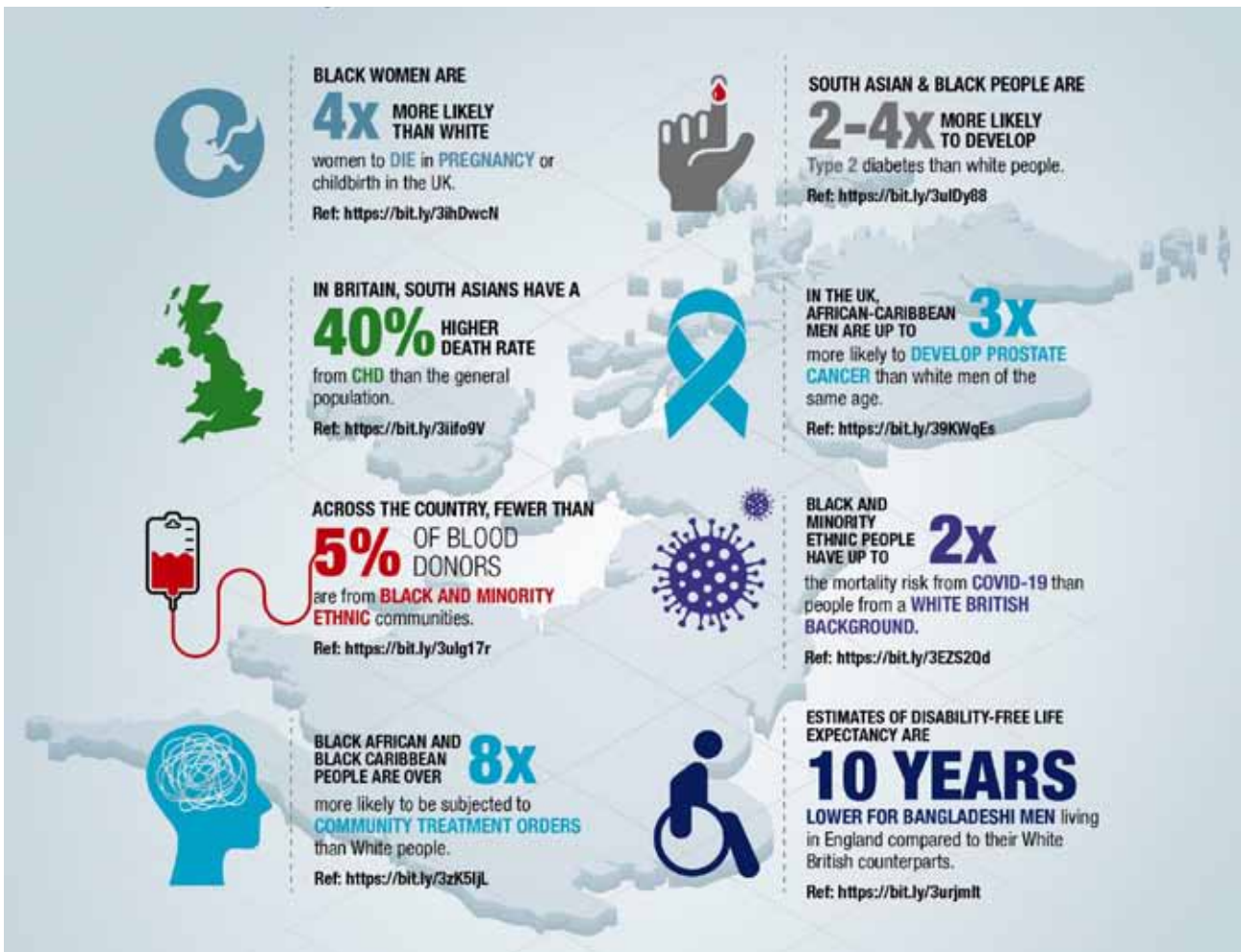


Key Facts:

- 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

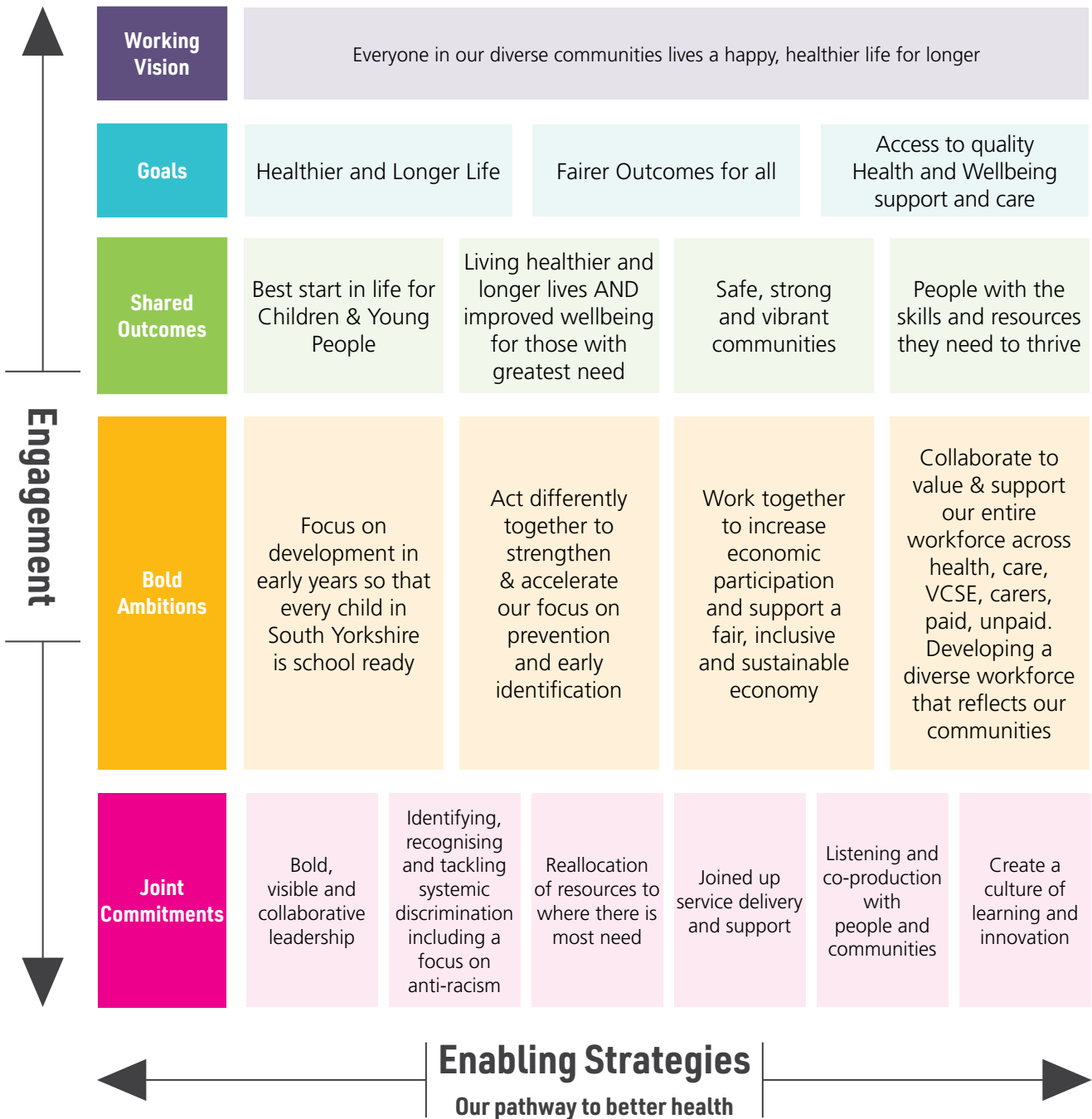
Figure Ethnic Health Inequalities in the UK Source:
 Ethnic Health Inequalities in the UK - NHS - Race and Health Observatory NHS
 – Race and Health Observatory (nhsrho.org)



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 Programme⁴. 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' Framework⁵ 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, LGBTQTrans 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 organisations 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 adaptation 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 utmost 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 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.



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 health 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. Its 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

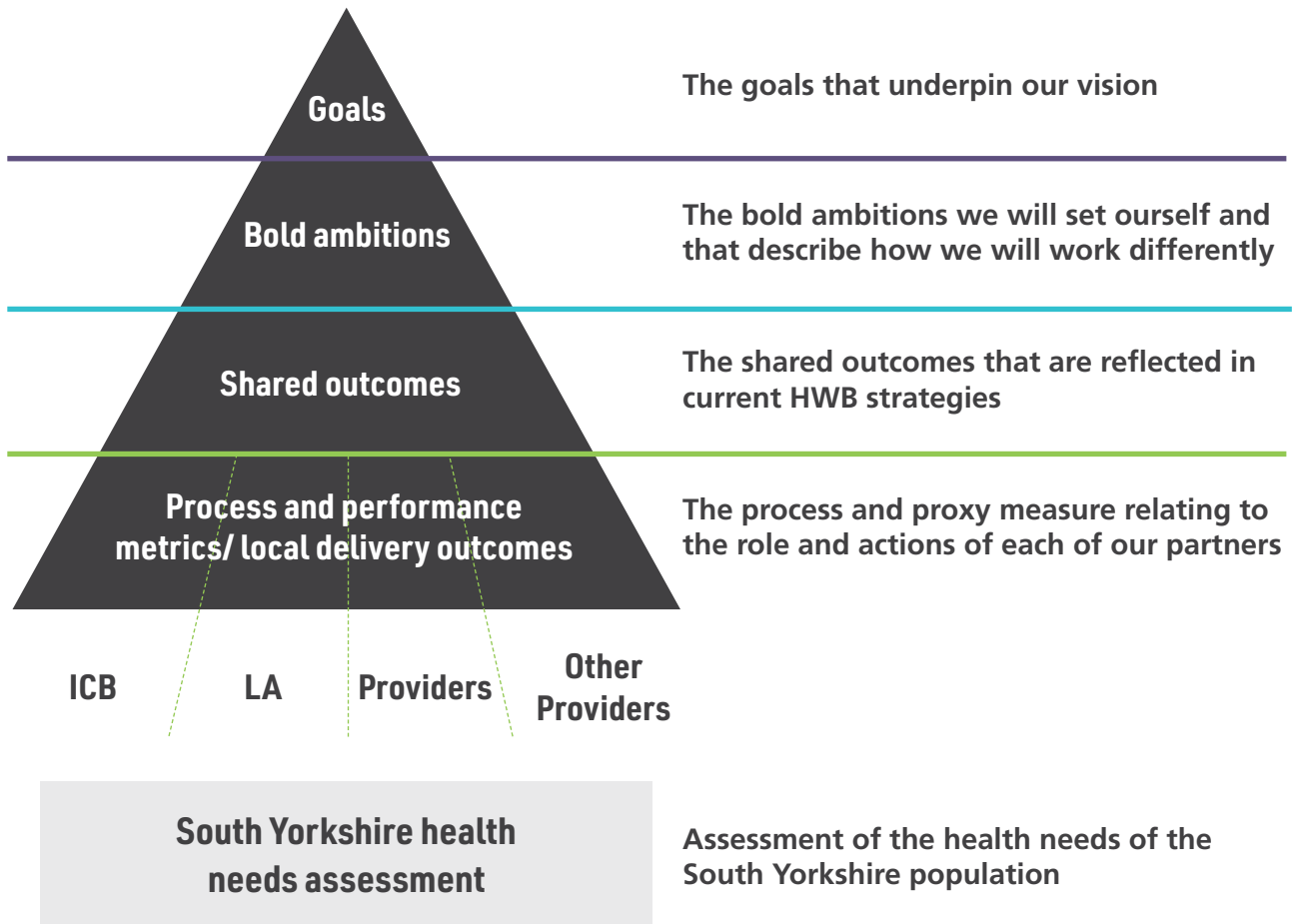


Having a work life balance is crucial to my health and wellbeing, working keeps me well as I love what I do, but on the flipside sharing quality time with my friends and family really makes my heart sing.

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 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					<p>Pearse Butler, ICB Chair</p> <p>Gavin Boyle, ICB Chief Executive (Vice chair)</p> <p>Will Cleary-Gray, ICB Executive Director of Strategy and Partnerships</p> <p>Christine Joy, ICB Chief People Officer</p> <p>David Crichton, ICB Chief Medical Officer</p> <p>Cathy Winfield, Chief Nursing Officer</p> <p>Wendy Lowder, ICB Executive Place Director</p>
Public Health		Rupert Suckling, Director of Public Health		Greg Fell, Director of Public Health	
Adult Social Care				Alexis Chappell, Director of Adult Health 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 Barnsley 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

<p>ICS</p>	<p>Integrated Care System</p>	<p>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.</p>
<p>ICP</p>	<p>Integrated Care Partnership</p>	<p>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.</p>
<p>ICB</p>	<p>Integrated Care Board</p>	<p>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.</p>
<p>SYMCA</p>	<p>South Yorkshire Mayoral Combined Authority</p>	<p>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.</p>
<p>VCSE</p>	<p>Voluntary, Community, Social Enterprise Sector</p>	<p>VCSE sector is a term that refers to the voluntary, community and social enterprise sector, as all working with a social purpose.</p>
<p>LE</p>	<p>Life expectancy</p>	<p>Life expectancy (LE) is an estimate of how many years a person might be expected to live, whereas healthy life expectancy (HLE)</p>
<p>HLE</p>	<p>Healthy life expectancy</p>	<p>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.</p>



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 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
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Sheffield
S9 4EU**

Telephone

0114 305 4487

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.

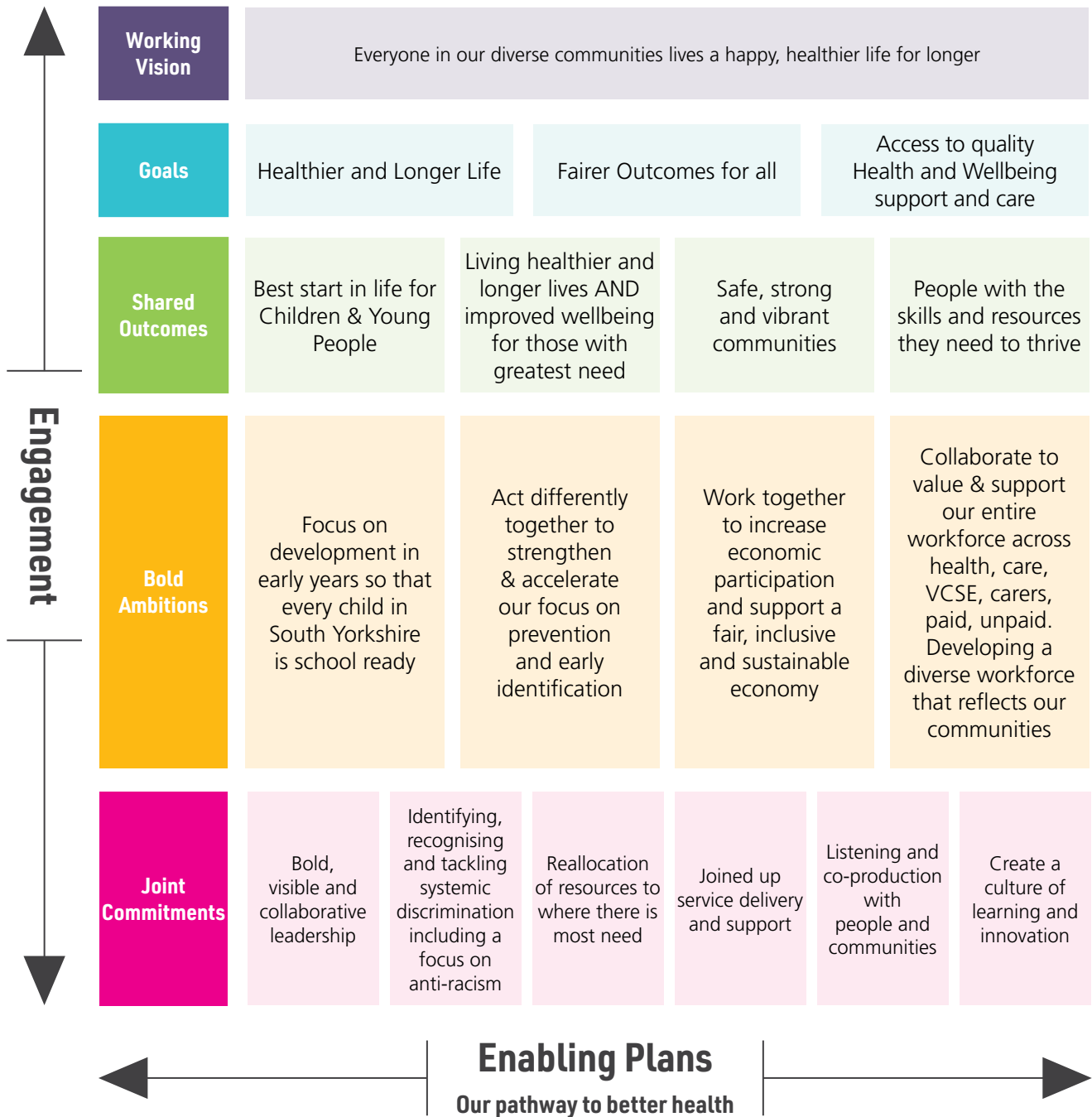
Our commitment to you, our 1.4 million strong community across South Yorkshire, is to work in partnership together, to do things differently, to focus our people and our resources on those that need them the most, and to accelerate our focus on prevention and early identification. And through all of 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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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.

¹Michael 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' report¹, 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.



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
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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
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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 than 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



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.



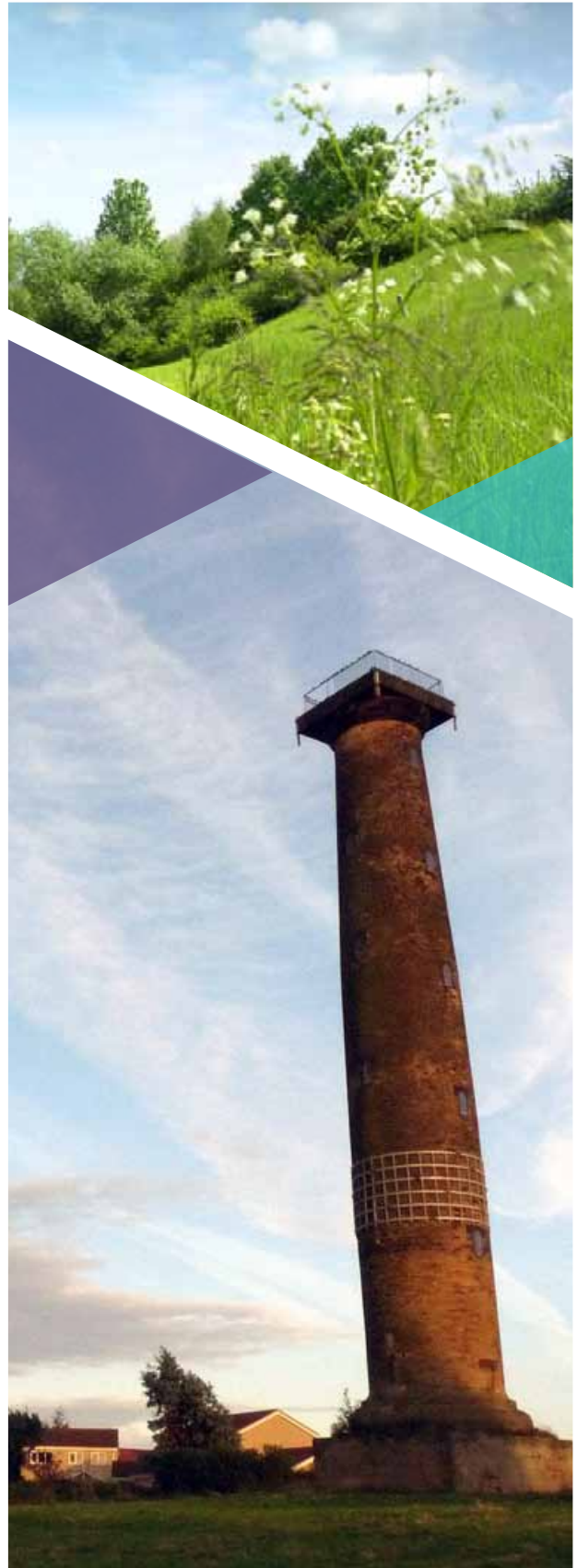
The conditions that create our health (wider social, environmental and commercial determinants)

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

	<p>Housing</p> <p>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.</p>	<p>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.</p>
	<p>Access to green spaces and active travel</p> <p>Access to green space such as woodland, supports wellbeing and allows people to engage in physical activity.</p>	<ul style="list-style-type: none"> • 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.
	<p>Education</p> <p>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.</p>	<ul style="list-style-type: none"> • 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.
	<p>Jobs</p> <p>Being in good work is good for both physical and mental health/wellbeing.</p>	<ul style="list-style-type: none"> • 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.
	<p>Inclusive work</p> <p>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.</p>	<ul style="list-style-type: none"> • 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.
	<p>Crime and violence</p> <p>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.</p>	<ul style="list-style-type: none"> • 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).
	<p>Air pollution</p> <p>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.</p>	<ul style="list-style-type: none"> • 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.

