



# Doncaster Council

## Agenda

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To all Members of the

## HEALTH AND WELLBEING BOARD

**Notice is given that a Meeting of the Health and Wellbeing Board is to be held as follows:**

**Venue** Council Chamber, Civic Office, Waterdale, Doncaster DN1 3BU

**Date:** Thursday, 12th January, 2023

**Time:** 9.00 am

### **BROADCASTING NOTICE**

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**Damian Allen**  
**Chief Executive**

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Issued on: Wednesday 4 January, 2023

Governance Services Officer for this Meeting

Jonathan Goodrum,  
Senior Governance Officer,  
Tel. 01302 736709  
[jonathan.goodrum@doncaster.gov.uk](mailto:jonathan.goodrum@doncaster.gov.uk)

**Doncaster Metropolitan Borough Council**  
**[www.doncaster.gov.uk](http://www.doncaster.gov.uk)**

## Items for consideration

		<b>Time/ Lead</b>
1.	Welcome, introductions and apologies for absence	2 mins (Chair)
2.	Chair's Announcements.	5 mins (Chair)
3.	To consider the extent, if any, to which the public and press are to be excluded from the meeting.	1 min (Chair)
4.	Public questions.  <b>(A period not exceeding 15 minutes for questions from members of the public.)</b>	15 mins (Chair)
5.	Declarations of Interest, if any.	1 min (Chair)
6.	Minutes of the Meeting of the Health and Wellbeing Board held on 10th November 2022 ( <i>Attached papers 1 – 6</i> )	2 mins (Chair)
7.	South Yorkshire Integrated Care Strategy ( <i>papers attached 7 – 78</i> )	30 mins (Dr Rupert Suckling)
8.	South Yorkshire Child Death Overview Panel Annual Report ( <i>papers attached 79 – 112</i> )	15 mins (Dr Rupert Suckling)
9.	Breastfeeding - A Public Health Priority ( <i>Presentation/papers attached 113 – 134</i> )	30 mins (Laura Quinn)
10.	Doncaster Economic Strategy 2030 ( <i>Presentation/papers attached 135 – 182</i> )	30 mins (Mitchell Salter/ Emily Adams)

**Date/time of next meeting: Thursday, 9 March 2023 9.00 am Council Chamber, Civic Office, Waterdale, Doncaster DN1 3BU**

## **Members of the Health and Wellbeing Board**

<b>Name</b>	<b>Job Title</b>
Cllr Rachael Blake (Chair)	Portfolio Holder for Children's Social Care, Communities and Equalities
Anthony Fitzgerald (Vice-Chair)	Executive Place Director (Doncaster), NHS South Yorkshire ICB
Cllr Nigel Ball	Portfolio Holder for Public Health, Leisure, Culture and Planning
Dr Rupert Suckling	Director of Public Health, Doncaster Council
Sheila Lloyd	Interim Chief Executive RDaSH
Steve Shore	Chair of Healthwatch Doncaster
Karen Curran	Head of Co-Commissioning, NHS England (Yorkshire & Humber)
Richard Parker	Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Phil Holmes	Director of Adults, Health & Wellbeing, Doncaster Council
Riana Nelson	Director of Children, Young People & Families, Doncaster Council
Cllr Andrea Robinson	Portfolio Holder for Adult Social Care
Cllr Cynthia Ransome	Conservative Group Representative
Chief Superintendent Ian Proffitt	District Commander for Doncaster, South Yorkshire Police
Ellie Hunneyball	Group Manager, South Yorkshire Fire and Rescue
Dan Swaine	Director of Economy & Environment, Doncaster Council
Dave Richmond	Chief Executive, St Leger Homes
Laura Sherburn	Chief Executive, Primary Care Doncaster
Lucy Robertshaw	Director (Arts & Health), Darts (Health and Social Care Forum Representative)
Cath Witherington	Chief Executive, Voluntary Action Doncaster

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# Agenda Item 6

## DONCASTER METROPOLITAN BOROUGH COUNCIL

### HEALTH AND WELLBEING BOARD

THURSDAY, 10TH NOVEMBER, 2022

A MEETING of the HEALTH AND WELLBEING BOARD was held in the COUNCIL CHAMBER, CIVIC OFFICE, WATERDALE, DONCASTER DN1 3BU on THURSDAY, 10TH NOVEMBER, 2022, at 9.00 a.m.

#### PRESENT:

Chair - Councillor Rachael Blake, Cabinet Member for Children's Social Care, Communities and Equalities  
Vice-Chair - Anthony Fitzgerald, Executive Place Director, NHS South Yorkshire Integrated Care Board (ICB)

Councillor Nigel Ball, Cabinet Member for Public Health, Leisure, Culture and Planning  
Councillor Andrea Robinson, Cabinet Member for Adult Social Care  
Councillor Cynthia Ransome, Conservative Group Representative  
Dr Rupert Suckling, Director of Public Health, Doncaster Council  
Richard Parker, Chief Executive of Doncaster and Bassetlaw Teaching Hospitals (DBTH)  
Phil Holmes, Director of Adults, Health and Wellbeing, Doncaster Council  
Dave Richmond, Chief Executive of St Leger Homes of Doncaster  
Cath Witherington, Chief Executive, Voluntary Action Doncaster  
Sheila Lloyd, Deputy CEO, RDaSH (substitute for Kathryn Singh)  
Carmelle Harold, Health and Social Care Forum (substitute for Lucy Robertshaw)  
Andrew Bosmans, Healthwatch Doncaster (substitute for Steve Shore)

#### Also in Attendance:

Councillor Glynis Smith  
Dr Nabeel Alsindi, GP and Place Medical Director, SY ICB  
Dr Manjushree Pande, GP  
Lee Golze, Assistant Director of Partnerships, Early Interventions and Localities, Doncaster Council  
Ailsa Leighton, Acting Director Strategy & Delivery, SY ICB  
Emma Price, Head of Strategy & Delivery, Children & Maternity, SY ICB  
Martyn Owen, Head of Service Inclusion, Doncaster Council  
Ruth Bruce, Doncaster Place Partnership  
Leanne Hornsby, Assistant Director, Education, Skills, Culture & Heritage, Doncaster Council  
Rachael Leslie, Deputy Director of Public Health, Doncaster Council  
Mandy Espey, Health Inequalities Lead, Doncaster Place, DBTH  
Vanessa Powell-Hoyland, Public Health Lead – Well Doncaster, Doncaster Council  
Kelly MacKenzie, Acting Consultant in Public Health, DBTH  
Louise Robson, Public Health Lead, Doncaster Council

29 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

It was noted that apologies had been received from Kathryn Singh (RDaSH), Lucy Robertshaw (Health and Social Care Forum) and Steve Shore (Healthwatch Doncaster).

30 CHAIR'S ANNOUNCEMENTS

The Chair, Councillor Rachael Blake, informed the Board that she had been made aware that Kathryn Singh was due to retire as Chief Executive of RDaSH at the end of the year. On behalf of the Board and the communities served by RDaSH, the Chair thanked Kathryn for her contribution and support as a Board Member, both in and outside of meetings, and she wished her a happy retirement and all the best for the future.

31 PUBLIC QUESTIONS

There were no questions received from the public.

32 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

33 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 1ST SEPTEMBER 2022

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 1<sup>st</sup> September, 2022, be approved as a correct record and signed by the Chair.

34 SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY DEVELOPMENT

The Board received a presentation by Ailsa Leighton, Acting Director of Strategy & Delivery, South Yorkshire Integrated Care Board (ICB), which outlined the up-to-date position with regard to progress in the development of the South Yorkshire Integrated Care Strategy.

Ailsa began by outlining the national planning context for 2022/23 and beyond, including the timeframe for developing the Integrated Care Partnership (ICP) Strategy, the ICB 5 year Joint Forward Plan, and the ICB 2 year Operational Plans. It was noted that there was a very short timescale for drafting the Integrated Care Strategy, which had to be published by the end of December 2022. Ailsa then summarised the statutory requirements in developing the Integrated Care Strategy, which included the need for broad engagement with local Healthwatch organisations and people who live and work in the area. The Board noted the work that had been undertaken locally on a South Yorkshire level, and were given details of the emerging vision for the Strategy, together with the shared outcomes and ambitions. With regard to the next steps, it was noted that there would be further engagement work undertaken in November/December, with the final draft Strategy being considered at the ICP meeting on 20<sup>th</sup> December 2022. Work would also commence on the ICB five year Joint Forward Plan.

The presentation concluded by asking the Board to consider the following questions:-

- Does the early thinking on the Integrated Care Strategy for South Yorkshire feel right?
- Do the shared outcomes and areas identified to go further, faster feel right?
- How do we ensure our Doncaster residents are actively engaged in this approach?

During general discussion, members recognised the need for a very local approach in engaging with residents on the Strategy, and a clear message explaining how the Strategy would add value to their lives. It was also acknowledged that this was just the start of the journey in terms of engagement.

In response to a comment by Richard Parker regarding the need to be clear on the short, medium and long term ambitions, Ailsa Leighton stated that the five year joint forward plan would be key in this, as there was an expectation that this would focus on actions to be taken in Year 1 and Year 2 in particular, so she felt it was important to get that right.

The Board discussed various other issues linked to the Strategy, including the need to avoid duplication and improve efficiency in the delivery of services, the extent to which people's behaviour and lifestyles in relation to their health and wellbeing were a matter of personal choice, and the need for targeted, adequate resourcing to be provided where the need was.

Following subsequent discussion, the Chair highlighted the following points/observations to be fed back to the ICP working group:-

- The need for clear and meaningful engagement with stakeholders, patients and the public, and to ensure that all communities and individuals were reached in the consultation on the Strategy was of key importance;
- A strengthened focus on prevention and early diagnosis was to be welcomed;
- An honest conversation was needed between all sides in recognising that more resources would be needed if the Strategy was to be delivered on a local level;
- The Chair hoped that the final Strategy would reflect the contributions and roles of each partner organisation, and expressed the view that, in future, there needed to be a move towards co-production with the voluntary sector, and not just working closely with it.
- The Chair felt that there should also be recognition in the Strategy of the importance of people feeling happy in their day-to-day lives from a mental health and wellbeing perspective.
- Dr Rupert Suckling undertook to feed back the comments from today's meeting to the ICP working group and also confirmed that updated outcomes would be circulated to Board members in due course.

RESOLVED to:

- 1) Note the guidance on the preparation of Integrated Care Strategies;
- 2) Note the requirement that the Strategy will be published by December 2022; and
- 3) Note the up to date position as presented at the meeting.

35 UPDATE ON CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH STRATEGY, INCLUDING THE BUILDING OF RESILIENCE IN DONCASTER

The Board received a presentation by Emma Price, Head of Strategy & Delivery, Children and Maternity, South Yorkshire ICB and Martyn Owen, Head of Service Inclusion, Doncaster Council which provided an update on the Children and Young People's Mental Health Strategy. It summarised key points in relation to successes so far, working progress, work still to do, resilience in Doncaster and next steps.

The Board also noted a report which gave an overview of the continuing impacts upon children and young people following the Covid pandemic. It also provides an update on the response from key services.

In response to questions from the Board, Emma and Martyn gave further details of the work being undertaken to reduce waiting times on referral to assessment in relation to neurological pathways, and also to raise capacity and capability within mainstream schools. On the latter point, the Board noted that work was underway to ensure that there was a needs-led process in place so that schools received funding at the right point. In addition, specialist support services were being reshaped so that conversations were held earlier with schools to ensure that their needs were met, enabling effective resource decisions and guiding the capability of staff so that schools could intervene earlier. Lee Golze added that Wave 8 Mental Health Trailblazer Programme funding had been awarded by the Government to fund the provision of Mental Health Support Teams in schools, which would help children and young people to get timely support for mild to moderate mental health issues.

The Board noted that a further update would be received at its meeting in March 2023. Dr Rupert Suckling suggested that it would be useful to hear more detail on the outcomes and also hear from some young advisers as part of the next update.

RESOLVED to note the presentation and update on the CYP Mental Health Strategy, particularly the recommendations for work into year two.

36 DONCASTER CULTURE STRATEGY 2030

The Board received a presentation by Leanne Hornsby, Assistant Director of Education, Skills, Culture and Heritage, Doncaster Council on the Doncaster Culture Strategy 2030.

The presentation gave an overview of the Strategy, including its purpose, what was covered by the Strategy, the cross cutting themes, who had been consulted in the development stage, the priorities identified in the Strategy, funding opportunities and progress, and next steps.

In response to a question as to how this Board could provide practical support in the delivery of the Strategy from a health and wellbeing perspective, Leanne explained that support was needed from all the organisations represented on the Health and Wellbeing Board in terms of helping to deliver the actions and objectives on the ground. Arising from discussion on this point, it was agreed that Leanne would circulate to Board members a list of those who were engaged from the partner organisations represented on the Board in the groups to input into the production of the implementation plan and for the Board to identify people where there were gaps.



It was also suggested that a member of this Board be included on the Culture Portfolio Board when established.

After Dr Rupert Suckling had spoken of the need to strengthen the links between the work of this Board which was cross-cutting with arts and culture with the wider work being undertaken across Team Doncaster to promote culture, it was

RESOLVED to note the presentation and the contents of the Strategy, including the ambition and proposed direction of travel.

37 TACKLING HEALTH INEQUALITIES TOGETHER WITH PARTNERS AND COMMUNITIES ACROSS DONCASTER PLACE

The Board received a presentation by Mandy Espey, Health Inequalities Lead Doncaster Place (DBTHFT) and Vanessa Powell-Hoyland, Public Health Lead – Well Doncaster, Doncaster Council, which outlined the measures being taken by partners to combat health inequalities.

In particular, the presentation was aimed at increasing awareness of the impact of unfair and avoidable health inequalities on the most vulnerable people living in Doncaster. It also gave details of the national CORE20plus5 programme, outlining the 5 key clinical pathways for focus, alongside access, experience and outcomes of healthcare.

The Board noted the importance of wider provider partnership working and connecting with community leaders and people with lived experience within localities, which highlighted opportunities to work in a more impactful way across Doncaster, focusing on core20 population.

During subsequent discussion, Richard Parker pointed out that, in relation to maternity, the continuity of carer service referenced in the presentation was currently suspended across South Yorkshire as this was dependent on high staffing levels. It was hoped that this service could be re-introduced in the future, when staffing levels had recovered.

In considering the ask of the Health and Wellbeing Board as outlined at the conclusion of the presentation, Board Members discussed at length the options for redesigning the way partners collectively worked across Doncaster Place in order to connect strategic ambition with resources and delivery. Members also discussed ways of focussing on prevention to reduce future demand on health and social care. The Board also recognised the need to shift the mind set to embed addressing health inequalities and focus on core20 communities as part of partners' business as usual.

In particular, the Board acknowledged the need to identify the method for delivering on the 5 key clinical areas of health inequalities as a next step. Members also discussed the importance of partner organisations ceasing those processes and activities that did not add value in order to free up capacity to progress this work. Furthermore, the Board agreed that there was significant scope for reducing the amount of duplication across the various partner organisations and there were other practical changes that could be made to identify ways of doing things differently. It was noted that discussion on many of these issues could be taken forward at the ICB's Doncaster Place Committee.

Arising from discussion on health inequalities training and the need for a cohesive training plan across all partner organisations, the Chair suggested that this should be provided for Cabinet Members and other non-Executives first, including the Chairs of the other partner organisations around the table, in order to re-invigorate the process on a top-down basis.

RESOLVED to note the contents of the presentation and receive a further update on progress at the Board's March 2023 meeting.

38 HEALTH PROTECTION: MINUTES OF HEALTH PROTECTION ASSURANCE GROUP MEETINGS HELD ON 17 AUGUST 2022 AND 19 OCTOBER 2022

The Board received and noted the minutes of the Health Protection Assurance Group meetings held on 17 August and 19 October 2022.

CHAIR: \_\_\_\_\_

DATE: \_\_\_\_\_



## Doncaster Council

Doncaster  
Health and Wellbeing Board

Date: 12 January 2023

**Subject:** South Yorkshire Integrated Care Strategy

**Presented by:** Dr Rupert Suckling

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	x

Implications		Applicable Yes/No
DHW Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	x
	Mental Health	x
	Dementia	x
	Obesity	x
	Children and Families	x
Joint Strategic Needs Assessment		x
Finance		
Legal		
Equalities		x
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
<p>This strategy is a legal requirement for the Department of Health and Social Care and has been developed by the South Yorkshire Integrated Care Partnership between September and December 2022. It covers the years up to 2030 and we see it as the beginning of a journey with the people and communities of South Yorkshire.</p>

Recommendations
<p>The Board is asked to:-</p> <p>NOTE and COMMENT on the strategy and consider any IMPLEMENTATION issues.</p>

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# SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

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

December 2022



# A message for the people and communities of South Yorkshire:

This strategy is a legal requirement for the Department of Health and Social Care and has been developed between September and December 2022 by the newly formed Integrated Care Partnership.

It covers the years up to 2030 and we see it as the beginning of a journey with the people and communities of South Yorkshire.

We will continue to work with you, listen to you, involve you and respond actively to what you tell us.

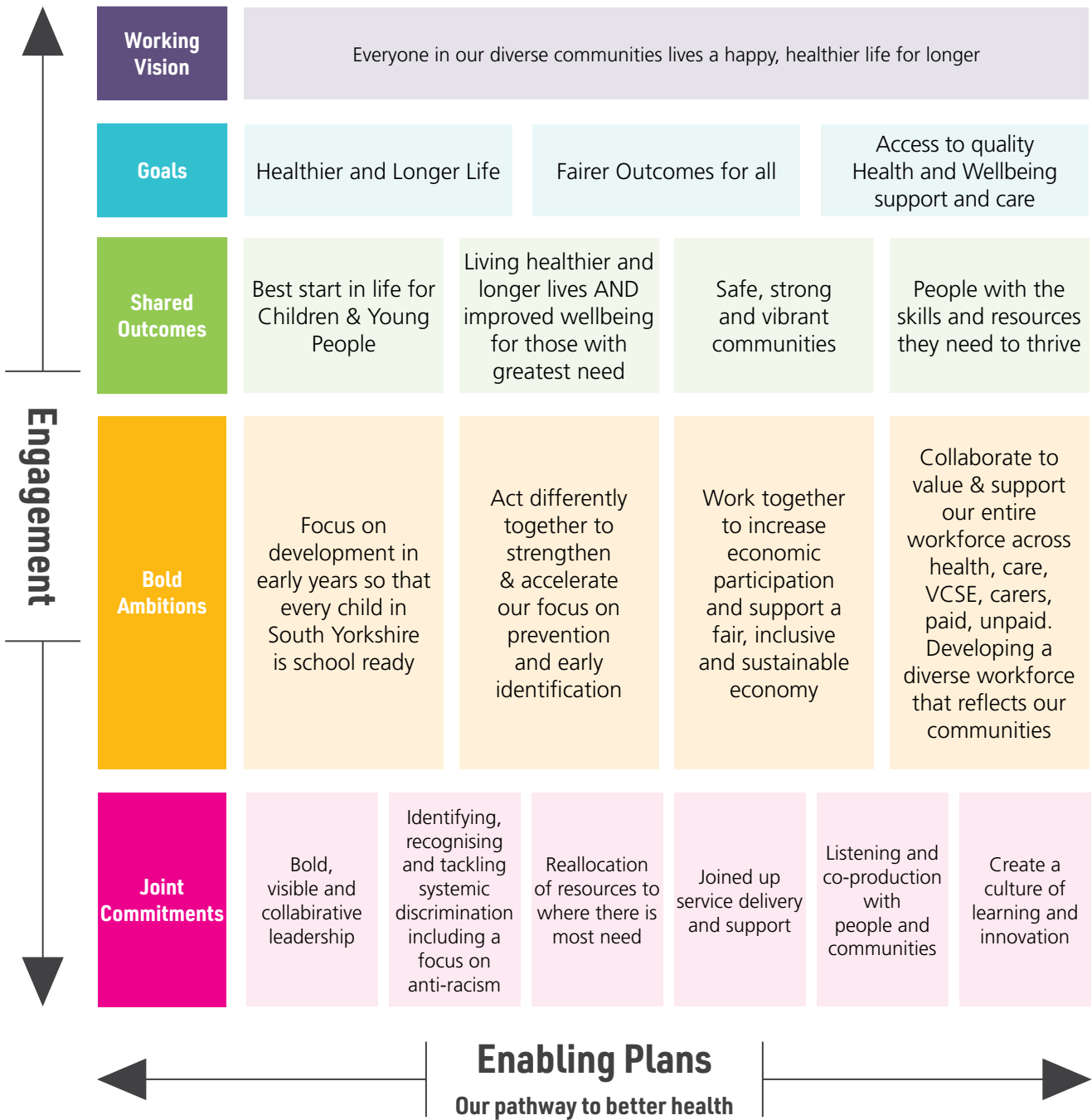
We know from our engagement work that good access to high quality care and support is really important to you and this is an area as a Partnership we are making joint commitments to improve.

This strategy and the plans that support it will change and improve through your involvement.

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.

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 full 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 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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**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 ICP in this way we have built upon our existing partnerships 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 Sector as an equal partner, linking with the developing Voluntary, Community and Social Enterprise (VCSE) Sector Alliance.

## 1

# 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.

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.

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



The *'Marmot Review 10 Years on'* report<sup>1</sup>, 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. 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 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 (ICSs) have been set up to bring local authorities, NHS organisations, combined authorities and the voluntary sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.