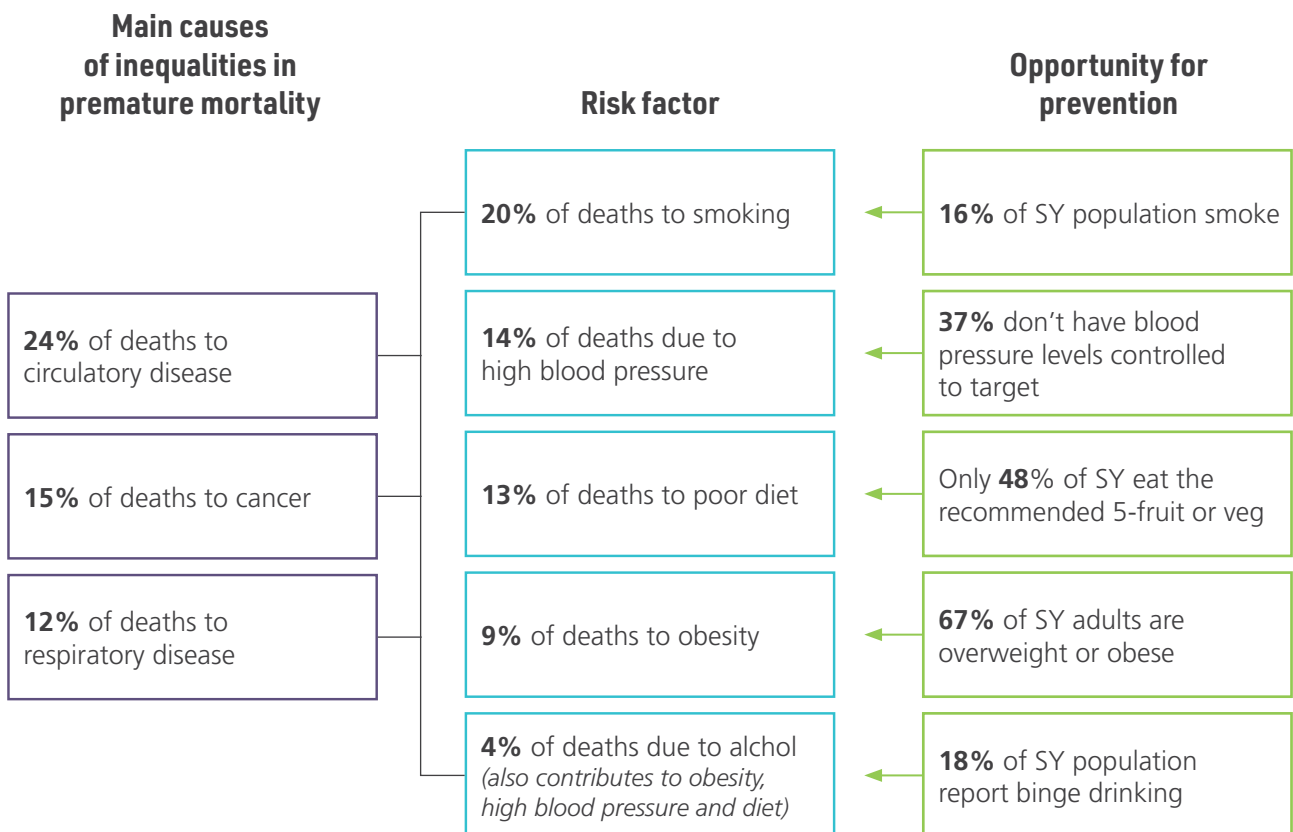


Health conditions amenable to prevention

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%

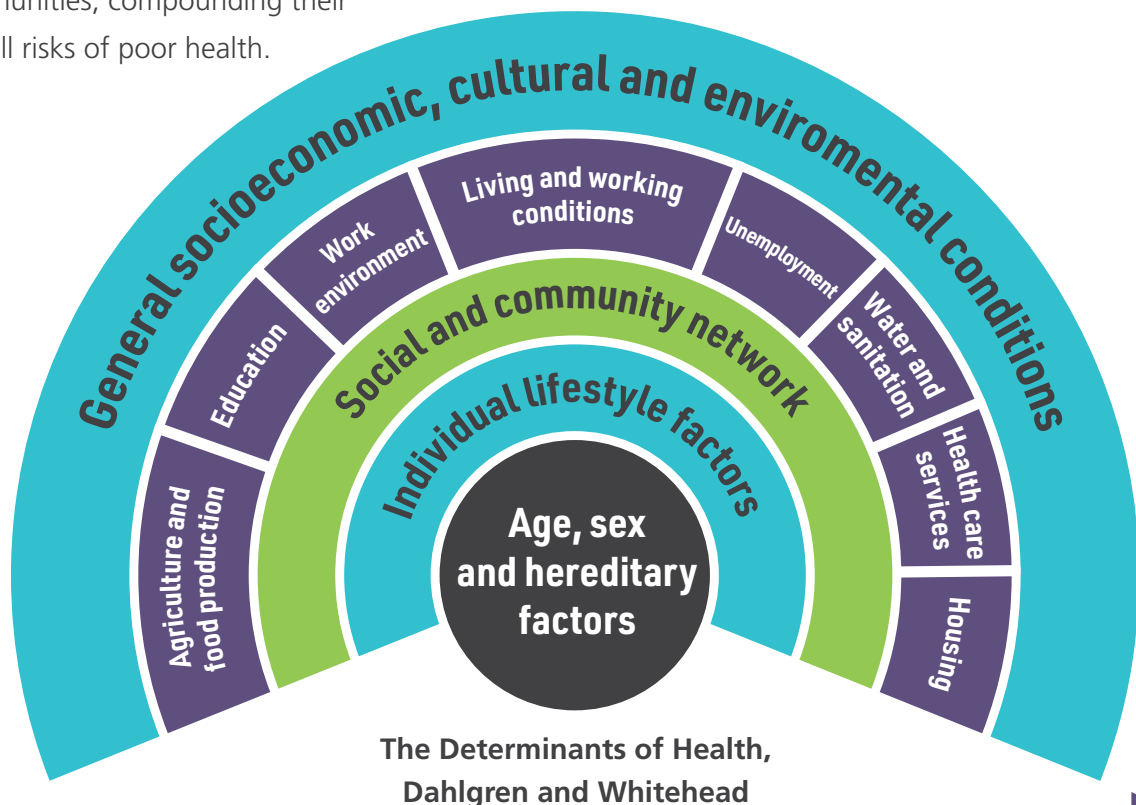


The health of groups vulnerable to inequalities

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



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

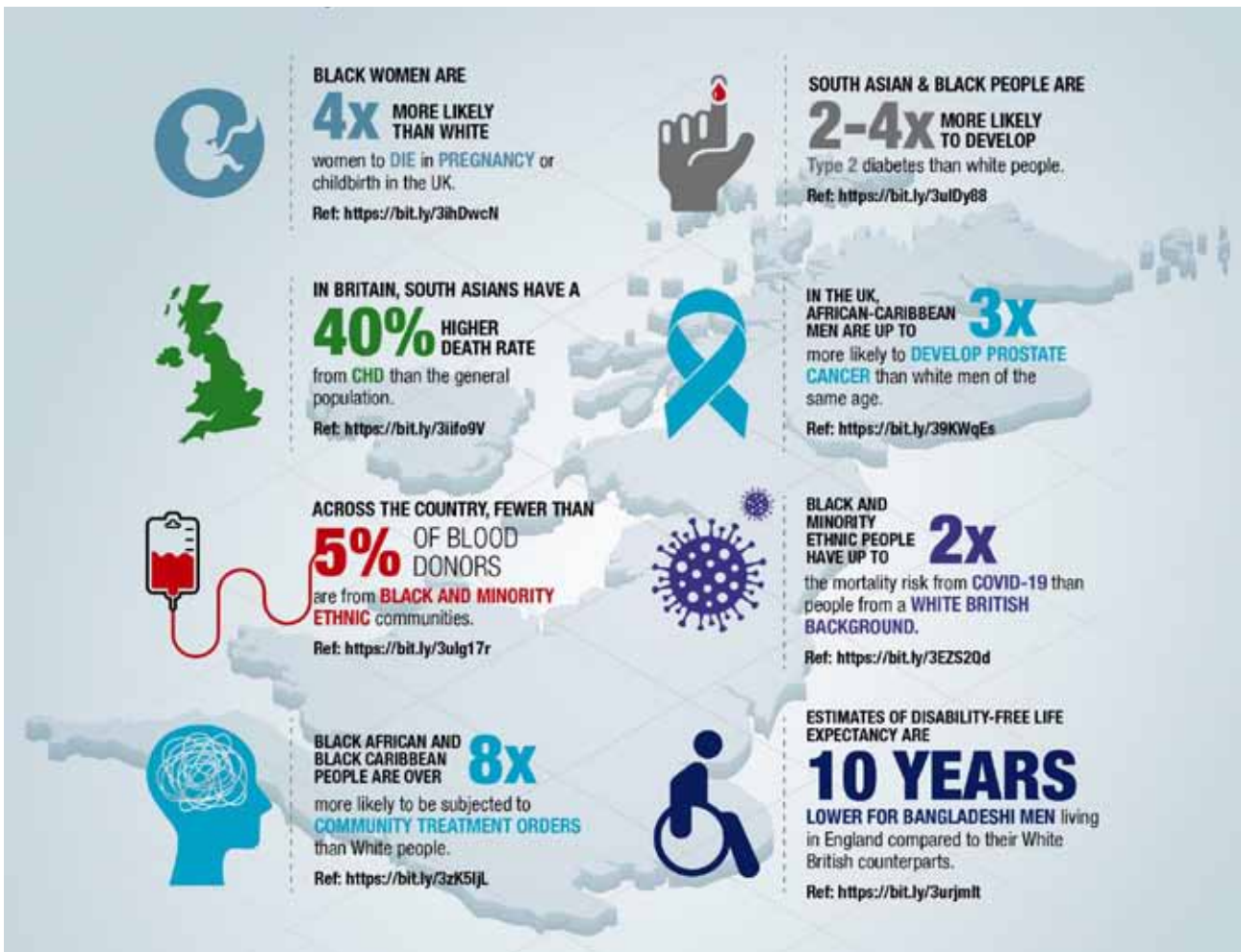


Key Facts:

- 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

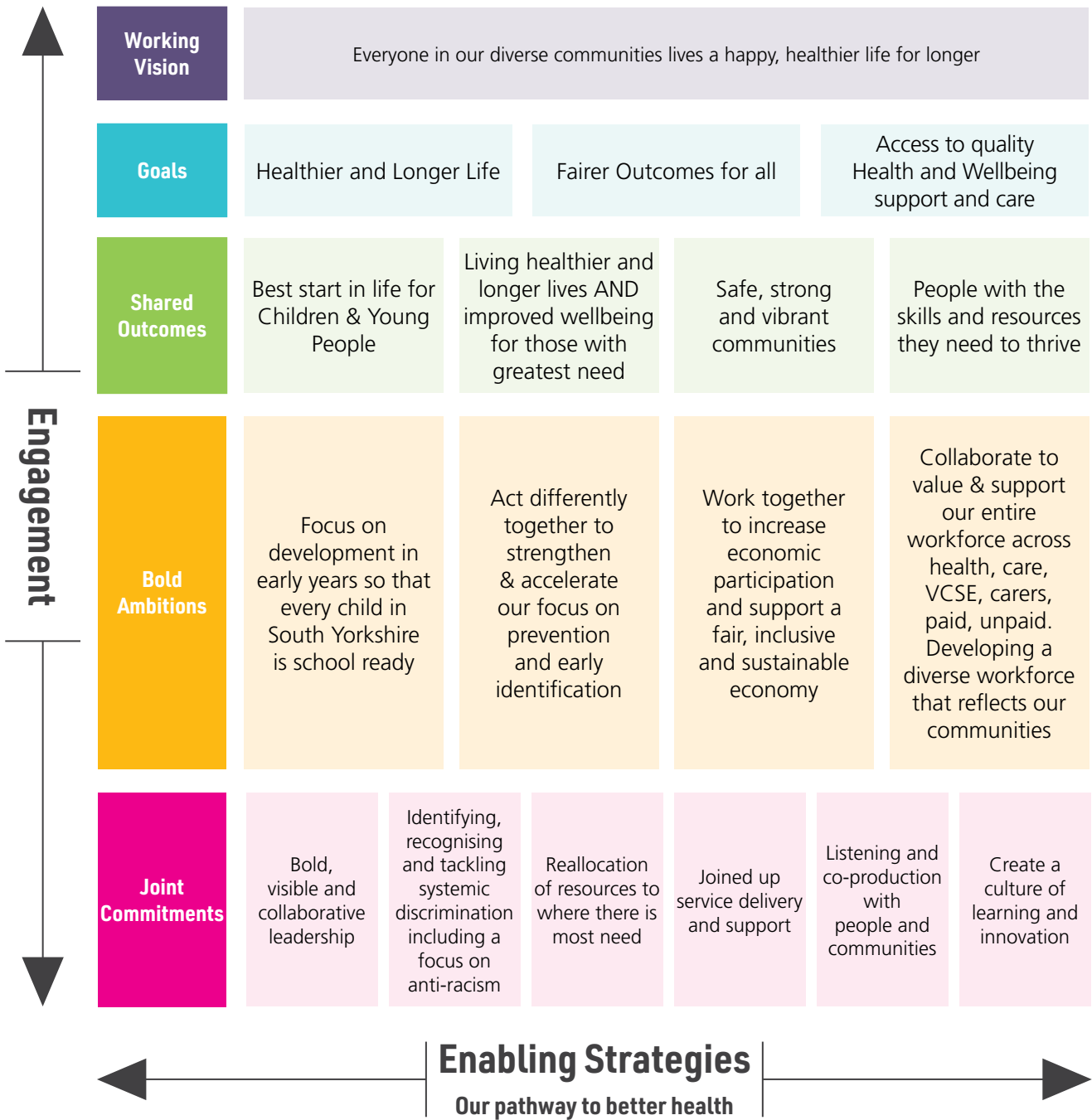
Figure Ethnic Health Inequalities in the UK Source:
 Ethnic Health Inequalities in the UK - NHS - Race and Health Observatory NHS
 – Race and Health Observatory (nhsrho.org)



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 Programme⁴. 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' Framework⁵ 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, LGBTQTrans 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 organisations 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 adaptation 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 utmost 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 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.



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 health 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. Its 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.

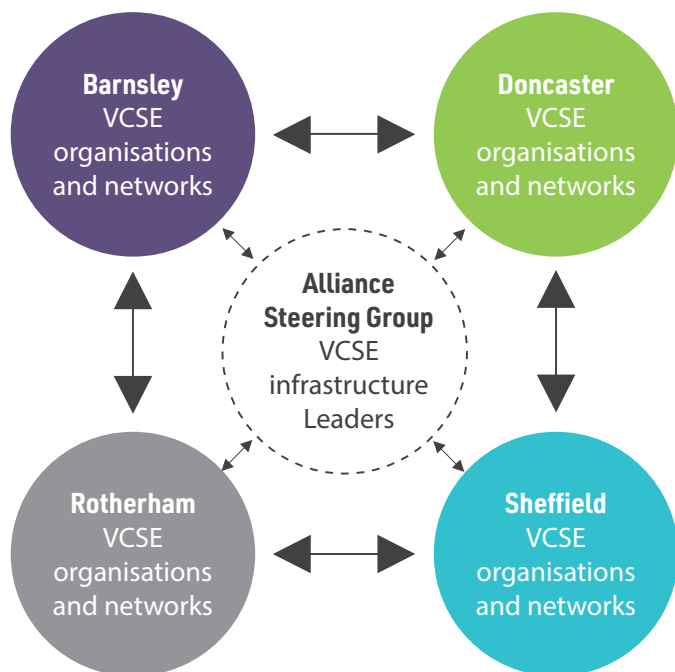
Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



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

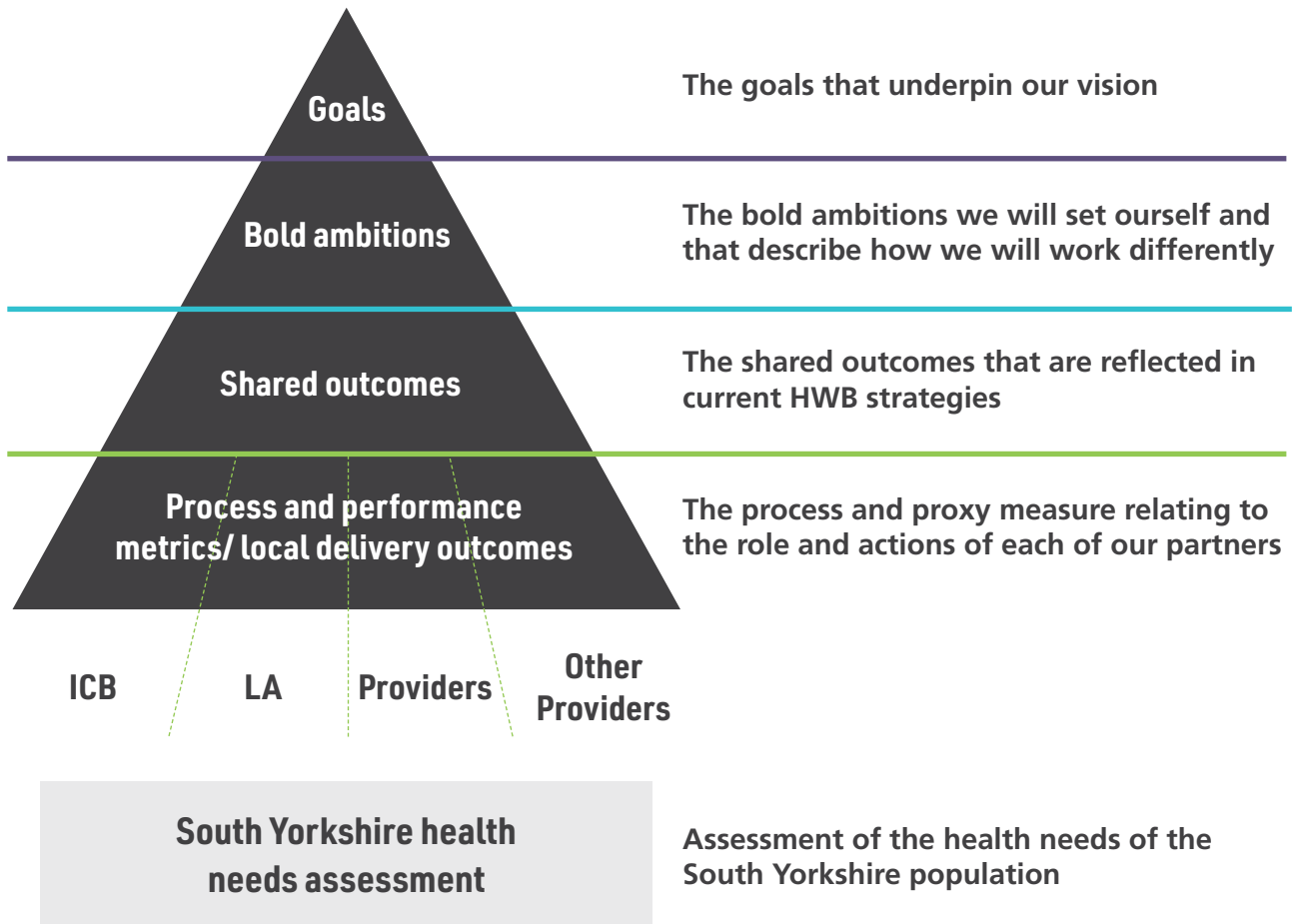


Having a work life balance is crucial to my health and wellbeing, working keeps me well as I love what I do, but on the flipside sharing quality time with my friends and family really makes my heart sing.

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 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					<p>Pearse Butler, ICB Chair</p> <p>Gavin Boyle, ICB Chief Executive (Vice chair)</p> <p>Will Cleary-Gray, ICB Executive Director of Strategy and Partnerships</p> <p>Christine Joy, ICB Chief People Officer</p> <p>David Crichton, ICB Chief Medical Officer</p> <p>Cathy Winfield, Chief Nursing Officer</p> <p>Wendy Lowder, ICB Executive Place Director</p>
Public Health		Rupert Suckling, Director of Public Health		Greg Fell, Director of Public Health	
Adult Social Care				Alexis Chappell, Director of Adult Health 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 Barnsley 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 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
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SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

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

March 2023

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South Yorkshire Integrated Care System



Review of existing patient and public insight to inform the development of South Yorkshire's Integrated Care Strategy

Report prepared for the Integrated Care Partnership in South Yorkshire

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1 Introduction and approach

1.1 Background

The Integrated Care Partnership in South Yorkshire (ICP) is in the process of developing its inaugural Integrated Care Strategy for South Yorkshire.

The approach being taken by the ICP is to build on existing strategies and plans that are in place, in particular Health and Wellbeing strategies, and to develop a strategy which will be dynamic, evolving over time.

National guidance is that the ICP strategies should cover the following themes:

- Personalised care (to enhance personalisation, choice and flexibility for people who draw on health and adult social care services)
- Disparities in health and social care (addressing disparities in access, outcomes, and experiences of health and social care across the population)
- Population health and prevention (how to improve health and wellbeing and how to support prevention of physical and mental ill-health, future care and support needs, the loss of independence and premature mortality)
- Health protection (including infection and prevention control (tackling antimicrobial resistance; immunisation)
- Babies, children, young people, their families and health ageing
- ‘Health-related’ services (services which have a substantial impact on health and wellbeing but are not provided by a health or social care provider. This includes those impacting on wider determinants, such as employment and housing)
- Digital access

The ICP wants to ensure the work to develop the ambitions and priorities for health and care in South Yorkshire is informed by the views of patients and the public. To inform this early strategy development and build upon existing insight, The Campaign Company (TCC) has been commissioned to review engagement work within the above themes that has been undertaken by ICP partners in recent years.

This review will help to identify key themes but also identify potential gaps in the current engagement activity to further inform the development of the ICP strategy.

1.2 Methodology

The approach to this desk-based review covered the following aspects:

- Reviewing existing insight and engagement reports, held by engagement leads across South Yorkshire, including reports from Trusts, CCGs, local authorities and third sector partners;
- Reviewing data available via regular reporting mechanisms, including experience surveys and compliments and complaints reports;
- Examining available data on local and national websites, including the national Healthwatch report library, South Yorkshire Health and Wellbeing Boards and Overview and Scrutiny Committees.

Through this process 286 documents were reviewed.

2 Findings by strategic theme

2.1 Personalised care

The existing insight and data show a number of key themes that are important to people across South Yorkshire in receiving personalised care.

Choice

Choice is a recurrent theme in the feedback reviewed around personalised care and this can be broken down into choice around the times in which people are able to access services; the location; and, increasingly, the type of appointment offered.

For time, where insight around extended hours for GPs had been gathered these changes were broadly welcomed, in particular people being able to access services in the evenings. However, access to GP appointments during the day were largely found to be inconvenient and time-consuming, especially when patients are given a telephone appointment without a time allocated to this.

There is a wide variety of insight around where people want to receive health and care services. People across South Yorkshire are well versed in travelling outside of their home area to access the services they need, particularly for specialist services, and other services have also more recently been adapted in response to the Covid-19 pandemic.

Generally, people support the notion of care closer to home with a belief that this will reduce travel times and cost, speed up recovery and keep the impact on caring responsibilities to a minimum. Yet people are also happy to travel to receive the best possible, highest quality care and know that they are in the right place should complications arise.

Communication and information

Communication between professionals and patients, carers and families is fundamental in how people feel about the care they receive.

When communication is open and clear and people receive information that allows them to be involved in and make decisions about their care, this contributes to the sense that people are more likely to view their overall experience positively. On the other hand, if there is a lack of clarity or appropriate information, many services reported people feeling less positive about their care.

The means of communication and information sharing is also an increasing element within this. Whilst this is discussed further within the digital access theme (2.7), it also links to choice in how people receive information – for some email and online communications is preferred but for others this feels inappropriate due to access, digital literacy and other issues.

Within much healthcare service feedback, in particular hospital provided services in Sheffield and Rotherham, patients and families generally express high levels of satisfaction with the care they receive. However, key issues that could be improved are communication and information between health and social care professionals and patients and families.

Treating the patient as a person

There is much feedback around patients being treated as a person rather than a series of separate issues accessing a range of different services. Particular examples of this were seen in Barnsley, where challenges in accessing social care during pandemic and frustrations about being ill equipped to deal with discharge from hospital were referenced by carers.

Some people in Doncaster accessing cancer services also felt that a consistent offer of emotional and, where appropriate, financial support as well as the provision of services at weekends to ensure consistency would be welcomed.

Supported self-management

It is clear that people want to manage their own health and well-being as much as possible: there was some feedback about some of the positive impacts this made on patients' well-being, confidence and recovery. However, many felt that the support needed to do this was lacking.

An important element identified in being effectively supported to manage their own care was establishing trust with a dedicated health care professional. This was strongly felt by cancer patients and others with long-term conditions. However, many felt that because there never appeared to be any consistency in the people they saw at appointments then they would doubt both the advice given by health-care professionals (since sometimes this was conflicting) and ultimately the decisions they were making about their own care.

From a different perspective, there were some people (particularly those who were older and more vulnerable) who felt that there was an increasing expectation from health-care professionals for them to manage their care themselves but they felt they did not have access to the appropriate support, tools and knowledge to be able to do this. This included not feeling confident with digital tools to access information; an anxiety that they could not trust their own decisions because they were not health experts; and not wanting responsibility for care budgets because they may not make informed decisions relating to this. Carers also felt that they should have equal access to the tools, knowledge and support provided to patients as part of personalised care packages because they were often best placed to make the most informed decisions about a patient's care. This was strongly felt by carers of people suffering from mental health conditions.

Some of the ways suggested to overcome these barriers were more information, the time and space to be able to discuss this information with a trusted healthcare professional – not someone who was going to ‘rush’ them; and learning and sharing with others who were in similar positions.

2.2 Disparities in health and social care

The Health and Wellbeing strategies of Barnsley, Doncaster, Rotherham and Sheffield set out priorities for their place and strategies for reducing health inequalities within each borough. These strategies identify a number of individual and societal factors that contribute to health inequalities including:

- Socio-economic status and deprivation – for example low income, living in a deprived area, and factors associated with this such as poor housing and educational attainment
- Vulnerable and socially excluded groups – for example refugees; Gypsy, Roma and traveller communities; unpaid carers; and people experiencing mental health conditions
- Protected characteristics – including age; sex; disability; pregnancy and maternity; and race
- Geography – including rural areas

NB: The list above focusses on priority areas identified within the strategies.

There has been a drive across South Yorkshire to improve the health status of people who may be impacted by these factors. Within the data and insight reviewed, there is feedback on areas where disparities in access to care; experience of care and behavioural risks to care are experienced by these groups. NB: There is more information on wider population experiences of these in sections 2.3, 2.6 and 2.8. This section focusses on the feedback of groups / key audiences who have more challenging experiences in accessing care.

Behavioural risks

Unhealthy behaviours such as smoking, poor diet, physical inactivity and harmful alcohol consumption are key factors that can lead to preventable ill-health. There have been many public health campaigns and interventions carried out across South Yorkshire to improve awareness of how these factors can impact on health. This has led to a general awareness across the wider population but there are still some groups who are less aware primarily because of socio-economic and other factors. These include:

- *Literacy levels* – this particularly impacts people for whom English is not their first language and people with lower educational attainment. Digital literacy has also been mentioned as an issue among older people.
- *Cultural factors* – for example dietary expectations among BAME groups and White British families on low incomes; social norms around drinking and smoking particularly among younger people but also older white British males
- *Availability of information* – not knowing where to find information; lack of clear information; and sometimes the limited channels in which information is available (written only; online only) are barriers to increasing awareness. This has been mentioned by newcomers to an area and socially excluded groups (eg traveller communities).

- *Affordability* – some people mention that switching diets (eg to eat healthy foods; to move to gluten-free options, etc) is more expensive than the pre-cooked or fast food alternatives. This has started to be mentioned in the context of cost of living issues. Going to the gym or cycling have also been mentioned as expensive or unsafe activities.
- *Capability* – some people lack confidence in their abilities to take action to increase healthy behaviours. Some people have mentioned the fact that they lack confidence or tools to cook; the lack of confidence to fully understand information presented to them has also been mentioned particularly by migrant, older and more vulnerable groups. The space to have conversations with trusted peers rather than rely on written information has been mentioned as a way of overcoming these barriers.

Access to care and information

How information is provided – both about appointments and accessing care and subsequent treatment - was raised as an issue in a variety of settings for a variety of people. This included a lack of information in primary care and relating to Covid-19 for those who require an Easy Read format and those for whom English is not a first language.

Carers also strongly felt that they did not have access to information that could support the way care could be provided to the patients they were looking after. Some said that it was challenging to navigate the health and care system if information was not provided directly to them and if they did not have the ‘authority’ to speak on a patient’s behalf. Another issue is that many did not always see themselves as carers and, as such, were not aware that support did exist for carers.

Those who do not have access to their own transport (both patients and carers) detailed this having an impact on accessing a range of services and influencing which services they would choose to use, from out of hours GP services and walk-in centres only accessible via multiple bus journeys to the location of vaccination clinics being too far away.

People who experience conditions that they perceive to have ‘stigma’ attached to them eg mental health conditions, substance abuse and sexual health conditions report that it is difficult to easily find support for their care that they would regard as confidential, non-judgemental and accessible.

Working patterns were also reported as having an impact on access to some healthcare services, this was particularly the case for health and wellbeing, vaccination and primary care services.

Quality and experience of care

While the insight around digital access is discussed in more detail in 2.7, digital exclusion was an issue raised by particular groups within communities as a specific barrier influencing their access and experience of health and social care services. For example for traveller communities in Doncaster and older people in Rotherham accessing the Covid-19 vaccine.

It is clear that more and more services are moving towards communicating and delivering services virtually using digital means but for many who are digitally excluded this will raise the divide in access to services further unless it is addressed.

For some, texts were seen as more acceptable than emails but any communications needs to be clear and well-written.

Several areas reported the issue of many services moving to online video or telephone appointments and the barriers this rose for people who are deaf or hard of hearing. Similar issues were also raised for those who do not have English as a first language when accessing telephone or video calls. Face to face was still seen as the best way to deliver services.

Wider determinants of health

It is recognised that wider determinants of health including income, education, access to green space, healthy diets, quality of housing and jobs have an impact on health. It is also recognised in the Health and Wellbeing strategies developed in Barnsley, Doncaster, Rotherham and Sheffield that inequalities and disparities in health are impacted by these factors but also in areas of deprivation. These are discussed in more detail in section 2.6 but it must be noted here that many of the groups noted above (eg low income groups; refugees and migrants) live in crowded or sub-standard housing; have lower educational attainment and are in insecure employment.

2.3 Population health and prevention

There are two key issues that have been identified when reviewing this section: mental health and well-being and health prevention.

Mental health and well-being

It was recognised by commissioners, providers and patients that mental health needs have increased significantly since COVID. It was felt that within this context much more work needed to be done to raise awareness of signs and symptoms of mental health conditions from depression to dementia so that early action and support could be provided to avoid chronic stages of these conditions.

Feedback from patients involved in developing Children and Adolescent Mental Health Services (CAMHS) in Rotherham and Barnsley suggested that:

- assessment waiting times should be improved – some young people had to resort to paying for their own care so that they could get timely support;
- better signposting of supporting services (eg welfare advice) should be provided;
- more advice and information for families and carers should be provided

There was also consensus that support for emotional, behavioural or mental health issues should be provided face-to-face rather than through other channels although signposting information was welcome in all formats (written, online and phone).

Being supported to have control of decisions was welcome by many but they felt that a lack of awareness and knowledge of what support services existed prevented them from doing so. This often led to people either taking no action or doubting the decisions they were making. This was particularly felt by younger people.

There was also recognition among all stakeholders that mental health and well-being was an area where a holistic person-centred approach was essential among all services and that this is where an integrated care strategy could have a huge impact.

Health prevention

Much has been done across South Yorkshire to raise awareness about the link between behaviours such as smoking, poor diet, physical inactivity and excessive alcohol consumption on preventable diseases. There has been increased awareness of campaigns and health promotion activities on these issues. [NB: Section 2.2 talks about some groups who are less aware primarily because of socio-economic and other factors.]

Awareness of campaigns encouraging COVID safe behaviours was also mentioned in a positive way. However, there was confusion about what the status of “COVID” was now and how people could continue “living with COVID safely”

Some people say that these health promotion initiatives could be improved by providing information in different formats targeted to different audiences for example videos, posters and social media posts. Many also suggested that a combination of written / oral information followed up with the ability to have a conversation with a health-care professional would allow them to have the agency to make informed decision and take the right action around their health. Others felt that there should also be more information shared locally and in day-to-day settings such as workplaces, education settings and retail outlets.

As well as prevention, there was also considerable feedback on early detection and diagnosis in order to stop conditions reaching chronic stages. It was felt that better health education for healthcare professionals as well as individuals to recognise signs and symptoms of a range of conditions (including different types of cancer, food intolerance, cardio-vascular diseases etc) would help save lives.

In terms of improving prevention and early diagnosis, it was felt that more could be done to help people navigate the ‘system’. This was particularly felt by people who had lower levels of health literacy (in the context the knowledge, capacity and confidence to access and use information to make decisions about health) and digital literacy. Access to peer support and community champions to help with this was also mentioned as a potential way of overcoming these barriers.

Long COVID was also mentioned as an increasing worry. People felt that there should be much more information about potential symptoms and that referrals to assessment centres should be quicker. It was also felt that more education with employers was needed to support people who were potentially suffering from long COVID.

2.4 Health protection

The main references to this were around immunisation programmes.

Attitudes to COVID vaccine

Those who had concerns about the Covid vaccine cited concerns about safety, insufficient information about the vaccine, information on social media and concerns about its impact on fertility. Trust in the vaccine was a particular concern for BAME and newly arrived migrants.

There were generally high levels of satisfaction with the vaccination process and access to vaccine centres in all areas.

Attitudes to flu vaccines

There is a higher level of trust in flu jabs and satisfaction with the process of receiving flu jab than with COVID vaccines since they are longer established.

People would like to see more choice in where and when to receive flu jabs (similarly to the flexibility in where and when to get COVID vaccines. GP practices are still seen as the preferred choice for receiving these because they are perceived as local “health hubs”. However there were a number of suggestions made for providing alternative flexible local provision including drive-through centres, mobile clinics and community pharmacies.

2.5 Babies, children, young people, their families and healthy ageing

This section identifies experiences shared within a ‘whole-family’ approach but there are many linkages with individual experiences described in other sections of the report.

Supporting carers

There is a strong need to recognise the needs of unpaid carers who support family members who may be older or younger. Some of these needs have been identified elsewhere (see section 2.2) but include the need to have more information about patients’ care needs; the need to be more involved when decisions are made about a patient’s care; and to recognise that they need support themselves as carer (eg respite care). Some people mentioned that the only type of support that is available can be vouchers for the gym or ‘me-time’ yet they do not have the time or means to leave the person they are caring for to benefit from these.

Young carers also have specific needs that need to be recognised. They are often juggling many responsibilities including study, work, caring and would benefit from respite too. Young carers in Barnsley have identified respite through social activities as a need.

Transition points

There are some key transition points that have been identified by people where people feel they are no longer supported by the system or do not know where they can continue receiving care. Some mentioned include:

- becoming a parent – there is mixed feedback from people using maternity services for example including from MS sufferers and people from BAME communities who feel that cultural factors are not taken into account
- accessing children’s services – continuity from maternity services to children’s services appears to be poor particularly from parents whose children have a childhood condition. Some have felt that signposting is poor and feel unsupported by GPs.
- Transitioning from children’s social care to adult social care – this has been particularly mentioned by young people experiencing mental health conditions: they feel fully supported as a “child” but find it difficult to navigate the “adult” system and are reluctant to lose the connection with a trusted healthcare professional
- receiving care as an older person – some people have felt patronised and subsequently ‘diminished’ when they are obliged to receive care due to physical conditions. They feel that the support for them to live at home is not there. Some carers supporting people with dementia also feel that they are not treated with respect or dignity and that their contributions to decisions relating to the patients care are not taken into account.

2.6 Wider determinants of health

National guidance on developing Integrated Care Strategies recognises that there are some services that have a substantial impact on health and well-being but are not provided by a health or social care provider. These 'health-related' services generally tend to impact on wider determinants of health, such as housing and employment. As such, how these could work more closely with health and social care services is an important consideration in the development of South Yorkshire ICP's strategy.

The insight and data reviewed shows that commissioners and providers recognise the impact of wider determinants of health on individuals and also the way that they may contribute to health inequalities (see section 2.2). These are clearly identified in the Health and Wellbeing strategies for Barnsley, Doncaster, Rotherham and Sheffield.

As would be expected, since the data reviewed in this research was primarily collected by health commissioners / providers then patients' experience of 'health-services' and wider determinants of health are not explicitly stated. However, there are some elements in the feedback that implicitly suggest how wider determinants of health impact on their health and well-being. It should be noted that a lot of the feedback where this is raised appears to be from patients and families who live in areas of higher deprivation (probably because much engagement has been carried out in areas where there are poorer health outcomes).

Feeling safe

Safety was mentioned at both an individual and community level. Being a victim of violence (domestic and neighbourhood) was specifically mentioned by users of urgent and emergency care services. Some people with mental health issues, including those triggered by social isolation, sometimes mentioned the fact that they feared going out because they lived in areas that were not safe.

Accessing health and care services in safe and familiar places was often cited as a driver, especially among older people, for wanting services closer to home.

Living in areas that were not safe, was also cited as a barrier to undertaking outdoor physical activity (eg walking, running and cycling).

Access to learning

Places of learning (eg schools, colleges and adult-learning environments) were cited as places where health information could be distributed and also health education could take place. Encouraging children and young people to adopt healthy behaviours and educating them about the benefits of this at early ages was often mentioned.

As well as places to promote healthy activity, these settings were also mentioned as places where services could be signposted especially those where privacy and confidentiality were seen as important including sexual health services, mental health services, etc.

Teachers / educators were also mentioned as important trusted channels who could be equipped not just to share health information but also to spot any signs and symptoms of conditions such as mental health or abuse.

Low levels of literacy and numeracy were also mentioned by stakeholders and carers as factors that impacted patients' agency and ability to sometimes make informed decisions about care but also to manage their own care.

Housing

The impact of housing conditions was mentioned by some as a contributor to their and their families physical and mental health and well-being. Some people mentioned damp and mould as factors that exacerbated respiratory conditions (eg asthma) of family members of all ages.

Over-crowded conditions, particularly mentioned by social housing tenants, were mentioned as a factor in quickly spreading contagious illnesses such as COVID-19.

Practical support to make adaptations in the home to allow people with disabilities or older people to live independently at home was also raised as solutions that could impact on well-being by promoting self-confidence and self-esteem.

Transport

One of the biggest factors affecting people's experience of health and social care is transport. This is cited by both patients and carers / families. People reliant on public transport think that more efforts should be made to make sure that there are better links to hospitals and specialist care settings ('better' in this context is the frequency; the extent to which there is integration between trains and busses; and availability of transport at certain times eg evenings when people might be visiting patients). This issue is particularly raised by people who live in more rural areas. Parents of babies and toddlers in particular cite difficulties in using prams and push-chairs on public transport.

Affordability of travel is also mentioned as affecting people's experience with the cost of travel and the cost of parking being frequently mentioned.

Community transport solutions are mentioned by a small number of people as being able to support travel for patients who find it difficult to navigate public transport networks because of physical ailments or because other forms of transport (taxi or public transport) are too expensive. There are limitations identified with this including availability.

Inclusive communities

There is a recognition by stakeholders that there is a lot of movement within communities and that more efforts should be made to ensure that the health needs of refugees and migrant workers should be met. Both stakeholders and patients have suggested using

community settings, retail outlets that specialise in different ethnic foods and trusted local faith / community leaders would be effective channels to spread health messages and information about services to 'newcomers'.

It was also reported by some refugees that COVID-related delays in certain statutory processes, for example asylum interviews carried out by the Home Office, has caused an additional impact on people's mental health – people who are already fearing for their own future and the future of their families in their native countries.

Costs

The cost of accessing services – whether it be travel, digital access, adopting healthy behaviours and the actual cost of care – was frequently mentioned as a growing anxiety. While most of the data reviewed dated before the cost of living crisis spiralled this year, this is clearly going to exacerbate some of these anxieties.

In terms of overcoming some of these anxieties, some people mentioned better signposting to some of the benefits or financial support that they could access. Others also mentioned being able to access better-paid jobs. The impact of COVID on working practices (especially more part-time working rather than full-time) was also mentioned by some as a factor that meant they now had lower disposable income than they did a few years ago.

2.7 Digital access

It is clear from reviewing the feedback, that the pandemic has changed attitudes and behaviours towards digital solutions in a positive way. Through necessity, people have become more adept and confident in using online health information and services. However, there are some groups that are still excluded or less able to access digital health care or just don't want to. Patient and family feedback suggest that this is down to three key reasons: affordability, skills and choice.

Affordability

Being able to afford internet access and/or equipment (eg smartphones, tablets, computers) to effectively use online services was more frequently mentioned as a barrier to digital inclusion than skills. Groups that are particularly impacted are those on lower or no incomes (including retirees) or more vulnerable groups (including refugee, asylum seekers and people with learning disabilities). As a result, people who did not have digital access often struggled to make appointments or ended up having to pay more for long automated telephone appointments which they also struggled to navigate)

Skills

Two key aspects to this were often mentioned: lack of confidence and knowledge to access digital health information / care (ie digital skills themselves) and also the difficulties of navigating the system and understanding information (ie digital health literacy). This was raised by more vulnerable groups such as older people and people with learning disabilities. Some people felt pushed towards using online systems such as NHS 111 which they did not feel confident in using stating that they would prefer to have a conversation with someone.

Choice

There was consensus that digital health services should be part of the solution and not the whole solution. Having the options to choose what worked best for people was seen as key. There was a strong feeling that face-to-face interactions were best but there was also a recognition that digitalisation could also help make parts of a patients care journey more effective. The NHS app was universally seen as a positive development – the ability to order prescriptions, sending messages to GP, being able to search online for advice were all cited as features that were positive. However, some people wanted to access more information about their health on this including records from both primary and secondary care providers as well as have the ability to communicate with secondary care professionals in the same way as they could their GP.

One element that affected choice too was concerns about how health and personal data was used and shared. This was particularly raised by young people. Choosing how to receive

information (eg by e-mail, text, post, or phone) was also seen as an important element of patient choice.

It was also recognised that pre-op assessments or monitoring conversations with consultants were also more efficient. These meetings were generally 15 minutes but could take an hour to get too.

3 Conclusions

From the insight reviewed, it is clear that every person experiences care in a way that is shaped by circumstances unique to them – from individual and behavioural traits, environmental factors including interactions with the health and social care system, and the social context within which they live. Because of this, it is sometimes difficult to extrapolate individual and subjective feelings into a strategic context. Notwithstanding that, this report has attempted to summarise key findings into the framework set out by NHS England to help ICPs develop an Integrated Care Strategy for each of their areas.

Because of the wealth of information collected from patients and their families across Barnsley, Doncaster, Rotherham and Sheffield over recent years, it is possible to see that there are universal themes, crossing different medical conditions and services, that can usefully inform the development of South Yorkshire's Integrated Care Strategy. These universal themes, identified by patients and families as important elements in their care, have been summarised as follows:

- **Awareness** – this includes the need for more information about health prevention and availability of different health and social care services.
- **Access** – this includes removing the barriers to accessing health and social care services. It is important to note that people's experiences of accessing services have also been made within the context of the pandemic.
- **Agency** – this includes providing people with the information, tools and capacity to manage their own care.

More detail of these, as referenced throughout this report, are summarised below.

Awareness

One of the biggest barriers to better health and well-being appears to be a general lack of awareness of information and support about how to live healthily but also what exists to support ill-health. This was particularly mentioned within the following contexts:

- *Living well* – while there is more generally awareness of factors such as smoking, poor diet, lack of exercise, etc on health conditions such as diabetes, cancer, cardio-vascular conditions, there is a demand for more information and particularly practical support on how to prevent these conditions. This is particularly mentioned by specific groups such as older men, lone parents, people with disabilities, newcomers to an area (including refugees) and those living transient lifestyles (including students and Traveller, Gypsy and Roma communities).
- *Spotting signs and symptoms of long-term conditions* – better support for early detection and diagnosis of cancer, dementia, depression and other conditions (including food tolerance) were regularly mentioned. There are specifically two issues here: not

knowing what to look for but also not knowing who to talk to about concerns. The difficulty in getting GP appointments has exacerbated this as well as a mind-set of 'it's probably nothing'. People do not appear to be aware that there are other information sources or experts that they could approach instead.

- *Support for carers* – a common theme, particularly for people with long-term conditions including mental health, is the lack of support for carers including young carers. Some people do not know what, if anything, exists: others feel that what is offered (eg vouchers) is not appropriate.

Access

Accessing services is one of the most commonly mentioned areas of concern by patients and families not least because it affects the quality of a patient's experience. Access in this review covered many dimensions including:

- Accessing health and social care services that are locally provided and close to home. It was felt that this would overcome practical barriers such as 'getting there', the time to get there and the reassurance of receiving care in a familiar community environment.
- Affordability – this primarily focussed on cost of transport, cost of parking, cost of medication and the cost of care (particularly mentioned by older people). The cost of digital care was also mentioned in this context – some people were concerned about the cost of broadband and equipment needed to support tele or video consults or virtual carer / patient conversations if a patient was in a hospital / care setting.
- Access to GP services was frequently mentioned as being challenging – particularly during and since COVID lockdowns. Getting an appointment; the booking process and even the quality of interaction within a GP practice (including the lack of signposting by GP and practice staff) were all factors that were cited in this context. It was recognised that a lack of response from a GP would lead to people using urgent and emergency care services instead.
- People not knowing what services can be accessed (see *awareness* section)

Agency

Most people want to be in control of their care and many are frustrated by the barriers that prevent this. People welcome the opportunity that digital solutions such as the NHS App present in terms of managing medication, appointments and so on but some want more from this – eg access to medical records.

A number of people, particularly more vulnerable groups, are reliant on the “system” but struggle to navigate it. Carers in particular wish they had access to more information so that they could better support the people they care for. They also wish they had similar levels of ‘rights’ as a patient so that decisions about a patient’s care could be made as a “family”.

Spaces to have “conversations” rather than just information in written form was also suggested by people including those with lower educational attainments, people for whom English was not their first language, younger people and others who wanted to have “agency” over their decisions. Trusted third parties were also felt to be a good way of sharing information and having confidential conversations about health matters.

It was also recognised that sometimes lack of agency was mainly due to a lack of information so providing health information in places where people “were at” (eg workplaces, educational establishments, social places) would help people take control of their care.

Next steps

As part of this review process, it is clear that there is much information available about mental health and well-being services; the experiences of carers and young carers; specific conditions especially in secondary care settings; and BAME groups in areas such as Sheffield. Engagement reports provided by Healthwatch bodies across South Yorkshire was also extensive.

The next phase of this work provides an opportunity to make sure that the voice of all the key under-represented and socially excluded groups within South Yorkshire are heard (either directly or through third-party advocates).

There is also an opportunity to make sure that organisations that impact on the wider determinants of health (eg housing associations, police, employers, educational establishments, etc) are also engaged in the development of an integrated care strategy as well as providers of social care.

South Yorkshire Integrated Care System



Developing NHS South Yorkshire's Integrated Care Strategy: the patient and public perspective

Engagement findings

December 2022



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1 Introduction

1.1 Background

The Integrated Care Partnership in South Yorkshire (ICP) is in the process of developing its inaugural Integrated Care Strategy for South Yorkshire. The ICP wants to make sure that its ambitions and priorities for health and care in South Yorkshire are informed by the views of patients and the public.

An analysis of existing insight of patient experience and engagement carried out by ICP partners in recent years has been undertaken to inform the framework of the Integrated Care Strategy.

The ICP is now carrying out engagement with patients and the wider public to ensure that current needs are being reflected in the new Integrated Care Strategy. People have been invited to tell the ICP **'What matters to you about your health and wellbeing?'**

People have been encouraged to share their views online or in whatever format they wish. They have also been encouraged to comment on any aspect of health and wellbeing that is important to them.

The engagement started on 2 November and closed on 11 December 2022. This report summarises key themes raised during this process.

1.2 Who has taken part in the engagement

An online survey asking for responses was circulated widely to reach as many South Yorkshire citizens as possible by free digital means. The survey was promoted on NHS South Yorkshire's social media accounts, to the 1,200 ICB membership network; and by asking all of its partners from the NHS trusts, Healthwatch, VCSE umbrella organisations, local authorities, elected members and the South Yorkshire Combined Mayoral Authority to share it on all of their networks.

Healthwatch also ran two Zoom focus group sessions with harder to reach audiences. Social media advertising targeted at the harder to reach groups and communities was also used including advertising in community languages.

The NHS South Yorkshire ICS has committed to continued targeted engagement to ensure they hear from those who were not able to participate in the engagement due to the timescales of this work.

Through this process over 500 people gave their feedback in the following forms:

- 466 responses by individuals
- Attending focus groups or providing feedback through surveys on behalf of the following organisations:
 - 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

Some of the key demographics of the respondents / participants are shown in Appendix 1.

1.3 Understanding the responses

An open question has been posed so for these free text responses a qualitative data analysis approach is being used. All text comments have been coded thematically to organise the data for systematic analysis in the final report.

Any differences in attitudes between different groups of people eg people of a certain age, ethnicity, gender or location are highlighted if they exist.

Verbatim comments from survey responses are included in Appendix 2.

2 'What matters to you about your health and wellbeing?' - key themes

In response to the question 'What matters to you about your health and wellbeing' there are some frequently mentioned themes. These are summarised below.



For the purpose of analysis these have been categorised as:

- Access to care
- Quality of care
- Improving mental health and wellbeing
- Support to live well
- Affordability and other wider determinants of health
- Accountability

These are described in more detail below.

Access to care

Access to care was by far the most frequently raised topic in the survey and qualitative conversations. In the survey, over half of the respondents mentioned it in some way.

The need to have good access to GP services was most often mentioned in this context. The difficulties in getting an appointment, and even 'having a human answer the phone' as well as the 'service' provided by GP practice staff was frustrating for many. The challenge in getting follow-up appointments was also mentioned as an issue. It was recognised that if access to GP services was offered in the right way then there would be fewer people using accident and emergency services.

Other access issues included accessing care in a timely manner. This covered access to advice as well as access to services themselves. Being reassured that an ambulance would arrive quickly was also raised as an issue.

Equal access to care was also mentioned – getting rid of the “postcode lottery”, making sure that affordable care was offered – particularly residential care; and access to care that did not involve expensive forms of travel (eg taxis, expensive parking, several public transport journeys, etc).

Access to support for carers – especially young carers – was also identified as a need.

The physical accessibility of care was highlighted by several participants, with inconvenient locations, difficulties with transportation and mobility issues all limiting the ability of patients to access treatment.

Where those taking the survey indicated that they had a disability, they were asked if this affected their ability to access services, with capacity issues again being raised and mobility impairment presenting itself as the leading challenge caused by disability. However, other barriers also existed, with both neurodiversity and mental health conditions affecting both people's willingness and ability to seek healthcare when needed. In addition, for some there were communication problems stemming from speaking, hearing and memory issues.

Other forms of care outside of the NHS's direct control were also mentioned, with concerns around accessing social care for themselves or a loved one.

Quality of care

The quality of care received was also considered by many as a priority.

Many of these comments were a general desire to know that they would receive a good standard of treatment when needed, but several issues did repeatedly appear amongst responses.

The first of these was a desire for effective continuity of care, with patients wishing to receive care from the same professional as they would be more familiar with their case and that any hand over between services should be seamless. Some felt that this would allow them to have more trust and confidence in the wider NHS system.

The second major issue was around communication. This was expressed both in terms of frequency but also in terms of quality of communication: some patients felt that there were inadequate attempts to explain their condition to them or to keep them in the loop around ongoing treatment. Others felt that they were not being listened to by healthcare professionals.

People also felt that there should be better co-ordination between services – both within primary care (especially between community services) and between primary and secondary care. The anxiety caused by delays in referrals impacted on people's wellbeing at a time when they are already feeling vulnerable.

Having a better experience in hospitals was also raised. This included having better access to and communications from medical staff.

Improving mental health and wellbeing

There was a recognition that anxiety and depression were conditions that were increasing both for individuals and members of their families. The need for better support to manage this but also to help prevent these conditions in the first place -for example, by recognising that work-life balance was important both by individuals and employers, was frequently mentioned. Support also included advice on living well so that people would 'feel good about themselves'.

There were perceptions of a lack of mental health support being currently available within the system and a belief that parity of esteem between mental health and physical health conditions was not yet the case. Participants wanted to be treated with equality and respect, with the right treatment for their individual circumstances and they wanted to be listened to.

Support to live well

There was a desire from many people to live healthy and healthier lives. They recognised that being active and eating more healthily was key to this and subsequently many of the comments focused on more support to achieve these goals.

Some of the preventative measures that people wanted support with was advice on maintaining a healthier lifestyle and to improve or preserve good mental health. In the qualitative conversations, more affordable and practical support for those with long-term conditions and their carers was also frequently mentioned.

In addition to the preventative measures, there were also a number of comments asking for advice and guidance on recognising the signs and symptoms of long-term conditions including cancer and more increasingly dementia.

Maintaining a good work-life balance was also identified by a number of participants including those working within NHS settings. Educating employers about the benefits of this was identified as a need.

Having affordable access to local opportunities to stay healthy (eg fitness classes; weight management advice, transport to get to places offering medical, clinical and wellbeing support, etc) was also felt to be important and to lead to the increased likelihood of people living well rather than developing long-term conditions such as diabetes, cardiovascular illnesses, etc.

Affordability and other wider determinants of health

There was a recognition that issues outside of the healthcare system had an impact on people's health and well-being. The biggest factor raised was the cost of "living well"- preventative action eg accessing the gym or eating healthier foods was seen as being expensive. Some people also recognised that travel and transport was now more expensive and had an impact on accessing care.

Other factors that were recognised to impact negatively on health included poor air quality; bad housing conditions; low-paid manual jobs; crime and antisocial behaviour, and loneliness.

Some of the beneficial wider determinants of health included access to outdoor spaces and decent public amenities; living in pleasant neighbourhoods; maintaining a good work-life balance and participating within the wider community.

Accountability

A number of specific individual cases and issues were raised – particularly in reference to complaints regarding misdiagnosis but there were a number of comments relating to accountability in different forms including:

- involving patients in decisions relating to their own personal care
- involving patients and public in decisions that affect the way that the NHS provides care
- the importance of having strong systems of governance with a role for patients and public scrutinising local decisions.

Appendix 1: Profile of participants

In addition to the two substantive questions contained within the survey, respondents were asked a series of questions around their identify, where they lived and the how they were made aware of the survey. These were optional so not everybody provided their details.

Demographic details only (rather than questions relating to the survey) were also captured during some of the qualitative events and are included.

These questions were designed to ensure that no group of residents was missed during the course of the engagement work. Results were monitored continuously throughout the process, with measures put in place to increase response rates or use other forms of engagement to reach under-indexed groups where required.

Where did you hear about our survey?

	%
Social media	25%
Newsletter/ e-bulletin I received	15%
At an event	8%
Email	34%
Through work	20%
Other	6%
At a meeting	1%
Total	100%

Other

Respondents who selected 'other' were asked to provide further details over how they had learned about the survey, with six respondents stating that it was through another organisation, three via friends and family, and one from an email.

If you heard about our survey through an organisation/ charity/ group workplace etc please could you tell us their name?

	%
NHS South Yorkshire ICB	16%
Healthwatch Barnsley	10%
Barnsley Council	8%
Doncaster Council	8%
People Focused Group	7%
Rotherham Doncaster & South Humber NHS Foundation Trust	5%
South Yorkshire's Community Foundation	5%
Hatfield Health Centre	3%

South West Yorkshire Partnership NHS Foundation Trust	3%
Non-organisation	3%
STARS - Sheffield Adopters	3%
Chilypep	2%
NHS	2%
Sheffield Children's NHS Foundation Trust	2%
Other	22%
Total	100%

While participants were asked to provide their answers as free-text, for ease of understanding responses have been grouped into the leading referral organisations. Where an organisation received only one or two mentions they have been grouped together under the label 'Other'.

In which of these council areas do you live?

	%
Barnsley	25%
Doncaster	30%
Rotherham	15%
Sheffield	26%
Other	5%
Total	100%

Other

Where survey-takers selected 'Other' they were asked to provide further details, with five indicating locations in West Yorkshire, four Bassetlaw, four Derbyshire, and one North Lincolnshire. Another response stated they worked within the area of the ICB.