**Integrated Care Systems (ICS) 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

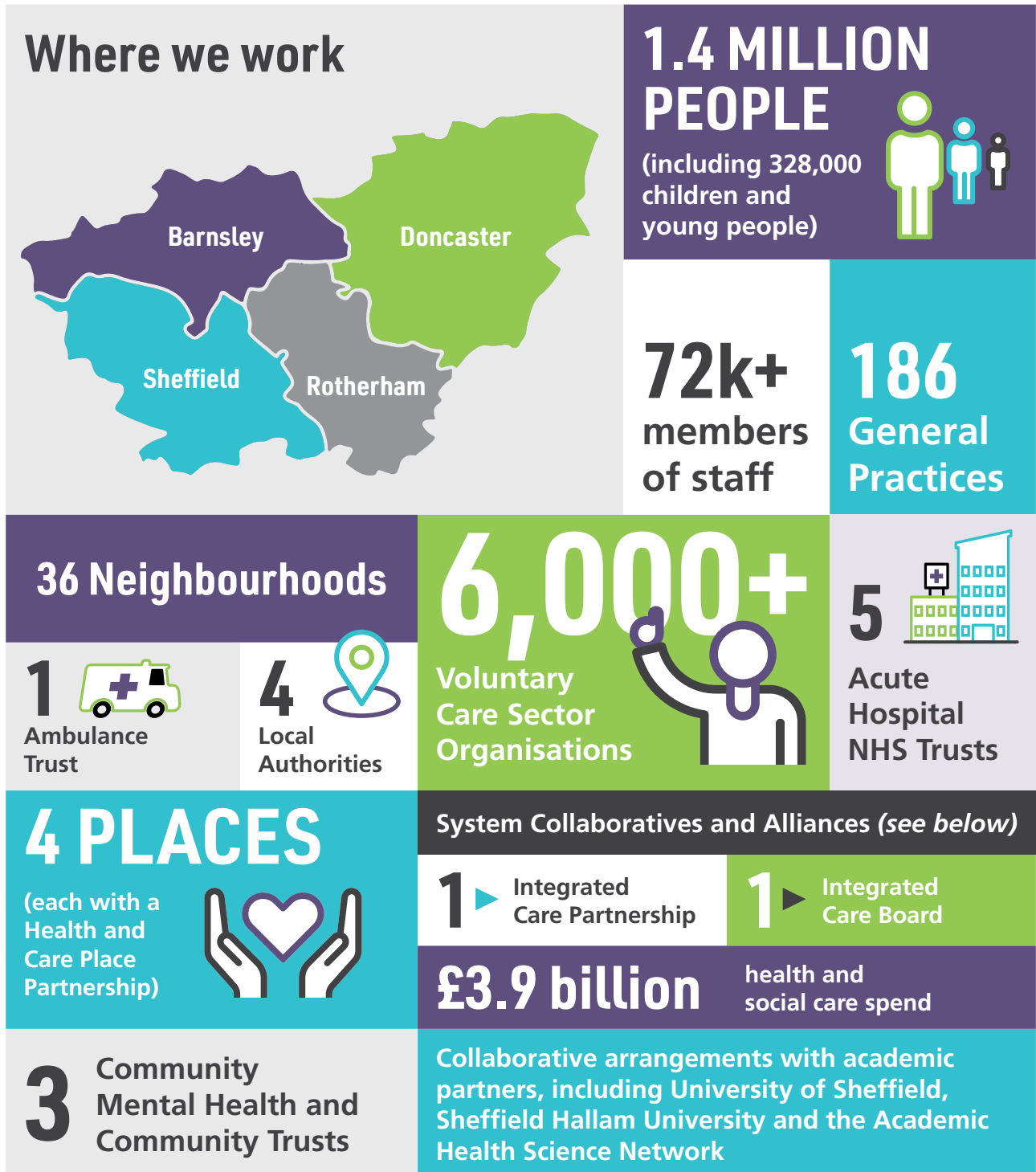
**They are made up of:**

- **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 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. 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.

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)
- 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.

Our chances of experiencing good health and wellbeing, and maximising the length and quality of our lives, depend on **the circumstances 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** 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 64](#)).
- 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** – including providing people with the information, tools and capacity to manage their own care.

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 ICP members to continue to engage and involve as the Strategy evolves and we translate it into delivery.

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 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 Health Life Expectancy between the most and least deprived groups in South Yorkshire by 25% by 2028/30





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 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 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 fewer 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 9 years earlier than those living in the most affluent parts of South Yorkshire.



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

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

**The conditions that create our health (wider determinants)**








To have a healthy society we need a range of building blocks in place: stable jobs, good pay, quality housing and education. Making changes to ensure everyone has equality of opportunity and access to these key building blocks is not easy and will require us to be determined in our focus for the people of South Yorkshire.



**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.**

**Theme**

**Key indicator**

	<p><b>Housing</b></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><b>Access to green spaces and active travel</b></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"> <li>• 14% of adults in South Yorkshire walk for travel.</li> <li>• 16% of South Yorkshire residents make use of outdoor space for exercise or health reasons</li> <li>• 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.</li> </ul>
	<p><b>Education</b></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"> <li>• An estimated 1,840 (6.2%) young people are not in education, employment or training in South Yorkshire.</li> <li>• 30% of children were deemed to not have achieved the expected level of development at the end of reception.</li> </ul>
	<p><b>Jobs</b></p> <p>Being in good work is good for both physical and mental health/wellbeing</p>	<ul style="list-style-type: none"> <li>• 73% of South Yorkshire residents aged 16-64 are in employment, this is significantly lower than the England average</li> <li>• The average weekly earnings are only 91% of the England average.</li> <li>• The main reason for sickness absence is MSK– 19% of over 16s report having a long term MSK problem.</li> </ul>
	<p><b>Inclusive work</b></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"> <li>• There is a 12 percentage point 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%</li> <li>• 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.</li> </ul>
	<p><b>Crime and violence</b></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"> <li>• 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).</li> <li>• 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).</li> </ul>
	<p><b>Air pollution</b></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"> <li>• Approximately 5% of all deaths are attributable to air pollution.</li> <li>• It is estimated that 200,000 residents of South Yorkshire live in areas that are vulnerable to air pollution</li> </ul>

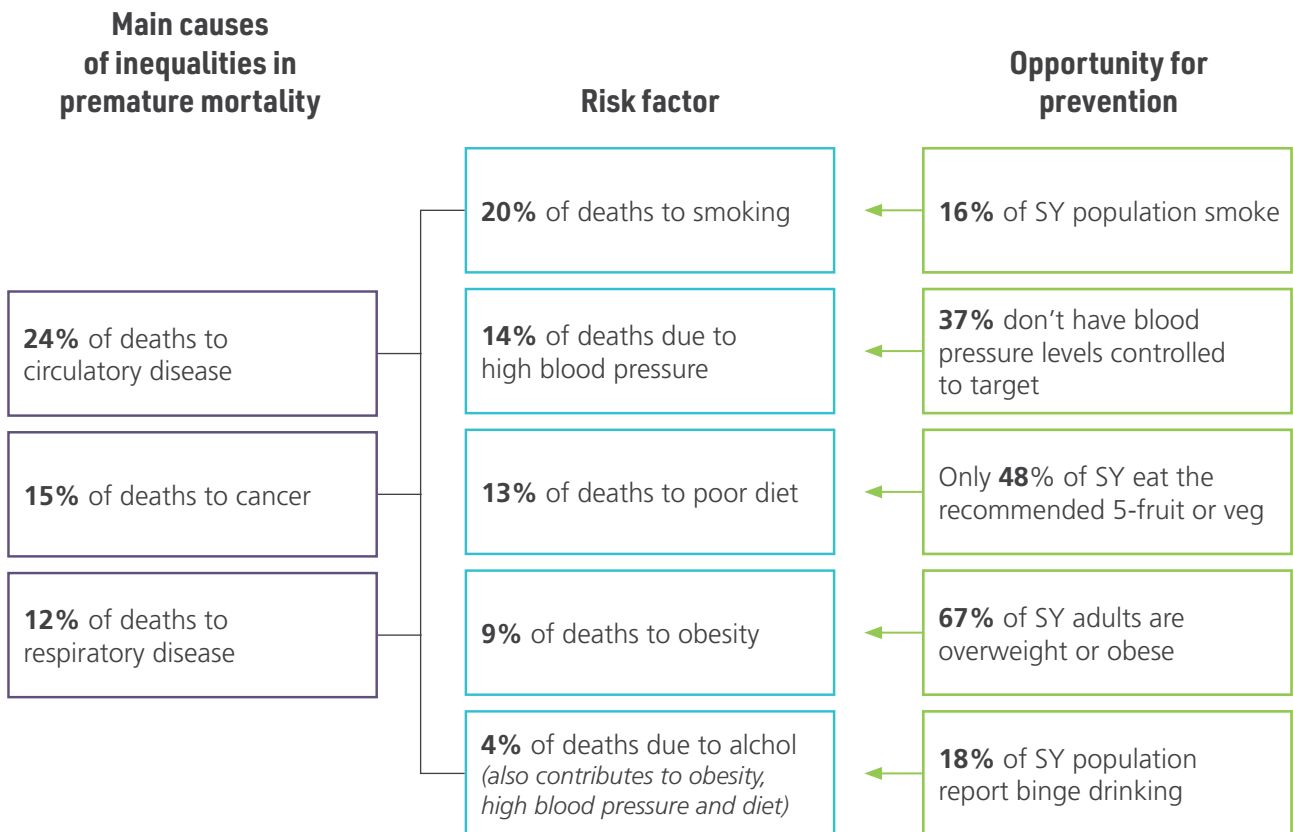


### Health conditions amenable to prevention

We have a good understanding now of the main contributors to premature mortality in South Yorkshire. They are cardiovascular disease, cancer and respiratory disease. 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%



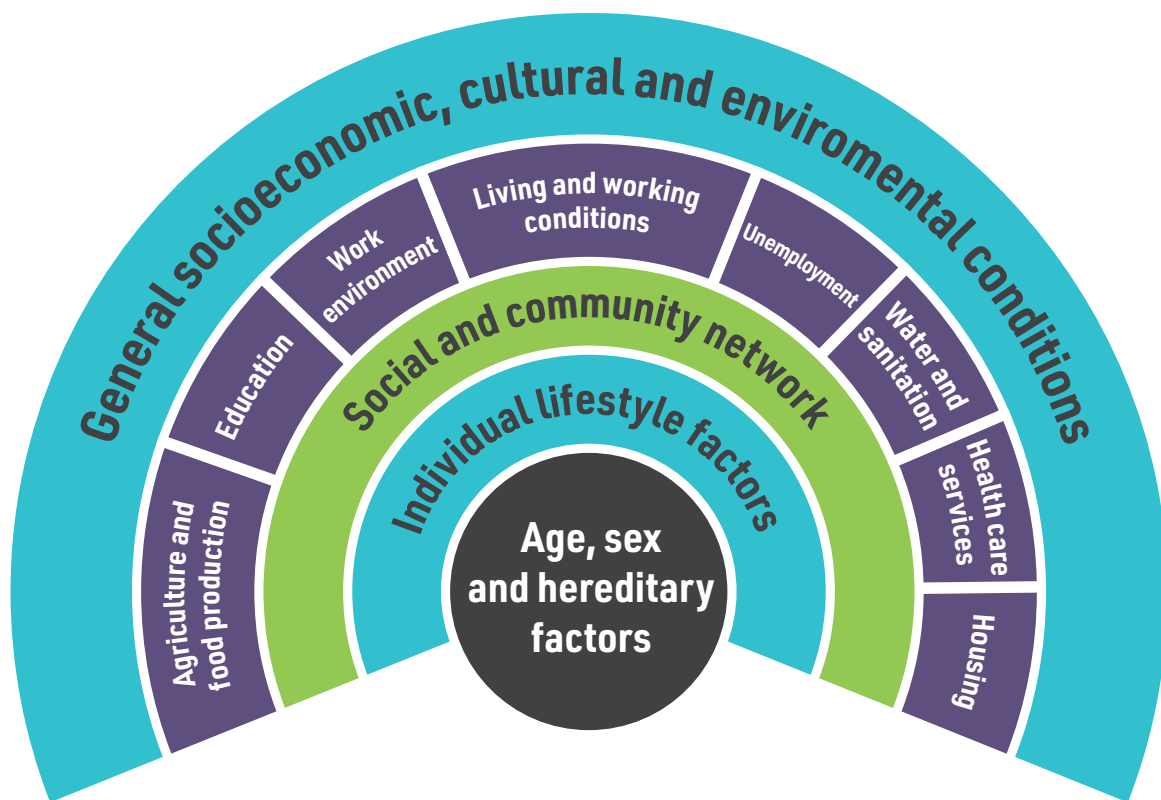


**The health of groups vulnerable to inequalities**

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 circumstances in which they live.

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 health. 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.<sup>2</sup>



<sup>2</sup> 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

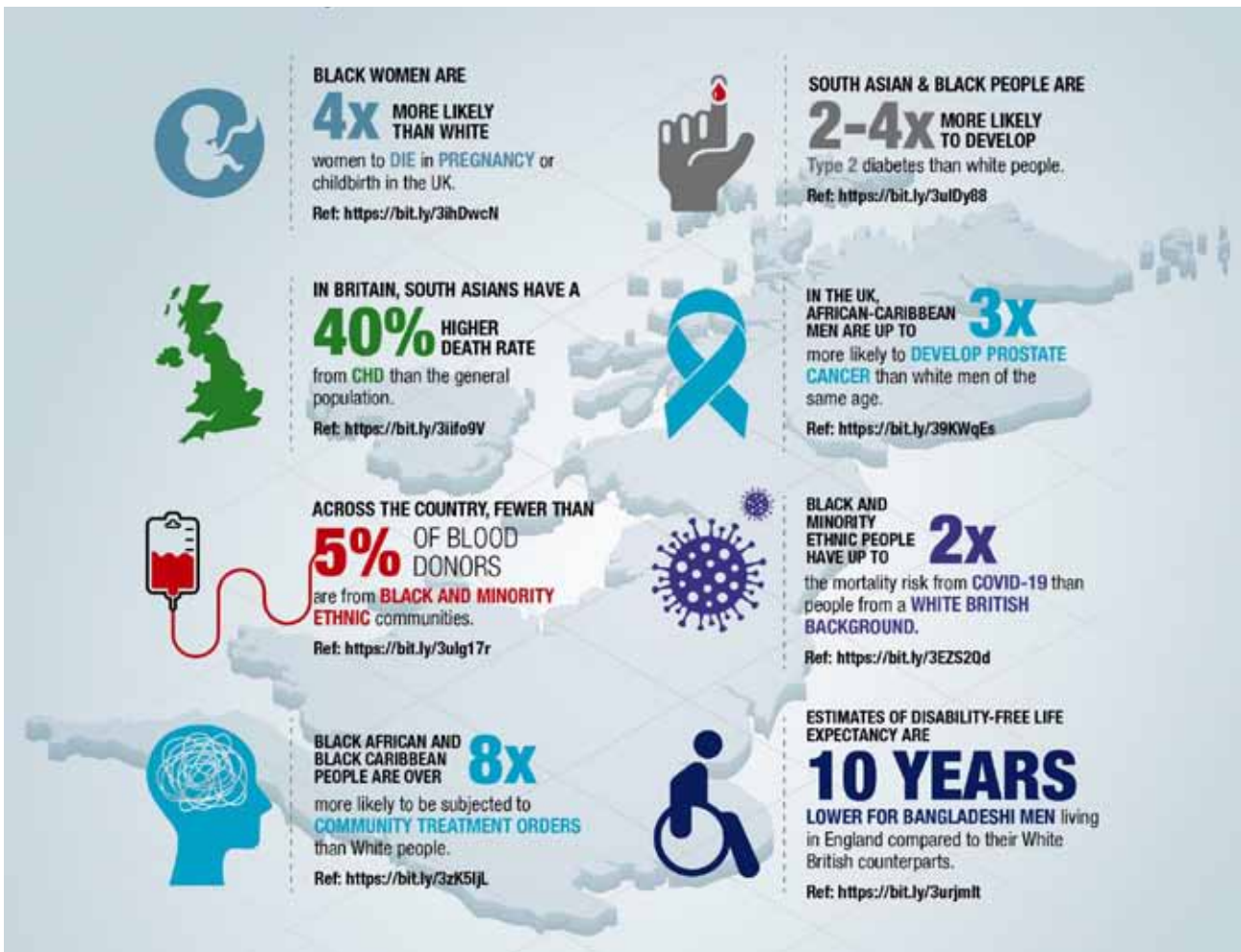


### Key Facts:

- 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.

<sup>3</sup> NHS Race and Health Observatory. Ethnic Inequalities in Healthcare: A Rapid Evidence Review. 2022

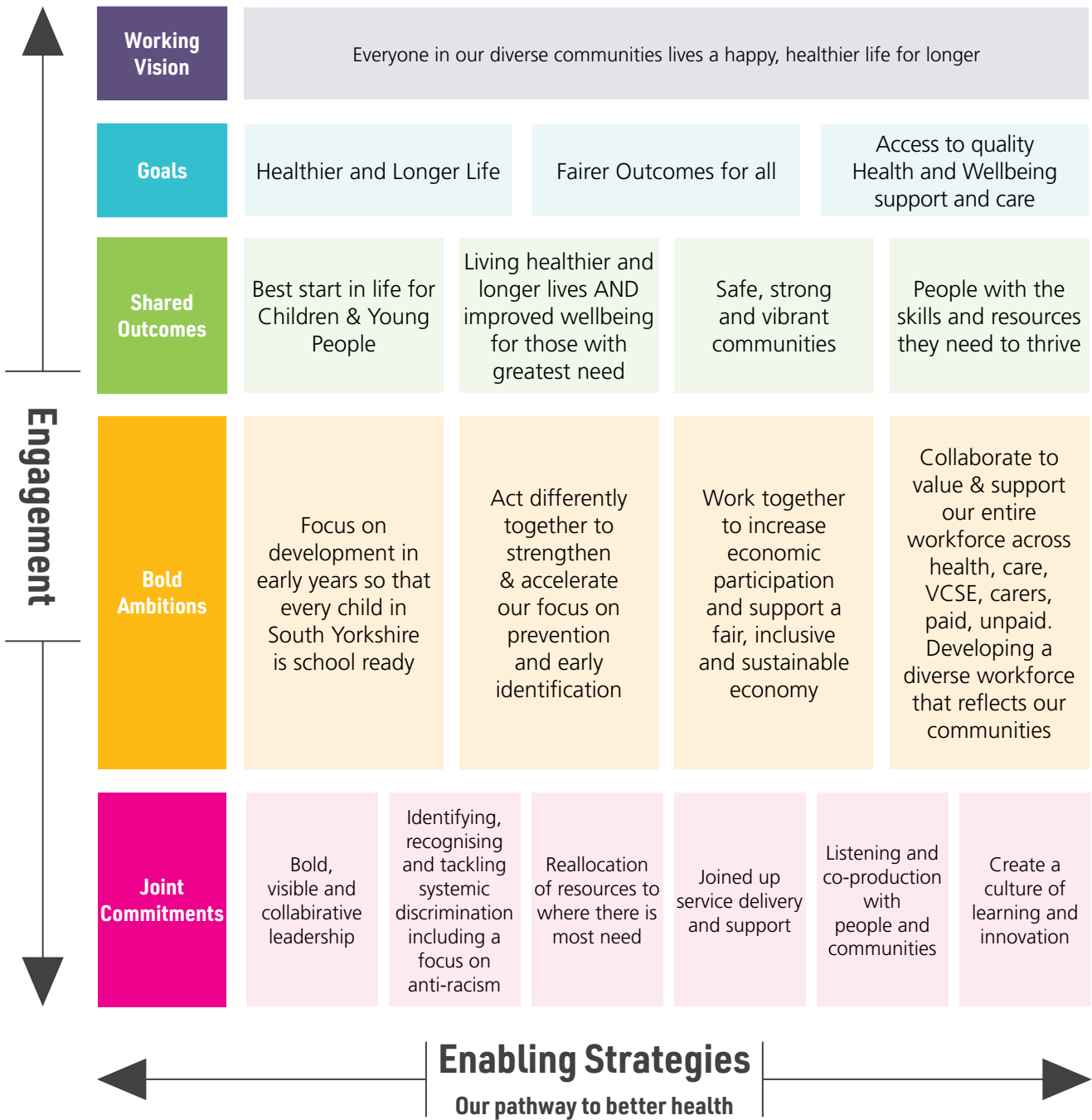
Figure Ethnic Health Inequalities in the UK Source:  
 Ethnic Health Inequalities in the UK - NHS - Race and Health Observatory NHS  
 – Race and Health Observatory (nhsrho.org)



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, paid, unpaid & carers and to develop



## Our Shared Outcomes

1

Children and young people have the best start in life



**I believe in empowering individuals to be self-sufficient and not wholly reliant on healthcare professionals but to take personal responsibility for their health. I believe in getting this right from school age.**

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[1]. Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing, educational achievement and economic status.
- 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. 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 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.
- 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 access to services and the 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.





**As a South Yorkshire Integrated Partnership, we will:**

- Act swiftly together to galvanise all partners, including 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.
- 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 Harvard Bloomberg City Leadership Programme for South Yorkshire focussed on Health Inequalities

## 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.
- Creating the conditions for good health and wellbeing is key to prevent problems from arising in the first place
- 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.

### 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, climate mitigation and adaptation.
- Place based Partnerships, including the Voluntary Community and Social Enterprise (VCSE) sector are working with communities to support a strengths-based approach to the development of vibrant communities (see later sections)
- Targeted actions are being taken on the main risk factors for the conditions that are leading to premature death – smoking, alcohol, obesity and hypertension. For example, each Place is working to reduce access to tobacco and support people to stop smoking and all Trusts in South Yorkshire are implementing the QUIT Programme.<sup>4</sup> Place Partnerships and the Children and Young People’s Alliance are working with schools to promote healthy weight for children and young people.

<sup>4</sup> [www.sybics-quit.co.uk](http://www.sybics-quit.co.uk)





- Healthcare services are taking steps to identify earlier, and improve the clinical management in line with evidence, of the three main diseases that contribute to our premature mortality – cardiovascular disease (heart disease and strokes), respiratory disease and cancer - 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.
- 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.
- 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 helping put people in contact with secondary care mental health stop smoking services.
- Adult social care services are helping people to live the life they want while keeping safe and well in their local communities, guided by the 'Making it Real' Framework<sup>5</sup> focusing on what matters most to people.

<sup>5</sup> 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, eg 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.

- While 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, 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 coproduced 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

- 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.
- 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. 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.

### 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. They are 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 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.
  - 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.
  - Support the work in each place to ensure that sufficient warm sustainable and affordable housing is built across South Yorkshire and linking housing improvement programmes to public health and wider social care agendas, maximising the opportunities of working together across South Yorkshire where it makes sense to do so.
  - 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 and education. As outlined socioeconomic factors such as education, employment and income all impact on our health and wellbeing.
- Together with a focus on the first 1001 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.
- 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.



### 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 full 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 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.





## The Voluntary, Community, Faith organisations need support (funding, training & support etc) to support local community members around health & wellbeing

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



## What do we mean by these commitments?

### Bold Collaborative Leadership

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

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

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

### Reallocate our resources

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

### Joined up service delivery & support

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

- There is still much more we can do to better integrate health and care services, physical and mental health services in each place working with our communities, the VCSE and our developing Provider Collaboratives and Alliances. By joining up service delivery and support we will be able to better meet the needs of individuals and communities in South Yorkshire.

### Listening and co-production with people and communities

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



## Creating a Culture of Learning and Innovation

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



## 7

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

## Inclusive Enabling Plans

### Developing Our Workforce

- Our South Yorkshire health and care workforce is our greatest asset as an integrated care system. Over 72,000 people are employed across our NHS and care sectors, spanning over 300 diverse roles. In addition, our communities benefit from a strong Voluntary, Community and Social Enterprise (VCSE) sector. Our workforce has grown, but demand is now often outstripping supply and there are ongoing challenges which require us to work together differently as partners.
- In addition to our health and care workforce we also recognise the significant role of unpaid carers, which includes thousands of people providing unpaid care either in volunteering roles or as informal carers. Carers often experience poorer health outcomes themselves and report that the experience of care for their family member, and themselves could be improved.
- 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.

- 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. 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', 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.

- 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.



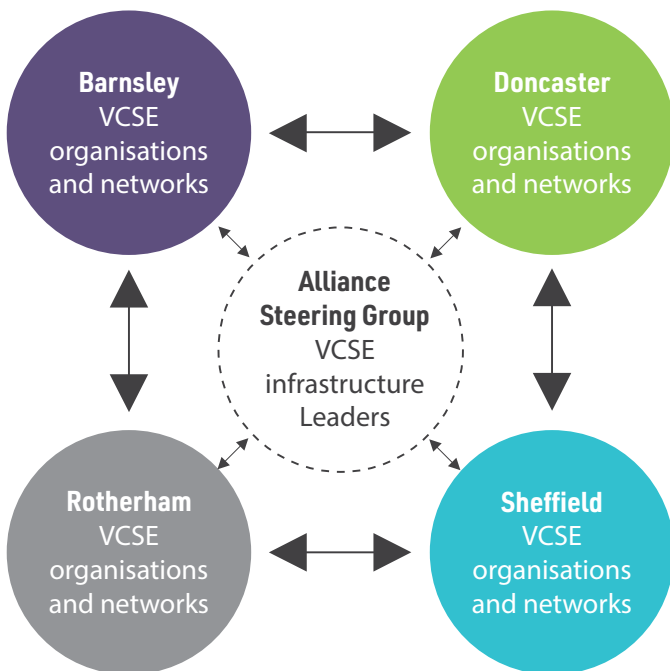
**What matters to my health and wellbeing is having care systems that work for the patient. I have complex health needs so I need a health system that connects services together. In theory this happens but in reality it does not. I spend a lot of my time connecting the missing dots, sharing missed letters 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.



### 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 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 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 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.

### **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 an ICP



- 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 ICP 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 ICP and partner delivery plans to make sure our actions can be linked to the outcomes we want to achieve.



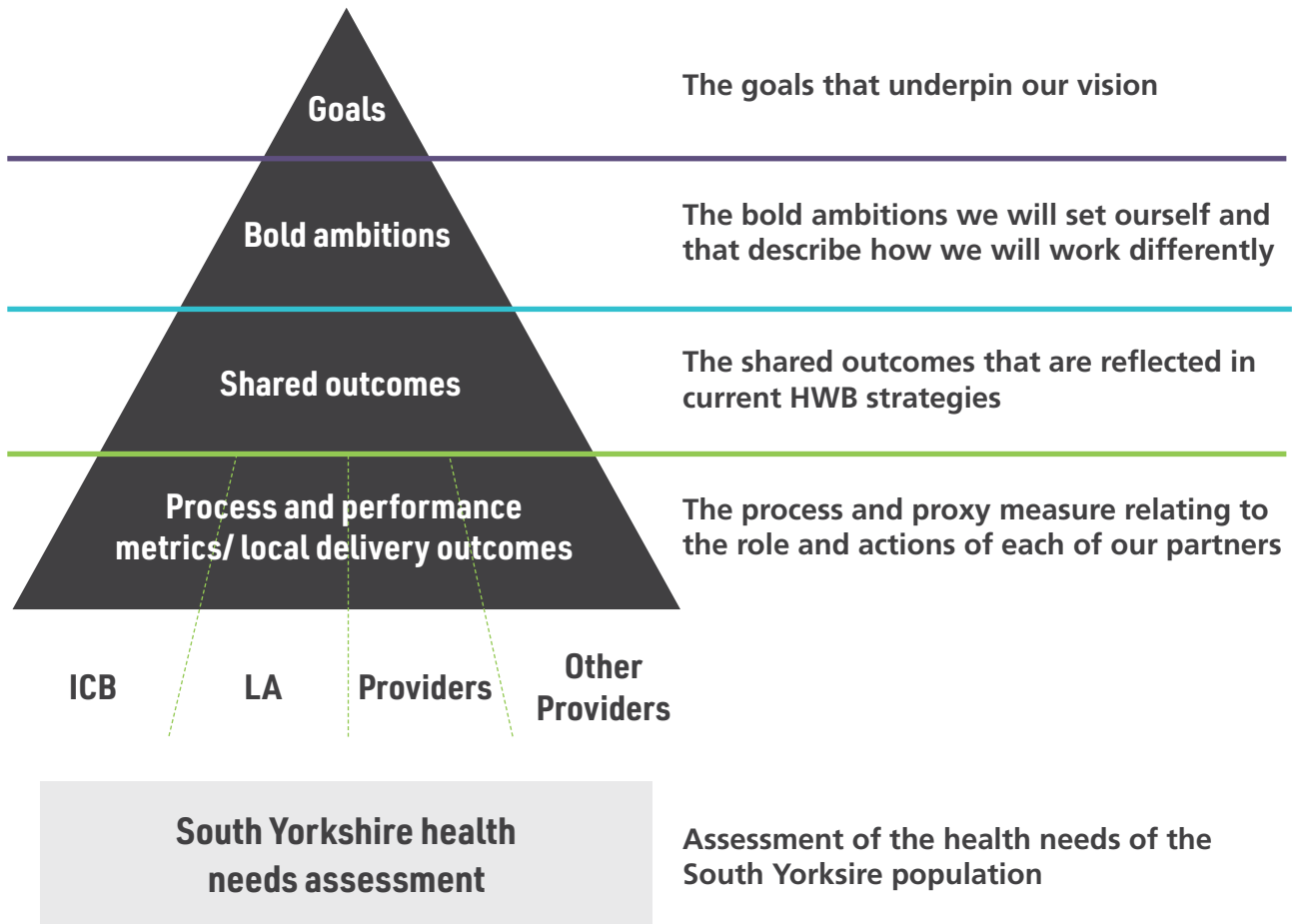
Artwork created and submitted by a South Yorkshire Citizen submitted as part of the What Matters to You exercise



**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](https://syics.co.uk/application/files/7516/7094/4690/Final_phase_2_report.pdf)

## **South Yorkshire Population Health Needs Assessment:**

[https://syics.co.uk/application/files/2916/7084/0700/1.\\_South\\_Yorkshire\\_Population\\_Health\\_Needs\\_December\\_2022.pdf](https://syics.co.uk/application/files/2916/7084/0700/1._South_Yorkshire_Population_Health_Needs_December_2022.pdf)

## **Developing our Outcome Framework:**

[https://syics.co.uk/application/files/5916/7084/0696/2.\\_Developing\\_our\\_Outcomes\\_Framework\\_December\\_2022.pdf](https://syics.co.uk/application/files/5916/7084/0696/2._Developing_our_Outcomes_Framework_December_2022.pdf)

# Appendices

Strategy/Plan	Place	Link
<b>Health &amp; Wellbeing Strategies in South Yorkshire</b>	<b>Barnsley</b>	Barnsley Health and Wellbeing Strategy 2021 – 2030:
	<b>Rotherham</b>	rotherham-joint-health-and-wellbeing-strategy (rotherhamhealthandwellbeing.org.uk)
	<b>Doncaster</b>	051115 i9 HWB_Strategy update 2015 Ap4.pdf (moderngov.co.uk)
	<b>Sheffield</b>	Joint Health Wellbeing Strategy 2019-24.pdf (sheffield.gov.uk)
<b>Place Health and Care Plans</b>	<b>Barnsley</b>	Barnsley Health and Care Plan Refresh 22/23
	<b>Rotherham</b>	Rotherham Integrated Care P Place Plan appendix.pdf
	<b>Doncaster</b>	DCCG-Place-Plan-Refresh-2019-22-web-FINAL.pdf (doncasterccg.nhs.uk)
	<b>Sheffield</b>	Shaping-Sheffield-Main-Doc-Final.pdf (sheffieldhcp.org.uk)
<b>South Yorkshire Strategic Five Year Plan</b>	<b>South Yorkshire Strategic Five Year Plan</b>	Five Year Plan (2019 - 2024): SYB ICS (syics.co.uk)
	<b>South Yorkshire Green &amp; Sustainability Plan</b>	<a href="https://syics.co.uk/application/files/3816/6609/2460/NHS_SY_Sustainability_and_Green_Plan_V1.0_Sep_2022.pdf">https://syics.co.uk/application/files/3816/6609/2460/NHS_SY_Sustainability_and_Green_Plan_V1.0_Sep_2022.pdf</a>
<b>South Yorkshire Strategic Economic Plan</b>	<b>South Yorkshire Strategic Economic Plan</b>	SCR_SEP_Full_Draft_Ja (southyorkshire-ca.gov.uk)
<b>South Yorkshire Housing Prospectus</b>	<b>South Yorkshire Housing Prospectus</b>	Home   Yorkshire Housing

# South Yorkshire Integrated Care Partnership Membership Nominations

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

	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire Wide
<b>Voluntary Sector</b>		<b>Dolly Agoro</b> co-chair Doncaster inclusion and fairness forum	<b>Kate Davis</b> CEX Crossroads, Rotherham	<b>Helen Steers</b> h.steers@vas. org.uk	
<b>Hospitals</b>	<b>Sheena McDonnell,</b> Chair - Barnsley Hospital		<b>Richard Jenkins,</b> Chief Executive Rotherham and Barnsley Hospitals		
<b>Primary Care</b>			<b>Dr Jason Page</b>		
<b>Housing</b>	<b>Kathy McArdle,</b> Service Director - Regeneration and Culture			<b>Juliann Hall</b> juliann.hall @syha.co.uk	
<b>Education</b>					
<b>CMA</b>					<b>Oliver Coppard</b> (Chair) <b>Martin Swales</b>
<b>Workforce</b>					
<b>Mental Health</b>	<b>Adrian England,</b> Independent Chair – Mental Health, Learning Disability and Autism Partnership				
	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>10 (1 TBC)</b>



# Glossary

<b>ICS</b>	<b>Integrated Care System</b>	Statutory Integrated Care Systems (ICSs) are being set up to bring local authorities, NHS organisations, combined authorities and the voluntary sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.
<b>ICP</b>	<b>Integrated Care Partnership</b>	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 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.
<b>ICB</b>	<b>Integrated Care Board</b>	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.
<b>SYMCA</b>	<b>South Yorkshire Mayoral Combined Authority</b>	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.
<b>VCSE</b>	<b>Voluntary, Community, Social Enterprise Sector</b>	VCSE sector is a term that refers to the voluntary, community and social enterprise sector, as all working with a social purpose.
<b>LE</b>	<b>Life expectancy</b>	<b>Life expectancy (LE)</b> is an estimate of how many years a person might be expected to live, whereas <b>healthy life expectancy (HLE)</b> 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.
<b>HLE</b>	<b>Healthy life expectancy</b>	



<b>Core20 Plus 5</b>	<b>Core20 Plus 5 Framework</b>	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.
<b>PHM</b>	<b>Population Health Management</b>	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.
<b>BCF</b>	<b>Better Care Fund</b>	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.
<b>CQC</b>	<b>Care Quality Commission</b>	The Care Quality Commission, CQC is the independent regulator of health and adult social care in England
<b>OFSTED</b>	<b>Office of Standards for Education, Children's Services and Skills</b>	Ofsted is the Office for <b>Standards in Education, Children's Services and Skills</b> . They inspect services providing education and skills for learners of all ages.
<b>MSK</b>	<b>Musculoskeletal</b>	<b>Musculoskeletal (MSK)</b> 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.
<b>CVD</b>	<b>Cardiovascular disease</b>	<b>Cardiovascular disease (CVD)</b> 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.
<b>SMI</b>	<b>Serious Mental Illness</b>	<b>Serious Mental Illness (SMI)</b> 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.



# **SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY**

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

December 2022

Email

**helloworkingtogether@nhs.net**

Address

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

Telephone

**0114 305 4487**

**[www.healthandcaretogethersyb.co.uk](http://www.healthandcaretogethersyb.co.uk)**



## Doncaster Council

Doncaster  
Health and Wellbeing Board

Date: 12 January 2023

**Subject:** South Yorkshire Child Death Overview Panel Annual Report

**Presented by:** Dr Rupert Suckling

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	x

Implications		Applicable Yes/No
DHW Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	x
	Mental Health	x
	Dementia	
	Obesity	x
	Children and Families	x
Joint Strategic Needs Assessment		
Finance		
Legal		
Equalities		x
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
All Child Deaths in Doncaster are reviewed by the Doncaster Child Death Overview Panel and this contributes to a South Yorkshire report. The panel's remit focuses on ensuring the right cause of death is recorded to improve national statistics and planning. There is also an opportunity to review if there were any modifiable factors and take local action.

Recommendations
The Board is asked to NOTE the annual report.

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**DONCASTER  
SAFEGUARDING  
CHILDREN  
PARTNERSHIP**

**Rotherham  
Safeguarding  
Children Partnership**



# **SOUTH YORKSHIRE CHILD DEATH OVERVIEW PANEL**

## **ANNUAL REPORT**

**APRIL 1<sup>ST</sup> 2021 – MARCH 31<sup>ST</sup> 2022**



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# Introduction

## Numbers of child deaths

In South Yorkshire we generally expect around 80 to 100 child deaths per year. Child deaths are thankfully rare events, and so the actual figure year on year tends to display some random variation.

In the last three years the numbers have showed considerable variation – 84 (2019-20), 74 (2020-21), 104 (2021-22). Whilst 104 for the most recent year might appear comparatively high, the more stand-out figure is perhaps the 74 deaths in 2020-21, which coincides with the most restrictive social distancing measures of the COVID-19 pandemic response. The difference of 30 deaths between 2020-21 and 2021-22 reaches statistical significance, so is unlikely simply to be a random effect.

The National Child Mortality Database recorded 356 fewer deaths in 2020 than in 2019 and has informally described 2020 as the safest year on record for children. The reduction appears to be partly explained not only by a reduction in infections, but also fewer deaths relating to underlying medical conditions. Fewer accidental deaths might also be expected to occur with reduced movement, but apparently an increase in road traffic accidents was observed nationally.

It is at this point unclear to what extent the increased number of deaths seen in South Yorkshire in 2021-22 is a compensatory effect resulting from easing of restrictions, but it is interesting to note that this increase has only been apparent in Sheffield and Rotherham.

## South Yorkshire CDOP

By working together the four areas are able to provide a larger cohort of data, which enables improved identification of themes, trends and shared learning than can be achieved at the individual CDOP level. Nevertheless, individual CDOPs covering the local authority footprint remain the most efficient and practical ways to carry out individual reviews, showing the best alignment to networks of healthcare, social care, education, and other related agencies.

It will inevitably be a point of future discussion whether this continues to obtain with the advent of statutory Integrated Care Boards in July 2022. As a minimum, the current Terms of Reference will need to be reviewed and updated to reflect the abolition of Clinical Commissioning Groups.

There were four SYCDOP meetings during 2021/2022:

- 1<sup>st</sup> April 2021
- 24<sup>th</sup> June 2021
- 7<sup>th</sup> October 2021
- 13<sup>th</sup> January 2022

The hosting arrangement for SYCDOP is based on an annual rotating system between the constituent local authorities. Sheffield was still the host authority for the first two quarters, meaning that the first two meetings were chaired by Diane Shahlavi, Deputy Designated Nurse/CDOP Manager in Sheffield, with

administrative support provided through Sheffield Safeguarding Children's Partnership. Hosting passed to Rotherham in the Autumn, so the third and fourth quarterly meetings were chaired by Alex Hawley, Consultant in Public Health, with the support of Rotherham Children's Safeguarding Partnership's business support function (Sarah Dale and Alex Roberts). As the host organisation in Spring/Summer 2022, Rotherham also has the responsibility of compiling this annual report on behalf of South Yorkshire.

In the Autumn of 2022 Rotherham will hand over the hosting to Barnsley.

During the year 2021-22, the four CDOP panels have completed 89 reviews of child deaths, with 104 cases still ongoing at year end. 89 reviews in a year is in line with normal expectation, but with such a high number still ongoing, it does appear likely that some backlog of cases might now be accumulating. Compared to the England median of 335, Sheffield and Barnsley currently achieve quicker review periods, whilst Rotherham and Doncaster are slower. More detail can be found in the data appendix to this report.

## **eCDOP**

For use of eCDOP the shared web-based platform, the four local authorities jointly procure a licence on an annual rolling basis.

Barnsley local authority acts as the local contractual lead authority with Quality Education Solutions Ltd (QES) for licensing the software and recharges each other area accordingly.

This year the renewal fee was £13984.03, which equates to £3497 per local authority. This represents a 5% increase on the previous year's fee.

## **Membership and attendance**

The arrangements document for SYCDOP sets out a list of roles that are generally expected to attend and form the core membership. For a meeting to be quorate, at least one representative from each local authority should be in attendance.

Core memberships likely to comprise:

- Public health
- Designated Doctor for child deaths
- Children's Social Care Services
- South Yorkshire Police
- Bluebell Wood Children's Hospice
- Safeguarding Health Practitioner
- Primary Care (GP or health visitor)
- Nursing and/or midwifery
- Lay representation

During 2021-22 meeting attendance has remained fairly consistent with representation Local Authorities, Health Services (including Designated Doctors), Safeguarding Partnerships, Social Care and Clinical Commissioning Groups. However, it is a moot point whether the meeting in October 2021 should have proceeded with one area having no representation in the meeting.

## Discussion topics

One of the purposes of the SYCDOP meetings is for each local area to update the others on the conduct of its CDOP business and to share any concerns, learning or aspects of good practice for the benefit of all and to provide ongoing assurance at the South Yorkshire level. To date, the form and content of these updates has been spontaneous and unstructured, but is well appreciated by those attending.

Agendas are a mixture of some standing items and topic discussions, some of which arise from the update discussions in previous meetings.

Topics discussed during the year included:

### Bereavement services

Discussion of what good bereavement support looks like and how South Yorkshire performs in this respect. Bereavement was considered for a future thematic review – being such as broad topic would make this challenging, however. See the National Bereavement Alliance’s commissioning guide for bereavement services (1).

### Modifiable factors

Discussion took place across several meetings regarding the interpretation of the concept of modifiability for completion of analysis forms. It was apparent that there were inconsistencies across the region for how modifiability was being reported, and also potentially at odds with anecdotal advice being heard from National Child Mortality Database (NCMD) representatives. In light of this, Vicky Sleaf from NCMD was invited to present on modifiability to the January meeting. Feedback from the session was positive and helped develop a greater understanding when reporting modifiable factors. Some key points are set out.

- There are no national guidelines and no nationally agreed definition of a modifiable factor. NCMD is not commissioned to provide this type of guidance.
- Despite this, seeking consistency across South Yorkshire was seen as commendable.
- Any factor that appears in the modifiable box on the form should always also appear as a factor contributing to vulnerability within one of the four domains on the form
- Some clarity was given for the three gradings for vulnerability:
  0. only if suspected, but not confirmed - e.g. thought to have a learning disability
  1. definitely present or definitely absent, but not contributory - e.g. smoker in an road traffic collision
  2. definitely present and contributory
- Modifiability should indicate that something is amenable to change whether at an individual or wider level
- The fact that a particular intervention was tried in a case does not necessarily rule out modifiability. E.g. consider whether a smoking cessation is in place, and whether it is of sufficient quality/accessibility etc. Also then consider the potential for wider health promotion campaigns relating to smoking cessation.
- An annotated template for completion of all parts of the analysis was also shared from NCMD

## **LOTA – limitation of treatment agreements**

Discussion took place concerning inconsistencies, changes, record keeping and flagging, responsibility for communication, etc. More follow-up may be required from this discussion.

## **Signs of life**

Discussion concerning when to review cases of extreme prematurity (i.e. earlier than viability threshold). Consensus view was that a review is indicated whenever any signs of life are evident following birth irrespective of gestational age.

## **Options for thematic review**

Discussion of thematic review with relationship to deprivation took place, in view of the NCMD report on deprivation and child mortality. A partial review of cases involving maternal obesity was carried out as reported in the next section.

## **Engagement with Coroners**

South Yorkshire encompasses two different coronial areas, and experiences of engagement and communication with respective Coroner's offices varies across the region. Doncaster and Rotherham share the same Coroner. Rotherham was seeking to replicate the successful engagement exercise that Doncaster had achieved and hope to get a consistent approach.

## **Overseas Charging policy**

Rotherham shared its experience of a particular case where the overseas charging policy had been found wanting (although not directly material to the child death). Rotherham also shared the review of the processes in the Trust and the SOP developed. Others were invited to look at their own arrangements.

## **Sharing of minutes**

With respect to minutes of the Joint Agency Response (JAR) meetings. Clarity was obtained that parents could seek to obtain these, but would have to do so by approaching each attending organisation individually.

Some discussion also took place about the status of CDOP minutes in this respect. NCMD was believed to have queried this with DHSC. Some follow-up will be required to pursue this.

## **Looking ahead**

CDOPs are by definition response-based and subject to unknown events. Planning ahead is therefore problematic, but an important aspect of a continuous effort to improve. For the year ahead the points listed below are likely to be important for the South Yorkshire CDOP, but unlikely to be an exhaustive list.

- Carry out a review of the document setting out the arrangements for SYCDOP and the associated Terms of Reference. This would be due for review in any case, but is all the more necessary in the light of the abolition of CCGs and the creation of Integrated Care Boards (ICBs). Review agreement/arrangements for quoracy, in the light of experience from October 2021.
- Forward planning: look at a more substantive process for agreeing a plan of priorities and actions, whilst allowing for contingencies. As a minimum, an agreement on the different purposes of each quarterly meeting would be helpful – e.g. agreeing thematic review; focussed discussion of a key topic (with invited speaker); agreeing content of annual report.
- Audit outstanding cases (and resources) across South Yorkshire – is a backlog

accumulating?

- Reporting cycle: the current reporting cycle may not align well with planning and reporting cycles within each area's related governance arrangements (e.g. safeguarding). For example, look at the pros & cons and achievability of transitioning to a calendar-year basis for reporting. In parallel with this, consider the need to realign the period for rotating hosting arrangements.
- Conduct a handover of hosting arrangements between Rotherham and Barnsley (with Barnsley currently set to chair the Autumn meeting in 2022). Ensure continuity with respect to action logs and in terms of expected attendance and support from the hosting location.
- Consider a more structured approach for content and purpose of local updates given at SYCDOP meetings.
- Agree a thematic review topic for coming year.
- Consider thematic review and other recommendations set out in this report for action.
- Review the impact of the NCMD advice on modifiability and other aspects of analysis form completion.

# Thematic review – cases involving maternal obesity

## Background

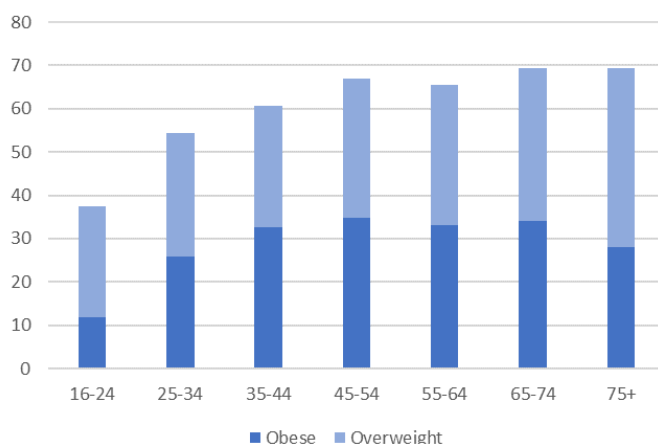
With the publication of the NCMD thematic report into child mortality and social deprivation in 2021, the South Yorkshire CDOP wanted to carry out a thematic review with a link to deprivation. The prevalence of overweight and obesity in child and adult populations is seen to be higher in the more deprived geographies of the UK, and this association has also been shown for maternal obesity (Multiple deprivation and other risk factors for maternal obesity in Portsmouth, UK).

Maternal obesity is an important public health issue with respect to foetal and pregnancy complications, maternal health and offspring health. A mother with higher pre-pregnancy BMI adversely influences the cardiovascular health of its offspring through the lifecourse (2).