'(If you are) What medical condition(s) are you currently receiving treatment for?

	%
Audiology	2%
Autoimmune	8%
Cardiology	20%
Dentistry	1%
Dermatology	4%
Endocrinology	18%
Gastroenterology	7%
Genetics	1%
Gynaecology	12%
Hematology	3%
Hepatology	1%
Hypersensitivity	3%
Lipidology	5%
Mental Health	25%
Musculoskeletal	16%
Neurodiversity	3%

Neurology	14%
Obesity	1%
Oncology	7%
Ophthalmology	3%
Post-operative Care	1%
Pulmonology	18%
Urology	4%
Total	100%

Those taking the survey were given the opportunity to describe their conditions in their own words, which have been categories into the specialisms above.

What age are you?

	%
0-15	2%
16-24	8%
25-34	13%
35-44	19%
45-54	20%
55-64	21%
65-74	11%
75-84	5%
85+	1%
Prefer not to say	1%
Total	100%

What is your gender?

	%
Male	26%
Female	72%
Non-binary	1%
Prefer not to say	1%
Total	100%

Have you gone through any part of a process, to bring your physical sex appearance, and/or your gender role, more in line with your gender identity?

	%
Yes	1%
No	97%
Prefer not to say	2%
Total	100%

Have you had thoughts about going through a process to bring your physical sex appearance, and/or your gender role, more in line with your gender identity?

	%
Yes	1%
No	96%
Prefer not to say	2%
Total	100%

Which of the following best describes your sexual orientation?

	%
Heterosexual / straight	86%
Gay	2%
Lesbian	1%
Bisexual	5%
Other	2%
Prefer not to say	5%
Total	100%

What is your ethnic group?

NB: in our insight work, people are invited to self-describe their ethnicity rather than tick a pre-described box, which leads to a large variation in descriptors. This table summarises these comments.

	%
Black	1%
British – no reference to heritage	4%
Indian	0%
Middle Eastern	1%
Mixed	1%
Pakistani	4%
South Asian	2%
White or White British	86%
Gypsy, Roma, Traveller community	0%
Prefer not to say	1%
Total	100%

Other people who took part in our insight identify as follows: Middle-Eastern-Asian-British; Albanian; Moroccan; Sudanese; Catholic; Black-Caribbean; White Anglo-Saxon; Caucasian; White-mixed; Indian; Mixed-black-Caribbean-white; Black; White-Arab; Scottish; White-

Yorkshire; British-Irish; Mixed; Black-African; Yemeni; British-Pakistani; Roma; Gypsy; Kurdish; White-Irish; Asian; Roma-Gypsy; Middle-Eastern; Yorkshire; English; White-European.

How would you describe your national identity?

	%
English	61%
Welsh	1%
Scottish	2%
Irish	1%
British	32%
Prefer not to say	2%
Other	2%
Total	100%

Other

Those who answered 'Other' were asked to provide further details, two of the answers provided did not relate to nationality, with the other responses being European, Nigerian, Portuguese, and Romanian.

Are you a UK Citizen?

	%
Yes	98%
No	1%
Prefer not to say	1%
Total	100%

If you are a national of another country are you any of the following?

	%
An EU National	2%
A refugee	2%
An asylum seeker	1%
A student	0%
N/A	91%
Prefer not to say	5%
Other	0%
Total	100%

Do you have a religion?

	%
Christian	45%
Christian - Roman Catholic	5%
Hindu	1%
Buddhist	0%
Jewish	0%
Muslim	1%

Sikh	0%
No religion	39%
Prefer not to say	8%
Other	2%
Total	100%

Other

All five participants who selected 'Other' gave further details with two self-describing as pagans and individual responses of Atheist, Spiritualist, and Wiccan.

Do you consider yourself to have a disability?

	%
Yes	29%
No	69%
Prefer not to say	2%
Total	100%

What is the nature of your disability?

	%
Deafness or severe hearing impairment	18%
Blindness or severe visual impairment	0%
Condition which severely limits physical activity for example climbing the stairs, walking	56%
Learning disability	5%
Longstanding psychological or mental health condition	37%
Other	22%
Total	100%

Other

Seven respondents who selected 'Other' indicated a neurodiversity, three joint disorders, three sleep disorders and there were individual responses of brain injury, diabetes, hearing loss, a long-term condition, long-term pain disorder, obesity and osteoporosis.

Are you currently pregnant or expecting a baby?

	%
Yes	1%
No	98%
Prefer not to say	1%
Total	100%

Do you have any children?

	%
Yes	67%

No	31%
Prefer not to say	2%
Total	100%

What is your marital status?

	%
Single	16%
Co-habiting	10%
Married	56%
Divorced / Separated	9%
Widowed	5%
Prefer not to say	4%
Total	100%

Do you have caring responsibilities?

	%
Yes	30%
No	67%
Prefer not to say	3%
Total	100%

Are you serving military personnel or a military veteran?

	%
Yes - serving military	0%
Yes - veteran	4%
No	93%
Prefer not to say	2%
Total	100%

Are you currently in employment?

	%
Yes - self employed / part-time / full employment	63%
Not currently employed / Retired	33%
Student	1%
Prefer not to say	3%
Total	100%

Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

This section of the reports presents the full responses of residents of the substantive questions 'Please tell us what matters to you about your health and wellbeing?' The order of responses has been randomised, with new numbers being assigned for ease of reference. Personal identifiers have been removed

Ref No.	Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?
1	Keeping Warm Face to Face appointments Make an appointment in advance because it is not fair when people abuse the system
2	Fitness and being able to do things
3	Being` listened to and feeling listened to Compassion, care and respect from professionals Seeing me as a fellow person, not in a hierarchy of 'you' and 'us' and professionals not being robotic and scripted Seeing people as individuals with individual needs, nothing everything works for everyone u Recognising holistic health and wellbeing: physical, emotional, mental, financial, social, work etc and seeing the whole person
4	Being able to see a GP in a timely manner. Being able to seek treatment in A&E without waiting hours & hours because there are so many people using the service because they can't get in to see a GP
5	Mobility Being able to look after grandchildren & parents Access to medical help when I need it
6	Locality.
7	Accessible GP appointments. Activity opportunities. Better hospital experience. Time to de-stress
8	Better provision/management of fitness facilities particularly for me a swimming pool. This would be followed by accessible health care.
9	Access to health care : the ability to manage my own health with support from health care professionals. A walk in service or over the phone, that doesn't require an appointment would be useful. Social activities: the library use to have courses and workshops run by adult education that focused on learning, and while the well being aspect was invaluable, changing the focus to this meant they were not as stimulating or beneficial in developing skills. Exercise: access to the countryside, walking and classes. the classes of course are great for social interactions too.
10	Having a hospital nearby that has an A & E and somewhere my parents can go if they are poorly.
11	That I am listened to and respected by health professionals. That I have timely access to referrals and investigations into secondary care when needed. General Practice is in crisis. Getting an appointment is difficult.

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

- 12** Womens health
Mental health
- 13** Keeping healthy. Getting a gp appointment if needed. Meeting new people.
- 14**
Getting a GP appointment is key to avoid people turning up at a&e. I'd like to see primary care open 7 days a week and not just a tick box opening service for telephone or blood / screening appointments. 7 day a week service will s needed and face to face appointments
- 15** Feel listened to respected and valued not being treated like a alien or a problem
- 16** Good access to services. Primary care.
- 17** To be healthy and happy
- 18** To be able to contact GP's more quickly than at present.
- 19** Mental Health & WellbeingTackling inequalities in health and wellbeing so everyone has the same opportunities to live a healthy and happy life.Better access to healthcare appointments such as GP's
- 20** Being able to see a doctor when needed and the support you need with pain management etc to manage your condition.
- 21**
Much more needs to be done about hospital car parking. People are having to travel long distances by bus and rail because there is no easy parking available. This is a problem for frail and sick people when bus and rail are increasingly unreliable. The stress caused, trying to get to hospitals, on time and home again, after a procedure is enormous.
- 22** Being able to access good quality care when it is needed; that all sectors of the community feel they can do the same.
- 23** Clean air
Not having to beg for things like P.V.P and benefits
Easier access to medical help and support
- 24** Its my top priority, taking care of myself, positive outcomes, meaning all is well.
- 25** clean and safe places to live, with good schooling and community resources including shops, libraries, GP and dental services that are open to accommodate people who work 8-6pm Monday to Friday. We also need open spaces, parks and recreations to enable sport, walking and other outdoor pursuits to be enjoyed by people with little or no disposable income for gym memberships.
- 26** Access to the healthcare system - being able to contact a GP and get an appointment to see someone.
Preventative work - proactive health monitoring - rather than firefighting when it becomes critical - regular prostate checks, bowel cancer checks before the 60+ check, skin checks, cervical smear tests earlier, mammograms earlier than 50, etc.

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

27 Being able to get priority appointments with dentists and GP's early morning, evening and weekends. I have seen people who don't work i.e pensioners in early appointments when it is often difficult for working people to come out of work, losing pay or having to make up the hours if they do.
Full services being resumed in GP's and dentists for such as ear syringing and scale and polish - I am not the only one who can't get either and have had to pay privately for ear syringing.
It would be good to see free nutrition and recipes available to all. Many people having gained a few pounds over covid would like to do something about it but can't afford to join expensive groups like WW, SW, and gyms.

28 Access to GP when needed, not when is convenient for them. People being proactive rather than reactive as its often more expensive in money and time and has possible repercussions with family and mental health if things are left too late.

29 joined conversation with #6; people known to each other via Breathing space gym Keep going – keep as healthy as I can, condition permitting Aches and pains are different all the time I come to the gym at Breathing space and swim 3 x a week, 25 lengths; set myself targets and try to get a few seconds faster, coming to the gym here (BS) has helped, I've improved. I am frightened – not being able to get up if I have to get down on the floor for something. I struggle with socks and shoes; it would be good to try things; I got the gadget to help put socks on but its useless. I don't want to ask for help, staying independent is vital

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

30 I want my family, and our whole community, to be thriving as opposed to barely surviving. What I'd like to see is that as a community we all have access to the services we need, when we need them, whether that be routine or in an emergency/crisis. I want the people working within those services to be fairly paid, to have the resources to do their job well and make the difference they know they can and to be valued, respected and supported by both the government and the community they are serving. I want everyone to have access to the health and social care they need, when they need it. You shouldn't have to be able to pay for help and support to be able to get it when you need it and having less money shouldn't mean having to wait longer. You shouldn't have to be at total crisis/breaking point before someone is willing to listen. I want people to feel welcome and safe in our community. I want housing to be available and comfortable, not just "adequate". I want not to worry every time my teenage son leaves the house that he is going to be a victim of knife crime. I want people to be supported in finding fairly-paid jobs, being able to work and have pride in being able to contribute. I want us to support those people who can't work and make sure that they still feel valued and that they are a valuable member of our community who makes a very real contribution. I want to live in a community where we support each other. I want people to be able to afford to eat, and eat well. I don't want Food Banks to need to exist. My biggest concerns right now are around our collective mental health and wellbeing as opposed to physical health and wellbeing. So many people I know are really struggling mentally for the first time, it all feels relentless and bleak and that it just isn't going to get better. And it feels that no one cares that it isn't going to get better or believes that we actually deserve better. There feels to be so little good news - the cost of living, wider financial stresses, entering recession, rising unemployment, instability and lack of confidence/trust in government, the war in Ukraine, climate change, potential industrial action within the NHS and other key services, constant messaging re the lack of access/availability to key healthcare services, ongoing concern about the impact of COVID again in the future - all of this takes a huge toll on our collective mental health and wellbeing. I worry that people can only take so much and that collectively we have reached our limit, it's frightening. I worry for our children and the impact of all this on them, as the adults we want to soak up as much of this stress/anxiety as possible but it is naive to think that this isn't impacting on our children and their mental health. And where is the support for them? Long waiting lists and overstretched services with no promise of better in sight.

31 I want to feel like staff care about me and my family - whether that's at my local practice, at A&E, at the pharmacy or when calling the council. I have felt increasingly disappointed in staff attitudes at health and care settings since the pandemic and at times and it makes me not want to need their help which I can't control. I'm also concerned that local pharmacies seem to be struggling to cope with demands, every prescription I've needed in the last 6 months has been out of stock so I have to either waste hours of my time calling to see where stock is, or wait 2/3 days for items to be ordered and delivered to stores. I'm also concerned to hear that the Doncaster vaccination site at Lakeside is due to close soon with so many people still unvaccinated/due boosters etc. Why can't it stay open and offer a drop in health service like the health bus seen as though it's recently had signage installed and is a popular spot with free parking and easy access?

32 Being able to access information - knowing the best place to go for advice if I am concerned.

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

33 Doctor availability

34 Staying physically and mentally healthy

35

To have access to a Gp and not have to drag sick children on unreliable public transport to gp collaborative on half day surgery closure, weekends and evenings. To have faith that loved ones will be well cared for if admitted to hospital. Nurses are stretched, stressed and juggling unmanageable workloads. Help them to help the public and their families.

36 Being listened to and not made to feel as though I am stupid or lying
Getting the correct treatment as quickly as possible

37 I think having a decent standard of living in many aspects such as Financial, healthy 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.

38 Healthy lifestyle, having a decent mental health, less stress, not anxious

39 Having tools to use to keep myself well and positive and manage complaints and conflict

40 Personalised care. Being supported and listened to.

41 Being able to see a doctor.

42 knowing the options and having access to appropriate health professionals when I have concerns

43 Without good health I cannot make the most of life:

* I need annual check ups with my GP

* Easy access to reliable information regarding any concerns easily

* Systems I can navigate. GP websites are too cluttered and difficult to follow

44 Provision- high quality and availability Opportunities accessibility

45 Having a good insulated home and up to date improvements good food

46 To ensure I am able to live life to the full, enjoy my time off and time at work, without worrying about how that impact on my health & wellbeing.

47 Being supported by those who are around us, having people to socialise with

48 It matters that I am able to spend time with friends in my local community.

It matters that I spend quality time with my children.

It matters that I get my medication.

It matters that I am able to get some sleep

It matters that my voice is heard and that my opinions count.

It matters that there are places to go where I can meet new/ old people in my local community with whom I can share ideas, learn new things, be creative, share thoughts and feelings.

It matters that I can go to warm spaces in my local area.

49 Being able to get help promptly if necessary

50 That my elderly parents can access health care in a timely way - for example the last time my Dad was admitted by his GP to hospital in Sheffield, he waited for hours in an ambulance and then was sent home. He was finally admitted the following day but the delay and waiting in the ambulance worsened his condition.

51 If I am unwell that I have speedy access to services and quality diagnostic and treatment.

52 Being able to access health help when I need it

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

- 53** A good mental health is important a good home and work live balance
- 54** I am a working mother of x2 adopted children . What matters to me is support for my mental health so I can care for my kids with there attachment and trauma issues. I also need access to additional educational , social, health and psychological/mental health support for my kids . All adopted kids who have suffered neglect and trauma need a My plan and an EHCP as they are so damaged by their past and always have problems that main stream school and health services are not set up to deal with.
- 55** Being able to spend time with family and friends, getting outside, exercising
- 56** Relevant services that are accessible and easy to access. Support and information which can easily be found without navigating difficult pathways. Services need to be accessible and consistent for all areas of Doncaster, most services are central. Knowing that there is help and support readily available and that people will listen.
- 57** Having services where I live in the centre of town where I only need to get one bus to access.
- 58** I worry about care when I am older. The care homes in Barnsley are very poor.
I worry about care for the elderly in hospital and the bed blocking.
I worry about cancer care and stroke care long waybto Sheffiled if you had a stroke
- 59** Having good access to timely medical care when needed. Having access to local activities to promote good health and wellbeing.
- 60** Being safe and comfortable and feeling connected even if housebound/vulnerable
- 61**
services for children with emotional difficulties and neurodiversity (adhd / asd / fasd etc) need to be joined up and properly funded with a full diagnostic multidisciplinary team that includes psychologists, psychiatrists, paediatricians, educational psychologists, occupational therapists, nurses, family therapists, support workers, dieticians, trauma therapists, - this is particulary important for children with complex needs ie adopted / fostered / kinship care
- 62**
Mental health-meaning severe and enduring mental illnesses, anti social behaviour, poor housing and noise pollution contributing to poor mental health. Appropriate living situations when autistic, professionals in primary and secondary care having better understanding of autism and the barriers that poor understanding and accommodation can create when trying to access even the most basic care. Poor physical health due to long term eating disorder and lack of adequate services that appropriately support specific needs and combined illnesses. Poor dental health really affects my mental health and confidence. Low income,(sickness benefits) meaning constant drain on already poor mental health.
- 63** Getting past GP receptionist, getting appointments face to face with a GP
- 64** access to a doctor when i need it. And feel like they have the time to listen
- 65** Being mentally well, not having financial pressures/worries. Having something fulfilling to do. Feeling included in the community, being able to access help and support. Speaking to people in health and social care services that actually care.
- 66** Being perfectly fit and well and just looking after myself for as long as I can.
- 67** Being able to get a Doctors appointment when necessary
- 68** Continued excellent access and response from GP services when needed
Local fitness groups- Run together

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

69

As someone in there 60s and a carer, I worry that I won't be able to access safe healthcare if and when I need it. We are currently in a pandemic that is being ignored with the very people that should be caring for us putting us at risk of Covid. Covid is an airborne vascular disease yet many staff do not acknowledge or mitigate the risks. Disappointed in society as a whole is in understatement. Those needing treatment should be able to go where it is safe (I'd be seen outside if necessary). Masks are needed in chemists, Drs and hospitals as a basic mitigation as well as Hepa filtration in hospitals. Because of the lack of mitigations I will not put myself in danger to use these services.

70 Quick diagnosis and support with treatment.

71 Being well enough to enjoy each day.
Getting help when I need it

72 I enjoy life so my health and wellbeing is important to me. I have a family I need to also support. So I need to stay strong

73

Being able to see a GP face to face when required.
Waiting lists to see consultants/ treatment to be reduced
Treatment to be as soon as possible after diagnosis
GP surgery's to be open 7 days a week - everywhere else is open 7 days a week - health is not restricted to Monday - Friday or more alternatives available so people don't feel that they have to go to A & E. A drop-in and wait facility in town centre could be an option (Saturday & Sunday's), with a GP/Nurse/pharmacist available for help and advice and who can also prescribe medication should it be required if people can't wait till Monday.

74 Good work life balance. Understanding managers, childcare friendly policies

75 having a place to talk

76 Tackling health (and social) inequalities
Improving access to GP and dentist appointments
Mental Wellbeing / Mental Health - ensuring our residents have the resources they need to live happy and healthy lives

77 More mental health support is needed for those living with long term conditions

More NHS dentists needed

78 Being involved and being heard

79 I want to feel that I can access support when I need it, this might be physical activity, mental health or an appointment with my GP or dentist. Having to wait or not being able to get an appointment when you need it can cause great stress, especially when you are busy with work and family life.

80 Being able to see a doctor in a day or two. Being confident if I felt a heart attack coming on that the emergency services would come to me.

81 I feel strongly that the differences in health between different people in the city is wrong and unfair. I live in Burngreave and I know life expectancy is lower here than in other parts of the city. What the NHS does every day to address this is really important (not just little 'add on' projects). The Fairness Commission showed this really starkly but I feel the NHS only 'tinkers around the edges' with it.

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

- 82** Been able to be seen when we have a problem, and making GP easy to contact.
Also the use of interpreters as its often difficult to say whats wrong
- 83** Mental Health is incredibly stigmatised and barely taught and if taught, it's incorrect information. People don't know where to go for help until it's too late. I struggled for two years before getting help, even when showing serious symptoms affecting my learning.
- 84** security, happiness, friends, able to afford a warm home and healthy diet.
- 85** Being listened to and actually helped
- 86** Being fit and well, not having to worry if I need an appointment I can't get one
- 87** It's important for me to be seen promptly if I contact my GP. It's also important for me to have affordable access to complementary therapies such as homeopathy, acupuncture, osteopathy.
- 88** Accessible to all and local
Improvement to both child and adult mental health services
Shorter waiting times
Accessible GP Appointments
- 89** My ability to do the things I want to do. To avoid becoming ill and infirm and to keep healthy.
- 90** I look after my health by exercise and eating well but occasionally I need to see a GP and that is difficult as getting an appointment at Swallownest Health Centre as it can take days or even weeks. A same day appointment is not usually needed but a phone call every morning at 8am can take its toll and I'm in a good place so goodness knows how it affects those that are not.
- 91** Never seem to be well at the minute, or if I am its only for days at a time. Currently going from one illness to another. My mental health is suffering.
- 92** Easy access to medical and dental services, with no hassles about making appointments, etc.
Although my wife and I have no problem, access to dental services is extremely poor from conversations with friends and others through my various voluntary and PPG activities.
- 93** That I can access support quickly when my health and wellbeing are not good. That there are resources available to help maintain good health and wellbeing.
- 94** One big thing where general improvement could be made is communication, particularly from GPs. The general public are anxious when illness occurs, and even if there isn't an update on their condition, a call or a text message to brief them on the situation is greatly appreciated, and sets their mind at ease.
- 95** Availability of Dr's appointments
Being able to put prescriptions in to the Drs need 24 hours processing of prescriptions
- 96** Being able to maintain a reasonable work life balance so can stay well both physically and emotionally. NHS jobs are exceptionally stressful and I notice I often feel physically unwell. achy, tense by end of the working week though never do at the weekend. As I age and have more years in it takes longer to recharge during a holiday and I feel eady for a holiday/ break from work more frequently. I know this experience is shared by many colleagues in their 50s and above in particular.
- 97** ?? ?? ??
Music, love and laughter. Pets. Home.

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

98 It is important that people that suspect they may have a neurodevelopmental condition are given the opportunity for an assessment. It is important that the SY ICB is not influenced by referral management triage processes that limit the number of people that are accepted for an assessment. It is important that SY ICB ask trusts pertinent questions such as how they calculate the Diagnostic Conversion Rate for Autism and ADHD. The correct formula is number of positive diagnosis / number of referrals. It is important that SY ICB asks trusts about the number of complaints a service that offers diagnostic services for ASD and ADHD has received. It is important that SY ICB asks trusts for their Family and Friends Test results for services that offer ASD and ADHD assessments. It is important to ask what qualifies a team that offer ASD and ADHD assessments to carry out these assessments. It is important to ask if any services that offer ASD and ADHD assessments have been subject to an Independent Service Review by a Royal College and what the outcome of that review is. It is important to ask what a service that offer ASD and ADHD assessments considers a full assessment to be. It is important the SY ICB understands what a service that offers ASD and ADHD assessments means by being NICE compliant and if being NICE compliant interferes with patient safety. It is important that the SY ICB considers the harm caused to individuals if they are declined a full assessment. It is important that the SY ICB asks any service that is operating within their geography that offer ASD and ADHD assessments are asked if the "relieve" people of a positive diagnosis of Autism or ADHD received in childhood or from a different service. If they do, how many people have they relieved of their diagnosis and why? It is important that SY ICB ask a service that operates within the ICBs geography what criteria they use to assess people. Ascertain if they believe that High Functioning Autism or Asperger's Syndrome exist? The SY ICB should ask any service operating within their geography if they agree with academics and clinical researchers across the world that ASD and ADHD are often comorbid. SY ICB should ask SAANS about the pre-diagnostic support the trialled pre covid and if that trial was successful. If it was they should re-introduce it and the SY ICB should fund it

99 That I am able to speak to a Clinician quickly. That my concerns will be recognised and that I can speedily be seen by whichever service I need

100 Feeling healthy and well - good support from family and friends - easy access to services when you need them - good community infrastructure - supportive communities - feeling in control of my life not overwhelmed

101 Being able to see a Dr face to face quickly
Free period products
Free medical care/prescriptions

102 Supportive Care
Sensitive assistance when handling sensitive topics
knowledge of how to access the care i need

103 To see a doctor when it's necessary, get the medication you need.
My house repairs doing sooner(not taking 10 months) to complete.
When People damage property every few weeks and get their property repaired.
Pensioner's paving repaired, not the Cantley flats .
People jumping the housing list.

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

- 104** Health is eating healthy foods, having good fitness and having a strong heart. This is important so that you can stay alive. To make sure I am healthy the nhs should tell me what to eat and what not to eat and how often to train. Don't smoke. Don't drink too much wine or beer. Don't eat anything that's mouldy or not cooked properly.
- 105** One aspect is social groups for SEN school children and young adults in local areas, to promote true peer support and community inclusion at their level, and local work and training opportunities for SEN. And the ability to get there...This is just one area.
- 106** Work life balance matters to me. To be able to enjoy being with my family and friends and also enjoy the work I do.
To be able to have comfortable conversations on how I feel to friends and family as well as their support.
- 107** I have a 2 year old son and my health and wellbeing is very important to look after him and also myself
- 108** One of the biggest issues is mental health as these relate to other health and wellbeing
Period Poverty
Teaching about how to book appointment on own
Having more support in schools and college
- 109**
1. Being able to get a GP app when you need one
 2. Feeling heard and listened to by GP and for them to have time to explore the bigger picture rather than one symptom per appointment
 3. More funding and emphasis put on sports and team sports/exercise in the community as a way of improving physical and mental well-being
 4. More education to the community around improving health and well-being early rather than too late
 5. More training and funding put into ensuring lgbt people get a service they deserve from healthcare that isn't discriminatory
- 110** In terms of general health: Access to preventative information and wellbeing support including mental health, child health and physical health.
access to primary care services who are able to refer into secondary care where needed.
Along with being able to discuss health issues without being dismissed a by practitioner.
Also being able to have a discussion rather than being expected to tell them what I think is causing the symptoms are with access to exploratory follow up.
Access to community support around mental health which enables access to care/ treatment
- 111** Being able to access timely healthcare for me and my family. Fixing the broken social care system. Proper dementia care. Stopping private enterprise in the NHS. Appropriate taxation to allow adequate funding for all care...no difference between social and healthcare.
Reducing inequalities in health.
- 112** my mental health matters to me as much as my physical wellbeing. I would like to see different counselling opportunities that are more than 6/9 sessions
- 113** I want access to healthcare to be free at the point of use.