Early Pregnancy	Late Pregnancy/ Postpartum	Maternal Health	Offspring Health
<ul style="list-style-type: none"> <li>• Foetal malformations</li> <li>• Miscarriage</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-eclampsia/ gestational hypertension</li> <li>• Gestational diabetes</li> <li>• Foetal macrosomia/ growth restriction</li> <li>• Caesarean section</li> <li>• Postpartum haemorrhage</li> <li>• Venous thromboembolism</li> </ul>	<ul style="list-style-type: none"> <li>• Weight gain/obesity</li> <li>• Diabetes - Type 2</li> <li>• Cardiovascular disease</li> </ul>	<ul style="list-style-type: none"> <li>• Perinatal death</li> <li>• Perinatal morbidity/ admission to NICU</li> <li>• Diabetes - Type 2</li> <li>• Weight gain/obesity</li> <li>• Cardiovascular disease</li> </ul>

Source: bump2babyandme.org

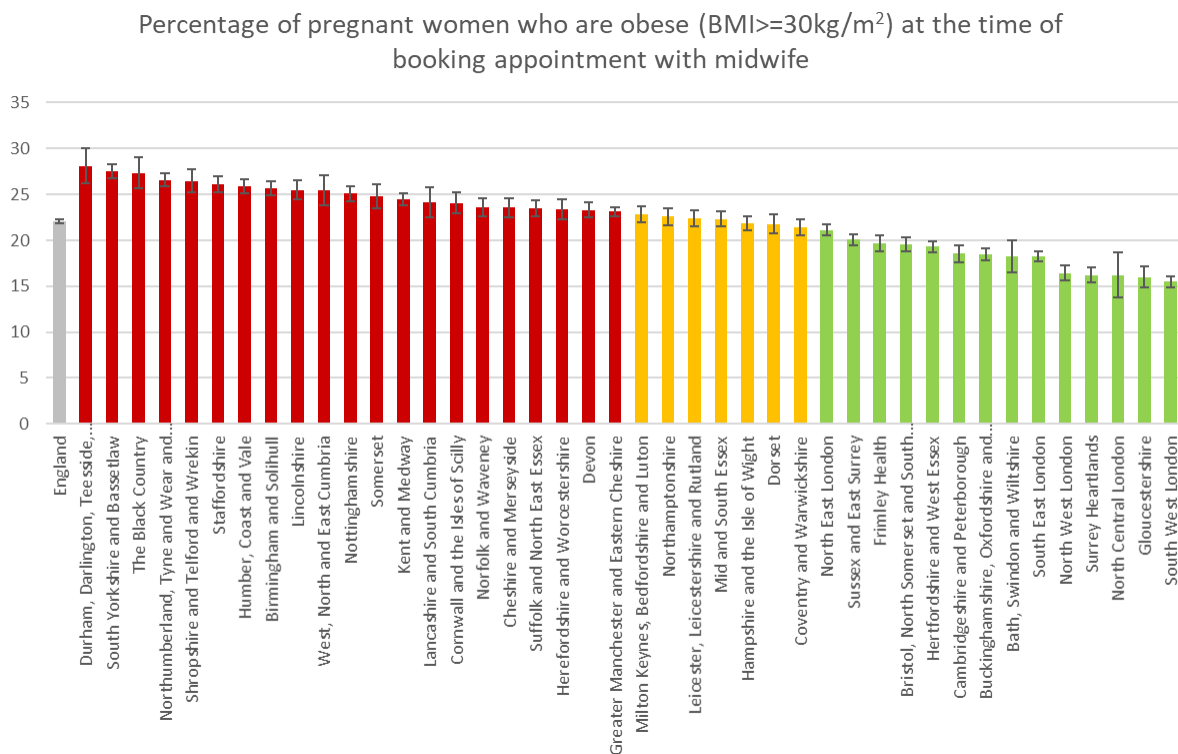
In the latest Health Survey for England (2019) the prevalence of adult obesity was 29% for women of all ages. Within women of typical child-bearing ages, obesity was most prevalent in the 35-44 age group.



Overweight and obesity prevalence in women by age  
Source: Health Survey for England, NHS Digital

Recent (2019) analysis of antenatal booking data by Public Health England (3) found that 18.3% of women in England were obese at their first booking appointment, and that this proportion rises as the deprivation level increases.

South Yorkshire and Bassetlaw local maternity system (LMS) showed the second highest proportion of women who are obese at time of booking (2018/19 Maternity Services Dataset), at 27.5%. With this in mind, when looking at infant death cases, we would expect to find about 1 in 4 (or possibly higher) would involve maternal obesity in South Yorkshire, irrespective of whether that was material to the death or not.



Obesity in early pregnancy - %age by LMS. Source: <https://fingertips.phe.org.uk/>

## The South Yorkshire review

Early discussions about the challenges of capacity to carry out the review led to a pragmatic approach, with the understanding that a full thematic review was not an essential requirement on an annual basis and that work to lay the foundations for a fuller review in the future was also a legitimate undertaking for the group.

In order to obtain sufficient data, three years of cases were sought – 2018-19 to 2020-21 – but with an acknowledgment that with scarce capacity across the area this might prove challenging. In the event, different periods of search were carried out and only three areas were able to find the capacity to collect and return any data.

A data collection pro forma was circulated around South Yorkshire CDOPs seeking numbers of cases of neonatal and infant deaths where the mother had a BMI  $>30$  at pregnancy booking appointment. The form sought breakdown by age and sex; numbers of preterm births; numbers where a complication that could be associated with maternal obesity was present; numbers delivered by Caesarean section; numbers delivered in a tertiary unit; number of cases where maternal obesity had been identified as a factor contributing to vulnerability; number where maternal obesity was identified as a modifiable factor in the death; themes, learning, actions resulting from case investigations.

## Results

Owing to the partial data collection, there is little value in aggregation and analysis of the three areas that returned information. Instead a brief summary of each area's findings is presented below:

### Barnsley

Barnsley searched reviews between April 2018 and March 2021, and found 16 cases of child deaths relating to a child under 1 year. Of these 4 related to a mother with a BMI over 30, but in 10 cases the BMI was not known.

As the current process does not ask for information on BMIs this data was not available to reviewers and consequently no reviews identified maternal obesity either as a factor contributing to vulnerability or a modifiable factor.

#### Related observations:

Of the 4 cases where BMI known to be above 30, 2 cases were premature and 2 were term with obstetric complications prior to birth that can clearly be associated with maternal obesity – gestational diabetes and preeclampsia.

### Doncaster

Doncaster searched reviews between April 2018 and March 2021, and found 9 cases of child deaths relating to a child under 1 year, where the mother had a BMI of over 30. Of these: 8 were preterm; 7 had complications that can be associated with maternal obesity; 2 were delivered by Caesarean section; 3 were delivered in a tertiary unit; 0 had maternal obesity identified as a factor contributing to vulnerability; but 1 case did identify maternal obesity as a modifiable factor.

#### Related observations:

None of the reported learning outcomes explicitly relate to maternal obesity, but there were examples where the guidelines were not fully followed.

In one case the mother was a late pregnancy booking. It is not recorded in the review what caused the late booking, but obesity is known to be associated with later access to maternity care (4).

### Rotherham

Rotherham searched reviews between January 2019 and December 2021. 6 reviews of child deaths under 1 year of age were found, of which 1 related to a mother with a BMI over 30. Of the other 5 mothers, 1 was a healthy weight, 3 were overweight and 1 was clinically underweight.

For the one maternal obesity case none of the risk factors considered by the review applied, and there was no finding of modifiability or vulnerability relating to maternal obesity.

#### Related observations:

Maternal BMI was documented at antenatal booking in all the records audited for this review. Also, a clear pathway for raised BMI was documented where applicable, and the correct pathway was followed. However, the raised BMI was not referred to during the child death review at CDOP.

## Summary of review and findings

Overall, due to incompleteness and the heterogeneity of the data we were able to collect for this thematic review means that no obvious direct conclusions can be drawn. However, it is clear that the recording of maternal BMI itself is an issue. In fact, during the course of this review the NCMD added maternal BMI into the reporting form ("Form B"), meaning that if this



review were to be repeated a year or two hence, it would almost certainly be easier to conduct and would be more complete.

In the event that South Yorkshire CDOP does seek to repeat this exercise, a more definitive inclusion list of complications and factors would be helpful, as would the addition of the timeliness of pregnancy booking and access to maternity care.

## **BMI**

A number of cases included were unable to report the BMI, suggesting the need to improve systems for recording/retrieving such information. The Maternity Services Dataset used to create the LMS comparative chart above is reported as having missing data in 24% of records, preventing the calculation of BMI.

However, BMI on its own might be problematic as a sufficiently sensitive or specific proxy for obesity (5), and the adoption of a particular threshold to create a dichotomous obesity definition ( $>30\text{kg/m}^2$ ) is likely to result in some risks below this threshold being missed, and some unnecessary intervention above the threshold. Indeed NICE guidance for management of diabetes in pregnancy (NG3) favours a lower threshold for weight management advice ( $>27\text{kg/m}^2$ ). Other NICE guidance (PH46) also recognises that lower BMI cut-offs might be appropriate for adults from black, Asian and minority ethnic groups (albeit not applying to pregnancy) where risks are likely to be higher.

Whilst the BMI threshold was used for convenience in carrying out this thematic review, its use in such a binary way in assessing risks in pregnancy is likely to be too crude (and might miss women who had had previous bariatric surgery for example). BMI should be more properly seen as one piece of information to inform a risk assessment. The WHO provides a more nuanced and purposive definition of obesity as “abnormal or excessive fat accumulation that presents a risk to health”. The use of a binary threshold that is strongly associated with weight can also present problems for sensitive communication that avoids stigma.

## **Modifiability**

It is not possible to draw any conclusions about modifiability for this small number of cases. However, given that obesity is very prevalent, is preventable in most cases, and has significant risks for birth outcomes, it might be expected that CDOP reviews would identify maternal obesity as a factor contributing to vulnerability and as a modifiable factor in a death reasonably frequently. Given efforts in South Yorkshire this year to clarify the definition of modifiability, this might also be something that would be worth coming back to in a future review.

A key consideration in this respect would be what should be modified and how. An issue that is becoming increasingly apparent through the research is that an emphasis on individual responsibility for healthy weight is not well aligned with the causes of obesity and leads to stigma and is very probably counterproductive. Our discussion about modifiable factors this year with the National Child Mortality Database did provide some helpful clarification, in that whilst CDOP investigates the circumstances surrounding the individual, such circumstances could be taken in a much broader sense. In this instance a consideration of social and commercial determinants would be highly relevant.

From the incomplete and anecdotal data set out here, it might not be too speculative to consider whether maternal obesity is a risk that is somewhat “hiding in plain sight”, given its increasing prevalence and the gradual shift in attitudes as overweight becomes normal.

## **Weight management in pregnancy**

Given the risks associated with maternal obesity, and also because pregnancy is seen as an important public health opportunity where parents may be more receptive to nutrition advice and more motivated to alter health behaviours, there are published NICE guidelines for weight management before, during and after pregnancy (PH27). The GLOWING pilot study has attempted to demonstrate effective ways to improve the skills and confidence of midwives as the vehicle for implementing these guidelines.

However, the guidance is now quite old (2010) and is subject to review. It is due to be superseded by two new pieces of guidance in the second half of 2023 – one relating weight management and the other relating to maternal and child nutrition. It remains to be seen to what extent the new guidance moves away from the primacy of individual responsibility. The current 2010 guidance, whilst not referring directly to the risks of weight stigma, already acknowledges that advising around weight and nutrition is a topic that requires very sensitive communication skills.

This concern is picked up to some extent by the GLOWING pilot study, including through reference to the WHO's 2016 document 'Good Maternal Nutrition. The best start in life', which observes that "practitioners may need support to ensure that they understand the women's circumstances without stigmatizing when discussing diet and physical activity".

A very recent study of risk communication in pregnancy has shown the potential for harm to women's mental health that can arise from well-intentioned but poorly delivered advice (6). This highlights the need for high quality communication with respect to weight and other public health risks (including alcohol and tobacco) that avoids stigma and respects and trusts the autonomy of pregnant women.

## **Ockenden Report**

Surprisingly, the Ockenden Report contains only a single mention of maternal obesity (specifically in relation to a maternal death), perhaps itself being evidence of the extent to which overweight is viewed as normal. Nevertheless, there are numerous references in the report to vulnerabilities, inequalities, co-morbidities and specific conditions that are strongly related to obesity, including diabetes and hypertension. A number of the related recommendations in the report are very relevant to the issue of maternal obesity. They include:

- the importance of both antenatal and preconception care for women with diabetes, emphasising better access and integration between diabetes care, general practice and maternity services;
- having a consistent and systematic approach to risk assessment at booking and throughout pregnancy;
- the importance of the role of consultant midwives and adherence to the national standards for ratios (one whole time equivalent (WTE) consultant midwife in every midwife-led unit and 1 WTE for every for every 900 birthing women within an obstetric-led unit – see *Safer Childbirth, RCOG, 2007*)

## **Recommendations**

Whilst the review was of a very limited nature, a number of considerations for future actions within CDOP and the wider practice community are set out as recommendations below.

### **Recommendations for improving/completing the thematic review**

1. Repeat the review in greater depth, aided by the recent changes to the NCMD

- reporting form, which now includes BMI, and upcoming changes to NICE guidance.
2. Consider widening the scope beyond the >30kg/m<sup>2</sup> threshold. Other relevant risk factors would include previous pregnancy outcomes, diabetes, gestational diabetes, ethnicity, age, deprivation score of address, smoking status, other vulnerabilities.
  3. Agree a more specific list of complications associated with maternal obesity.
  4. Include timeliness of booking appointment in data collection.

### **Recommendations for the system**

1. Acknowledge the high prevalence in South Yorkshire of obesity at pregnancy booking, and avoid normalisation of a higher level of risk in the population.
2. Acknowledge the primary role of social and commercial determinants vis-à-vis personal responsibility
3. At the individual level, emphasise the greater importance of a healthy approach to pregnancy planning – a greater role for preconception care, and continuity of care and consistency of advice and non-stigmatising language in providing that advice.
4. Ensure midwives feel confident in having the requisite communication and advisory skills both for antenatal care of pregnant women with obesity.
5. Ensure obesity is seen alongside other vulnerabilities and that these are sensitively identified and offered proportionate support.
6. Benchmark current workforce composition against RCOG recommendations for dealing with vulnerability and complexity, e.g. requisite number of WTE Consultant Midwives.

### **Recommendation for SYCDOP**

1. Seek assurance from each area by asking for self-assessment against the above recommendations.

# Local Area Updates

## Barnsley

<b>What we do</b>
<p>The Child Death Overview Panel (CDOP) is intended to help Barnsley's Local Safeguarding Partnership to develop a better understanding of how and why children die, and to inform further prevention work. It is the role of the CDOP to look at all deaths of children and young people in Barnsley, whatever the reason, to see if there is anything that we can learn from them and anything that might help us avoid such deaths happening in the future.</p>
<b>What we did</b>
<p>Between 1st April 2021 and 31st March 2022, five Barnsley CDOP meetings were held, and 13 cases were reviewed and completed with the aim of understanding how and why children die, and to inform future prevention work. Of the 13 cases reviewed, seven cases were identified as having at least one modifiable factor.</p> <p>The age at time of death ranged from &lt;22 weeks to 15 years. Most deaths reviewed were aged under one year (n = 9); four of these occurred at or under the 22 weeks gestation period, four within the first four weeks of life (neonatal period), and one at 4 months of age. All except one of the cases were amongst children whose ethnicity was recorded as White British; the remaining case was recorded as other. The majority of deaths occurred in hospital (n=8), the remaining five deaths occurred at home. Of those that occurred in hospital, five occurred on the labour ward, two in the Neonatal Intensive Care Unit and one in the Paediatric Intensive Care Unit.</p>
<b>What's worked well?</b>
<ul style="list-style-type: none"><li>• Additional CDOP meetings were set up to ensure the backlog of cases (in January) was worked through and cases were reviewed in a timely manner. As well as clearing the backlog, the additional meetings allowed for more in-depth discussions around complex cases.</li><li>• A 'Panel debrief' has been added to the Barnsley CDOP meeting agenda to allow members to reflect and provide support for each other after the discussion of difficult cases. Members have commented that they value this.</li><li>• A 'Learning and Development' item has been added to the Barnsley CDOP agenda to enable members to reflect on the effectiveness of the panel and identify any potential improvements.</li><li>• A representative from Healthwatch Barnsley is now a core member of the panel and provides a valuable contribution to the case discussions.</li></ul>

- The SUDI task and finish group have continued to collaborate, and there is now:
  - A tiered training programme on safe sleep in infancy (levels one to three).
  - Prevention of SUDI Multi Agency guidelines are now published on the Barnsley LSCP website, with a safe sleep risk and action plan incorporated.
  - A cohort of trained designated 'safe sleep in infancy champions' from a range of agencies, including South Yorkshire Fire & Rescue, Bernslai Homes, Fostering and Adoption, Children and Families Social Care.
  - Proactive publicity including interviews and radio advert broadcast on Hallam FM.

In addition, following the Barnsley CDOP meetings over 2021/22 the below achievements have been noted in relation to learning opportunities raised:

- Training has been undertaken with the administration team at Barnsley Hospital to ensure they follow the correct notification process following a child death.
- Barnsley Hospital Maternity Service are looking at best practice from Birmingham to be able to implement learning, after it was identified that there was a need for improvements in their triage system.
- A second cold light has been purchased and is in situ on the Neonatal Unit at Barnsley Hospital.
- Video laryngoscopes have been purchased and are now in situ on the Neonatal Unit at Barnsley Hospital and associated training is available.
- The Barnsley Suicide Contagion Plan has been reviewed and updated with new services and resources.
- Training session for schools to support with eating disorders and self-harm are currently being delivered.

#### **What needs to happen?**

- Ensure more robust information gathering is undertaken by Midwifery about the pregnancy, following a neonatal death. This will provide CDOP with the 'bigger picture' and allow the identification of wider modifiable factors.
- Potential to categorise and split future meetings to ensure richness of data and more in-depth discussion.

#### **What are we worried about?**

- The high number of early gestation deaths in this period.

## Doncaster

### Overview

This narrative provides an overview of activity relating to the Child Death within Doncaster, setting out any key risks and issues, good practice and developments during the time period 1st April 2021 - 31st March 2022.

Doncaster CDOP have met 7 times during the period 1<sup>st</sup> April 2021- 31<sup>st</sup> March 2022 and reviewed 37 cases.

#### Child Deaths 1<sup>st</sup> April 2021 - 31st March 2022.

Expected Deaths	Q 1	Q 2	Q 3	Q4	Unexpected Deaths	Q1	Q2	Q3	Q4
Doncaster	3	0	3	6	Doncaster	3	2	4	1
Out of Area	0	0	1	0	Out of Area	0	1	0	0

#### Numbers of Child Deaths on a yearly basis from 1<sup>st</sup> January 2010 to 31<sup>st</sup> December 2021.

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
24	32	22	25	27	31	15	23	18	18	24	23

During the calendar year of 2021/2022, the number of deaths within Doncaster has remained around the same number in comparison to previous years.

#### Child Death Review Team Performance relating to Unexpected Child Deaths and Service delivery

Unexpected Deaths	Response in 24 hours Yes or No	If timescale for response not met- explanation	Home Visit Yes/ No	If no home visit- provide explanation
4	Yes	N/A	Yes	N/A
2	Yes	N/A	Yes	N/A
3	Yes	N/A	Yes x 1	2 x carried out by police only
1	Yes	N/A	No	Carried out by police as criminal investigation. Incident happened in Public Place

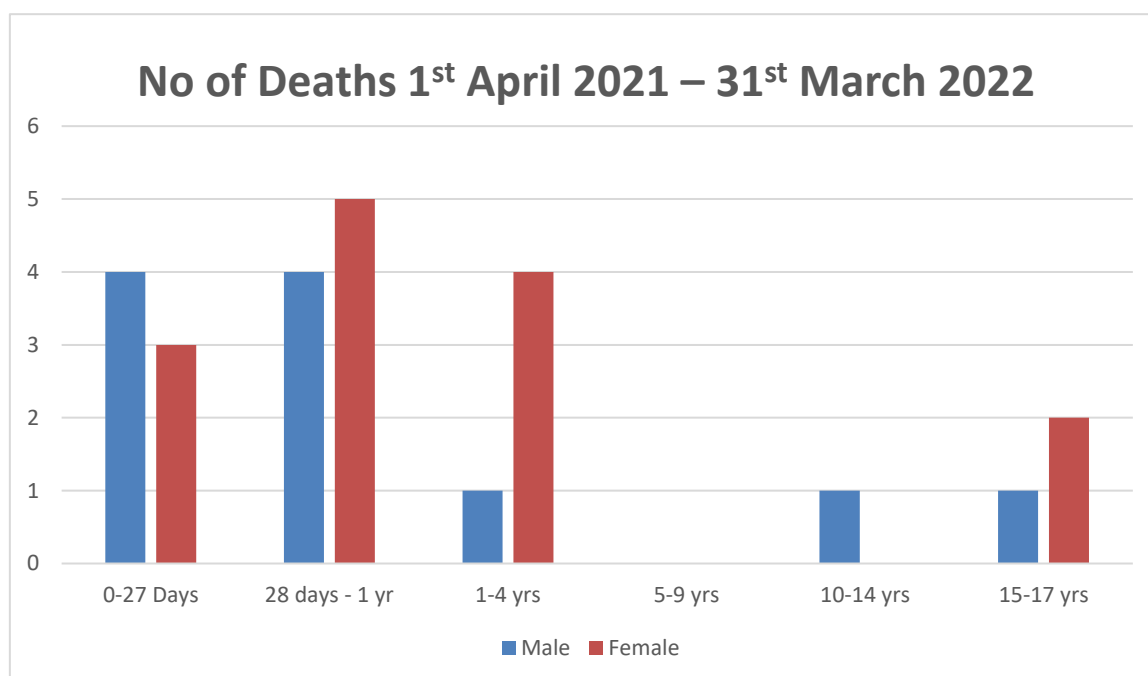
- During this review period, the Child Death Review team maintained 100% representation to the Doncaster and Nottinghamshire Child Death Overview Panels.
- The Designated Paediatricians for child deaths are supported by an identified Lead Nurse and Secretary for the Child Death service. Additionally, the number of professionals contributing to the on call rota increased during the review period and there is a 1:8 Rapid Response rota in place. The service is provided from 9am- 5pm Monday to Sunday and all staff contributing to the rota has attended appropriate training. During the review period there has been 100% rota cover.

- The Lead Nurse for Child Death Review has produced quarterly reports which have been shared with both NHS Doncaster Clinical Commissioning group, NHS Bassetlaw Clinical Commissioning Group.

### Themes

There were 2 suicides within the review period which had similarities and raised concern amongst professionals. The children were both from the polish community and there were similarities in rope and position used. It was also identified that there was an adult, aged 19, who had also taken their own life in similar circumstances. The Suicide Contagion was instigated and learning has been identified and shared with relevant agencies.

Three cases of unsafe sleep have been identified. Work continues to raise awareness of safe sleep.



### LeDeR referrals

Following the publication of the Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD) DoH 2013, the Learning Disabilities Mortality Review (LeDeR) programme was established in order to contribute to improvements in the quality of health and social care for people with learning disabilities in England. As a result, local areas complete local reviews of the deaths of people with learning disabilities and systems have been implemented which combine the Child Death review and the LeDeR review within both Doncaster and Bassetlaw for children. There was 1 referral to LeDeR during the review period.

### Achievements

During the review period two Paediatricians took over the role as Designated Paediatricians for Child Death Review as a job share. At the time of their appointment there was 54 cases to be reviewed. This has now been reduced to 29. During the period there has been 22 deaths; 11 males and 11 females. Of these deaths 10 were unexplained and 12 were explained. During the review period a further two deaths were reported to the Child Death Review Team and the Child Death Review Process was initiated. However, following investigations it was found that the children were stillborn and therefore were removed from the case list as stillborn deaths do not meet the criteria for a Child Death Review.

A key worker has been recruited and joined the team in September 2021 and the Secretary has had their hours increased to full time. Feedback has been positive by parents/carers and professionals. The Key Worker advocates for families in professional meetings as well as sign posting families to appropriate bereavement services.

The CDR Team have worked hard to build professional relationships with Coroners office, social care, bereavement midwives.

Designated Paediatricians and Lead Nurse have met with the Medical Examiner's Office to make sure to ensure the Trust work within the recommendations in "National Medical Examiners Good Practice Series: Medical examiners and child deaths" (The Royal College of Pathologists, 2022), on child death review process.

Link Nurses have been identified in both Doncaster and Bassetlaw Emergency Departments. This is to enable colleagues to hear of a resolution to the children they have cared for in ED.

### **Training**

It has been identified, as a need for training, professionals within ED when caring for children aged 16-18yrs. A case highlighted that not all professionals are aware of the child death process and procedures needed to be followed. Training sessions will be booked in and the Lead Nurse will attend breakfast training sessions to share learning.

Learning from child death sessions have commenced via Teams.

### **Dissemination of Local and National Learning from the Child Death Review Panel (CDOP) process.**

Where learning is specific to an identified single agency area- this is managed on an individual basis, including the development of action plans with relevant practice area or service managers.

Where learning relates to external agencies, the Lead Nurse liaises with relevant managers and as appropriate, learning is taken forward by the Local Safeguarding Children Board.

The Trust is represented at the Suicide Prevention Group within Doncaster.

### **Issues/risks**

There's work to be done around raising awareness with professionals that 16-17yrs, and up until their 18th birthday, should be treated as a child and in the sad event of their death professionals need to ensure the child death review process is initiated and the death is not treated as an adult.

### **Local and National Child Death developments and initiatives**

Work continues alongside other CDOP's in relation to safer sleep and also suicide.



## Rotherham

### Overview

The Rotherham CDOP met 5 times during the period 1st April 2021- 31st March 2022 and reviewed 12 cases. Core membership of the CDOP panel includes representation from Rotherham Safeguarding Children Partnership. However, due to long-term absence within Rotherham Safeguarding Children Partnership, there have been periods of time when representation at CDOP meetings and CDOP administrative support has been limited. The panel has also seen a change in lead professionals forming membership. The Consultant in Public Health, who also has responsibility for the children's public health portfolio (Best Start and Beyond) chairs CDOP.

Rotherham recorded 23 child death during the period 2021/22; this is double the child deaths reported the last two years and highest number of deaths since 2012/13, when 28 child deaths were recorded. It is hard to provide a rationale for the increase in the number of deaths, some suggestions being the lifting of Covid19 restrictions. It is hoped, going forward, NCMD may be able to offer some narrative.

### What has worked well in Rotherham?

- All cases requiring a Joint Agency Response have had a case discussion meeting held within three working days of the child death. These meetings have had excellent multi-agency attendance and contribution.
- A Pathologist has been in attendance at all Child Death Review meetings (CDRM) when a post-mortem has been performed. This has received positive feedback from pathology services and their contribution at the CDRM has been of value. The Child Death Review meetings for all child deaths have worked effectively in terms of attendance and participation.
- The work of the keyworker has proved insightful into the worries, fears and issues parents hold onto following the unexpected death of their infant/child. The service continues to be available Monday – Friday, 9am – 5pm. The keyworker is the “voice of the parent” at all professional meetings.
- Direct contact and liaison with the NCMD (National Mortality Data Base Programme) has proved valuable in supporting the child death review service to remain compliant with CDR guidance e.g. grading system used to identify modifiable factors; reporting death occurring overseas.
- As a result of learning from a specific child death, there has been increased awareness of the CDR process in Urgent and Emergency Care Centre in TRFT and maternity services, resulting in timely initiation of relevant processes.
- Following attendance at a NCMD workshop on charging policy for pregnant overseas women, TRFT reviewed their process and in conjunction with finance team and maternity services, developed a SOP to improve the sharing of information between professionals, ensuring identified pregnant women receive appropriate, timely support and have their physical and emotional health needs met.
- An effective pathway has been developed for sharing learning from CDOP within TRFT and wider partnership.

- Rotherham Public Health team has hosted two six month part-time placements for GP Registrars since August 2021, and has involved them in CDOP meetings as an aspect of their training. A GP Registrar has carried out a review of evidence relating to child weight estimation in ED for CDOP, arising from case discussion in February. This has led to a proposal to develop a more regular role for GP trainees within the presentation of cases, carrying out rapid evidence reviews. It is hoped to pilot and develop this later in 2022.
- Following a case where a child was found to be severely deficient in Vitamin D postmortem (not contributory), the current guidelines for Vitamin D supplementation in babies and young children and how supplements can be obtained was confirmed and circulate. The details are well covered on the NHS website: <https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/>
- A case raised the issue of accessibility of the NHS England booklet “When a Child dies”, which is currently only available in English, albeit with a footnote indicating it can be made available in alternative formats, including other languages. The CDOP Chair wrote to the Department of Health to seek clarity on this, and received a reply that the production of alternative formats had been delayed during the pandemic, but with a hope to progress and scope the options for providing alternative formats in the following year. The reply also indicated that the leaflet is available in an editable format so that areas can tailor the leaflet to their local needs.

#### **What could we do differently or better in Rotherham?**

- Rotherham CDOP and TRFT child death review service were unable to improve communication with coroner’s services during 2021/22. This has halted the sharing of valuable information between the agencies. Alternative contact details have since been identified and meeting taken place May 22.
- The quality of CDR documentation and reports, which feed into the CDR process need to be improved

#### **What are our plans for 2022/23?**

- Facilitate an on-line Learning Event for multi-agency front line professionals working with children and families in the Autumn of 2022. It is hoped that if successful this will become an annual event. It will feature a mixture of local and national topics and content.
- Improve communication with, and understanding of coroner’s service. Invite coroner’s officers to JAR and CDRM meetings and set out information sharing agreement in relation to meeting minutes, post –mortem reports, outcome of inquests etc. Identify learning opportunities and support practitioners where appropriate, to improve knowledge and understanding of coroners service.

- To continue to contribute to the co-ordinated Multi-agency South Yorkshire and Bassetlaw Joint Safe Sleep Guidance and promote training to help develop a shared understanding about a safer sleep environment, enabling practitioners to reflect on their individual role in promoting safer sleep messages and recognising risk. Re-visit use of Safe Sleep Assessment Tool.
- Develop standards for keyworker service and undertake formal parental/carer feedback on the keyworker service
- To participate in further thematic reviews with our Regional partners.
- Lead Nurse Child Death Review will continue to contribute to the TRFT self-assessment in relation to Bereavement Care Standards and identify actions which may need to be addressed before they can achieve National Care Pathways 2020, Bereavement Care Standards.
- Manage the backlog of cases that have developed as a result of increased child deaths and changes to the CDOP administrative arrangements.
- Clarify role of medical examiner and impact of *“National Medical Examiners Good Practice Series: Medical examiners and child deaths”* (The Royal College of Pathologists, 2022), on child death review process.

## Sheffield

### What We Achieved in 2021/22

This year Sheffield CDOP met on 5 occasions, reviewing 29 deaths. A further panel meeting was planned, but was cancelled due to a lack of cases available for discussion. With operational demands of COVID and restrictions in place we have remained working virtually with good attendance achieved by all agencies.

There were 49 deaths recorded during this period which is significantly higher than the previous year (24) but broadly in keeping with the average of 44 in the years 2008-2019.

Once again, most of the deaths occurred in those under 1 year (43% 0-27 days, 27% 28-364 days) which is slightly higher than national figures.

Chromosomal, genetic and congenital abnormalities and Perinatal/neonatal events remain the most common categories of death in those reviewed 2021/22 (63%).

79% of deaths reviewed during 2021/22 were within 12 months of death; 48% between 6-12 months and 31% in less than 6 months, this is an improvement on last year (60%). It should also be noted that of those reviewed over 12 months many had been delayed due to external issues such as inquests or other reviews being undertaken. Despite the CDOP Chair (Director of Public Health) being unavailable for the review period and Vice Chair retiring, we successfully managed to continue with meetings at the required frequency with the Safeguarding Partnership funding an Independent Chair on an interim basis and the Designated Doctor Child Deaths stepping up to Chair on occasion.

The median number of days between death and CDOP meeting is 335 nationally – the figure for Sheffield is 226.

The reviews consider modifiable factors, which are defined as actions that could be taken through national or local interventions, which could reduce the risk of future child deaths. Modifiable factors were assessed to be present in 17% of cases which is below the average for England (37%) and lower than previous years. This may be explained due to a delay with Inquests and other review processes, meaning fewer reviews of more complex cases (where modifiable factors are more prevalent) took place during this period.

#### **What impact have these achievements had on the outcomes for children and young people in Sheffield?**

We continue to feed into The National Child Mortality Database which is used to systematically capture information following a child death; this has enabled local learning but is also increasingly identifying learning at a national level and informing changes in policy and practice. This has been particularly important during the pandemic with real-time surveillance being introduced to highlight any issues.

[CDOP has supported actions taken in 2020/21 to help reduce risk factors and improve how services respond following a child death.](#)

There is now a good level of data completeness at notification and reporting stages, though we recognise recording of Ethnicity could be improved. It is acknowledged that some

providers still struggle with eCDOP and ongoing support and training is required.

We will continue to explore how those families where there are complex care needs can be better supported through co-ordination of care needs with the role of a lead clinician and work with Trusts to develop their understanding of the role of a Key Worker after a child dies.

Alongside other areas in South Yorkshire we are looking to improve the experience and support for bereaved families at the time of death.

Audit of implementation of Child Death Processes within Sheffield Children's Hospital was completed and will feedback during 22-23.

Agreement has been made between the Coroner/Police/Yorkshire Ambulance and hospital trusts for life extinct 16-17 year olds to be taken to the Children's Hospital mortuary rather than medico-legal centre.

### **Voice of the Child, Young Person and Family**

How have you listened to children, young people and families?

Working in collaboration with the Designated Doctor Child Deaths there is continued action being taken with Trusts to develop their understanding of the role of a Key Worker after a child dies.

What did children, young people and families say about your agency / service?

Parent feedback to CDOP has not been possible since August 2021. However, in all cases family are supported by Hospital trust and going forward there will be liaison with the key worker role.

### **What We Will Do Next in 2022/23**

What do you intend to achieve in 2022/23 that contributes to better outcomes for children and families within Sheffield?

For the upcoming year 2022/23 the hosting arrangements for SYCDOP will be facilitated by Barnsley CDOP in line with the agreed rotation of a local authority area hosting the quarterly meetings and facilitating the shared learning reviews throughout an annual reporting year.

Sheffield will continue with their local Child Death Overview Panel (CDOP) processes and the supporting pathways to review deaths of children who have died that are normally resident in their own areas. These reviews will contribute collectively in identifying the key themes for shared learning reviews across South Yorkshire.

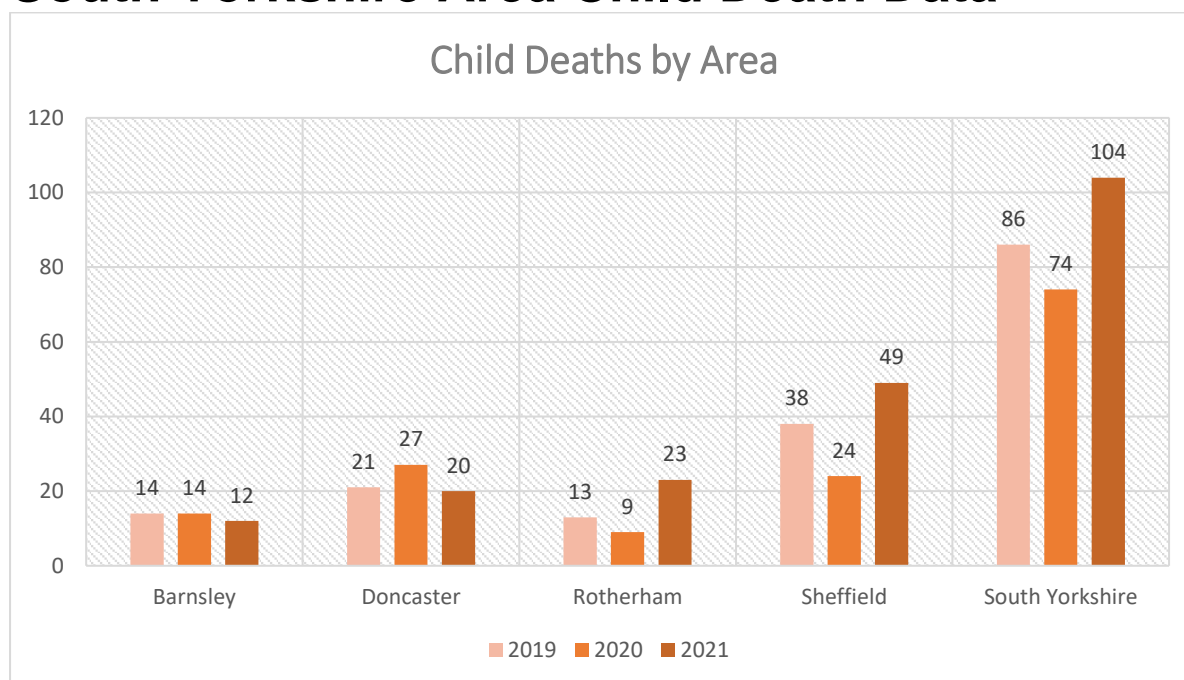
A key role in Child Death Review process is the CDOP Manager and this post has been vacant since August 2021. This has had an impact on information gathering for Panel, contributed to delays progressing actions and our ability to participate in thematic reviews in the region, and hold an annual development day. Some actions we hoped to achieve last year, in particular a focus on the impact of social deprivation, will be pursued during 2022/23.

A key focus for Sheffield throughout 2022/23 will be:

- To progress the implementation of Multi-agency Safer Sleep Guidance / practice.

- Continued roll-out of ICON across out local area.
- To participate in thematic reviews with our regional partners
- Completion of a local Contagion Plan
- CDOP will consider how we support and influence future strategies to reduce the harm of social deprivation

# South Yorkshire Area Child Death Data



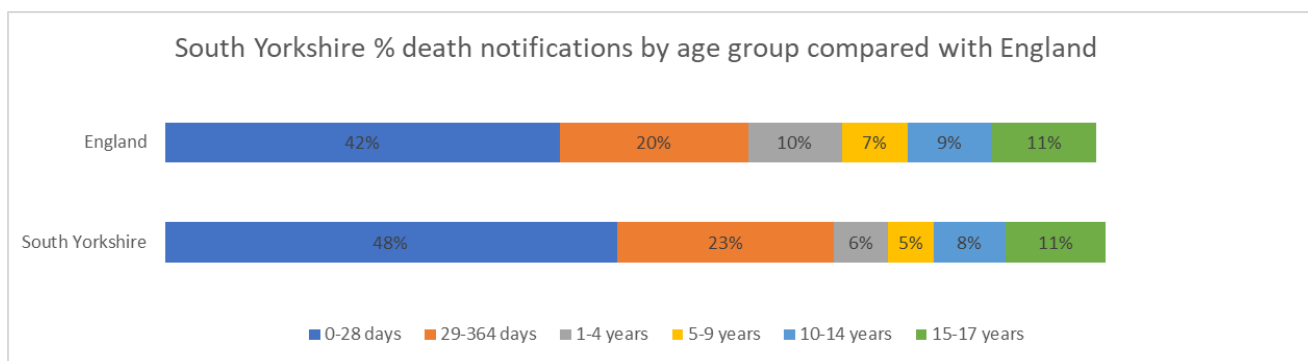
## Child deaths by age range for each area:

Age group	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire
0-28 days	14	8	7	14	50
29-364 days	1	1	7	3	24
1-4 years	0	0	2	2	6
5-9 years	1	1	0	2	5
10-14 years	0	0	1	0	8
15-17 years	2	2	3	2	11
<b>Total</b>	<b>12</b>	<b>12</b>	<b>20</b>	<b>23</b>	<b>104</b>

Deaths in the first 28 days have been increasing both in number and as a proportion of all child deaths for South Yorkshire. In 2019-20 the 27 deaths aged 0-28 days represented 31% of child deaths. In 2021-22 50 deaths in this age group equate to 48% of all deaths in the year.

Age group	2019-20	2020-21	2021-22
0-28 days	27	33	50
29-364 days	22	15	24
1-4 years	14	4	6
5-9 years	8	7	5
10-14 years	8	6	8
15-17 years	7	9	11
<b>Total</b>	<b>86</b>	<b>74</b>	<b>104</b>

This proportion is higher than for all England in 2021-22:



#### Deaths by month of notification – South Yorkshire

Month	2019-20	2020-21	2021-22
Apr	5	3	7
May	3	5	3
Jun	4	9	11
Jul	10	9	6
Aug	5	3	11
Sep	10	9	9
Oct	9	4	10
Nov	9	6	8
Dec	8	6	8
Jan	7	5	12
Feb	12	7	8
Mar	4	8	11

There is some variation in months when deaths are notified, which clearly reflects a considerable amount of randomness, which is to be expected of rare events. Nevertheless, over the course of three years the number of deaths in May has been consistently low, and the total of 11 deaths in May is statistically significantly different (with 95% confidence) from the total for the highest month, which is September (28). This might be worthy of further investigation.



# South Yorkshire Child Death Overview Panels Review Data

The 2018 'Child Death Review Statutory and Operational Guidance' for England stipulates that CDR partner footprints should cover a population such that at least 60 child deaths are typically reviewed each year. The South Yorkshire CDOP covers Sheffield, Barnsley, Doncaster and Rotherham with a combined population of more than 1.4mn. In 2021-22, a total of 89 child death reviews were conducted (an increase from 71 the previous year).

The 2018 guidance also sets out that CDR partner footprints "should be aligned to existing networks of NHS care and other child services, and should take account of agency and organisational boundaries". The SYCDOP Terms of Reference and Memorandum of Understanding established in 2019 provide for the four local South Yorkshire areas to continue with their own local Child Death Overview Panel (CDOP) case reviews.

The number of child death notifications received in 2021-22, completed child death reviews carried out during the year, and the number of cases ongoing at year end are broken down between the four CDOP areas below. There is a varying lag between notification and completion of a review, meaning that some cases completed in the year will relate to notifications from previous years.

	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire
Notifications	12	20	23	49	104
Completed Reviews	13	35	12	29	89
Cases ongoing	12	29	24	39	104

## Completed reviews - primary category of death

Primary category of death	2020-21	2021-22
Perinatal / neonatal event	17	28
Chromosomal, genetic or congenital anomaly	22	25
Sudden unexpected, unexplained	6	7
Acute medical or surgical condition	3	7
Malignancy	2	6
Suicide or self-inflicted harm	2	5
Chronic medical condition	3	4
Deliberately inflicted injury, abuse or neglect	4	3
Trauma and other external factors	6	2
Infection	6	2

The trend towards an increasing proportion of notifications in the 0-28 days age group is likely to explain the increase in completed review with perinatal/neonatal event as the primary category of death. The breakdown for 2021-22 between local areas is shown below.

Primary category of death	Barnsley	Doncaster	Rotherham	Sheffield
Perinatal / neonatal event	6	10	3	9
Chromosomal, genetic or congenital anomaly	1	10	5	9

Sudden unexpected, unexplained	2	3	0	2
Acute medical or surgical condition	0	2	3	2
Malignancy	0	3	1	2
Suicide or self-inflicted harm	1	3	0	1
Chronic medical condition	0	1	0	3
Deliberately inflicted injury, abuse or neglect	1	1	0	1
Trauma and other external factors	1	1	0	0
Infection	1	1	0	0

### Completed reviews - modifiable factors identified

Column1	Barnsley	Doncaster	Rotherham	Sheffield
Trauma and other external factors, including medical/surgical complications/error	0	0	0	0
Suicide or deliberate self-inflicted harm	1	1	0	0
Sudden unexpected, unexplained death	2	3	0	2
Perinatal/neonatal event	3	2	1	1
Malignancy	0	0	0	0
Infection	0	0	0	0
Deliberately inflicted injury, abuse or neglect	1	1	0	1
Chronic medical condition	0	0	0	0
Chromosomal, genetic and congenital anomalies	0	1	1	0
Acute medical or surgical condition	0	1	0	1
<b>Proportion of reviews where modifiable factors identified</b>	<b>54%</b>	<b>26%</b>	<b>17%</b>	<b>17%</b>

Across South Yorkshire overall 23 out of 89 cases were identified as having modifiable factors – 26% of cases.

### Review completion time

The guidance suggests that CDOPs should aim to review all children's deaths within six weeks of receiving the report from the CDRM or the result of the coroner's inquest, and that CDRMs should ideally take place within three months. This would suggest an ideal period from death to review completion of 132 days. However, in reality there are many potential causes of delay for some cases, and the median period for completing a review across England is actually 335 days. Median review periods for both Doncaster and Rotherham are considerably above this. At the local level, as these periods are calculated simply on the basis of cases completed, some caution is advised when only looking at a single year. For example, a decision to clear backlogs of outstanding cases during a year is likely to inflate the figure when compared with focusing on more straightforward recent cases.

	% CDOP completed cases by time taken			Median number of days between death and CDOP meeting
	<6 months	6-12 months	>12 months	
Barnsley	8%	54%	38%	<b>325</b>
Doncaster	0%	23%	77%	<b>466</b>
Rotherham	0%	42%	58%	<b>415</b>
Sheffield	31%	48%	21%	<b>226</b>

## References

1. **Penny, Alison, et al.** *A Guide to Commissioning Bereavement Services in England*. 2017.
2. *The Impact of Maternal Obesity on Offspring Cardiovascular Health: A Systematic Literature Review*. **Kankowski, Lois, et al.** s.l. : Frontiers Media SA, 5 2022, Vol. 13.
3. **Public Health England.** *Health of women before and during pregnancy: health behaviours, risk factors and inequalities*. London : s.n., 2019.
4. *Maternal body mass index and access to antenatal care: A retrospective analysis of 619,502 births in England*. **Barber, Charlotte, Rankin, Judith and Heslehurst, Nicola.** 1, s.l. : BioMed Central Ltd, 2017, Vol. 17, pp. 1-10. 14712393.
5. *BMI-related errors in the measurement of obesity*. **Rothman, K. J.** s.l. : Int J Obes (Lond), 2008, Vol. 32 Suppl 3. 1476-5497.
6. *WRISK voices: A mixed-methods study of women's experiences of pregnancy-related public health advice and risk messages in the UK*. **Blaylock, Rebecca, et al.** s.l. : Churchill Livingstone, 2022, Vol. 113. 0266-6138.