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

114

Having the right access to services when needed and for those working within services to be compassionate and have sufficient time to listen. I believe in empowering individuals to be self-sufficient and now wholly reliant on healthcare professionals but need to take personal responsibility for their health. Eg I do have the occasional drink which I enjoy but do so in moderation, I exercise not because I particularly enjoy it but I do want to stay healthy and I have never smoked. I believe in getting this right from school age.

115

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.

116

Having access to the right support when I need it. Being able to know what services are available and where.

117

We need to be able to see a gp when we are ill & not when we can be 'fitted' in. Phoning at 8am isn't always convenient for patients who have work commitments

118

Mobility

119

Staying healthy (mentally and physically), active and connected to others. An environment which encourages movement (walking, cycling, play, socialising) is very important to me, helping me to maintain my overall health and wellbeing and avoid adding any additional pressure to the already stretched system. Services should be readily available for those who need them most, and others should be supported in the best ways possible to stay healthy in their communities.

120

I can not get to see my GP to discuss my health conditions which in turn is doing nothing for my well-being or state of mind.

121

To know that I have a diagnosis when I have an onset of a new condition. This is better than attempting to deal with several possible conditions. Just knowing, even if there isn't the possibility of referral for treatment, helps me to make decisions on how to deal with it. In my case I sought a private diagnosis and as a result had to pay for a hip replacement as the head of femur had collapsed. By that time I was needing to make use of a wheelchair.

122

Mental health.

123

Constant care by the same people where possible I
Physical and mental health services been easy to avess in the community. Easier access to hearing aid clinics

124

Being able to see a GP quickly and at a time that is suitable to me (around work)
I want to feel that i am important and not a burden when i ring my Gp
I want to be able to access advice more easily about health issues - maybe when i am not sure if i should see a GP
i want to be able to get contraceptive pill without having to book an appointment weeks in advance for a blood pressure check

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

125 Having my issues heard and being helped in any ways possible that are not only helpful, but are comfortable for me too.

126 I'd like the different teams who I see for diabetes care to co-ordinate with each other so I don't have to have so many different appointments- GP for some checks, different date/location for eye check, different nurse location and date and different again for consultant. Also, why do they still send paper letters? Could they send it by email. The text reminders are great but no option to book appts via the nhs app. Practice nurse checks are offered early which is great and fits in with work, others are during my working day but are offered on phone which is helpful.

127 Access to GP's - not available anytime!
Contact - no luck getting through for appointments
I need to keep my mental health supported
I need help to control my diabetes

128
Having access to good quality resources not something just cobbled together. People actually doing their job properly. Attitude towards you from staff when you have problems. Access to the correct health care professional depending on your circumstances

129 Have access to services that have staff that care and can advise you in the right direction of help whether it be financial, medical or mental

130 Huge delays in Hospital treatment and getting a Doctor appointment in Tickhill.

131 I feel this survey is cosmetic, since we are in the midst of an ongoing and deliberate mass cull.

Dr Micheal Coffman's analysis of the United Nations Agenda 21 shows that the UN "wants to reduce the world's population by as much as three quarters to two thirds over the next 30 to 50 years".

But before reading any further, please view (at least) page 23 of this publication:-

<https://www.es-uk.info/wp-content/uploads/2022/08/ES-UK-Newsletter-Summer-2022-vol.20-no.1.pdf>

We have a government so against our well being that unsafe technology is rolled out on a massive scale and has already killed thousands of people and continues to do so.

We have a telecom industry so powerful that media gagging is keeping the public ignorant on harm from microwave radiation from smart meters, smart TVs, smart phones, wifi modems and all other smart devices.

We have major business insurers who refuse to insure telecom companies because of the health risks they are exposing the public to.

We have an increasing number of solicitors who are taking on no-win, no-fee cases against those responsible.

We have public social media that is so heavily censored against exposing the harm from 5G that people are unable to pass on warnings effectively.

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We have a government that uses the military's weaponised (5G) microwave radiation to destroy our immune systems (even during a pandemic). As radiation levels gradually increase, more and more people succumb to organ failure, circulatory failure or immune system failure. Deaths are never linked to the root cause of microwave radiation, so that even the statistics on cause of death are falsified.

We have a government that refuses to look at the 10,000 pages of scientific data proving beyond doubt the harm caused by microwave radiation to our health.

We have a NHS staff and doctors that have been kept ignorant of microwave radiation harm to the human body.

We have private enterprise employing well meaning staff but top management are so motivated by profit that our health is not a priority to investors.

It matters to me that I should NOT be irradiated against my will and in my own home. Even £3,000 worth of domestic electro-shielding cannot stop the crippling onslaught of microwave radiation entering my home and accelerating my demise.

132 Diet and Exercise. Parity Of Esteem Between Mental Health and Physical Health. Physical Health Not Being Neglected Because I Have Mental Health Problems

133 Local access to services that are planned and delivered as near to home as possible

134 Being able to see a Doctor face to face

135

Every person should have the luxury of being able to keep warm and having sufficient to eat

136 To feel well in myself both mentally and physically. To be able to access services as and when I need them to ensure I stay well within a reasonable timeframe. To be supported in helping my family to be well who suffer from mental illness.

137 staying healthy - i.e. health is before you get ill. Maintaining a level of health and wellbeing, whereby you can carry out your daily activities without restriction is important

138 I want to stay fit, healthy and active for as long as possible. I swim and walk regularly and I also play bowls. I find that socialising helps with my mental health I'm here with my brother and sister to find out more about lung condisitons as I do have concerns about my breathing I get breathless and chest pains. Ive had scans but nothing has been detected. We have a family history of lung disease I have been prescribed a preventive inhaler and a blue inhaler

139 being treated as an individual, being listened to without pre-judgement or assumptions. I know my body and what works and doesn't. Continuity of care and not having to spend half my 10 minute appointment talking about my history would help too.

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- 140** That i can see a GP on the day for emergencies, within a week for routine. That the NHS app works so that I can view all my records and make appointments- to many providers, too confusing. That there is sufficient high quality capacity in social care and less dependency on agency staff.
- 141** Support for people with mental health difficulties. Provision of a mental health respite service.
More support for people with dementia living in the community and reducing waiting times for the Memory Clinic. People are currently deteriorating while waiting for an appointment, which could bar them from some forms of drug treatment that need to be in place at an early stage.
- 142** Fairness of available services, no matter your post code or background.
- 143** Pot holes
- 144** GPs, able to get an appointment same day able to get a normal appointment within than 2 weeks as it is now.
Able to get through on the phone.
Able to see the same person for continuity.
- 145** Staying healthy to enable me to stay independent and remain in my own home as long as possible.
- 146** That i remain healthy and fit for as long as possible. That access to healthcare if i need it, is quick and effective. That it is the same for my family too.
- 147** Simple access to the right level of care (starting with advice & preventative measures) at all times of day 24/7.
Reducing duplication of appointments - sharing information across organisations to make my experience better and to enable better use of my time (and NHS resource).
Confident that if I dial 999 someone will answer and attend if appropriate.
- 148** I would like to be able to speak to people with experience and knowledge about my conditions. It would be helpful to be able to get in touch and not feel as though i'm taking up someones time. Sometimes a quick call would resolve all anxiety.
- 149** I would like to know that there is help out there for me if I needed it
- 150** Good physical and psychological health, is paramount but being able to access the relevant services is what I feel is important.
A good support system whether that be family friends and outside agencies is really important.
Keeping fit and engaging in activities to enable one to be independant and live a life that is fulfilling is key.
- 151** I would like to be seen as a person and not just a problem
- 152** Improving memory,
Asthma,
Health in general,
Chiroprody
- 153** Fair Access to ServicesImprovement in access and shorter waiting times in services supporting young peoples emotional health and wellbeing.
- 154** Staying fit and well but if I or my husband are unwell we need access to our GP which at the moment is a two to three week wait this isn't acceptable.

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

155

Taking care of my mental health and wellbeing for myself and my family.
 During the cost of living crisis I am worried about my mental health in particular, worrying about food or fuel and needing to support my wider family members is starting to take its toll.
 I have type 2 diabetes and have found support groups online but everyone suggests alternative options to swap out food for healthier options. Again with the cost of living crisis purchasing healthier food might not be an option for me.
 My son suffers with OCD which took months to diagnose and see a specialist. This was a worrying time waiting as his mental health was really difficult for him. Could waiting times for support be shortened?

156 Having healthcare readily available

157 Being able to quickly access the people and solutions who can help me deal effectively with the problems that I am facing.

158

Being able to access GP appt
 Being able to access a dentist
 Being able to access hospital services
 None of the above are accessible at the moment.

159 Being able to see a Dr when I need too

160 Having proper access to a GP and dentist.

161 Ensuring I am in good health mentally and physically for my family and future.

162 Being able to get through to a medical practice in minutes instead of hours, and to see a practitioner when I need to.

163 Ability to get around, work life balance but meaningful work is a key aspect of my wellbeing. Access to medical assessment if required (very rare I need this). Swimming is my key method of exercise, so ability to get to and from the Gym, which I have.

164 Having a good standard of health care and social care for my family.

165 Timely access to appropriate local health services, using a simple system for contacting the various services. At present it's difficult to contact primary care, especially for people who cannot phone at the often limited times available because they're at/on way to work, or live alone and need someone's help to use phone/computer for example. A return to more face-to-face consultations with GPs, where receptionists aren't required to 'triage' patients wanting an appointment, would be much appreciated.

166 Access to a doctor

167 Access to services when I need them, particularly in using A and E, either walk-in or via ambulance. It is essential that the ICB solves the problem of delayed discharges from hospitals by creating community discharge capacity and the staff to operate them. The rationale of ICBs is that they join up services and avoid delayed discharges - they should make this a priority.
 There should also be strenuous efforts to increase supply and retention of NHS staff through local initiatives.

168 Having access to health and wellbeing services.Regular check upsAccess to green space to walk etc

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

- 169** Being able to get an appointment with the Doctors when needed is first and foremost. I also think having clean open spaces where you can go and walk. Social prescribing for meditation, walking, it's not all about medication. More and more people are feeling isolated and can't afford to go out so having community hubs where people can get together and have a free cup of tea or coffee.
- 170** Access to a GP and properly staffed hospitals. Access to open country, cultural activities and ability to meet up with friends and family. All too difficult/expensive in SY.
- 171** Flexibility, choice and being able to stay informed about my health in terms of access to my results.
- 172** Easy access to advice
Feeling reassured and treated with compassion
Trusting the professional knowledge
Right care pathways for timely care
- 173** Feeling content and happy both physically and mentally
- 174** Better health and wellbeing makes you feel more proactive, live better and enjoy life to the full
- 175** Free Period Products
More face to face Dr's appointments
Free medical care/prescriptions
- 176**
Being able to access high quality services in a timely matter, at a time and place that is convenient.
I also feel it's also important to me that the clinicians & health workers in our system are valued and paid appropriately for the work they do and have working conditions that are not detrimental to their own health and wellbeing.
- 177** Being genuinely asked about (not lip service) listened to at work in terms if my own HWB, including work-life balance, and having resources available as and when I need them for physical and mental HWB.
- 178** Knowing that quality health services exist for all conditions
- 179**
Having facilities to go to i.e. an authority run gym which are generally a lot cheaper than private run gyms. Access to therapy, counsellors over the phone or via a Teams video chat.
- 180** That myself and my family have access to responsive, timely care and support for our health needs. When we have a health issue it is dealt with quickly, as otherwise we are reluctant to call a doctor and get it sorted, leading to other health problems. Also, providing care & support that is expert and knowledgeable and having easy access to those experts (For example peri menopausal care and women's health in general) and not feeling like I'm stupid for asking in the first place and should get on with things.
- 181** Being able to access help and support quick. Not having to wait weeks months years for appointments. We need to look at preventing rather than managing it will save time and money in long run
- 182** I have a mental health diagnosis, which for the most part is ok and i function well in work and life in general. What matters is that in times i need support i can access the right people at the right time, that understands me and the condition.
- 183** My mental and physical health is important to me

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

184 Maintaining my medical health due to pre existing conditions, being able to access primary services quickly and effectively to meet my needs

185 Mental and emotional wellbeing support.
Waiting time for counselling or after therapies are too long
It matters to me that i feel heard and listened to to feel supported

186 Quick access G P when feeling unwell.
What services are available in the community
What financial help is there if any.
Any charities that I can contact for help and information.
Any volunteer groups that can help with socialising.

187
I wish as an adult with various physical health issues along with general anxiety and autistic spectrum disorder that it could be much easier to access community / social work support !

188 It matters to me to get regular exercise, plenty of fresh air and try to eat healthy.
All social aspects help my wellbeing.
Mixing with friends, family and community.

189 Being able to access GP services and being able to access timely and appropriate NHS care for my son (20 year old, transgender, chronic fatigue diagnosis) and his father (67, heart condition, alzheimer's diagnosis)

190 Physical health - being fit and healthy
mental wellbeing - being able to access mental health services when needed.

191 Being able to see a GP. Having polite admin staff at my GP practice. Have a GP who actually cares

192 Work and life balance - not feeling like you're only successful if you're doing the absolute most you can. This involves switching off after work times and not feeling bad for missing emails sent in out of hours.
Sleep and nutrition.

193 Being able to lead a normal life and be able to do everyday tasks

194 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.

195
I worry the most about when I'm older and needing extra support that I might slip through the gaps. I'm involved with the care of a number of older people and see their struggles, even simple things such as getting to hospital appointments with mobility issues. Hospital transport is great but not ideal due to long waits and sitting backwards in vehicles, which makes them feel very sick.
I worry about the people who live on their own with a lack of family support, that's if they've got family, I don't know how they manage to organise the care and support that they need.

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

196

Mental health is critical and the provision of good mental health services.
Also be good to have more targeted provision for the management of weight and exercise.
Better use of parks for static training equipment? walking routes for those of us who aren't hikers but need basic exercises.
Somewhere nice to live.
good transport links.
healthy work environment.

197 Pro-active healthcare. Being able to book a GP appointment on line - we seem to have defaulted to old ways of working including long wait telephone calls and triage.

198 Feeling safe especially on an evening now the dark nights are upon us
We should be able to walk around our estates without anxiety around large dogs roaming about

199 Achieving the best possible quality of life within the constraints of my respiratory issues.
This is both for myself and my family who look after me

200 Access to healthcare when I want it - no excessive waiting for either GP or secondary care appointments.
Face to face access to GPs as a first appointment, not after initial telephone call.

201
Knowing how and where to access support if it is needed. Information and guidance needs to be clear and simple to understand.
Having access to the latest studies and advice is important to make sure healthy decisions can be made

202 Ability to call GP surgery/book appointment on line without having to sit on hold for 20+ minutes as standard.
Having access to monitoring and tests to know where I need to look after myself better would be the ideal to be proactive and preventative rather than only fixing things once they are broken.

203 Living in a safe society
Having access to services needed
Knowing what is available and pathways to accessing
Being mentally and physically able to cope with challenges, barriers and events
Not being isolated in way - social, food and fuel, employment, digitally or mentally
Being part of a solution rather than a problem

204 Keeping warm as I have MS and bad circulation

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205

That it stays good! That it is free! That i am (and I am) generally treated with respect. That it stays free if possible. Perhaps we could actually tax really rich people. That the care stays good for everyone. I use diabetes and neuro services which are excellent - I live in Sheffield and am very lucky. That if (because) I have a difference people arent used to - a certain sort of acquired brain injury - they are aware of it. I would love something to flash up on the screen 'please dont expect this patient to remember things. They can't. Write it down for them.' Receptionists dont always seem to beleive me when I tell them i am trying my best. The other day I literally took the phone off a friend (who also has poor short term memory) and told the receptionist she was speaking to that it was actually inappropriate to put my friend to the back of the queue for neuro rehab because she repeatedly hadnt managed to call back on time about an appointment. Thats the sort of thing neuro rehab would help her with if only she could access it! The staff member listened to my universiry-educated assertive voice, but hadn't heard my friend. I find this unfair; vulenerable people should be recognised and heard.

206 Being able to have a long and healthy life

207 Being in good health, getting the right treatment and support when I need it.
Good information from GP and Health Services
Looking after myself (Health and Wellbeing)

208 Being able to access professional help for health issues in a short timeframe. Treated with dignity and respect and being at the centre of decisions with clearly presented options for treatment with the risks and benefits set out.

209 Accessible health care when needed and staff who are truthful when I ask questions.

210 Being able to telephone and not be 12 in my he queue some people are on pay as you go phones all the credit is gone

211 Been able to see a Doctor when I want when I want not having to wait weeks I'm also worried about paying my bills I know we are getting help and I'm so thankful for that my pension isn't going up with the cost of living it's so worrying

212 Being of healthy mind and ability to support others.

213 Having a great manager/board of trustees
Having a supportive team of colleagues/volunteers/family
Having a wellbeing first aider who always asks how you are
Being able to be flexible if caring responsibilities are greater on some days than others
Being able to take emergency leave when needed if you work
Having an understanding team at work

214 1) Waiting Times
2) Post Code Lottery in terms of what is or what can be done
3) Health Inequalities across South Yorkshire

215 Being able to get help when it is needed and not have to wait

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- 216** Being able to see a GP when I need to.
 Being able to get an appointment when I need to.
 Feeling reassured that my health needs are being taken seriously
 Getting a referral to hospital within a reasonable time (this is currently not happening)
 Feeling that my GP has enough time to listen
 Feeling that my disabled elderly mother's health needs are being met.
 Being supported in work so that I can care for my mother and take time out to take her to appointments and make my time up.
 Being allowed to work from home so that I can help my Mum when she needs me (I always make the time back up again)
 Having access to a gym and having enough time to exercise and use my membership
 Support if I'm struggling juggling everything
 Have enough money to pay my bills and keep out of debt
 Work in a supportive team that understands my situation
 Have a supportive line manager
- 217** having open safe space to be able to access and exercise (walk) in- this keeps my health and well-being in a good place.
- 218** Being well and being able to look after my children
- 219** My mental health is very important to me, I feel if you are mentally healthy you can accomplish anything. General day to day health is a big part of my families life, fresh healthy food, gentle exercise and fresh air.
- 220** Starting to keep fit at 50 and wanting to lose weight!
 I'd like to see more keep fit classes / activities aimed at beginners. This would give me the confidence to join in. Also making use of our green spaces - someone to co-ordinate groups to start things like couch to 5k - where you could get out in the fresh air, get fit and meet new friends.
- 221** Honesty about what is and isn't available and waiting lists particularly in mental health. Kind well trained staff which includes receptionists etc. Info re what exercise foods are good for people at different ages. Therapy when you need it and ability to make proper relationships with staff not seeing different people all the time. RELATIONSHIPS are key
- 222**
 being able to find out what is medically wrong and not been past from pillow to post with little or no treatment in between and being worse off from when i started. I want to find out what is wrong and get treatment ASAP, so that i am not i pain for over 5 years.
- 223** Being fit and well - having a work place that supports me during the menopause
- 224** To have a far better joined up service than what there currently is. I am mainly talking from experience regarding getting care for my father who suffered from vascular dementia and who sadly is longer with us. To get the care and services that we needed was an experience that was at best mediocre and at worst appalling
- 225** Feeling safe in my own home and when I go out
- 226** 7 day services in primary (and secondary elective) care
 An environment that promotes healthy living - safe walking and cycling tracks
 Digital access to records

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227 Timely access to professionals, ease of access (especially Primary care, not always feasible to keep ringing at 8am each morning until an appointment is secured) preventative appointments / check ups, Professionals with a 'rounded' knowledge, access to specialists without delay in referral

228 Being able to access quickly appropriate care and advice from my primary care team. Continuity in relationships very important

229 A Good service when required

230

Getting access to health services like a doctor's appointment when you need one.
Feeling confident you're in good hands and that health providers are competent and listen to your concerns.
Handling the stress of everyday life and having time to relax.

231 Ensuring i have a physical outlet for any stresses, concerns, emotions and mentally in a controlled environment and sport that i love. I go boxing 3 x week which not only helps my mental, emotional and physical health it ensures i remain fit and healthy.
Working within a team that respect, consider and work together helps life in general.
Ensuring my son is provided for and supported all round is my main priority.

232 Doctors appointments and telephone systems are not working. They need more staff and funding. It's just not working and is very stressful especially for the aged and people with mental health issues.

233 Support for families with SEND needs
Being able to see a GP when i need to
Improvements in children's and adults social care with support when required

234

Being a healthy weight. Being positive.
I want people to help me to work harder and be healthier.

235 Being able to see a local Dr easily n then any other help easily

236 Being SEEN (emphasised) Have several conditions – I can see the severe staffing issues, and the impact, been waiting months for an appt. waiting for scan and appts over 8 months supposed to be followed up within 6 months but couldn't as not had scans. Operation cancelled 3 times, few days before. I know the impact of covid, but..... I don't feel listened to. Admitted to hospital, could have been avoided if theyd listened to me. I know there are pressures on services, services are good when they are they when you get seen. Just not enough staff, or money or resources

237 Being able to access services quickly such as Doctors appointments scans etc

238 It is vital to be able to get an appointment with a GP, there seems to be very very few appointments and you have to jump through the gatekeeper's hoops to try and get one. People are being told to go to A&E or phone for an ambulance for things that a GP or ANP at the surgery could deal with. It is also concerning that there are hardly any NHS Dentists that are taking on new patients.

239 Having wellness built into every day.Nutritious food,ability to exercise ,social inclusion,availability of health services.
To sum up,those things which allow my body,mind and spirit to prosper.

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- 240** good, quick access to mental health support. both preventative and when unwell. Waits are long and as someone who suffers from poor mental health, should by-pass low trained staff in IAPT to qualified therapists.
- 241** Nice local areas that allow you to exercise/walk. Areas that are well maintained, litter picked up, greenery maintained to allow wildlife to thrive.
Access to GP/Nurse remotely as opposed to physically to address minor concerns.
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.
- 242** I run 2 youth clubs for children with additional needs and families. We are also a peer support group for parents and carers.
The cost of living crisis is really starting to effect our parents and carers and effects mental health and well being. As parents of children and young people with different needs we are struggling with simple things like food prices, some of our children will only eat certain foods so when those food prices go up we still have to buy that product because our children would only eat that food item, our bills are going up for all amenities and again some of our children because of sensory needs take lots of baths and do lots of handwashing, we cannot suddenly say you cannot do that because we cannot afford this this list goes on.
This has a knock on effect of parents mental health and children and young peoples mental health, we are seeing more and more parents attending food banks and attending places to help them with food and cost of living poverty.
- 243** Staying fit and healthy in my 60's, being able to work and look after grandchildren
- 244** Understanding exactly what is meant by health and well-being would be helpful?
- 245** Being able to access medical care in a reasonable time should it become necessary. GPs should make more than a token effort to contact a patient for a prearranged phone consultations. Local pharmacies should have sufficient qualified staff in order to be able to provide prescriptions.
- 246** I live for today I have COPD and bronchiectasis (?) – I have to live with it. (also described having part of left lung taken out and a knee replacement, concerns with other knee but reluctant to have surgery) I walk the dog three times a day, its steady, but we get out I go to the gym at Breathing space, it helps a lot, improved by lung function by 7 points, that might not sound much bit it's a lot to me. I was told 'You need a goal'; I got up the steps at whitby , I had to take rests but I did it. Only thing I struggle with in the house is bedding. NB joined during conversation with #6; persons gym buddy. Then had a conversation with both on simple aids that might help. Noted that there are things it would be good to know about and try before you spend money on things that aren't useful (gadget to put socks on bought and deemed useless)
- 247** Having clear information and access to things when I need it. Having good care and honesty. Efficient service Having space to talk Calm spaces
- 248** Being able to receive treatment quicker with doctors and face to face
Appointments
- 249** The answerphone message on the Aston surgery is too long (too much waffle)
- 250** being able to contact my local doctor if i need to

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- 251** Eliminate Post Code Lottery or all health needs
 What really matters is the ability to gain ASSURANCE from our clinical providers
 When tests and other procedures (say scans) are done, then tell us there and then what the outcome is, subject to the written word
 Abide by the rules: Open, Honest, Objective, Accountable, Leadership, act with Integrity:
 Own up
- 252** Being active, having access to green space and nature
- 253** That I have a mix diet and fruit plus veg
- 254** First and foremost - no gaslighting, fear propaganda or shaming/coercion to fit a political agenda ie. Last 2 plus years of disgraceful behaviour by councils and the NHS.
- 255** Being able to Access a sensory occupational therapist within the local area
 Having and seeing a names doctor
 Having mental health staff that know about autism
- 256** Joined up services that make sense and are there and accessible when you need them.
 Support to live healthier lives via the environment we live in. Better cycle lanes. Safer streets. Easier access to healthy, low cost foods.
- 257** People need to know that in an emergency an ambulance is going to arrive within minutes, not hours.
- Reliable public transport to get people to medical appointments is failing massively. This must be having a direct effect on health and wellbeing. I think the knowledge and general worry that buses won't come, and non-urgent ambulances can take many, many hours (a family friend waited 16 hours with a fractured hip recently) is in itself having a detrimental effect on wellbeing and mental health. Knowing that the safety nets are there and can be relied upon is a huge part of good MH and wellbeing.
- The list of 'limited clinical value' interventions is an abomination. Again, the uncertainty about whether you can get a procedure done on NHS, or be left struggling / in pain / unable to fulfil your health life potential, is a big negative on people's health and wellbeing. I worry about getting cataracts, and I worry about the early signs of arthritis I know I have in my knees, because these things are no longer easy to get early intervention for. I can't forget the man I met in the street who asked me to help him read a road sign because his cataracts - left untreated by NHS - were so bad.
- I have anxiety about what kind of care I will be able to access if/when the time comes that I need home care or residential.
- 258** Being able to access care locally when I need it
- 259** Services are joined up and work synergistically
- 260** To feel healthy, sleep well, not feel stressed/anxious most of the time, to have a good work life balance. If not feeling great for support to be readily available.
- 261** Having support during and post school
 More support for people who are victims of bullying

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- 262** I need to be able to do my paid work, and I like to be able to enjoy my leisure time. It is also important to be able to run for a bus, or a train, and not have a respiratory attack! My health is something I take care of with the help of professionals, my wellbeing is my own business, for which I take full responsibility. The only social media I use is LinkedIn - I think that Twitter and Facebook, and Instagram create echo chambers, taking away the feelings of empathy, sympathy and compassion. I read newspapers (mostly FT and Indie, occasionally The Metro), and BBC Radio 4 provides my general news coverage (with a little World Service). I stop listening when my wellbeing will suffer from News outside my capacity to manage or control. I use needlecraft to keep my hands flexible, and to enjoy the pleasure of colour and texture. I am sorry at the state of the world, and try to do what I can to make the lives of others better. There is great pleasure to be had from the success of others. That is Wellbeing.
- 263** Empathy - I think it's really important to feel safely heard and seen when reaching out for care. More times than not, the issues that you go to your GP for are of a sensitive nature and can take a lot of guts to reach out about. And that empathy needs to come from everyone involved. From the nurses to the people answering the phones. I once felt very low and was told I couldn't get a GP appointment and at a time of vulnerability that can feel like the straw that broke the camel's back. A little more empathy/understanding from the person on the other end of the phone could prevent someone from spiralling.
Equality - I have often felt like I haven't received fair or equal care because I am a woman. An absolute prime example of this is that since I was a teen my kneecaps have locked out of place when playing sports, walking or even sometimes stationary. It is the most excruciating pain imaginable and has left me mentally traumatised as it still happens now in my thirties and I never know when it will next happen. I must have gone to the GPs about this 5-10 times when I was young. I was told my thigh muscles weren't strong enough and given physio exercises. I was told more than once that it was 'growing pains' and I'd grow out of it. It was once misdiagnosed as another knee condition.
I personally know of two males who have had the same thing and both of them were offered further investigations which both led to operations to fix the issue within the kneecap one of them because they played football and one because he wanted to join the army. The same care, attention and investigations were not given to me and I always felt like the GPs didn't take me seriously. I'm still to this day yet to go back for fear of the same answer (and partly because I'm so traumatised from the issue I was told I'd grow out of, that I don't allow anyone to touch my knees). I know I'm not the only one that has felt like this either. I have female friends who have been misdiagnosed with mental health conditions or friends who have gone years with endometriosis who had previously just been told they have bad period pains. I was once on a pill that extremely affected my mood and when I went to the GP about it her actual words were "Oh there are new pills out now that have been developed to have less of an impact on mood but they're really hard to get because no pharmacies stock them." And she was right. I was put on this new pill, which did give me an improvement in my mood, but that I had to pre-order because nowhere stocked it. Why is women's health not taken more seriously? If there was a life-changing product out there for men it would be advertised all over and stocked on every corner. Gender inequality is rife, even within the care system, and the health and wellbeing of women suffers for it and it's not okay. Equality is needed.
Innovation - I feel like the customer side of the healthcare system is so behind the times compared to the care side. We have all these amazing innovations that diagnose some

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really complex conditions, yet on the other side, to simply get a GP appointment you have to either queue in person or sit on hold with a receptionist for hours, just to be told all the appointments are gone and you have to call back the next day. It's very old school and surely there are examples of healthcare systems across the world that are doing it better. I know it's complicated because those more likely to need healthcare are less likely to use new technology but there's surely a balance that can be achieved.

Speed - Related to the point about innovation, the speed of getting anything done is terrible and without a doubt puts people off investigating a potential health issue. This is for GP appointments and prescriptions alike. Most of my repeat prescriptions I have to have check-ins about with a GP or prescribing nurse which seems so unproductive when either a) it's hard to get an appointment or b) the NHS is understaffed. Can we not act on the principle of no news is good news? If someone's repeat prescriptions are working for them they won't need a check-up and they'll come and ask for one if they do.

Prevention - diet, exercise, social aspects etc. all have a profound contribution to your overall health and wellbeing and I think the strategy needs to have prevention at the heart of it.

Mental Health - I have no idea about the data on MH queries/appointments vs physical health queries but I assume in the last 5 years that mental health queries have shot up extensively. This needs to be reflected in the current care system. I am being investigated for CPTSD and have not had my next letter/call etc for 4 months. It's not good enough.

Mental Health is as much of a killer as physical health.

264 Worklife balance to enable ease of access to healthier ways of living such as accessing the gym or walking the dogs, especially in winter months. In addition to this greater sources of literature to inform and educate healthier eating and how this along with exercise positively affects mental health

265 Knowing that health concerns raised will be addressed by medical professionals in swift, sensitive manner.

266 To stay healthy

267 Access to GP appointments- maybe longer appointment options with GPs to save repeat visits. This would also save time in the long run.

Less stress at work, brought on by mental exhaustion. Too much technology and demands. This has changed over 10 years. This also impacts on physical health, too tired to cook properly or do other activities.

More options for private health care locally. The NHS is not always enough and in some circumstances I would pay to access quicker More effective treatment.

Maybe workplaces sponsoring wellbeing days with access to medical advice/on the day assessment. Health checks etc

More supported wellbeing days in workplaces, the fun of work has gone. Less enjoyment
More hours, less pay.

268 An ability to stay active.

269 I'm physically disabled and right now I'm in the hospital. Things that really matter to me about my health and well-being is to have a gp who is easy to talk to and having care at home is great when I can get some carers.

270 Able to see a GP same day if necessary.

An ambulance service that responds immediately to 999 calls.

271 That i am healthy and well

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272 Work / life balance is really important – employers need to know more about this so that they can support their employees in achieving this.

273 My husband has Alzheimer's and I am his only carer at present. I worry about how to cope as his health gets worse and he will need to go into a care home. Costs of care are exorbitant. The NHS/Social Care system seems to abandon the elderly and those with dementia. We have worked in full employment all our lives up to retirement age, so I feel we are being asked to pay twice for care in old age (NI contributions whilst working and care home costs in old age). Why is it that the Government can fund hotel rooms for asylum seekers who have never contributed to our NHS, yet cannot pay for British citizens to be cared for when they are elderly and infirm?

274 My health and wellbeing are severely affected by the environment in which we live. Clean air (cease lifestyle wood burning stoves / firepits etc.), green space access, safer roads, installation of renewable energy sources in public areas (solar panels on rooves over car parks etc..) Improved public transport locally, more of it at affordable prices to encourage use.

275 Being able to see a doctor quickly. Being able to get emergency care when appropriate. Not having to wait hours for an ambulance.

276 I am an above knee amputee with a range of conditions, mostly related to that. I would like to lose weight but nearly all the plans cost a lot of money. I tend to buy supermarket only foods which can be microwaved for ease of use. I have a prosthesis which I try to use regularly, but it is hard work so I probably don't use it as much as I should. I had a stroke in July; that has frightened me a lot so now I tend not to over exert myself on purpose.

277 Feeling safe in our community, having appropriate housing. Being secure in jobs and being able to see health professionals when needed and that those professionals listen and take an holistic person centred approach when finding solutions.

278 Being supported and listened to by medical professions, feeling like my needs and concerns are taken seriously and having faster access particularly to mental health support.

279 Been healthy, having trained staff that are able to help myself and my son in emergency situations.

280 Knowing how best to look after my own well-being and being able to access support to help me as and when I need it
I want a pleasant environment to live in and have meaningful work that enhances my well-being

281 Trying to manage stress and anxiety - persons own, key statement Behind this one statement was a lengthy conversation; person stated they didn't have anything to say about health, but then referred repeatedly to issues around stress and anxiety resulting in alopecia, and managing this. I am recording this as it was apparent that the issues were around anxiety etc but the person had difficulties in expressing this and talking about it – this is probably representative of many other people. Stated no caring responsibilities, but was there to support elderly relatives with disabilities – many people don't see themselves as carers- 'just helping out family'

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- 282** Mental health services (Not waiting until it's extremely bad before referral)
To include anxiety/depression and panic attacks.
Full health check at 35/40 - Ladies starting to go through change / after child birth / body changes etc
- 283**
That I know all I can about looking after myself and keeping well - physically and mentally.
I want to feel I have the time in my busy life to use what I know to keep well.
When something isn't right, I want to feel that I am listened to, and action taken.
- 284** Feeling able to have energy to keep active and eat well, being able to get a GP appointment if needed and then be listened to.
- 285**
That I have a variety of methods of contacting my GP surgery - phone/online/App for example. That I can contact the surgery anytime throughout the day to book a non-urgent appointment. The 8am rush to call is an outdated model and it is very frustrating, time consuming and stressful at a time when you may be feeling ill/not 100%. That I am triaged by a clinical qualified member of staff when I do call and not a receptionist/admin member of staff. More Pharmacists able to diagnose and dispense would be good and convenient.
- 286** The most important is my mental health. I need to be in a good place mentally, which means I will do things that help me deal with stress and anxiety.
I try to exercise, get involved in social activities
- 287** Someone to talk to when feeling low
More services need to be available and free
- 288**
The things that matter to me about my health is that I can manage it well, I am able to seek help quickly if I need it and locally too. Well being is important all round too as without this I wouldn't be able to help and support my family and extended family and community.
- 289** Healthy mental health, access to the right services and support. Getting a doctor appointment would be beneficial
- 290** I look after my family and I need to be free of stress
- 291** That my mental health is at a good level. That my mental health doesn't become detrimental to my physical health.
- 292**
making sure the local communities are update on information around long term health conditions and how people can make changes or lead healthy lifestyles. where to access support around mental health and other conditions. support the VCF organisations (funding, training & support etc) to support local community members around health & wellbeing
- 293** Healthy diet, clean air, family and friends, secure living arrangement, job security, good physical and mental health for myself and family, job satisfaction and self actualization
- 294**
Flexible person centred accessible services where I have a choice - I am a wheelchair user and am finding that many services are not accessible to me ! I also want to be able to have a say in services in order to improve them ie. I'd like to take part as a patient in patient and public involvement. But this needs to be paid in order to attract a diverse range of people.

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Being able to go swimming - indoor and outdoor. But it can be hard to get there as I don't have a car.
Public transport helps me to get there - so regular and reliable bus routes around town.
I also cycle - so having dedicated cycle lanes, rather than a few intermittent dotted lines on the road which cars use for parking spaces, or cycle lanes which cut across pathways which make the pedestrians annoyed as they seldom realise they are stepping out into a cycle path.
Being able to eat well.
Having enough money
Being able to heat my home
Being able to afford school trips
Not living below the poverty line
Having people around who care about me
Being able to afford to do additional activities for fun, rather than just afford the essentials
Being treated well at work.
Receiving a fair wage for what I do
Experiencing structural inequalities has a very negative impact on my mental health and wellbeing
Being able to access healthcare as and when needed - appropriate healthcare that meets my needs

296

Doing away with restrictions on certain operations due solely to BMI (as NICE guidance already says)My case is an example: aged 46 I needed both knees replacing but was refused due to being 'too young' & to come back when over 55. I was slightly overweight but still quite active. In the following years my mobility decreased massively, pain ruled my life despite an assortment of 5 painkillers, including 2 opioids. My weight increased as I became less able to move but my GP refused to refer me to orthopaedics due to BMI restrictions on surgery.This year I suffered an acute kidney injury due in part to the pain killers I was on. All pain relief was withdrawn with just one reintroduced gradually to a max ? of previous dose. I begged my GP to refer me as pain levels were unbearable, she agreed but said surgery wouldn't be funded due to my BMI. Ironically she suggested bariatric surgery, in my view a more invasive & risky procedure.I saw a consultant at Barlborough hospital. He told me my knees were so damaged I would need to see a surgeon who did complex cases. He was shocked by how long I'd been diagnosed with no action. He said I needed the TKR urgently but when I told him my GP thought my BMI would mean no funding he was angry. He said it shouldn't be used as sole reason but in my CCG (Doncaster) it was a red line regardless of clinical need. I know it's now in my hands, but it's hard to lose weight when I'm so inactive, in constant pain, depressed at my situation and the difficulty in living on £135pw. I've been unable to work for the past 9 years, made to feel a burden on the state & isolated.The amount spent on pain medication for the past 12 years must almost equal the cost of surgery.I know there are risks associated with obesity but in my view short term thinking in limiting surgery solely because of BMI is unfair and ultimately detrimental to patients, NHS & society in general. Why doesn't Doncaster follow NICE guidance?

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- 297** Being in control of decisions about my own care and needs - and being respected and listened to. I am knowledgeable about care services and have a good grasp of how they all work - and how my own body works, and that generally means professionals listen to me and take me seriously - but I want to advocate for this being the default position for everyone who needs or accesses services. Not everybody is a science graduate, or an NHS or social care worker, but we all deserve to be treated with warmth, understanding, kindness, and non-patronising care. And without prejudice, and second guessing. I always look to NICE or SCIE guidelines when I am seeking help around an issue or a diagnosis for my family or me. Everyone should have someone to navigate their care who 'speaks their language' and understands them and their unique needs.
- 298** Personalised care
Supported and listened to by colleagues and/or peers.
- 299** Improving my memory, losing weight and feeling happy
- 300** What matters to me is the health/ill health of our younger population. As we continue to face the challenges of covid and the knock on effects, what has happened to the sexual health of our youngsters, I wonder.
- 301** quicker access to mental health for everyone
- 302** A healthy lifestyle, close family & friends. Easy access to health care when I need it.
- 303** some support after 18
free period stuff
- 304** Information - good quality and reliable information on health issues, health services, also health self-help
Accessibility to services, including signposting to other relevant support - at the time it is needed
- 305** Accessibility
Timeliness
Safe, professional and adequate
- 306** Having access to the relevant care and support within good timescales.
- 307**
What matters to me most about my health and wellbeing is getting appropriate care within an appropriate amount of time. It should be accessible as and when I need it and I should be able to raise any immediate concerns about my health and wellbeing with healthcare professionals and get advice on the next steps relatively quickly.
It is important to me that I am fit and healthy and that my worries about my health are assuaged.
- 308** mental health
Feeling strong
Having clear skin
Teeth
- 309** my health is central to my hopes, ambitions and opportunities. having quick access to locally based support is key.
not enough resources are going into prevention and early intervention resulting in unsustainable pressure upon acute services
- 310** Being supported and supporting other who may be struggling. Being able to take time for my health and wellbeing.

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- 311** Balance between work and not at work life
Support when matters are piling up at work - eg in times when staff are off and extra jobs are pushed towards you
Getting annual leave more or less when you are requesting it
- 312** Being listened too and treated like a Human being. Not making care clinical when it doesn't need to be. Not deciding if you can help someone or not based on a paper referral but by speaking to them and not limiting a service to “what's written in the service specification” but just by “Doing the right thing”. We often over complicate things and make them more clinical than they need to be just have staff that read people well, understand lots of perspectives and use emotional intelligence to be able to understand how someone is feeling and to be flexible with how they can support.
- 313** Trying to prevent periods of bad health, but when I need help with my health being able to easily access advice quickly and where needed, with a follow up.
My priority is having local GP services. We all know the strain they are under, but this has to change. sometimes I ignore small health issues because I cant face the endless trying to make an appointment farce. this has led to my health deteriorating and this has impacted my wellbeing as well as making a small health issue becoming a larger issue. its frustrating when you do get an appointment and they say, check back in with me in about X weeks and you cant make that appointment . Primary health care is more important to me at my stage than specialist services.
I feel sorry for all those who work at our local GP, but this cant continue
- 314** Not feeling abandoned or left out. Trying to stay healthy with limited money and no physiological help.
- 315** Having access to health care when needed and not waiting too long for help!
- 316** To be able to access any service quickly and at a place of my choice in whichever part of South Yorkshire services I and my family feel most comfortable in eg accessing in care in Sheffield or Rotherham if we feel more comfortable out of our locality.
- 317** Joined up services. Equitable services for all across the region.
- 318** Being able to access the appropriate services when required.
- 319** Easy access to Dr's clean and safe environment reliable public transport good selection of local shops leisure facilities and clubs for the older generation a council that cares for its community
- 320** That I have someone to look after me. That I have opportunities to be involved in my community, to make friends, to do things important to me.
- 321** Having a stable and healthy lifestyle where i am confident and happy with myself making sure i accept who i am and looking after myself
- 322** I want to stay as healthy as possible
- 323** to know that i can see a medical professional when I need to see someone (namely a GP) and be referred to the most appropriate service based on my need rather than cost

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

- 324** That there are enough public services available that anyone in need can access.
 Better and more housing that are affordable. Schools and doctors that can deliver the services needed.
 Teachers and anyone working in a hospital are under enormous pressure and just don't have the staff to deliver.
 Waiting lists are too long, it's very worrying. If I fall or become ill will there be any ambulances available?
- 325** Access to services in a timely manner
- 326** That health checks are carried out more regularly
- 327** Do I really have a say in this because my doctors surgery really don't give a damn what matters to me. 2 doctors told me I was too fat to be treated so I stayed on the waiting list for gastric bypass, and now I've had it done I dare not even ask for an appointment to see a doctor to talk about my health.
 Recently I did see a doctor because I have mixed state bipolar and after surgery I had a breakdown plus was having a reaction to my antidepressant. I was given another antidepressant which caused really bad side effects so they were stopped. Then I was left 5 weeks without any antidepressants, my mental health was in a bad way to the point I wanted to end my life. I took it upon myself to start back on my original antidepressant and was still having the same reaction as before, but seeing as no one was willing to help, I had to try something.
 The hospital cut down the pain medication when I had the surgery, I'm functioning with one arm because I have frozen shoulder in my left arm. Spoke to my doctors surgery and they won't change the pain medication back to original prescription simply because they are receptionist and they won't Even ask the doctors about it.
 I have severe asthma, you wouldn't know though as I'm only allowed 4 ventolin inhalers a year and I was berated by a receptionist for asking for another inhaler when I had covid. With this I bought myself a new nebuliser as my other one was stolen.
 So my health and wellbeing matters to me, as I want to be alive to see my grandchildren grow up.
 But according to great North medical group, your health and wellbeing doesn't matter to them.
- 328** Staying in good mental position in order to stay healthy and happy
- 329** I don't understand the question. Everything matters - health and well being can't be dissected - it's an overall feeling
- 330** I'm OK
- 331** I want to stay healthy for my family
- 332** Good access to gp, dentist
 Timely referrals to hospital
 Treatment times that are realistic and information about referral process, waiting times
 Green spaces to exercise and relax in
 Good local amenities like gyms, swimming pools that are affordable
- 333** I want to be healthy. To help me be healthy I think the NHS needs to provide care etc as and when needed, however, I also think individuals need to take responsibility for their own basic health needs - exercise, diet, drinking/smoking.
- 334** Keeping fit and active and being able to access gp & health services when needed in a reasonable time frame

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

335

Access to practitioners. GP, hospitals, jabs. Currently very happy with gps (hollies). Like drive thru phlebotomy very much. Hospitals more of an issue - especially Road at Hallamshire. Got v reduced mobility so access has to be carefully considered. Have appreciated a lot of medical support this year and social services when I was bedridden for several weeks. Also very concerned about strain and stress throughout NHS. Ultimately the service users will be directly affected unless more funding/support/training is given.

336

Being able to contact our GP to make appointments within a reasonable time
Telephones repeatedly ring unanswered

337

Having timely access to treatment and advice , being part of the discition about my care . Being able make choices about what I do . Being able to see professionals face to face if that's what I feel is best for me . Being treated and respected as an individual , not being pressured into options I,m not happy with .

338

Knowing that myself and my wife can feel safe in our own home. Swinton has become overrun with horrible children who are hellbent on harassing good honest people by constantly causing trouble in and around the streets. Discipline needs to be enforced as it's, nor has it ever been, just a case of Kids being kids as some stupid people like to believe.

339

Prompt appointment from GP
More frequent physio appointments
Good care from the NHS support

340

work/life balance
time to engage in healthy behaviour such as exercising
easy access to gyms/community walking groups

341

Being able to talk to a person about my symptoms

342

7 day access to healthcare services, particularly GP services.

343

Less waiting times
Quicker action to diagnose
more funding for services
pay less for prescriptions

344

It matters to me to get plenty of fresh air, daily walks and eat healthy when possible.
Spending time with friends and family helps me with my well being

345

Being able to see a doctor when required I waited 3 weeks for a face to face appointment, now need a blood test so have to wait another 3 weeks - I am suffering with my mental & physical health as can't get any tablets until tests are done. After the blood test how long will it be to get another appointment (earliest booking on the system is 29th November, and it is only 2nd November today!)

346

Good mental health strategies to cope during difficult times in life. In particular specialist bereavement support at work, as it happens to all of us at some point in our life. Suicide prevention training for all members of staff and suicide berevement training for any members of staff who have been impacted by suicide. Understanding of health-harming behaviours.

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

- 347** Being able to access medical care when needed, service are stretched to capacity, waiting times are ridiculous. You are not able to get a GP appointment meaning you ring 101/111 all the advisers tell you is to go to A&E regardless of what you are reporting, which is just putting more strain on and already stretched service.
Waiting times for Mental Health services are beyond ridiculous, most GP's don't know how to deal with mental health conditions and just want to prescribe tablets, they are not even aware of self referral services through the NHS. More training needs to be given to Secondary Care staff to alleviate pressure on Primary care.
- 348** Knowing that all health care is open and accessible. Doctors,hospitals,dentists.
Access easily any charitable help and having open information for all not just those living in social housing. There are many elderly and disabled living in their own owned property who are never offered help.
- 349** Being able to access my GP practice when I'm unwell and having early intervention to reduce admission to hospital.
Access to diagnostic testing and getting results quickly
Early diagnosis of long term conditions i.e. cancer.
Better information/education on how to manager low term condition
- 350** I'm listened to, I know about and have access to local support. That people still see me as a person
- 351** When problems occur you are able to access help or advice quickly. Getting doctors appointments or help from social services as quickly as possible. Being taken seriously by staff and being dealt with politely.
- 352** Able to access appropriate health care in a timely manner
- 353** Having affordable, local opportunities to stay fit and healthy. Feeling safe in my local community. Having a good work/life balance to concentrate on my own health and wellbeing, rather than my employer's (NHS SY ICB) priorities.
- 354** To be able to access appointments with the doctors more easily. For any referrals to be then dealt with in a timely manner. For mental health care to be more accessible to children of school age.
- 355** First and foremost, feeling listened to. As a patient with a long term condition, I know my body, my symptoms and my condition better than anybody. It's very frustrating when I don't feel listened to. For example, when having a flare up of my condition there are occasions when I need urgent care. I don't need to go to A&E, I don't need an ambulance, I need same day access that will support me either and ultrasound or medication. Going through the out of hours 111 system means that due to my symptoms I'm automatically told I need to go to A&E within the hour. This is the worst place for me as I'm uncomfortable, sat for hours with no end result and have to tell my story (which is frustrating and embarrassing) at least 5 times as I go through the layers of seeing/speaking to professionals. Listen to patients and what they are telling you, don't just hear it.The second although equally as important, is prevention. Many illnesses can be prevented and we can keep the local population out of hospital where if older people, they decondition the longer they are an inpatient and rely more and more on our services.
- 356** being able to work flexibly and hybrid working

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

357

- 1) wasting time ringing gp after an annual meds review as my repeat prescription is still on clinical review.
- 2) My GP refusing to prescribe desmopressin to my son even though approved by hospital consultant and NICE says ok. unnecessary extra appointment with hospital
- 3) when bassetlaw hospital say they havent got a paediatric anasthetist so i ought to go to sheffield childrens hospital where they have. Bassetlaw dont refer us so we have to start at sheffield childrens ER from the beginning the next day, re appendicitis/blocked bowel

358 Care in older years

359

- Access to local GP doctor or medical professionals for focused advice when unwell
- Access to Green space in city centre
- Safe neighbourhoods

360 As long as i can do daily tasks then I'm fine. I think it's important to take some time each week to do something for myself. This could be as little s washing and blow drying my hair. Self care is very important to my mental health.

361 I have limited control over my health and do not pretend to have much influence over it or my life expectancy

362 Lack of GP capacity. My Practice is Woodland Drive and as far as I'm aware all GP's except GP who owns the Practice, are Locums who stay various lengths of times. Patients don't have a named GP so there is lack of continuity in care or understanding of patients medical history to be able to provide appropriate and timely good quality care.

363 Feeling comfortable to be able to talk to people you trust.
Having somewhere i enjoy coming to talk and feel welcome.

364 Being seen in a timely manner, waiting kills. Too many desk jobs and chiefs sucking resources away. Too much repetition

365 Nutrition

366 Being listened to at work.

367 Assurance of ability to contact any service when needed. I am aware of back-logs and work pressures, but communication, reassurance and advice should not be on waiting list. It is not only GPs responsibility to reassure patients.

368 Being able to access care as and when needed. Access to environments and activities that gender health and wellbeing such as green paces, physical activity, cultural activities. Living in a locality that looks and is cared for and provides opportunities for all.Supporting those in most need while at the same time dealing with those that waste or misuse the care system.Supporting staff who work in the health and care system

369 I care that i have access to services to improve my health and well being to both maintain my function and health and to treat any episodes of ill health

370 What matters is that when you do have a health issue that you can access health care services and that your concerns are taken seriously and you don't have to take your time fighting to be heard.