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## Doncaster Council

Doncaster  
Health and Wellbeing Board

Date: 12 January 2023

**Subject:** Breastfeeding - A Public Health Priority.

**Presented by:** Laura Quinn, Public Health Improvement Coordinator CYPF

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	Y
Information	Y

Implications		Applicable Yes/No
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	
	Mental Health	
	Dementia	
	Obesity	Y
	Children and Families	Y
Joint Strategic Needs Assessment		
Finance		
Legal		
Equalities		Y
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
<p>It is well evidenced that breastfeeding has long-term benefits for babies, lasting right into adulthood. Any amount of breast milk has a positive effect. The longer a mum can breastfeed, the longer the protection lasts and the greater the benefits. There are a wide ranging health benefits for mums who choose to breastfeed too.</p> <p>The impact that breastfeeding has on the environment and climate change is less well known, particularly amongst the general public. Climate change, and the varying weather conditions, are impacting on food production, making the cost of food and infant formula more expensive for families. Those on the lowest income are more vulnerable. Climate related disasters can also impact food security again putting infants at risk.</p>

The production of infant formula has a huge carbon footprint, attached to both the production, transportation and safe preparation of infant formula.

Increasing breastfeeding rates, and moving away from reliance of infant formula has many benefits for society, in terms of health and wellbeing, financial gains for families, and reducing environmental impact.

Infant formula is a costly product, (average £12 a tin/tin p/week), with a short shelf life once opened. In order to be made safely it requires clean drinking water (fresh water in the kettle for each bottle made) Bottles should be made up fresh per feed, in which boiling water is required. Climate emergencies can impact on the availability of drinking water and power supplies again, putting infants at risk. The cost of living crisis is also impacting of families disposable income, purchasing infant formula is another expense for families which could be saved, if more babies were breastfed.

In order to highlight the links between the environment climate change and breastfeeding, Laura Quinn has been part of a special interest working group which secured funding from South Yorkshire ICB to produce the following animation:

<https://www.barnsleyhospital.nhs.uk/services/maternity-services/feeding-your-baby/>

(Can be viewed by scrolling down on the webpage and clicking on the animation under the heading "Feeding your baby and climate change".

The animation will shortly be available on the UNICEF Baby Friendly website, and a new infant feeding page is being developed for the council website.

## **Recommendations**

The Board is asked to:-

Consider and note the information presented.

Continue to support breastfeeding as a public health priority, acknowledging all associated benefits.

Encourage venues to sign up to We Support Our Mums. Any business open to members of the public is able to join the scheme for free.

Request that Doncaster Council, as an employer, implements a breastfeeding policy, demonstrating to employees returning to work that we support them.

# Breastfeeding a public health priority

Its impact on climate change, the cost of living crisis and food insecurity

**Laura Quinn**

**Public Health Improvement Co-ordinator**

December 2022  
[www.doncaster.gov.uk](http://www.doncaster.gov.uk)

# Summary

## Breastfeeding: A Public Health responsibility

Why should breastfeeding be promoted and protected?

Well established as a public health preventative measure. Wealth of evidence to confirm that breastfeeding Promotes health, Prevents disease and helps contribute to reducing health inequalities.

Breastfeeding as a positive contributor to climate change, and food insecurity is much less publicised.

We need to continue to promote the positive affects of breastfeeding which extend wider than health.

To do this we need to create an environment where those who choose to breastfeed have the support in place to do this for as long as they wish. This involves Doncaster businesses/venues signing up to “We Support Our Mums” (breastfeeding welcome scheme) and Doncaster Council as an organisation having a breastfeeding policy in place.



# The power of breastmilk

- **“Breastfeeding is a natural “safety net” against the worst effects of poverty.... It is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born.”**
- James P. Grant, Former Executive Director, UNICEF

# What we know about breastmilk for baby?.....

- Breastfeeding has long-term benefits for babies, lasting right into adulthood.
- Any amount of breast milk has a positive effect. The longer a mum can breastfeed, the longer the protection lasts and the greater the benefits.
- Breastfeeding reduces a babies risk of:
  - Infections, with fewer visits to hospital as a result
  - Diarrhoea and vomiting, with fewer visits to hospital as a result
  - Sudden infant death syndrome (SIDS)
  - Childhood leukaemia
  - Obesity
  - Cardiovascular disease in adulthood

**Formula milk does not provide the same protection from illness**

<https://www.nhs.uk/conditions/pregnancy-and-baby/benefits-breastfeeding/>

# Why is it good for mum?.....

Breastfeeding lowers a mum's risk of:

- Breast cancer
- Ovarian cancer
- Osteoporosis (weak bones)
- Cardiovascular disease
- Obesity
- Developing type 2 diabetes
- May protect against negative moods (postnatal depression) and perceived stress
- Breastfeeding burns off an extra 500 calories a day, consequently, breastfeeding mothers tend to lose some of the weight gained during pregnancy more quickly than women who formula feed.
- Breastfeeding also supports *involution* (the process whereby the uterus returns to its pre-pregnant size as a pelvic organ).

<https://www.bestbeginnings.org.uk/evidence-of-benefits-of-breastfeeding>

# Doncaster Breastfeeding Rates 2022

\*Two sets of data

## First feed Breastmilk

- (Collected after birth) throughout 2022 on average **57.5%** of woman have given breastmilk as their babies first feed

## Breastfeeding at 6/8 week after birth

- (Fully or partial ) **34.7%**

# A different approach

- Despite well publicised health benefits of breastfeeding. Breastfeeding rates in Doncaster remain fairly static.
- Started to consider how else we can promote breastfeeding, joined a Y&H BF, Climate change and environment special interest group of infant feeding leads.
- Worked in partnership, promoting this agenda to colleagues across the country. Held the first BF, Climate change and environment conference in November this year, and our chair spoke at the UNICEF Baby Friendly conference in December.

# How does Breastfeeding link with climate change

- Since the 1980s, there has been an **83%** increase in climate related disasters, such as floods, droughts, and storms, which increase food insecurity.
- In 2016, over **530 million children** lived in countries affected by extreme-weather events and other climate-related emergencies, such as epidemics and crop failure.
- Due to climate change, heatwaves are increasingly common as we observed locally and globally this summer, and we know that infants have a higher risk of dehydration due to their size and that hospital admissions increase significantly for infants during heatwaves.
- recent changing weather conditions have led to poorer harvests, and higher production costs which families are feeling the burden of, higher food and energy prices will be especially harmful to low-income and vulnerable families.
- **By supporting an increase in breastfeeding rates we will see both long term benefits for health and climate change and immediate impact by reducing outgoing costs for families and protecting short term health.**

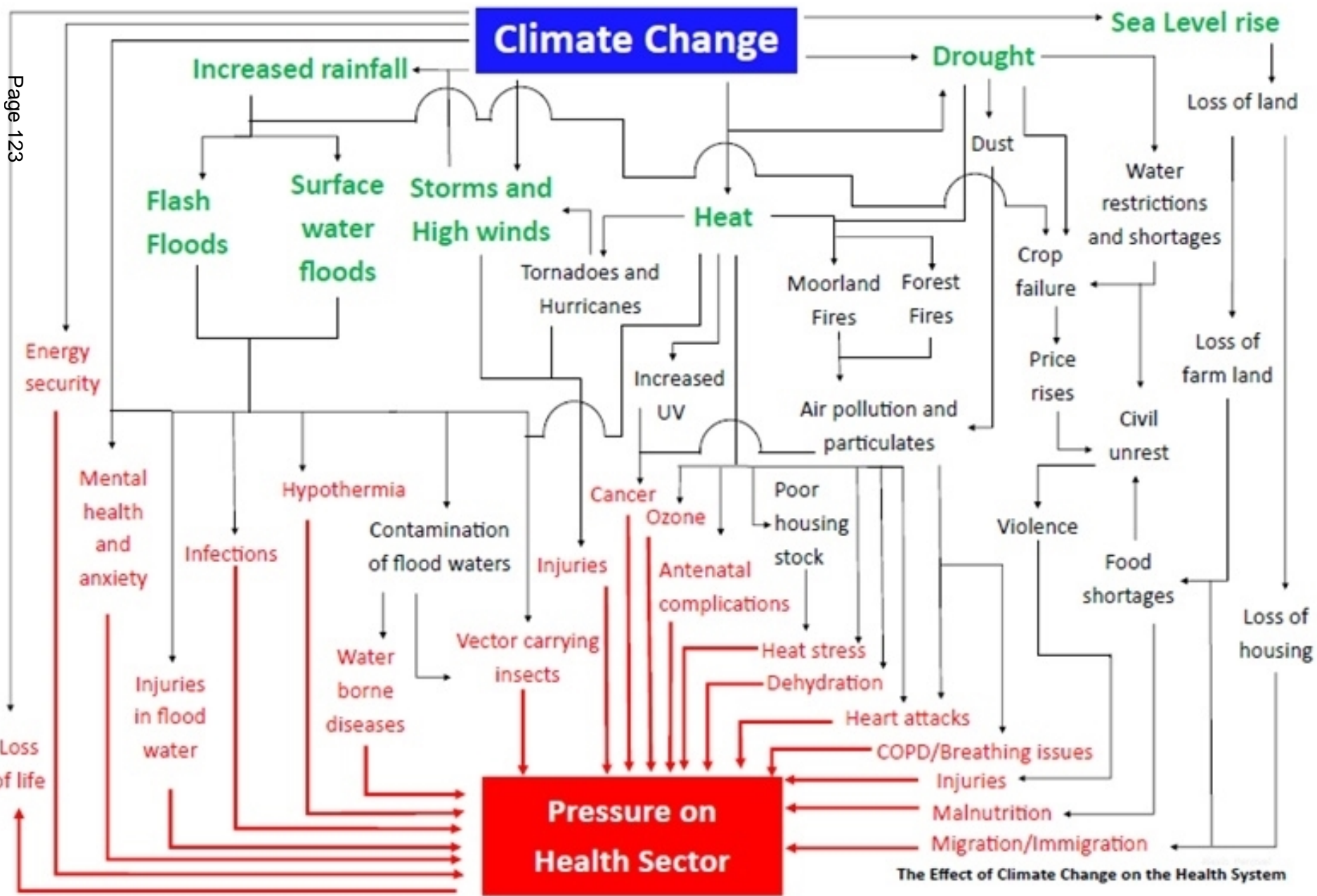


Diagram with acknowledgement from Frank Swinton WY Health Care Partnership

# The climate cost of formula milk

- The global infant formula market was **estimated at 2.7 billion tons** in 2017
- Each kilogram of milk formula generates **4 kg of greenhouse gas** around the world during production
- The EU is by far the largest exporter, exporting nearly **600,000 tons** across the world = **hundreds of thousands** of transport miles

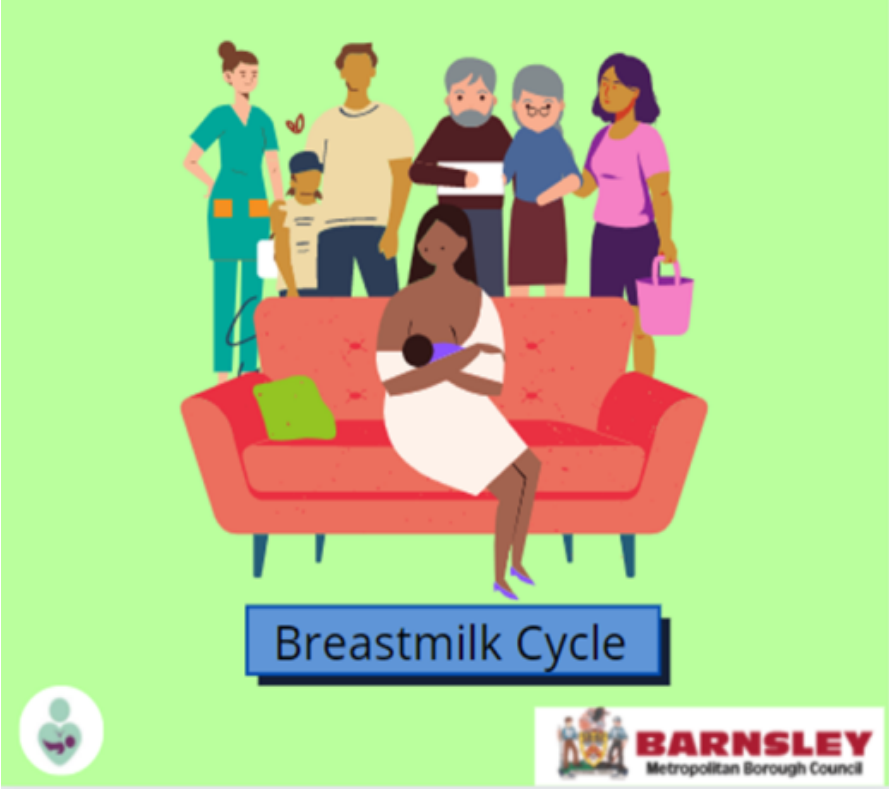


# The carbon footprint of artificial formula

- For the UK alone, carbon emission savings gained by supporting mothers to breastfeed would equate to taking between 50,000 and 77,500 cars off the road each year
- Powdered infant formula can be made safely only with water that has been heated to at least 70°C, giving an energy use equivalent to charging 200 million smartphones each year
- breastfeeding for six months saves an estimated 95-153 kg CO<sub>2</sub> equivalent per baby compared with formula feeding
- The production of unnecessary infant and toddler formulas exacerbates environmental damage and should be a matter of increasing global concern.

**Joffe N, Webster F Shenker N Support for breastfeeding is an environmental imperative. BMJ 2019; 367:I5646**

# Support is essential



Images used with permission from Barnsley Council

## Our animation



It also has a positive  
impact on the  
environment

The animation was funded by South Yorkshire Integrated Care Board  
<https://www.barnsleyhospital.nhs.uk/services/maternity-services/feeding-your-baby/>

# We Support Our Mums

**\*122 local businesses signed up\***



## Certificate of Membership

This is to certify that

is a member of the  
We Support Our Mums scheme  
and supports breastfeeding  
in Doncaster

Dr Rupert Suckling, Director of Public Health      Date \_\_\_\_\_



<https://www.doncaster.gov.uk/services/health-wellbeing/we-support-our-mums>

# Breastfeeding and Mumbler

The screenshot shows the website [doncaster.mumbler.co.uk/pregnancy/breastfeeding-support/](https://doncaster.mumbler.co.uk/pregnancy/breastfeeding-support/). The page features a purple header with a navigation menu: What's On, For Grown-ups, For Kids, Pregnancy, Offers, Mumbler Recommends, and About Us. The main content area is dominated by a large purple banner with the text "SUPPORTING YOU ON YOUR BREASTFEEDING JOURNEY" and "IT'S MORE THAN JUST FOOD". A "Find out More" button is visible on the banner. To the right of the banner are four white boxes with purple borders, each containing an icon and text: "Food & Meal Delivery", "Virtual classes and Activities for Kids", "Lockdown Resources", and "Walks Outdoors". The Doncaster Mumbler logo is in the top left, and social media icons and a search bar are in the top right.

## Breastfeeding Blog:

<https://doncaster.mumbler.co.uk/supporting-you-on-your-breastfeeding-journey/>

12 months worth of advertising, 2 live adverts, inclusion in 4 x newsletter, 4 x Blog

# Breastfeeding related resources

## WE ARE HERE TO SUPPORT YOU ON YOUR BREASTFEEDING JOURNEY

**FAMILY HUBS**  
You can access breastfeeding support at your local Family Hub. We have trained breastfeeding champions who you can talk to and groups that you can come to with your baby to meet other families.

**HEALTH PROMOTION PRACTITIONERS**  
We are also able to provide you with breastfeeding support, we organise the delivery of the breast pump service and run the breast start groups across Doncaster. We also make up part of the specialist breastfeeding team.

**MIDWIVES**  
We will discuss breastfeeding whilst you're pregnant and will be there to help you get feeding off to a good start, from the moment your baby is born.

**BREAST START/FIRST FRIENDS/GROWING FRIENDS GROUPS.**  
We have a selection of groups that run throughout Doncaster. They include our Breast Start, First Friends and Growing Friends groups. For more in formation please contact Single Point of Contact on 01302 566776 or ask at your local Family Hub.

**HEALTH VISITOR**  
You will be allocated a health visitor who will see you both before and after your baby is born. We are here to provide support and guidance throughout your breastfeeding Journey. We also make up part of the specialist breastfeeding team.

**ONLINE SUPPORT**  
Our maternity, health visiting and Family Hubs all have Facebook pages where you can access support. They are all monitored by staff who can answer your questions or point you in the right direction.

**NURSERY NURSE**  
We complete some of the core visits, and you might also see us if you decide to come along to baby massage, First friends or Growing friends. We also make up part of the specialist breastfeeding team.

**NEED TO LOAN A BREAST PUMP?**  
If you need to loan a breast pump, you can contact Single Point of Contact on 01302 566776.

**WE SUPPORT OUR MUMS**  
Look out for the "We Support Our Mums" logo when you're out and about. If you see the logo at a venue it shows that they are supportive of breastfeeding mums. You can be confident that you will be made to feel welcome.

**INFANT FEEDING SPECIALISTS**  
Both our Maternity and Health visiting services have Infant Feeding Specialists in post. If you need additional support with feeding your baby the health professional looking after you, will be able to refer you to an infant feeding specialist.

**PEER SUPPORTERS**  
Doncaster have a team of volunteer breastfeeding peer supporters. They are all mums who have breastfed their babies and have completed training in order to offer their support to other local mums. Peer supporters can be found in the Breast start group/ First friends and growing friends group (Will be back when Covid 19 restrictions allow).

**MIDWIFERY SUPPORT WORKERS (MSW)**  
We are here to offer you support with your breastfeeding. I will visit you at home after you've had your baby and I can be contacted through the Community Midwifery Hub (01302 642794) should you need any extra support.



## IT'S MORE THAN JUST FOOD.



Breast milk is the healthiest food your baby can have - It's full of nutrients only available in breast milk.



Breast milk can help boost your baby's immune system throughout childhood.



Breast milk can help improve oral health



Breastfeeding can help protect against some cancers



Start introducing solid foods from six months of age.



Reduces the risk of sudden infant death.



Helps with relationship building and attachment between mother and baby.



It can help prevent obesity for the child later on in life. For mum breastfeeding can burn around 500 calories a day.



Breastfeeding is good for the environment.



It is free - breastfeeding doesn't cost a penny.

**If you need help and support at any time we are all here for you and your family.**



Doncaster Council

# Breastfeeding related resources

**WE ARE HERE TO SUPPORT YOU ON YOUR BREASTFEEDING JOURNEY**

If you would like to speak to someone about breastfeeding, have a question, or need some support or advice you can contact:



**A MIDWIFE / MATERNITY SUPPORT WORKER**  
Community Midwifery Hub: **01302 642794**

**A HEALTH VISITOR**  
Single Point of Contact: **01302 566776**

**NEED TO LOAN A BREASTPUMP?**  
Single Point of Contact: **01302 566776**

**FAMILY HUB**  
There are 12 Family Hubs across Doncaster. Scan the code to find your nearest one.



**WE SUPPORT OUR MUMS**  
Look out for the "We Support Our Mums" logo when you're out and about. It shows that a venue is supportive of a breastfeeding mum.

**ONLINE**  
Access support on our maternity, health visiting and Family Hubs Facebook pages. They are all monitored by staff who can answer your questions or point you in the right direction.



**Hello my name is**

\_\_\_\_\_

*"Talk to me about breastfeeding"*

**My phone number is**

\_\_\_\_\_

## The board is asked to:

Continue to support breastfeeding as a public health priority. Acknowledging all benefits associated.

Encourage venues to sign up to We Support Our Mums. Any business open to members of the public is able to join the scheme for free.



As an employer; Doncaster council.  
Implement a breastfeeding policy,  
demonstrating to employees returning to  
work. We support them.



# Thank you any questions

Laura Quinn  
[laura.quinn@doncaster.gov.uk](mailto:laura.quinn@doncaster.gov.uk)

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## Doncaster Council

**Doncaster  
Health and Wellbeing Board**

**Date: 12<sup>th</sup> January 2023**

**Subject:** Doncaster Economic Strategy 2030

**Presented by:** Mitch Salter & Emily Adams

<b>Purpose of bringing this report to the Board</b>	
Decision	
Recommendation to Full Council	
Endorsement	x
Information	x

<b>Implications</b>	<b>Applicable Yes/No</b>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">DHWB Strategy Areas of Focus</td> <td style="padding: 5px;">Substance Misuse (Drugs and Alcohol)</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Mental Health</td> <td style="text-align: center; padding: 5px;">x</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Dementia</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Obesity</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Children and Families</td> <td style="text-align: center; padding: 5px;">x</td> </tr> </table>	DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)			Mental Health	x		Dementia			Obesity			Children and Families	x	
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)															
	Mental Health	x														
	Dementia															
	Obesity															
	Children and Families	x														
Joint Strategic Needs Assessment																
Finance																
Legal																
Equalities	x															
Other Implications (please list)	Wider/Social determinants of health															

<b>How will this contribute to improving health and wellbeing in Doncaster?</b>
<p>The Doncaster Economic Strategy 2030 was approved by Doncaster Council Cabinet on the 14<sup>th</sup> December 2022. The strategy outlines Doncaster’s approach towards a wellbeing economy, one that is regenerative and inclusive.</p> <p>Central to this is an overall new approach to what a successful economy looks like, through the lens of ‘good growth’. Our good growth is Healthy &amp; Compassionate. The Covid-19 pandemic has highlighted that the economy and health are not in competition with each other; they are mutually supporting. It has demonstrated beyond doubt that health resilience at all levels is vital to the functioning of our economy, and that the economy is vital to health resilience. We need to see health as the new wealth.</p> <p style="text-align: center;">Healthy Economy = economic benefits of health ↔ health benefits of the economy</p>

Access to high quality healthcare is essential for the health and wellbeing of residents but it is not lack of healthcare that leads people to become ill in the first place: it is the conditions in which people live and work. Partners across Doncaster can and should be responsible actors in improving the conditions in which people live and work and can as a result be forces for good in creating greater health equity. One of the key measures of the value of economic growth is the extent to which it improves the health and wellbeing of Doncaster's residents.

To support this transition, a mission-orientated policy approach was undertaken. The three missions that drive the Doncaster Economic Strategy 2030 come out of the borough strategy's commitment to 'Thriving People, Places and Planet' and are supported by mission statements:

- By 2030, we aspire to have an economy that improves the living standards for all and leaves no people behind
- By 2030, we aspire to have a more resilient, productive economy across all places
- By 2030, we aspire to have a greener, regenerative economy that restores and enhances our planet

These will be driven forward by five Mission Priorities, each with key aims that summarise the intent and Mission projects to help drive change. These priorities will not be seen as siloed, but rather as overlapping areas of focus that work in conjunction with each other. Across these Priorities is the potential to create an economy that works for health. Below outlines the Mission Priority, its aims, and how it will contribute to improving Health and Wellbeing in Doncaster.

#### **Mission Priority: Industry Platforms**

##### **Key Aims:**

1. Create industry, learning, and research partnerships
2. Provide high quality business, enterprise, and investment support
3. Develop our key employment and innovation sites to create industry clusters and attract inward investment

##### **Contribution to improving Health and Wellbeing:**

- A key focal point will be the progression of Key Sectors of Opportunity – to help bring industry, talent and research and development together. One of these Sectors is Health and Care – with the progression of Health and Care careers, employment and innovation central to this.

#### **Mission Priority: Employment Opportunities for All**

##### **Key Aims:**

1. Support everyone in Doncaster to have equitable access to employment opportunities, by utilising a Compassionate Approach to Employment support
2. Support employers across Doncaster to provide employment opportunities that are inclusive and support health & wellbeing
3. Support organisations across Doncaster to have a positive social impact on people, places, and planet

##### **Contribution to improving Health and Wellbeing:**

- The development of a compassionate approach to employment will look to learn from the compassionate approach to weight, to create and implement employment support that is stigma free and person-centred – looking to support the empowerment, confidence and mental wellbeing of those who require employment support.
- The development of socially conscious organisations will look to draw from best practice frameworks such as the Sir Michael Marmot Review for Industry, which looks to incorporate

the wider determinants of health into businesses.

- The creation of business and community partnerships can help promote health priorities, such as working with Get Doncaster Moving to link local businesses with community grants to increase the social impact of sporting events in the future.

**Mission Priority:** Green Economy

**Key Aims:**

1. Create a thriving Green Sector and build the skills for local residents to access it
2. Transition our industries and communities to be circular, low waste and low carbon
3. Protect and restore our biodiversity and natural capital and recognise the value of land and food within the economy

**Contribution to improving Health and Wellbeing:**

- The decarbonisation of industry will look to promote cleaner air, reducing the air quality impacts on health.
- Linking local businesses with retrofitting opportunities will look to accelerate the improvement of homes, improving their warmth and reducing fuel poverty.
- A Green Economy will look to deliver the business and economic elements of our FixOurFood programme. The development of Circular Communities will look to support access to local, nutritious and affordable food.

**Mission Priority:** Vibrant Places

**Key Aims:**

1. Empower local places by redirecting wealth back into our local economies
2. Create a thriving City Centre and local town centres that fosters community wellbeing and civic pride
3. Strengthen and promote the cultural sector and visitor economy across Doncaster

**Contribution to improving Health and Wellbeing:**

- Look to support the impact of future sporting opportunities.
- Develop and deliver masterplans that support healthy places – work will be undertaken to develop thinking around a 20-minute neighbourhood model to support place shaping, including the importance of social infrastructure.
- Continue our Community Wealth Builders programme which has demonstrated tangible local impacts on health.
- Look to learn from programmes such as Shaping Stainforth on how to build residents voices into economic ecosystem development to ensure plans are suited to the needs of residents.
- Increase the acceleration of social value and its impact across more organisations, including outcomes that relate to health and wellbeing.
- Supporting care within the economy, through work to help decarbonise the sector, adopt more regenerative models of delivery and improve care worker career options and employment.

**Mission Priority:** Physical and Digital Connectivity

**Key Aims:**

1. Develop a more accessible, affordable, and greener transport system that supports residents to access opportunities

2. Ensure the rollout of high-speed broadband across the borough and support residents and businesses to get online
3. Support residents to improve their digital skills to enable access to opportunities and service

**Contribution to improving Health and Wellbeing:**

- Prioritise improving active travel network improvements in future funding and investment.
- Undertake work with health partners, the voluntary sector and relevant transport companies to make public transport more accessible to those with mental and physical health conditions.
- Promote and support Get Doncaster Moving's work with businesses, support the work of Doncaster Active Travel Hub, and look to take any learnings and build on the Active Travel Social Prescribing Pilot.
- Work to support digital infrastructure and accessibility will have a positive impact on helping to reduce social isolation.

The strategy will also look to incorporate applicable recommendations from the Health and Wellbeing Board's Fairness and Wellbeing Commission. This intent is outlined within the strategy.

Next steps for the strategy will include:

- Formal launch
- Development of detailed action plans – with a focus on the next 1-2 years
- Beginning the delivery of key actions – it is anticipated that health and wellbeing colleagues will be key delivery partners across multiple strands within the strategy

**Recommendations**

The Board is asked to:-

- Recognise and endorse the Doncaster Economic Strategy 2030.
- Recognise and endorse opportunities to align the actions of the strategy with improving health and wellbeing in Doncaster.
- Outline further opportunities for collaboration between the objectives of the Doncaster Economic Strategy 2030 and Health and Wellbeing improvements – including recommended prioritisation based on the upcoming work of the Health and Wellbeing Board.

# Doncaster Economic Strategy 2030

*A Regenerative and Inclusive Economy for Thriving  
People, Places and Planet*



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## Foreword from Ros Jones, Mayor of the City of Doncaster

We are delighted to be able to present Team Doncaster's new economic strategy, and the next step on our improvement journey for the borough... the Doncaster Economic Strategy 2030. It is our long-term vision for an economy that works for **thriving people, places and planet** by transitioning to a wellbeing economy that is regenerative and inclusive. It outlines the future intent for Doncaster's economy, whilst recognising the challenges of our time.



Our economy has made real improvements in recent years. Doncaster has seen some of the strongest growth across the Yorkshire and Humber region over the last two decades. We have a high degree of specialism in **Industries** such as engineering and advanced materials, as well as competitive advantages in future mobility including rail. Pre-pandemic, employment was at record levels. We have seen how our fantastic business community works together, seen with our successful city status bid, our pitch to be the home and headquarters of Great British Railways and how it has got behind our work to make sure we have a commercially successful airport.

However, we must also acknowledge just how much has changed in the past few years. Our economy and local places are still in recovery from the Covid-19 pandemic. In 2022, we entered a cost-of-living crisis which is putting pressure on our residents and businesses alike. The impact of global warming and climate change is ever more apparent, including locally with flooding and wildfires. The idea that prosperity will eventually trickle down to everyone has failed. Business as usual has not always worked for Doncaster. In fact, at times, it has harmed our borough. We need to build an economy that is fit for the future.

Other changes represent significant opportunities for the borough. Such as our commitment to reach net zero by 2040 and to cut 85% of our emissions by the end of the decade. Or our ambition to develop **Talent** through a Talent and Innovation Ecosystem and to place an even sharper emphasis on **Fairness and Inclusion**. This has created new ways in which we consider our economic performance, and we need to harness this potential to become the best place to do business and create good jobs.

There is no doubt that the wider economic outlook points to some challenging years ahead, with difficult decisions for organisations, businesses and residents alike, but this is exactly why we need to take an alternative economic approach. Backing down from the challenges we face is not the Doncaster way. We need to steer a course that measures success in the wellbeing of all our people, all our places and our planet. The current situation may slow down the journey, but it does not change our direction of travel, nor our destination or the urgency.

Extensive consultation has been held over the last six months to get to the point we are at today, to ensure that we have a strategy that reflects Doncaster in its entirety. This has included businesses, residents, community and voluntary organisations. It is directly out of this engagement that five Mission Priorities have emerged, each with three Mission Aims setting out the destination, and various Mission Projects which collectively represent the vehicle to get us there. This strategy firmly outlines how business and the economy will be the thriving heartbeat of wellbeing, both now and in the future.

Success will only be achieved through true collaboration, with a Team Doncaster approach that brings the borough together to help Doncaster reach its potential. The economic status quo has not delivered for all people, our places and the planet. We cannot, and will not, wait for prosperity to trickle down. This is about forging a new path, a path befitting of an aspiring, forward thinking **city**... a path towards an economy that works for thriving people, places and planet.

Let us forge this path together.

# Doncaster's Economic Strategy 2030

## Executive Summary

A **Regenerative** and **Inclusive** Economy for Thriving People, Places and Planet

### Economic Missions

What do we want to achieve?



By 2030, we aspire to have an economy that improves the living standards for all and that leaves no **PEOPLE** behind



By 2030, we aspire to have a more resilient, productive economy across all **PLACES**



By 2030, we aspire to have a greener, regenerative economy that restores and enhances our **PLANET**

### Mission Priorities

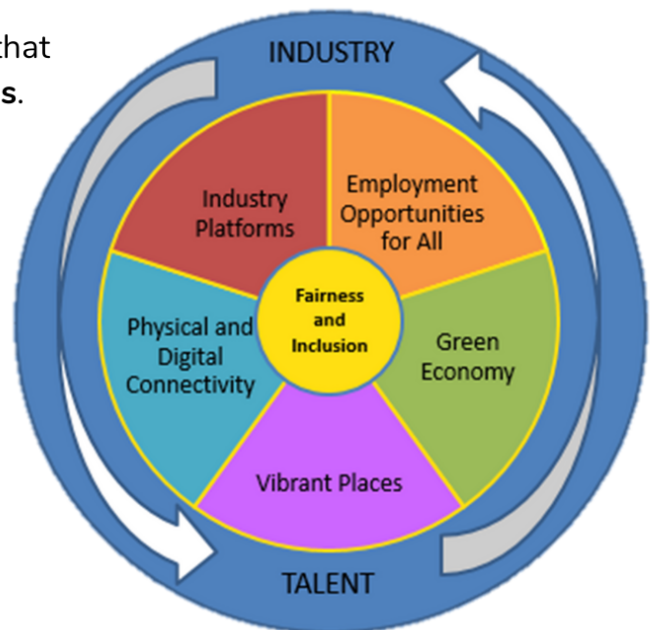
How are we going to achieve it?

Each priority represents an area of focus that will help deliver on our **Economic Missions**.

These priorities each have a set of aims that outline its objectives.

**Mission Projects** sit under each of these priorities. Whilst the list is not exhaustive, they address a number of current and future opportunities to drive change.

**Industry, Talent, and Fairness and Inclusion...** represent cross-cutting opportunities.



### Mission Metrics

How are we going to measure success?

To determine whether the strategy is making progress towards a regenerative and inclusive future, each Mission Priority has outlined the metrics we will measure. These Metrics may change over time, as more appropriate indicators are developed, and will be supplemented with lived experience to understand the wellbeing improvements of people, places and planet.

## Priorities on a page

Mission Priority	Priority Aims	Mission Projects	Mission Metrics
<b>Industry Platforms</b>	<ul style="list-style-type: none"> <li>➤ Create Industry, Learning, and Research Partnerships</li> <li>➤ Provide high quality business, enterprise, and investment support</li> <li>➤ Develop our key employment and innovation sites to create industry clusters and attract inward investment</li> </ul>	<ul style="list-style-type: none"> <li>➤ Establishing Ecosystems</li> <li>➤ Developing our Innovation Sites</li> <li>➤ Business Development and Economic Gardening</li> <li>➤ Financing</li> </ul>	<ul style="list-style-type: none"> <li>➤ Economic Size</li> <li>➤ Economic Output</li> <li>➤ Higher-level Occupations</li> <li>➤ Knowledge Intensive Business</li> <li>➤ Business Density</li> <li>➤ Industry Specialisms</li> </ul>
<b>Employment Opportunities for All</b>	<ul style="list-style-type: none"> <li>➤ Support everyone in Doncaster to have equitable access to employment opportunities, by utilising a Compassionate Approach to Employment Support</li> <li>➤ Support employers across Doncaster to provide employment opportunities that are inclusive and support health &amp; wellbeing</li> <li>➤ Support organisations across Doncaster to have a positive social impact on people, places and planet</li> </ul>	<ul style="list-style-type: none"> <li>➤ Doncaster's Compassionate Approach to Employment Support</li> <li>➤ Inclusive, accessible, fit for purpose recruitment practices</li> <li>➤ Employment opportunities for all that are inclusive and support health &amp; wellbeing</li> <li>➤ Develop socially conscious organisations across Doncaster</li> </ul>	<ul style="list-style-type: none"> <li>➤ Employment</li> <li>➤ Claimant Count</li> <li>➤ Economically Inactive</li> <li>➤ Wages</li> <li>➤ Real Living Wage</li> <li>➤ Earnings Inequality</li> <li>➤ Poverty</li> </ul>
<b>Green Economy</b>	<ul style="list-style-type: none"> <li>➤ Create a thriving Green Sector and build the skills for local residents to access it</li> <li>➤ Transition our industries and communities to be circular, low waste and low carbon</li> <li>➤ Protect and restore our biodiversity and natural capital and recognise the value of land and food within the economy</li> </ul>	<ul style="list-style-type: none"> <li>➤ Developing Green Sector Specialisms</li> <li>➤ Circular Economy and Communities Initiative</li> <li>➤ Decarbonising Doncaster</li> <li>➤ Nature and Food Recovery Programme</li> <li>➤ Socially Conscious Organisations</li> </ul>	<ul style="list-style-type: none"> <li>➤ Reduction in CO2 Emissions</li> <li>➤ Green Jobs</li> </ul>
<b>Vibrant Places</b>	<ul style="list-style-type: none"> <li>➤ Empower local places by redirecting wealth back into our local economies</li> <li>➤ Create a thriving City Centre and local town centres that foster community wellbeing and civic pride</li> <li>➤ Strengthen and promote the cultural sector and visitor economy across Doncaster</li> </ul>	<ul style="list-style-type: none"> <li>➤ Visit Doncaster</li> <li>➤ Supporting the cultural sector</li> <li>➤ Place Shaping</li> <li>➤ Community Wealth Building and Social Value</li> <li>➤ Supporting care within the economy</li> </ul>	<ul style="list-style-type: none"> <li>➤ Health</li> <li>➤ Footfall</li> <li>➤ Income Deprivation</li> <li>➤ Employment Deprivation</li> </ul>
<b>Physical and Digital Connectivity</b>	<ul style="list-style-type: none"> <li>➤ Develop a more accessible, affordable, and greener transport system that supports residents to access opportunities</li> <li>➤ Ensure the rollout of high-speed broadband across the borough and support residents and business to get online</li> <li>➤ Support residents to improve their digital skills and enable access to opportunities and services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Active travel network improvements</li> <li>➤ Affordable and Accessible Transport</li> <li>➤ Incentivising Active Behaviour Change</li> <li>➤ Flexible and Decarbonised Transport Solutions</li> <li>➤ Digital skills support</li> <li>➤ Get households online</li> <li>➤ Get communities connected</li> </ul>	<ul style="list-style-type: none"> <li>➤ Traffic Count</li> <li>➤ Average Download Speed</li> <li>➤ Gigabit Availability</li> <li>➤ Receiving over 30 mbps</li> <li>➤ Receiving under 10 mbps</li> </ul>

## Drivers for Change

For the Doncaster Economic Strategy 2030 to be successful, it is essential to recognise and respond to the wider drivers for change; nationally, regionally and locally. This can only be achieved by taking a collaborative approach with wider economic development partners and strategic opportunities. When Doncaster prospers, the benefits are enjoyed not just locally, but by the region and the nation more widely.

### National

On 2<sup>nd</sup> February 2022, the UK Government published its long-awaited policy paper “[Levelling Up the United Kingdom](#)”. Central to the Government’s plan for ‘Levelling Up’ was the establishment of 12 new missions across four broad areas:

- Boosting productivity and living standards by growing the private sector, especially those places where they are lagging
- Spreading opportunities and improving public services, especially in those areas where they are weakest
- Restoring a sense of community, local pride and belonging, especially in those places where they have been lost
- Empowering local leaders and communities, especially in those places lacking local agency

The Government’s Levelling Up agenda is influenced by the ‘Six Capitals’ thinking: Physical, Human, Intangible, Financial, Social, and Institutional.

The Levelling Up agenda is supported by other Government policies that aim to deliver economic prosperity across the nation. The Government’s “[Build Back Better: Our Plan for Growth](#)” outlines three core pillars of growth:

- Infrastructure
- Skills
- Innovation

The Doncaster Economic Strategy 2030 will address Doncaster’s approach to economic prosperity; placing a focus on each of these pillars across its three missions and priorities, and incorporating capitals thinking locally. Team Doncaster would welcome further investment and collaboration to deliver our Mission Projects.

### Regional

Whilst we hold many of the powers to influence our future within the borough, Doncaster is part of a broader, regional economic and political environment which provides opportunities for collaboration and investment.

#### *South Yorkshire Mayoral Combined Authority*

Doncaster is one of four core Local Authorities that comprise the South Yorkshire Mayoral Combined Authority, alongside Barnsley, Rotherham and Sheffield. Key to the success of the Mayoral Combined Authority is the delivery of its [Strategic Economic Plan](#) which has three overarching ambitions:

- **Growth:** Growing the economy and enhancing its strength and resilience
- **Inclusion:** Ensuring that everyone has a fair opportunity to contribute to and benefit from economic growth, that people have a greater stake in their economy, and that work is more closely linked to wellbeing and a decent life
- **Sustainability:** Driving low carbon, green and circular economy opportunities within the economy and delivering net-zero emissions and lower overall environmental impact

As a constituent member, Doncaster’s contribution to the Strategic Economic Plan is crucial. The Doncaster Economic Strategy 2030 clearly sets out our local contribution to regional growth, inclusion and sustainability.

The Mayoral Combined Authority provides unique devolved funding, namely ‘Gainshare’, which will be vital to deliver place-based interventions, as well as look collaboratively at regional interventions in areas such as employment and business support. The Strategic Economic Plan outlines seven priority themes for investment:

- Vibrant and Resilient Places
- Clean Energy and Net Zero
- A Digital Revolution
- Innovation, Enterprise and Growth
- Transport and Mobility
- Land, Housing and Built Environment
- Skills, Education and Employment

This strategy will lead actions prime for investment that can deliver against these themes. Collaboration will be vital to achieve the aims of South Yorkshire and Doncaster. This strategy will seek to identify how Doncaster's local economic priorities align with the local economic plans of our South Yorkshire neighbours. Through this we can explore opportunities to collaborate and scale up interventions to support the regional economy.

The South Yorkshire Local Enterprise Partnership sets the strategic direction for the South Yorkshire region, and its key advisory role is critical to help deliver for Doncaster’s economy and vice-versa.

### ***South Yorkshire Integrated Care Board***

Integrated Care Boards bring stakeholders together to collectively deliver health and care services that meet the needs of the local population, and have existed on a statutory basis in England since 1st July 2022. Prior to this, South Yorkshire and Bassetlaw already had an established board. However, a new South Yorkshire Integrated Care Board will establish key place-based partnerships for the delivery of integrated services across localities in health. It is vital that wider economic opportunities are brought to the attention of the Integrated Care Board as it develops, to drive economic activity that can reduce health inequalities.

### ***Wider Partnerships***

Partnerships across South Yorkshire are important, but so too are those across the Yorkshire and Humber region and beyond, to help drive collaboration, share best practice and lobby collectively on key issues, including powers and actions for economic development. These partnerships include:

- Yorkshire and Humber Councils
- Northern Powerhouse
- People’s Powerhouse
- Key Cities Network

### **Local**

In September 2021, Team Doncaster launched [Doncaster Delivering Together](#), a long-term Borough Strategy that marked a significant change of gear in the collective effort to improve wellbeing across the borough. It has one central mission - ***thriving people, places and planet.***

The Strategy’s Wellbeing Wheel shows our six long-term goals – ‘beacons’ that we are working towards to improve wellbeing. Collectively, they represent a whole systems approach to achieving change.

Goals are all very well, but people need to know how they can be achieved. Our ‘Great 8’ priorities will drive our work and



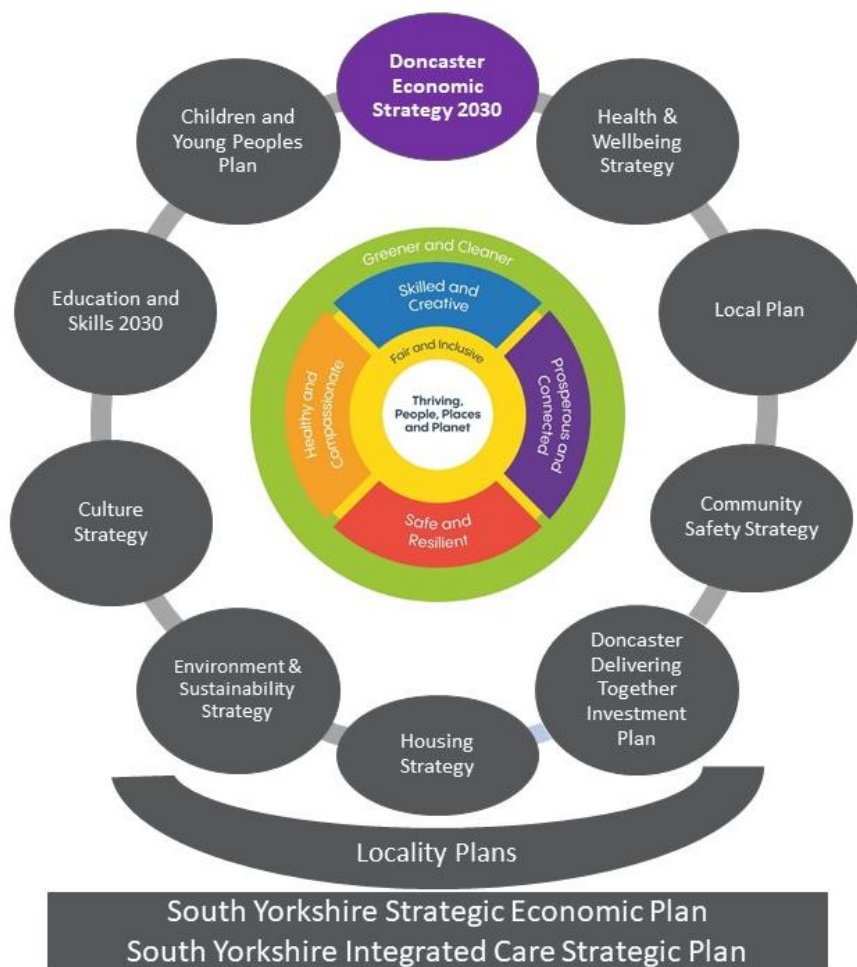
actions, to meet the six long term goals within our Wellbeing Wheel that we need to deliver for Doncaster over the next ten years.



Doncaster Delivering Together is supported by a number of [key supporting strategies](#). The Doncaster Economic Strategy 2030 is just one of these. Each second-tier strategy is consistent with and complementary to the Borough Strategy, as well as to each other.

To ensure high-level strategies meet the needs of local people, through ‘local solutions for local people’, Locality Plans have been developed. As we move further towards locality-based working, we have created four dedicated Locality Plans for each area of Doncaster: North, East, South and Central, which outline the priority areas for improvement over the next 12 months. In essence, the Locality Plans are designed to bring the aspirations and ideas of those within each community to life, to continue to improve the lives of those who live, work and visit each area.

The local delivery of strategy is supported by key documents at a regional level, namely the South Yorkshire Mayoral Combined Authorities Strategic Economic Plan, and the South Yorkshire Integrated Care Strategic Plan.