371 Being able to access services when needed having information available at time of need.

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

- 372** A foundation for health and wellbeing is resilience and stability which we've not had a great deal of in recent years. Walking around Doncaster City Centre lacks a sense of resilience or stability and is quite scary, to describe it in a word I'd say 'Dickensian' (harsh but true). I genuinely worry about the future of Doncaster as there are high levels of poverty, deprivation and inequality. The tone of the place is edgy and there's a sense our residents mental health is low, it just feels like something is going to kick off at any minute. What matters about my health and wellbeing is changing individual and collective outlooks to be more welcoming, vibrant and viable.
- 373** Life is precious and what matters is access to healthcare and early and face to face . Being seen by GP's and not diagnosed by receptionists
- 374** 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.
- 375** Having access to medical services when needed.
Not having to wait weeks for a GP appointment.
Being able to access the same standard of care regardless of where you live
- 376** Friends, family, being able to socialise, a warm house in winter a cool one in summer. My dog for cuddles and walks. Swimming . A job I enjoy with like minded people. Flexibility to work agilely. Holidays and travel especially the coast. My garden. My car. My village. Volunteering.
- 377** Being able to access appropriate services when needed
- 378** Inability to get access to GP services
- 379** Quick access to medical professionals and services is key for me, should I have any concerns about my health
- 380** It matters to me to be treated fairly and have the ability to access services.
The stigma of mental health illness should not limit my capability or struggles
Just because I am BME doesn't mean I should be treated differently/unfairly
- 381**
Easy access to GPs. Access to other health services in a timely manner. Respite from caring for disabled child and recognition of the impact of a disabled child on the family wellbeing.
- 382** Mental and physical health. Managing my own mental health amid the stresses of work and raising a family (my children are adopted and have greater than average emotional needs). Being physically well enough to exercise as that improves my mental health.
- 383** Cutting waiting times in A and E . More disabled parking spaces in public places and in hospital car parks. Closer working relationships between healthcare agency's. More information given to patients in hospitals , reasons why things are not happening given to relieve anxiety.
- 384** Being able to talk or see a doctor at short notice. Especially as I am now 75

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

- 385** Still waiting for post-diagnostic support after ASD diagnosis in Jan 2020, aged 61. I really HATE the uncertainty of not knowing where I stand abt this. Little support from RANSS which is so focused in the North if the borough. Pity I'm no longer allowed to drive for health reasons...
On hold with Rdash psychiatrist; prob recorded as 'receiving care' when I'm not. Get a grip! Meanwhile, my neurologist is trying occipital nerve blocks: might this improve my non-epileptic attacks? (5 nights inpatient in Oct, 8 in June w head injuries; follow-up rubbish; WHAT ABOUT THE COST?!)
Do your pathways take Bereavement into account? Doesn't feel like it.
I CRAVE personalised, holistic care
Just what is happening a.bout Community MH Transformation?
Pah!
- 386** Actually seeing a GP. They are becoming more remote, rarely examine you and you can only discuss 1issue. The body is made up of parts interconnective tissue it's ridiculous. They have forgotten how to Dr.
- 387** being able to see a doctor in a timely manner in order to ensure perceived risks are attended to.
- 388** A life full of fun, laughter and love
- 389** Food, heat, family, money, GP access, Transgender services + awareness of trans identity in medical services.
- 390** Being able to access local services
- 391** Just keeping healthy
- 392** That I try to remain physically and mentally healthy.
- 393** Being able to access the right support from GPs and Mental health services
- 394** Getting a GP APPOINTMENT or even being then to answer phone and if they do getting past the untrained jumped up little Hitlers on reception.
- 395** Access to good, holistic health care in real time not a week after the fact. Doctors, nurses, hospitals, dietitians, exercise, massage etc. Access to outdoor walks with good paths and signage. Polite considerate people of all ages which gives confidence to walking around your village or town without fear.
- 396** Being able to get an appointment with a healthcare professional even if it's weeks in advance instead of being told all appointments are gone, call back at 8am tomorrow. Knowing that my family can get access to treatment and their concerns are listened to. Keeping health care affordable for struggling families and older people.
- 397** Mental health has become the prominent concern for me since developing severe tinnitus 6 years ago.
- 398** Services to be accessible in a timely manner. Quality of care. Expertise to provide the service, skills and knowledge of the people who are providing the care to patients. Safe care. Kindness. Flexible. Competent and consistent care.
Partnership working to provide a streamlined pathway. Joined up working and systems so records can be seen.
Services available in my area and where to access them.
- 399** Being involved in decision making about my own health and well-being, having access to all my diagnostic and health records online ans being able to access the relevant expertise/advice when I need it

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

- 400** Being able to get through in reasonable time to my GP Practice if I feel unwell or wish to make an appointment
- 401** it is important to be healthy in order to have a good life.
To have a good access to health-related services.
- 402** The NHS needs to recognise the cost of living crisis now – I’m told to go to classes and see people in the community that will make me healthier but are expensive for me and my family.
- 403** Getting provision for a multi disciplinary approach to Chronic disability long term like M.E Chronic Fatigue Syndrome.
There is no care plans or direction. Nobody takes responsibility for it. There is no group support or individual support.
Closest is Sheffield which is not good if housebound-bedbound.
Only professional support have not got the specific training for M.E . Also many hospitals and GPs are behind the times with There understanding and approach to M.E. and it's patients.
- 404** Being able to carry on with walking & cycling into my later years, without the stress of working.
Being able to get a GP appointment when needed instead of the constant worry that something is wrong.
- 405** Having time to be active and spend time with my family
- 406** Being able to see my doctor on the day I feel ill not 2 weeks later. Constantly worrying about heating or eating. Sick of being treated as an afterthought because I am older. Worrying about social care and if I need it will it cost me my home. Will there be an NHS if I need it. I volunteer but wonder the way this country is being run if I will have the help I need. Lots of my friends feel the same.
- 407** My mental health is my current priority. It's hard to try and improve your health and well-being when working full time, but I now have to for financial reasons with the cost of living crisis. There needs to be more practical resources for people in full time employment as services tend to be 9-5. I would appreciate easier diagnosis of mental illness, or just a service where you can wait to be assessed and then told what the issue is rather than having to guess and get referred somewhere specific that may not recognise another illness you have.
- 408** Quick & easy access to the GP (without being quizzed by the receptionist)
Access to well-maintained parks (for walking/jogging)
- 409** Access to timely and robust medical support for physical and mental health.
- 410** Amount of sleep I am able to get, how much exercise I can do, my diet and if I am able to be socialising with other people.
- 411** Relationship with family and friends
Good diet
Exercise
Enough money not to worry
Free and quick access to health care
Safety in my home and on the streets and public transport
- 412** Trying to avoid news ala bbc
- 413** Being treated fairly and having access to services when needed.

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

414 Getting care for me & my family in a timely way when we need it - be it an ambulance, a care home, a GP appointment - it is a scary time given that the NHS seems to be at capacity before winter properly starts

415
That my working life doesn't take over and have a detrimental effect on my health & wellbeing. I feel that my physical health can suffer when I spend too long sitting at my desk/staring into a screen and my mental health can suffer when I have a heavy workload, or when I am working in isolation from my colleagues. I value remote working, but I also value having some periods of time to connect with people face-to-face. I also value opportunities to engage with my colleagues socially outside of work.
What matters to me most is being physically and mentally well enough to be able to look after my family/children/friends and to have the energy and drive that I need to do the best work I can in my job.

416 Mental well being and age related ailments

417 Keeping people in their own homes by being supported either disabled children/adults or the elderly. Allows people more control about their futures

418 Both a good health and wellbeing matter. Access to affordable leisure facilities, outdoor activities

419 Being active
Managing mental health
Doing what works for me

420 To be able to access Health care

421 Loneliness

422 Being able to have a good work-life balance, having time and space to switch off and relax, feeling safe at work as well as at home, having people around me that I can trust and who listen to me and treat me with kindness, people around me who I can rely on.

423 Time to be outdoors in nature. Getting support from peers and not being isolated. Support with anxiety and the cost of living.

424 Being able to access help when I need it.
Having access to outdoor spaces.
Being comfortable in my neighbourhood... including good policing, safe places and social activities.

425 What matters to me about my health and wellbeing is fitting in the time to look after myself on top of working commitments. It goes without saying that as we get older it gets harder and the emphasis shifts to trying to maintain a healthy lifestyle even more so. Personally, my health and wellbeing has become harder to achieve, but it matters to me more than ever to balance this along with work. Lack of time along with expensive facilities that don't offer out of hours for the more mature customer is a problem.

426 In my early twenties I sought professional help for anxiety and depression, and though my anxiety has never really gone away, it doesn't impede my everyday life. This matters to me because I have two children I love and adore, and I know what it was like growing up with parents who suffered with mental illness. Health and wellbeing matters or we would not be able to function in society.

427 When i approach a service, be it trans related or otherwise they have an awareness of trans/non binary people and treat us with appropriate respect and professionalism

Ref No. Appendix 2: Survey answers – Please tell us what matters to you about your health and wellbeing?

- 428** That I gave the right information about managing myself - fast access when I can't manage myself.
- 429** I want good access to my doctor and good access to a pharmacy. This would resolve ongoing issues with my physical health. I need access to out door space for exercise and to aid my mental health.
- 430** To be fit and active to allow me to participate in and enjoy life
- 431** Access to doctors when you have a medical issue. The current system is not functioning and you have to wait weeks for an appointment. There is a mad rush in the morning to get an appointment. It's usually fastest finger first.
Once the appointments have gone for the day you cannot book an appointment later in the week you have to dial again the following day and the groundhog cycle continues until you are lucky enough to get one.
- 432** I don't access health provision very often, but would like to be able to access it when I need to. More connected-ness between different services.
- 433** Access to a GP. Not to be told to phone back the next day.
- 434** Having somewhere to go to share concerns and thoughts outside of my work circle, and having someone actually listen to me.
- 435** Getting the right balance between time spent at work and home life. As staff shortages are common, trying to not get stressed out whilst at work due to understaffing and the expectations of management that everyone is happy in the chaos and can still produce the same turn around time as if there were the right amount of staff. Making sure your time away from work is spent with friends and family doing something you enjoy.
- 436** The ability to access medical help easily and quickly where necessary. The reassurance that I will be well cared for by the NHS and that good social care will be available if needed. I would like to see better scrutiny of residential homes as some fall well below acceptable standards. We should not have to worry about the quality of care we receive or where we may end up and this is particularly important to older and vulnerable people and their families.
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Appendix 3: Survey answers – Anything else you would like to tell us?

This section of the report presents the full responses of residents of the substantive questions 'Anything else you would like to tell us?' The order of responses has been randomised, with new numbers being assigned for ease of reference. Personal identifiers have been removed.

Ref No.	Appendix 3: Survey answers – Anything else you would like to tell us?
1	More support for maternity voices partnerships as they really do give women, birthing people and their families a voice but there needs to be more funding and awareness
2	I am concerned that I may not be able to access medical care in good time should i need it. I am worried about threatened NHS strikes. I believe NHS staff deserve more, but is now the time to demand it?
3	Carer support for Carers. Knowing Your Right As A Carer. Training On The Care Act. Access To Free Flexible Education
4	Mental health services need serious attention. I have seen many people in early stages of depression (for example) who wait months for help, during which time their condition deteriorates and more serious intervention is needed. Good communication and cooperation with voluntary agencies and the churches could help - certification to ensure good practice could be quickly implemented because many such agencies already have good practice guidelines and safeguarding in place.
5	Thanks so much to the NHS for all they do.
6	No thank you
7	Can only ever see a nurse
8	In my opinion there is a lack of community emphasis on health and wellbeing. Lack of leisure facilities that are affordable and not just geared around schools. It is important to include the schools, but if you work going while schools are on isn't feasible. I have cancelled my gym membership as I just don't get the time to go and if I did cannot get to park and it is too busy. It is not just the inner cities that need access and help, sometimes it is the outlining communities that get forgotten about and not everyone drives or can afford to travel. Serving the wider communities is just as important or they get forgotten about and villages die as there is nothing happening in them.
9	Having a support network in place for your own mental wellbeing whether that be at home or work Having access to other agencies that may be able to help/signpost
10	ensuring support is consistent
11	There needs to be less waiting times for people with mental health
12	Not clear what the improvements of the ICB will be - it looks like you have just put the CCG's into 'Places' and added a layer of management and red tape.

Ref No. Appendix 3: Survey answers – Anything else you would like to tell us?

13 Access to mental health services for teens / young adults in my area is poor. My 18 year old son has been suffering with anxiety and panic attacks for a number of years now and the only thing he has been able to access was CBT which he didn't find beneficial. This has had a significant impact on his wellbeing, education and social life.

We also suspect he may have ADHD but he was told he was 'too old' to be referred for assessment.

14 Many GP's are still only seeing us via telephone call which may leave room for mis-diagnosis and also means there is a smaller time frame to discuss the issue.

15 You can't meet the needs of everyone all the time and whatever is prioritised and provided will not always suit everyone, but that is okay. If you can sign post to other organisations that provide the service, you don't in the local area is great.

16 I often don't need a doctor but if I did I wouldn't have much faith i would be seen promptly

17 it would be great to having access to staff networks and having the protected time attend these meetings to look after mental health issues.

18 I have previously had to visit the dentist out of hour my experience was really poor and made me feel like I was wasting their time.

I had fallen and chipped a tooth and pushed one back. My dentist recommended I visited one straight away so a splint could be fitted (this was not done) My Dentist was appalled and said I should have had the splint done and a course of antibiotics should have been prescribed.

19 I think much more in health care treatments need to be implemented/ put in place.

20 Hospital waiting times seem to be a concern at the moment.

21 Would like doctors to work and see patients, be signposted and referred when appropriate, like to not be fearful about receiving clinical care that is not appropriate. there is a lack of trust in clinicians especially many GPs that claimed to have been stretched and over worked during covid but feedback says they simply locked their doors

22 Don't mind talking to a doctor over phone

Instead of sitting in the surgery and then if a visit required arrangements can be made

Ref No. Appendix 3: Survey answers – Anything else you would like to tell us?

23 If it weren't for the above described damage, I would have lived a very fit and healthy life. Instead, I had to retire from my work after 12 years in the telecom/power industry. I had to suffer unfair scrutiny from the benefits agency for 35 years of needing sickness benefit. I had to suffer ignorance from my doctors and other medical specialists until I eventually presented them with undeniable evidence of the real cause of my long term illness. Suddenly the decades medical staff narrative goes quiet when they can no longer deny the physical cause of my illness, all attempts to place the blame on psychological imbalance fall away, no longer being viable.

My misdiagnosis has been exposed after 35 years of illness.

I now have official NHS diagnosis of Electro Hyper Sensitivity (Severe) linked with Functional Neurological Disorder.

Because of wireless radiation, hospitals and even my own surgery have become toxic places when I must visit them. Either I pass out from increased exposure (the last two visits), or my original reason for visiting is prolonged. I have no safe way to seek effective health care should something require my attending.

What will the Integrated Care Partnership do to address my urgent and life threatening condition?

I would request some response from yourselves on this issue. Thank you.

24 PCT days you had better patient services. Health and well being starts at primary care level!!! Get primary care working like it did

25 to be able to have the same person who addresses my health care needs so that I don't have to regurgitate my story

26 In terms of CANCER.
It is referred as: Cancer Wait Times.....various depending on how referred?
Note: CANCER waits for no one

27 The externally pressures financially affect well ding massively

28 Cleaner environment

29 I see a lot of medics and nurses. They are mostly awesome and trying really hard to help. Some problems are massively under resourced compared with others. Womens problems, for example. My son wont get seen for his ADHd for ages yet - it was first picked up by a teacher three years ago now. Does this kind of thing need another department to look after it?

30 better funding support to VCF to make sure we reach the most disadvantaged/deprived communities

31
Policy decisions about what is funded, what isn't or changes in criteria for assesments or prescriptions have huge impact on people's lives far beyond the person directly impacted.

Far more consultation and transparency is needed prior to any changes.

32 I would like to have the right to choose a therapy which is best suited to the problem I'm experiencing. I want a truly integrated health care system that treats me holistically.

Ref No. Appendix 3: Survey answers – Anything else you would like to tell us?

33 No appointments with the doctors hardly, the longest of queues every time that you go to the chemists (over half an hour just to pick tablets up), increasing cost of living is a big burden, affecting health & wellbeing.

34 All health needs start with Primary Care. it is the First Port of Call

With the changes from CCG to I.C.S./I.C.B. the Clinical Voice is of paramount importance

Hospital Trusts need to reconfigure to meet the needs of the local population, no Trust is meeting the 4 hour target. Target yes, but all are way off the mark.

Out Patient appointment times, must be met, within a window of 15 minutes.

35 A clear direction from the Exec team about % time expected to be back in the office would massively help my own and others' HWB, as this can and does provide a great amount of anxiety.

36 Help on how to manage and take control of stress

37 A lot of GPs need training around mental health as they often come across as not caring

38 Community mental health services in sheffield for people with severe and enduring mental illness are terrible. Also really poor acknowledgment from any health service ,(dentists,Gp, CMHS etc..) of accommodations required when autistic. Most services are breaking the law by not making needed and reasonable adjustments to not create barriers to healthcare for autistic people. It's not taken seriously as a breach of the stability laws. Better understanding of how living situations can impact negatively on health and the lack of adequate support for autistic adults without learning disabilities.

39 I don't like being told to go and do my own research into adhd when I have done my own research and found more in common with bpd but had that ignored. I don't like being told to go back to iapt when they've already told me there's nothing else they can offer. I don't like being shoved around from one organisation to another. I don't like people deciding what's wrong with me after a short conversation. I don't like the drugs I've been given. I don't like asking for help time and time again only to be let down. I don't like the way I have been dealt with by anyone for the last 5 years.

40 As a member of my practice's PPG, I am aware that many patients do not understand the value and qualifications of Advanced Nurse Practitioners - we still hear people say, "I want to see a PROPER doctor"! More educational publicity would help.

41 If a GP or other health professional needs to call me back, then I need a timed appointment -to be told by a receptionist at 8am that the GP will call you sometime today is not good enough. At the very least a morning or afternoon should be stated along with a 2-hour time frame.

My elderly father waited all day to be called back when he was really ill. The GP called him at 3.45pm with no intention of seeing him at the surgery as he announced on the call that he was finishing at 4pm!

42

I would like to know more about the ICS/ICB and how Doncaster will still be seen and invested in as it's own place and everything doesn't just become about Sheffield. Where's the engagement for local people gone? You're introduction to this survey states 'your answer can be as long or short as you like, it can be in words or pictures' - how? There's no option for someone to upload a picture. How are you gathering the thoughts of people who aren't online or subscribed to this newsletter? Digital poverty in Doncaster is huge with people selling their phones to pay their heating bills. Many people don't speak English - why don't you ask these questions in other languages and really attempt to understand the pressures and concerns people have about their wellbeing?

43 Nope

44 There is too much emphasis on calling an ambulance and using A& E as a panacea for all ills. The hospital staff are being abused by the GPs and their systems.

45 Stop wasting money on shite like trans-bollocks and treat real conditions

46 Help with keeping fit when you have a SEND child

Mindfulness sessions

47 I grew up in poverty in a neglectful and abusive household. It's only now I'm older and accessing private counselling that I understand the extreme negative impact this has had on my whole life. I didn't seem to be able to access any mental health support through the NHS. I did try, unsuccessfully, to access help a number of times. In my view it is designed for well-off, articulate people who have generally been mentally well in their lives and who are going through a bit of a low point and are able to describe how they used to feel good and how they are currently feeling bad and want to feel good again.

Our mental healthcare system is not designed for people whose lives have always been difficult and who have always had poor mental health. If you've always had poor mental health, you don't know that things could be different for you, it's harder to describe what you are going through and so it's much harder to ask for help as you don't feel like you deserve it anyway. And then if you build up the courage to try to access help and you get dismissed, it makes you feel worse.

In our mental healthcare system - there is help for people who are experiencing a bit of a dip (IAPTS) and for people who are in a crisis (Community Mental Health Care teams and sectioning) but nothing for people who have experienced complex trauma but are not in a crisis state which is a risk to others.

I went to the GP and explained I was suicidal and needed to talk to someone. I experienced extensive childhood sexual abuse and I believe I have a dissociative disorder as a result. I had been suicidal for most of my life and was in crisis. I received no help. I have had to pay to access help. I only found out about counselling as someone in my workplace suggested the free EAP counselling programme as they could see I was in extreme distress. After my 6 free sessions, I'd built a relationship with the counsellor and I decided to continue. I ended up seeing the same counsellor over a few years due to the complexity of my situation and the level of distress I was in. And I have very limited funds - I receive Universal Credit while also working full time - and so having to pay for therapy has impacted on my ability to afford

Ref No. Appendix 3: Survey answers – Anything else you would like to tell us?

things, like being able to take my kids on day trips out or on holiday. I made the decision that my kids having a stable mum was more important in the long run.

48 We shouldn't have to pay for period products!

#ENDPERIODPOVERTY

49 Currently even though we are through the COVID-19 pandemic it is very challenging to get a doctors appointment at my local health centre. What are you doing to address this. My elderly mother is deaf and disabled and the only way she can get an appointment is ring for one, obviously this is not an option for her. She doesn't do online so can't access this way either. What are your solutions for this?

50 I worry about the impact of the cost-of-living crisis on the health and well-being of others in the community and feel it needs a full systemic approach to addressing this impact- thinking whole families- children, parents, older adults together.

51 I also worry about the amount of new housing being built, but no new supportive infrastructure such as GP surgeries and schools.

52 I don't feel safe at all in the centre of Doncaster , even in rhe daylight, and I avoid it as much as possible.

53 On a personal note, my mum is getting older and I am finding that the health services appear to be very disjointed and confusing. There is a push to go to virtual, but my mum struggles with technology and I'm sure she isn't the only one. There is also something about being more explicit about what appointments are, particularly with the Acute Trust. I spend a lot of time calling services to find out why mum has been called to an appointment. She doesn't remember what she has been told most of the time.

54 Hideous/absent care in Rotherham from the Balby-centric Rdash NHS Trust. PPG ineffective in my otherwise-good GP surgery. Is the NHS app any good for information about surgery news (eg navigators)?

55 I have insomnia , my children not living with me and only having sporadic quality time with them. These 2 things make my life harder and affect my health and well being. I also have Fibromyalgia, mental health difficulties from trauma and Aspergers syndrome.

56 Health is so much more than healthcare. Connecting the wider partners who can (greatly) influence the health and wellbeing of communities is welcomed. I believe the partnership should take bold and compassionate steps to providing the best possible environment in which our communities. This should involve courageous interventions, designed with the public interest at its heart.

57 My recent experiences of dental care and emergency GP services and clinics have been appalling.

58 Overall NHS services are outstanding.
I'm very pleased

59 Yes we need to re focus efforts on keeping the general population fit and healthy. You could use a number of initiatives to gently engage with people who choose not to partake in the activities provided.

You could team up with a local supermarket and get them to provide healthy food option vouchers at discounted rates.

Promote keeping fit as an alternative to sofa surfing.

Access to medicines is fast becoming an issue with two chemists in the village who seem unable to get their act together to provide a service to their users.

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Lloyds chemist should be taken over by the Swallownest practice and any profits made should be reinvested in better services for the catchment area.

60 Shouldn't have to pay for period products

61 Social care is what stops people being discharged from hospital. There are not enough care packages in the community.

62 I'm fortunate to have good quality housing, cash to afford healthy choices like fresh food, and time for regular exercise. For this reason, I'm in generally good health, but I have recently started treatment for an underactive thyroid. This was picked up early, so it's helped my energy levels and I've also lost weight.

63 Concern about the increasing cutbacks and privatisation in services especially in dementia care

64 No

65 it is important to focus on reducing the health inequalities in order to improve the health and wellbeing

66 Why does each trust have its own senior management ceo etc costing millions

67

Mental health goes hand in hand often with having a chronic illness. I have been pushed from IAPT, core mental health as they have not got understanding or resources to deal with this its easier to discharge back to GP and put you on antidepressants which is not resolving the problem at its core. It seems unless hour self harming or a harm to others there is nothing other than online courses and antidepressants. Not good enough!

68 I book appointments for myself and parents at GPs and it is a stressful process.

69 After I was told by 2 doctors that I was too fat to be treated, and told by a physiotherapist that the pain I was in was all in my head, they left me with no confidence. Now I only really leave my house to go to appointments and to go to the shops. I suffer with severe anxiety and when I need to go to the doctors it flares up really bad. That's how much the words of the 2 doctors have affected me.

70 Recently a family member was sent home for palliative care. She was at home for 10 days before a doctor/nurse could come to the house to see her. McMillan couldn't visit her for 2 weeks for an assessment. Really not good enough.

71 Ensuring our most vulnerable residents are supported with good advise and support.

72 N/a

73 I would like to get out more without the car but can't ride a bike very far. Al electric bike is a gr8 idea but way beyond my disabled benefits allow. It would be good to have a council person as single contact to speak to about anything.

74 Information and guidance needs to be tailored for different demographics - ages mainly.

New technologies and techniques should be adapted for younger audiences while more traditional methods should be used for older audiences.

75 I have had experience of poor quality residential care of dementia patients . I reported this to CQC but am concerned that the problem is widespread. My experience of an NHS run home was much better and I really wish that all provision came under NHS control

76 Anxiety and depression is more apparent with the cost of living and people need to ask for help and talk more

Ref No. Appendix 3: Survey answers – Anything else you would like to tell us?

- 77** To not have to worry about money, having enough fuel to do my job, or having to do 3 times as much work because systemically changes aren't made quick enough.
- 78** I appreciate the NHS services
- 79** Really concerned about the low percentage of cancer that is diagnosed at stage 1 & 2. Also low levels of Health Life Expectancy in Barnsley
- 80** They helped save my Dad's life and mum was ill too.
- 81** While mental health is important I feel that not enough emphasis is on " what is normal"....sometimes we have down days like we catch colds and my concern is particularly younger generation think they should be "happy" all the time.
I do think more resources are required in mental illness, but we need to be careful we are not creating more long term problems by suggesting the occasional "down" in mental health is a long term problem.
- 82** Support for sexual health in discreet settings
- 83** I think that Primary Care services are part of our problems within the NHS. Early intervention at the Primary Care level could possibly make a hospital referral less likely. This early intervention could be a range of services such as physiotherapy, diagnosis by x-ray where indicated.
- 84**
Allow young people to teach some staff how to talk to other young people in appointments
- 85** Getting and appointment to see a GP in Rotherham is so difficult for a lot of my friends and family. You have to call every day at 8:30am, hold for a very long time, only to be told the appointments have gone and you need to ring back the next day. Then they call 111 or go to A&E when they don't need to, or leave things until it's too late.
- 86** I would like to feel listened to, and the waiting lists to be shorter.
I would like to have language used that I understand rather than NHS speak
- 87** Having a long standing condition i am supposed to have a yearly check up, this is impossible as you can never get an appointment and because it is seen and not important you are told to just call back! You should be able to make advance appointments through your GP surgery for long standing conditions.
- 88** There is such inconsistencies in services, lots of waste and far too many managers and not enough staff on the ground.
- 89** On a personal note I don't see the hospital setting as a nice place to work these days, mostly due to ineffective and poor management, and we appear to be getting top heavy.

I also believe that nurse/clinical roles should be paid more than office roles ... I work in administration and when you see the qualifications and expectations of clinical staff compared to office roles I think it's a very unfair system.
- 90** I fee there needs to be more support at the early stages

Ref No. Appendix 3: Survey answers – Anything else you would like to tell us?

91 I also want to be able to access services at an appropriate level - the pandemic has shown us that telephone calls and video calls with GPs/ consultants/ practitioners can be just as useful as face to face. And it is useful to have a continuity of care - so that you can see the same doctor (within reason) about the same issue. And a quiet word for the vulnerable: It really doesn't help being told in text messages and in waiting rooms that you will be sanctioned if you don't attend. Remember that waiting times are often very long - sometimes it takes a great deal of courage to see that doctor. If that courage fails then that is a reason to keep trying - not to give in on people! And sometimes people's lives are just so dreadful or chaotic that looking after your health is the least important thing that day.

92 No

93 I have autism and learning disabilities so my carer is completing this for me.

94 The ICB/NHSE must also carry out a public campaign to divert inappropriate demand away from hospital and GP attendance.

95 I am totally opposed to the rampant transfer of the NHS to private enterprises. 12 years of austerity and conservative rule mean that the NHS is becoming not fit for purpose. The COVID pandemic exposed the inadequacy of the health systems - billions were wasted during COVID to keep the government in power and to line the pockets of conservative donors and sympathisers.
I work for the NHS as an advanced Nurse Practitioner and have worked in the community setting for 40 years.

96 Staff working in our healthcare don't deserve criticism for the lack of organisational support from Government in the weaknesses of the system.

97 The NHS is still a wonderful institution - an absolute anchor in our society.

But the workforce is in a mess, and social care is a mess.

'Integration' must be exactly that - a REAL joined-up cradle-to-grave health and care service.

With 'integration' comes an opportunity to rethink how NHS money is spent. There must be a persistent effort to work continually towards prevention and early intervention. The NHS has almost become just an acute responder. The ICP (and ICB) should be pressuring the government to grasp this and act differently.

SY Integrated Care System should take very seriously Clause 6 of the NHS Constitution: "...committed to providing the most effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves." This commitment should drive ICSs to commission from not-for-profit providers by default. Shareholder's dividends have no part in this commitment to best value for money.

I hope the ICP will hold the ICB's feet to the fire on public involvement at every level. Continuous improvement is key - and REAL citizen input into that is essential. The ICB's terms of reference put public involvement and co-design of services at the centre. Please make sure that happens properly!

98 Concerns regarding waiting times for NHS services

Concerns that coming out of Europe leaves us short of medical staff needed in the NHS

99 no

Ref No. Appendix 3: Survey answers – Anything else you would like to tell us?

- 100** Pulmonary Rehabilitation is a must.
- 101** Keep it simple - most strategies I have read are in a textual sense as impenetrable as Latin was to the laity before the Gutenberg Press opened up understanding.
- 102** My husband is currently waiting for an operation and we are struggling to find out if he is on a waiting list, how long he will have to wait. Thos is causing us anxiety.
- 103** Support for parents of children with Downs syndrome, and other disabilities. Ongoing networks to provide advice/support with complex problems relating to the condition. When not is an acute setting.
- 104** My health and wellbeing including my mental health would benefit from having regular activities to ensure that all my health issues are settled and mental health support to help me ensure that I am feeling well.
- 105** Why do we have to go from Barnsley to Rotherham hospital for the sleep apnoea service. Why can it not be run one day a month from Barnsley Hospital. It take three different busses to get there and about two and a half hours each way. We need services in our own towns not all over south Yorkshire.
- 106** Time frames are way to long for diagnosis of autism for both children and adults. There is also too long a waiting list for counselling especially for Children. There is a huge lack of support for children (under 13) with anxiety in our area and more should be available to support them.
- 107** If SY ICB is considering commissioning a diagnostic service across that will carry out assessments across SY any EOI committees should include people that have had experience of accessing an assessment. I would suggest they invite people from outside of South Yorkshire and include people that have had the opportunity to self-refer to a service (Leeds Autism Diagnostic Service) and The Service in Grimsby both offer self-referral. The committee should also ask people that live in other areas of West Yorkshire.
- 108** I realise I am lucky to enjoy pretty good health, maybe down to heredity and my 71 years in the welfare state. Will our children and grandchildren have that? Very worrying.
- 109** Despite my request to see an orthopedic surgeon regarding probable knee surgery, made to go through useless Muscloskeleton Service, before surgeon's referral. Even when they eventually agreed my preferred hospital choice was ignored until I corrected this.
- 110** Appointments everything seems a battle to get your health care sorted
- 111** Experience of stroke service which was fabulous but after a while NHS assume recovery this is not always so. Could yo with yearly top up service to maintain home residence support to stroke victim and carer. Really frustrating trying to get renewal of blue badge and rate reduction. People do not always recover.
- 112** Do something to help support and save NHS and it's staff before it's too late
- 113** Get the GP's to actually get of their office chairs and do their job, which means: GO OUT AND VISIT PATIENTS! So called phone triage is costing lives and more strain on 999/101. That lot are now an absolute disgrace and do not follow the NHS constitution (look it up if you are unfamiliar, and if you are unfamiliar, that just shows the state of this cut and paste "service").
- 114** Its really difficult to get a GP appointment without support from someone who speaks english .

Ref No. Appendix 3: Survey answers – Anything else you would like to tell us?

- 115** Maintaining the ethos of no wrong door for access
- 116** I'd like more specific clinics that you can book an appointment directly i.e. not have to be referred by your GP - skin, menopause, heart monitoring, aging, women health in general, etc.
Air pollution - more monitoring of factory outputs that are near to homes
More of a hollistic approach to health and wellbeing.
More signposting to other agencies/organisations that would be of help to patients deal with issues that are affecting their health -
- 117** Being able to access support that introduces natural therapies that helps to maintain we'll
- 118** I avoid negativity and bad news
- 119** More training in customer relations for GP reception staff - some are very unprofessional and have complaints regularly but nothing appears to be done.
- 120** No
- 121** Throughout the towns we need to be able to see a Doctor
- 122** I suppose I am rolling along through life trying to avoid further health issues as I go.
- 123** Generally, I'm happy with the NHS in Rotherham as an outpatient.
- 124** I realise that there are checks that need to be made when you are being prescribed regular medication but our GP doesn't tell you when your review is due they just issue you with a red card and only half your prescription which makes you feel like you are back in nursery. Sometimes the GP will half it again and on one occasion I ended up with a two week supply instead of two month which is very costly when paying for medications.
- 125** Keep the drains cleaned to help stop flooding.
- 126** I have experienced patchy care at best with DBTH over the years, we're desperate for a new hospital with renewed investment.
- 127** Physical & Mental health could be improved by easier access to social care!
- 128** The system is struggling with understaffing and high demand. Need to focus on prevention and management at home
- 129** my GP surgery didnt want to engage with its patient participation group remotely during covid so no voice to raise issues. PPG system ineffective
- 130** Shocking delays and lack of doctors at Tickhill surgery.
- 131** More money needs to be spent at grass root levels
- 132** I am usually a positive person but the state of the country right now is very depressing. The cost of living is also getting more difficult. Why should I need to think twice before I turn my oven on or the heat? We are going backwards as a country and we shouldn't have the number of food banks that we have.
- 133** Consistency in services is needed people need reassurance that they will get support at the time they need it. Some services are expensive such as day care. People cannot afford to attend these which can isolate people which in turn escalates other problems that they may be experiencing. Some services are set up then finished this has a massive impact on people's wellbeing as the support is pulled out from them.
- 134** Feel my work life balance is affected by my managers perception of how flexi works and it being more focussed around the business than my interpretation of how flexi should work for all parties.

Ref No. Appendix 3: Survey answers – Anything else you would like to tell us?

- 135** I don't believe there is enough tangible help to keep healthy.
- 136** My mental health has suffered for the last two years but not been able to talk about it.
- 137** The standard of level of care should not differ just because you live in different areas of the uk.
- 138** On the whole I think the health care provided is excellent. Having recently undergone cancer care, the support and care provided was excellent. I do feel this has diminished somewhat since my treatment has concluded, and think the gp follow up has been less than ideal. Whilst covid has impacted things, this should no longer be the case.
- 139** I haven't been able to park at Barnsley Hospital today for hubbys appointment. Luckily I drive too so had to leave him on his own and come into town to park
- 140** We need the government to listen to carers more as we are falling through the gaps, we know everyone is struggling but i believe as parents and carers the government are just labeling us with everyone else, parents and carers need to be heard i dont want to hear of parents and carers taking there own lives because they have no where to turn, we have tried to make it easier to come to the youth club by scrapping our £2 entry so that we get every parent to attend to get the support that is needed.
- 141** We are all different so a blanket policy can often harm and reduce quality of life and the care we receive. Patients voices should be at the table right from the start of strategy and pathway development. Lived experience is just as important as medical knowledge to ensure service design and care are fit for purpose and provide value for money.
- 142** Due to cutbacks on bus routes it is challenging for some patients to get to medical appointments on time or even at all. Buses are either late or don't turn up at all which is very frustrating for those who don't have a car or who are poorly in the first place as the stress of unreliable public transport makes them feel worse.
- 143** Receptionist at the doctors could do with being instructed that a polite, patient, considerate and caring attitude is a must and that confidentiality and privacy is key.
- 144** waiting lists needs to be reduced somehow as i was told by my hospital doctor that if i wanted to be treated i needed to go private and pay for it. This is something i can't even do or else i would have done it already.
- 145** Bring back the Patient Council and GP Groups or similar - so that we have ways for the voices and experiences of patients to be heard.
- 146** Schools often struggle to know what they can do to help adopted children and typically continue to use shame based discipline methods. They need more training on trauma informed working.
- 147** Clean air is as important as clean water, therefore more emphasis on indoor air quality, better ventilation, filtration etc.. especially in shopping centres, schools and other busy indoor spaces.
- 148** There needs to be more local groups to join to get you out & meeting people but not just for over 50s!
- 149** Having sensory processing issues with a occupational therapist within Rotherham
- 150** Support to other services whilst doing their roles eg emergency services needing to refer people in mental health support or handover to care teams if the ambulance ate delayed

Ref No. Appendix 3: Survey answers – Anything else you would like to tell us?

- 151** I feel like there are not enough opportunities in my role for me to connect personally with the people and organisations that my work is aimed at helping, I would like to hear more about the impact that the work I do is having on people, which I feel would improve my mental well-being and feel that the work I do is valued/making a difference.
- 152** I have family members and close friends who suffer with mental illness, and there is not enough adequate support available. Their experience is that they are permitted a limited number of counselling appointments, before therapy is withdrawn. How is this helpful when you can't possibly put a time limit on the healing process. I have written to GP's and mental health charities urging more help for those in need. In my view the current process makes a bad situation worse. Therapists just start to delve into the deeper causes of a person's trauma and therapy is withdrawn, leaving that person broken and more vulnerable than they already were.
- 153** You need to start doing something for Gypsy and Traveller people that is real. Not just stuff to make you look good. I am only doing this survey because I'm am so unhappy with you and how you use us to look good
Pretending to do something then getting rid of it again
You don't care about travellers you only care about your pockets
- 154** As above
- 155** NHS locally is extremely poor about disseminating the good news stories - we only read the negative in the press. Local agencies could be far more proactive in giving the good news (how many appointments/treatments/vaccinations, how many more staff, longer opening hours etc) and more up front about the negatives which they can do little about - ambulances, making doctor appointments (esp by telephone), access to dental surgeries, greater push on making online access accessible to all who are able to use it. Provision of more defibrillators, or funding of local bodies to arrange....
- 156** GP services are costing the NHS so much by not seeing patients . They openly say go to AE when they should be dealing with people . They are a disgrace to our country .
- 157** Everything is during the day or costs so low paid workers can't access

Ref No. Appendix 3: Survey answers – Anything else you would like to tell us?

- 158** If it weren't for the above described damage, I would have lived a very fit and healthy life. Instead, I had to retire from my work after 12 years in the telecom/power industry. I had to suffer unfair scrutiny from the benefits agency for 35 years of needing sickness benefit. I had to suffer ignorance from my doctors and other medical specialists until I eventually presented them with undeniable evidence of the real cause of my long term illness. Suddenly the decades medical staff narrative goes quiet when they can no longer deny the physical cause of my illness, all attempts to place the blame on psychological imbalance fall away, no longer being viable. My misdiagnosis has been exposed after 35 years of illness.
- Because of wireless radiation, hospitals and even my own surgery have become toxic places when I must visit them. Either I pass out from increased exposure (the last two visits), or my original reason for visiting is prolonged. I have no safe way to seek effective health care should something require my attending.
- I now have official NHS diagnosis of Electro Hyper Sensitivity (Severe) linked with Functional Neurological Disorder.
- What will the Integrated Care Partnership do to address my urgent and life threatening condition?
- 159** Please put on some courses for staff it is always about patient wellbeing but staff are drowning and it is too much
- 160** No
- 161** We shouldn't have to pay for period products
Men should be educated more on menstruation
- 162** More partnership working instead of people coming across brick walls when they don't fit in the box of an organisation. Ensure organisations know what other work is going on.
- 163** Everyone should feel safe in their homes and whilst out and about whether it be walking the dog, shopping, catching a bus, taking children to school, cycling etc. People should not feel intimidated, bullied or threatened whilst they are getting on with their daily living
- 164** It's important to me that I don't let work impact on my physical and mental health.
- 165** I worry when accessing services, that they will not be accepting of LGBTQ+ identities. I think all services need to make sure they have good training. Need more LGBTQ+ specific services, especially gender diverse services/groups.
- 166** Feel isolated and frightened that services we grew up with have gone..
They call it progress!!!
- 167** GPS suck and this 10 minute appointment for one thing is wrong as many symptoms are connected and you not allowed to talk about it
- 168** We also need employers to act as responsible institutions in their communities. This is especially important for our anchor institutions, NHS, Local Authorities, Universities, who need to maintain their focus on good employment (not just a job) with regular hours, safe transportation and well being services. We need to train more young people into the workforce, and not just as cheaply as possible. We need to engage with schools & colleges to offer curricula based on labour market data, ensuring local people who choose to stay locally can gain good employment with prospects for development.

Ref No. Appendix 3: Survey answers – Anything else you would like to tell us?

169 I am concerned about the drive for 'difference marking' in health and wellbeing. I have worked with difference across my career, and early on in the late 1980s, early '90s, the core goals were to manage difference inside the mainstream, and to avoid giving children and young people diagnostic labels (which could stick, and change their valence later, as cultures change, and could be a disadvantage). The normal range for 'neuro-typicality' is very wide, and I'm deeply concerned about labelling, and everyone else, as it were, because everyone needs to be taken care of, and resources follow the labels.

I'm also really concerned about the narrow views of gender - I've always been fairly androgynous - and not suffered for it. The 'gender wars' pathologize difference, and sex is one thing, and gender is another: a female cat is not gendered! This does affect my feelings of wellbeing, and how money in the NHS gets distributed, and this truly bothers me, and it might come to affect health care in general, detrimentally (I never thought I would become very questioning of Stonewall).

170

i feel that we under estimate the benefits of partner working and supportive agencies which can enable people to maintain their functioning both physical and mental.
I would actively like to see a more public health model working alongside the treatment of ill health. We need to know and understand more readily what barriers there are to accessing health and what determines their decision as to which healthcare facility they wish to access

171 People need to have confidence in their health service and this is greatly lacking now.

172 Not having to see beggars on our roads

173 I expect relevant clinicians to be appraised of my needs in advance by better use of technology

174 There should be publicly available call management statistics for all GP practices

175 Morale is quite low in general within clinicians, and other health care workers. We need to support each other and boost morale as much as possible.

176 Money is being spent in the wrong places. A focus is needed on prevention and community support.

177 Local initiatives such as this proposed integrated care strategy are a good idea, if introduced with due patient and public consultation. However, what's really needed is government commitment to proper funding of the NHS, to ease the intolerable burden on staff in all areas of health and to provide patients with the quality of care they require ...unlikely to happen at the moment, sadly.

178 I have been gifted with good physical health (I do also work at it). Mental health is a little more fragile, largely because of bereavement

179

Access to a Doctor is increasingly difficult, for an underconfident person, almost impossible.

180 Maybe more support at home for the elderly. Receptionist need training when asking at the surgery what your problem is.

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SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire
Summary: Integrated Care Strategy

March 2023



Introduction

South Yorkshire has much to be proud of with our strong and vibrant communities, proactive voluntary sector and a broad range of health and care services providing a strong foundation for improvement.

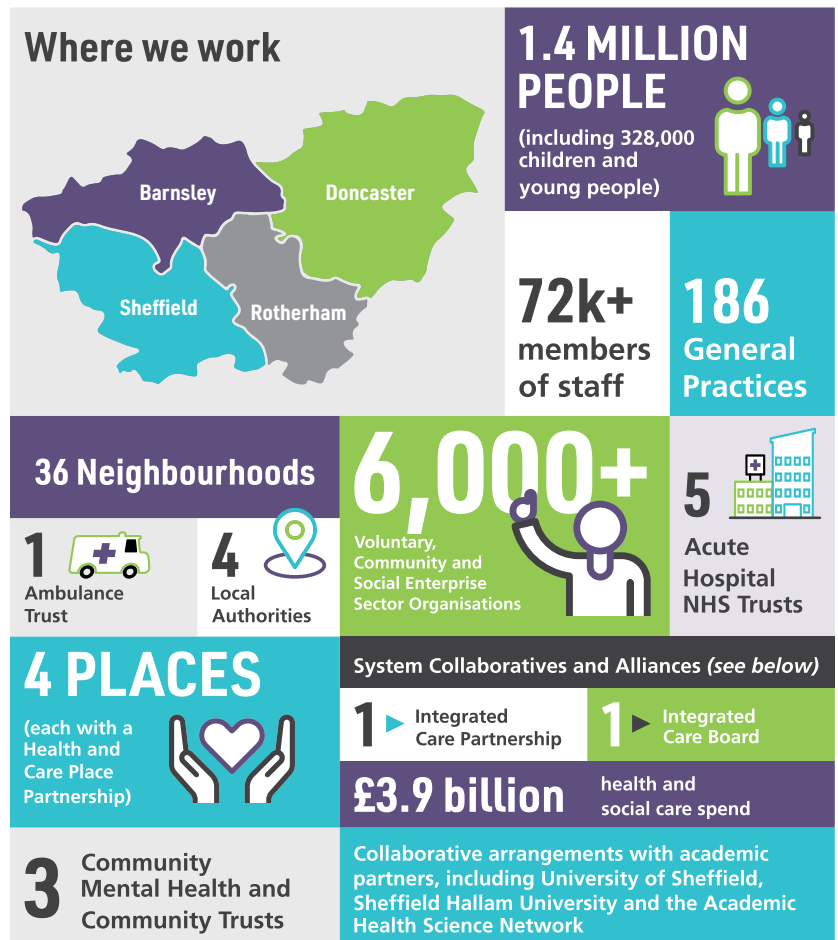
South Yorkshire developed around the industries of mining and steel and this industrial heritage means our close communities have a deep sense of place and identity. These have developed into a diverse and vibrant economy with health and care, advanced manufacturing, research and education being significant 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.

In South Yorkshire we want everyone to live happy and healthier lives for longer. We are living in difficult times, managing the lasting impact of covid 19 and the increasing cost of living challenges.

Our engagement work found that good access to high quality care and support is really important to people in South Yorkshire and as a Partnership we are making joint commitments to improve this. We will continue to work with you, listen to you, involve you and respond actively to what you tell us.

This Strategy was developed between September and December 2022 by our newly formed Integrated Care Partnership and covers the years up to 2030. It is a legal requirement and we see it as a beginning of a journey with the people and communities of South Yorkshire. We will work with communities and our voluntary, community and social enterprise sector.

This strategy and the plans that support delivery will change and improve through your involvement, including our NHS Joint Forward Plan. The health and wellbeing of everyone matters to us all. We look forward to working with each of you for a happy, healthier 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.

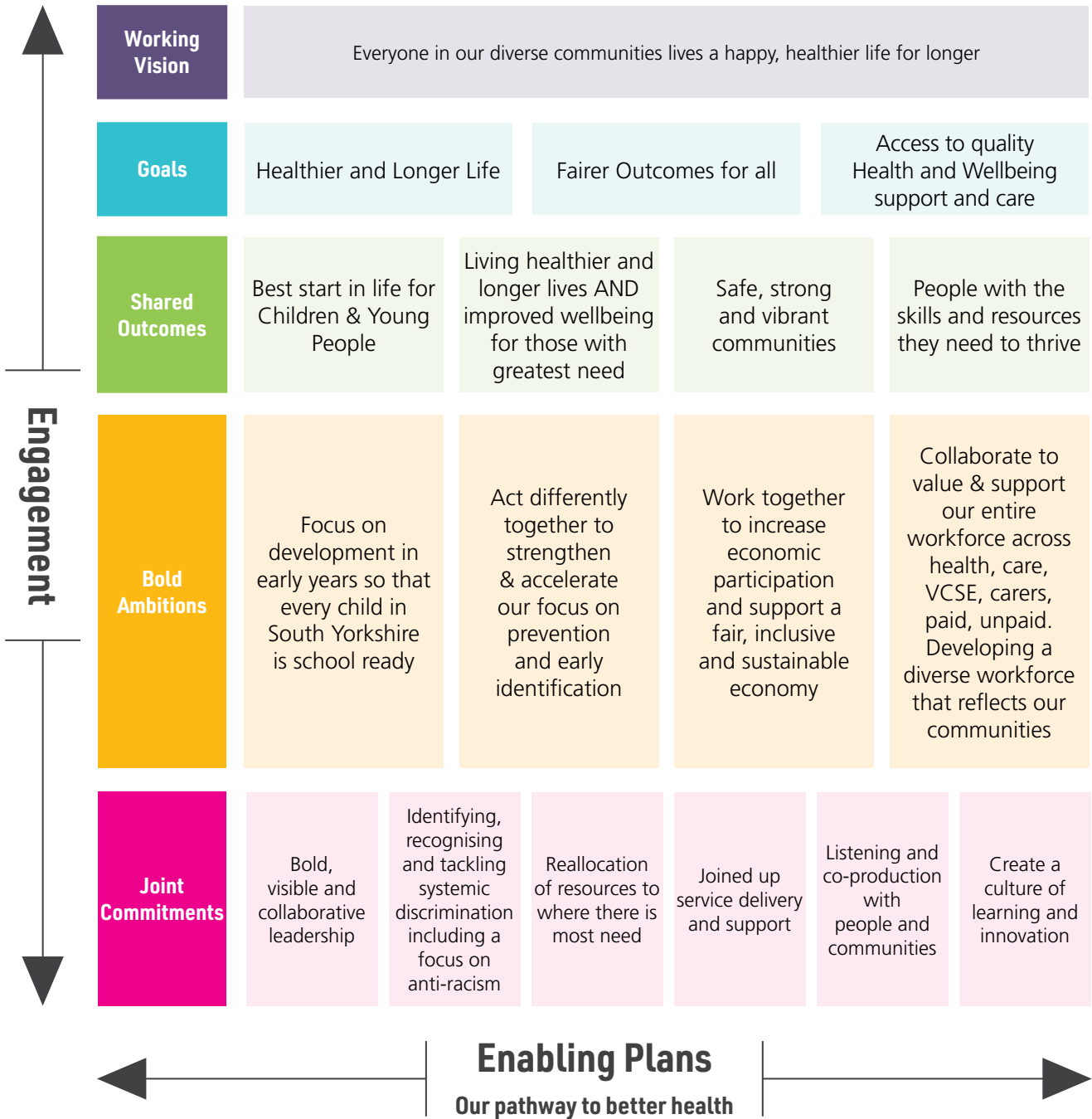
So the challenges are undeniable. But there is nothing inevitable or insurmountable about them. If we are going to overcome those challenges, together, we must do things differently.

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.

Our vision, strategic goals and shared outcomes for South Yorkshire

To achieve our vision of 'Everyone in our diverse communities lives a happy, healthier life for longer', there are 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. 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. 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.



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:

- Children and young people have the best start in life
- 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
- People are supported to live in safe, strong and vibrant communities
- People are equipped 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. We will work together to address the wider social, economic, environmental and commercial determinants of health.

Listening to our communities in creating this Strategy

As an Integrated Care Partnership we have a clear commitment to ongoing engagement with our communities. When developing this 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 the full strategy on the Integrated Care System website). We then asked our communities as simple question to build on this: 'What Matters to You'?

This campaign took place over November and December 2022. Working with our local Healthwatches and VCSE, 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?'. More than 500 individuals and groups responded.

The feedback from the insight work and the campaign has been actively used to shape and inform our Strategy. The insight work identified that there was a need for more information about health prevention and availability of different health and social care services, to make it easy for people to access health and social care services and removing barriers and to provide people with the information, tools and capacity to manage their own care.

These themes of awareness, access and agency were replicated in the responses to the 'What matters to you about your health and wellbeing?' question.



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

Individuals and groups said their highest priorities were access to and quality of care, improving mental health and wellbeing, support to live well, the wider determinants of health, and affordability, given the pressure on the cost of living. All of these themes have been used to shape our strategy. To improve access to services we know that we need to address increasing waiting times. Improving access to primary care, urgent and emergency care, mental health services and hospital services are a key area of focus for our immediate delivery plans, including our NHS Five Year Joint Forward Plan and work is already underway.

We will continue to engage with our communities over the coming months and years. If you want to know more about the Integrated Care Partnership strategy or read the full strategy and engagement report, please visit

<https://southyorkshire.icb.nhs.uk/get-involved>



SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire
Summary: Integrated Care Strategy

March 2023

Our thanks

Our thanks to the following organisations, who held focus groups or provided feedback through surveys that helped to 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

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