## Doncaster's Economy

From a traditional economic perspective, Doncaster has a growing, but still underperforming economy. A snapshot of our economy is outlined below:

**Number of Residents:** 308,300 (Office for National Statistics, Census, 2021)

**Total Gross Domestic Product:** £6.74bn per annum - 8th Largest in Yorkshire and Humber (Office for National Statistics, Regional Gross Domestic Product, May 2022)

**Gross Value Added per hour worked:** £28.40 (Office for National Statistics, Subregional productivity in the UK, July 2022)

**Total Employment:** 135,000 residents - 70.3% residents aged 16-64 (Office for National Statistics, Regional Labour Market Data, October 2022)

**Employment by Sector:** Top 5 broad sectors groups by employee jobs (NOMIS, Employee Jobs by Industry, 2021)

- Human Health and Social Work - 22,000 jobs
- Wholesale and Retail Trade - 18,000 jobs
- Transportation and Storage - 16,000 jobs
- Manufacturing - 11,000 jobs
- Education - 11,000 jobs

**Median Weekly Gross Pay:** £494.20 (Office for National Statistics, Earnings and hours worked by Local Authority, October 2022)

Traditional economic metrics are just one aspect of a successful economy. Doncaster's economic success should also be measured by its ability to improve the wellbeing of people, places and planet, such as:

**CO2 Emissions per head:** 5.5 Tonnes (Department for Business, Energy & Industrial Strategy, UK Local Authority and Regional Greenhouse Gas Emissions, 2022)

**Healthy Life Expectancy:** Males 57.4 years, Females 56.1 years (Office for Health Improvement & Disparities, Public Health Outcomes Framework, 2022)

**Level 3 Qualifications:** 46.2% of 19 year olds (Department for Education, Level 2 and 3 Attainment by Young People Aged 16 to 25 in 2021, 2022)

**Relative Deprivation:** 41/317 most deprived Local Authority in England (Department for Levelling Up, Housing and Communities, 2019, English Indices of Deprivation, 2019)

More information on the state of the borough can be found on the [Team Doncaster Data Observatory](#).

To support the production of the Doncaster Economic Strategy 2030, a report, produced by Ortus Economic Research and Kada Research, was commissioned. The report will be available for public viewing on the Team Doncaster Data Observatory and outlines further economic data and detailed analysis.

The [South Yorkshire Mayoral Combined Authority Data Intelligence Hub](#) outlines further information and data for the regional economy, including comparisons.

## Economic Challenges

Doncaster has seen considerable change since the launch of our Inclusive Growth Strategy 2018-2021. Progress has been made across Doncaster's economy through game changing programmes, infrastructure projects and development within our localities. However, as highlighted in the data above and during the Doncaster Economic Strategy 2030 engagement, we continue to face a number of long-term challenges, which affect our ability to develop thriving people, places and planet. These challenges are summarised below:

### *Living Standards*

- There are low employment rates across the borough. People face barriers to accessing opportunities including inflexible recruitment practices, lack of affordable transport, low skills attainment, poor health and unsuitable employment support
- There is a high proportion of people living in poverty across the borough and the current cost of living crisis is making this worse
- There are long-standing socio-economic injustices that create additional barriers for some residents
- Inequalities and deprivation are felt differently across our local areas, demographics and communities

In short, too many people are excluded from reaching their potential in the economy, without the income or flexibility to secure higher living standards, resulting in people and places being left behind.

### *Resilience and Productivity*

- Poor health is hindering the potential of people and businesses by limiting economic opportunities
- Doncaster's sectoral base is concentrated in traditionally less resilient areas, meaning the local economy is more reactive to national and international economic downturns
- Doncaster has a lack of research and development organisations located within the borough, and currently underdeveloped relationships with research institutions regionally and nationally
- Doncaster's City Centre and local town centres are underutilised, with empty units and low footfall which is still below pre-Covid levels

In short, Doncaster's economy is not resilient or productive enough and not helping the whole borough reach its potential

### *Climate and Biodiversity Crisis*

- Doncaster is at the forefront of the climate and biodiversity crisis and in recent years has experienced devastating floods and wildfire, affecting communities, businesses and the environment
- Our recent approach to economic development has focused on practices that use up resources without replenishing or recycling them which has caused friction with our net-zero targets
- Current climate action support has not led to overwhelming business uptake
- There is a clear need for a just 'green' transition. Without equity being a key principle, there is a risk that decarbonisation will exacerbate existing inequalities

In short, if ignored, the climate and biodiversity crisis will prevent Doncaster from achieving its potential.



# Doncaster's Economic Opportunities

## A New Approach

The challenges outlined are complex, multi-faceted and long-standing, with no simple solution or 'quick fix.' Therefore, addressing them requires a multi-partnership approach to change, it will require sustained commitment and action from all of Team Doncaster. Central to this is the need for a new approach to the economy – one that tackles our systemic challenges, looks to provide opportunities and that moves from beyond mere considerations of productivity to one that takes account of wellbeing more broadly.

### *Doncaster's Regenerative and Inclusive Economy*

Doncaster Delivering Together outlined our ambition to transition towards a wellbeing economy. During the development of the strategy, alongside stakeholders, this ambition was developed to make sure it met local needs, addressed our challenges, but equally responded to our strengths. This led to our local wellbeing economy needing to be **regenerative** and **inclusive**. In practice but also as a mindset.

**A Regenerative Economy**... means moving away from economic models that seek to 'extract' value from people, places and planet to deliver endless growth with no regard for the consequences. Instead, a regenerative economy should unlock the potential for wider positive contributions for people, places, and planet. It recognises that the economy is part of a wider system, and its role should be to help support development within that. **Regenerative economics does not just look to limit negative impacts, it aims to improve the wellbeing of people, places, and the planet in a way that is sustainable for current and future generations.**

**An Inclusive Economy... is one in which there is shared prosperity and widespread access to opportunities, including and especially for those facing the greatest barriers to advancing their wellbeing.** It recognises that there are different structural challenges facing different people and communities that the economy needs to take a stronger role in addressing. This rejects the myth that prosperity will eventually trickle down to everyone. It emphasises participation and equity.

### *Doncaster's Approach to Economic Growth*

Being regenerative and inclusive marks a step change for the borough and how Doncaster views its local economy. As highlighted in the definitions, it takes a different approach to what success looks like and therefore what we mean by growth.

The success of an economy tends to be measured by how much it produces and how much people consume. This lends itself to more extractive development, which in turns exacerbates some of the wider problems Doncaster faces. This definition of economic success values economic growth as the ultimate aim for any economy, with little regard for who that economic growth benefits or how it impacts the planet.

Economic growth does not automatically improve the wellbeing of people, places, and planet. To develop Doncaster's regenerative and inclusive economy, it will be necessary to take a more holistic view of economic success. This means measuring the value of economic growth by the extent to which it increases the wellbeing of people, places, and planet.

It will be important to explore the potential to develop a broader set of metrics that goes beyond a measure of our Gross Domestic Product. This is not to say that we do not want to see progress within those traditional 'success' measures, but it is about measuring more of the right things, in the right ways. To this extent, it is about aiming for **Good Growth**.

### *Good Growth... is Healthy & Compassionate*

The Covid-19 pandemic has highlighted that the economy and health are not in competition with each other; they are mutually supporting. It has demonstrated beyond doubt that health resilience at all levels is vital to the functioning of our economy, and that the economy is vital to health resilience. We need to see health as the new wealth.

Healthy Economy = economic benefits of health ↔ health benefits of the economy

Access to high quality healthcare is essential for the health and wellbeing of residents but it is not lack of healthcare that leads people to become ill in the first place: it is the conditions in which people live and work. Partners across Doncaster can and should be responsible actors in improving the conditions in which people live and work, and can as a result be forces for good in creating greater health equity. This collective responsibility to improve the social conditions for better health and wellbeing of people in Doncaster is at the core of our local [Compassionate Approach](#) which seeks to reduce stigma, practice ‘no judgement’, and invest in prevention.

One of the key measures of the value of economic growth is the extent to which it improves the health and wellbeing of Doncaster’s residents. This is part of the broader regenerative approach to the economy that seeks not just to ‘do no harm’ but to go further and unlock potential for positive contributions that improve the health and wellbeing of residents in a sustainable way. As such, a regenerative and inclusive economy must value ‘good growth’ that prioritises the health and wellbeing of Doncaster’s residents.

### ***Good Growth... Tackles Climate Change***

Many current economic models continuously ‘extract’ natural capital from the Earth, create waste, and generate carbon emissions in the pursuit of endless growth. This linear approach to natural capital is harmful to the wellbeing of people, places, and planet and should be avoided in Doncaster if we are to meet our net zero ambitions set out in Doncaster Delivering Together. Instead, Doncaster should pursue a model of ‘good growth’ and development that tackles challenges like climate change, biodiversity loss, waste, and pollution.

This approach acknowledges the value of nature in improving overall wellbeing, through outputs like improved air quality and access to green spaces. It will be vital to protect and grow natural capital as part of a thriving economy that is circular and regenerative, that benefits everyone within the limits of our planet.

### ***Good Growth... is Fair & Inclusive***

To measure the value of growth by the extent to which it increases the wellbeing of people, places, and planet, we must consider how the benefits of that growth are distributed. Economic growth does not automatically improve the standard of living for all people and the benefits of growth are not currently being felt by all residents in Doncaster. It has left people behind.

Some residents will have greater barriers to accessing the benefits of economic growth than others. These structural barriers have been exacerbated by the Covid-19 pandemic and the cost of living crisis. Removing barriers for people to access economic opportunities and tackling inequalities, whilst intrinsically valuable for the wellbeing of residents, will also have a positive impact on driving good growth by creating a more resilient and inclusive economy.

### ***Good Growth... supports the needs of local communities***

Just as growth does not automatically improve the wellbeing of all residents, it also does not automatically support thriving communities across the borough. It will be important to ensure that economic growth also supports the needs of our local communities. This will include the continued support of ‘community wealth building’ to ensure that wealth created in Doncaster is not extracted but is invested back into the local economy to support local people and places. For example, by offering employment and skills development opportunities to local people or supporting improvements to the local environment.

This will be supported by the localities model and regenerative neighbourhoods which will help support local communities to come together to participate and influence decision making that will support their communities to thrive.

## Industry

Central to driving forward this change is to generate more highly valued, highly skilled economic activity that stimulates the innovation required to create thriving people, places and planet. This will need us to focus in on key industries that can drive our good growth model and economic development. But as highlighted with our economic challenges, work needs to be undertaken over the duration of this strategy to build and expand upon this focus.

Doncaster’s Inclusive Growth Strategy 2018-2021 identified a number of industries with an established and future base for inclusive growth. Analysis led by Ortus Economic Research and Kada Research\* reevaluated these Industry Specialisms, but with a wider view to incorporate those sectors that are foundational, aspirational, and strength-based, and a wider assessment of these in terms of their contribution to good growth:

Strength-based	Aspirational	Foundational
<p><i>Sectors with a high employment and business base compared to national averages</i></p> <ul style="list-style-type: none"> <li>➤ Advanced Engineering and Technology</li> <li>➤ Mobility, including a particular specialism in Rail</li> <li>➤ Advanced Materials</li> </ul>	<p><i>Sectors we want to strive for because they have the potential to provide employment opportunities across the borough</i></p> <ul style="list-style-type: none"> <li>➤ Creative and Digital, including Culture more broadly</li> <li>➤ Green Technology</li> </ul>	<p><i>Sectors that are vital for community cohesion and wider wellbeing</i></p> <ul style="list-style-type: none"> <li>➤ Health and Care</li> <li>➤ Support and Professional Services</li> </ul>

\* This report can be found on the Team Doncaster Data Observatory.

Focusing in on these specialisms provides an opportunity to accelerate good growth and stimulate wider industry-led innovation. It is vital to build on the current economic assets and fantastic work going on across Doncaster’s economy.

## Talent

In addition to a keen focus on industry, our approach to talent development is likewise critical to the success of our economy. The Talent and Innovation Ecosystem set out in the Education and Skills 2030 is a major economic opportunity for Doncaster.



The Ecosystem model represents a whole-system approach involving partners from across and outside of education and skills to deliver:

- Learning for the real world, by collaborating on meeting real-world design and commercial challenges
- Education to employment through hybrid learning, making available informal and formal, traditional and non-traditional, academic and vocational learning opportunities
- Learning coordinated by local experts, through establishing local partnerships

This creates a different lens for skills development, one that is rooted across a person’s life course, but linked to the current and future needs of business. Unlocking this skills pipeline is vital to transform Doncaster’s economy and the Mission Priorities that will be presented.

To help drive this education and skills transformation, five **Centres of Excellence** were introduced to focus the partnerships and systems changed required:

- Health and Care
- Engineering
- Creative and Digital
- Green Technology
- Culture

### Integrating Industry and Talent

Industry Specialisms, alongside the Centres of Excellence, represent two different but overlapping sets of priorities. On a practical level, **Talent** and **Industry** need to be working together – this is vital to the ambitions of both the Talent and Innovation Ecosystem and a regenerative and inclusive economy. They are two sides of the same coin.

Central to the integration of talent and industry is seeing both elements as the key drivers of the conditions required to achieve our overarching borough mission. To prioritise change, these will be focused on Key Sectors of Opportunity, based upon our Industry Specialisms, which are priority areas for economic development, inward investment, business support and talent development.

#### Key Sectors of Opportunity:

- Health & Care
- Engineering & Manufacturing
- Creative & Digital
- Culture

Based on the Industry Specialism analysis, the above areas of opportunity will play different but complimentary roles in achieving our aspirations. Within the Sectors of Opportunity are a number of ‘niches’ which offer the opportunity for highly productive and innovation-led growth. This approach acknowledges the need to focus talent development and industry support around the niches that are of particular relevance to Doncaster’s economy, but which may change over time. These niches can work across multiple sectors. For example, Green Tech presents opportunities for engineering, materials, health and care, creative and digital, all aligned to market development in the area of green technology.



There are a number of key characteristics which unite these Key Sectors of Opportunity, including that:

- They are articulated by a joint prospectus that showcases the offer and support from local and regional partners
- They include a hybrid higher and further education offer, ensuring a focus on lifelong learning
- They are developed in partnership with local industry and employers, and learning providers
- They support a mixture of specific skills for industry progression and key transferable skills for the borough
- Each is supported by a physical presence that promotes the co-location of Talent and Industry where possible
- They work collectively to drive innovation in each of the Sectors by exchanging knowledge and working together on opportunities
- They have equity at their heart to drive down inequalities

Harnessing these Sectors of Opportunity requires integrating delivery of our Education and Skills Strategy with our economic Mission Priorities. Driving greater innovation and knowledge dissemination between Key Sectors of Opportunity will be key to their success. Long term, this will require creating a network across these key sectors.

## Fairness and Inclusion

Doncaster Delivering Together outlined the need to create a Fair and Inclusive Doncaster. This is central to Doncaster's concept of good growth. Work to create a Fair and Inclusive Doncaster provides a unique opportunity for a regenerative and inclusive economy, in particular:

**Wellbeing Essentials:** Better wellbeing requires solid foundations. We all need to have our basic needs met before we can have the chance to thrive, and the economy cannot reach its potential to flourish when there are inequalities between people and communities. Doncaster Delivering Together outlined a number of potential 'Wellbeing Essentials', for example – income for a good standard of living, employment opportunities, and social equity. These are key target areas for Team Doncaster and partnership working.

**Equitable Approach:** Improving the wellbeing of all residents in Doncaster will require an equitable approach whereby those who experience the greatest barriers to establishing a solid foundation of wellbeing essentials are supported to remove those barriers and give them an equal chance at advancing their wellbeing.

Doncaster's Health and Wellbeing Board has instructed an independent **Fairness and Wellbeing Commission**, chaired by Rt Hon Dame Rosie Winterton DBE MP, to produce a report with clear areas of focus to improve wellbeing for residents. It will receive evidence and consider real-life experiences of people who live and work here to produce a series of findings that will inform our medium and long-term approach to shape a borough of reduced inequalities, increased capabilities and social mobility. The recommendations that emerge from the commission will be embedded into the delivery of the Economic Strategy.

## Wider Economic Opportunities

As well as integrating talent development with the growth of our industrial specialisms, we must also recognise and build on our wider assets:

- **Foundational Economy:** The 'everyday' economy that provides the essential goods and services on which every resident relies upon and is critical for good living standards. It is not just a key employer in Doncaster, but as highlighted by Covid-19 is critical for our people and places and delivers real benefit for local communities.
- **Location:** Doncaster's geographical location within the United Kingdom is unrivalled, lying at the gateway to the North:
  - Situated at the heart of the motorway network, 87% of the UK population is reachable in a four hour's drive time.
  - The East Coast Main Line links Doncaster by rail to the whole of the UK and into Europe (London - 88 mins, Manchester 80 mins, Newcastle - 83 mins, Birmingham - 88 mins, Edinburgh - 178mins).
  - Our iPort boasts a first-class rail freight facility which handles deep sea containers and links directly to the Humber Ports.
  - Although its future is currently uncertain, Doncaster Sheffield Airport handles around 1 million passengers a year, with the airport also benefitting from first-class cargo facilities. A regional airport is vital for our connectivity and economy, and Doncaster is committed to the long-term future of the airport, including the option to pursue a Compulsory Purchase Order if necessary to ensure we have a growing aviation hub.
- **City Status:** The granting of city status provides an opportunity to enhance Doncaster's profile externally and create increased confidence locally. It also provides access to further city-based networks in which Doncaster can use to create new partnerships and collaborations.

## An Economy for Thriving People, Places and Planet

Doncaster will harness the aforementioned opportunities to deliver three core Economic Missions for the benefit of *Thriving People, Places and Planet*.

### Our 2030 Economic Missions



By 2030, we aspire to have an economy that improves the living standards for all and that leaves no **PEOPLE** behind



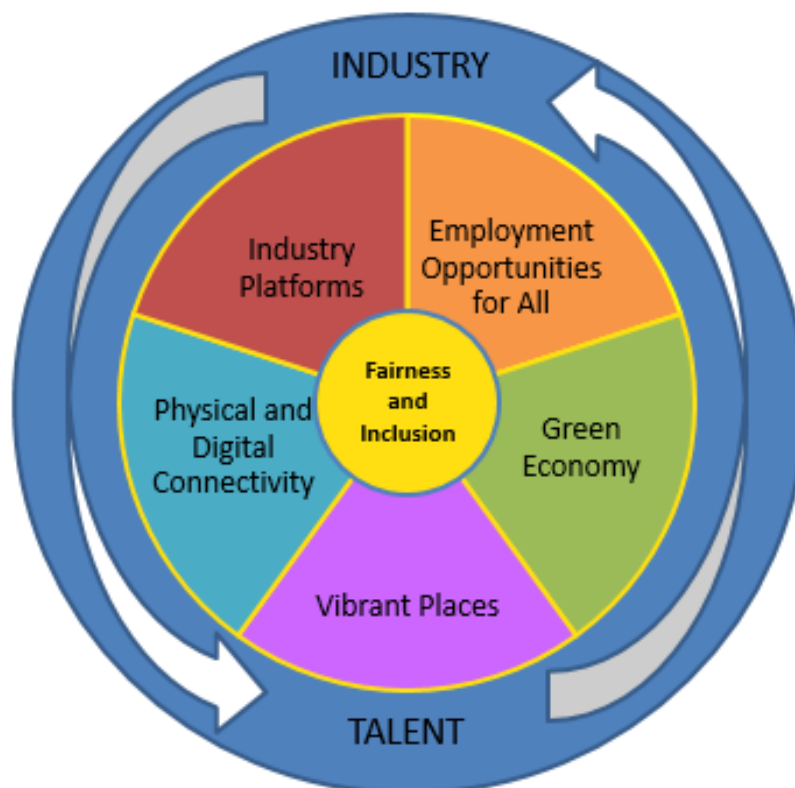
By 2030, we aspire to have a more resilient, productive economy across all **PLACES**



By 2030, we aspire to have a greener, regenerative economy that restores and enhances our **PLANET**

### Our 2030 Mission Priorities

To drive forward our three Economic Missions, five Mission Priorities have been identified. Each priority has key aims that summarise the intent and Mission Projects to help drive change. These Projects are not exhaustive and must respond to current opportunities as well as starting our future journey. These priorities will not be seen as siloed, but rather as overlapping areas of focus that work in conjunction with each other. The three opportunities presented earlier are key and cross-cutting for each of the priorities: **Industry, Talent, and Fairness and Inclusion**.



**Measuring Success:** To determine whether the strategy is making progress towards a regenerative and inclusive future, each Mission Priority has outlined the metrics we will measure. These metrics may change over time, as more appropriate indicators are developed, and will be supplemented with lived experience to understand the wellbeing improvements of people, places and planet.

# Industry Platforms



## About this Mission Priority

Doncaster’s economy has been growing over the past ten years (albeit from a low starting base), with the rate of growth of Gross Domestic Product placing Doncaster within the top performers within the region. Despite this, prosperity has not reached all people and places in Doncaster.

A key opportunity for Doncaster’s economy is integrating our Industry Specialisms, with our approach to Talent across Key Sectors of Opportunity. These will be focused across: **Engineering & Manufacturing, Creative & Digital, Health & Care, and Culture**. Underneath these, niche areas will help drive specialised support and development. These may change over time but currently focus in on: **Rail, Green Tech, Future Mobility, and Advanced Materials**. These sectors

### Case Study – Creating Platforms

Doncaster’s City Centre is leading the way in creating the conditions for Industry Platforms. Doncaster’s £24.8m Towns Deal is looking to stimulate the conditions for inward investment, business expansion and further investment by investing in a state of the art, net zero office building and surrounding public realm. Creating the right infrastructure to drive collaboration at the City Gateway will open up the potential for key businesses to locate together to create clusters.

need to be prioritised to help with wider wellbeing through developing an ecosystem of talent, business support and spatial development. We need to create the platforms for those industries to support good growth and work alongside the Education and Skills 2030 Strategy.

Driving the creation of platforms requires the development of the right partnerships across the system. The integration of Industry and Talent is integral to develop the current and future skills pipeline. Doncaster faces critical challenges across both the supply and demand for skills. Many of the skills required to grow our industry base are not currently located within the borough, and where people have specific skills, there are not always the right jobs available locally. There is also the need to accelerate the development and acceptance of cross-transferable skills to help drive new thinking. Research and development is a key driver for local economies. Doncaster does not have the established research and development institutions or relationships to drive innovation. Work has been undertaken to partner with regional and national universities but

linking in industry with these opportunities is crucial. Finally, Doncaster has created the start of a great business community, that can be expanded for the greater good of business but also people, places and planet. Further collaboration can help generate ideas, find solutions and achieve common goals.

However, a successful platform needs more than just partnerships, but the support and conditions for progress. This means fulfilling our role in Team Doncaster as ‘system gardeners’ by providing support to foster entrepreneurship and start-ups, economic gardening for small and medium enterprise, and bringing in the right businesses who not only want to locate in Doncaster, but also want to invest in its people and places. This prospectus of support is key to prioritise opportunities to support our key sectors and the niches within them.

Central to Industry Platforms is creating the right clustering effect to drive business, research and skills collaboration, but also healthy competition to drive innovation. There are advantages in clustering similar businesses and activity together, to encourage collaboration, create a sense of community and develop a magnetising effect which draws in other businesses. This aspiration should be expanded to include co-location of learning and talent development, as well as the key socio-economic drivers the economy influences and vice-versa. Doncaster has key innovation and employment sites such as our City Centre, Unity and GatewayEast (alongside a commercially successful airport), primed for clustering. Our work will not stop with creating Industry Platforms. Long term these areas should be working together, transitioning towards a cohesive network for mutual benefit.

## Our Mission Priority Key Aims



Aim 1	Aim 2	Aim 3
<i>Create industry, learning, and research partnerships</i>	<i>Provide high quality business, enterprise, and investment support</i>	<i>Develop our key employment and innovation sites to create industry clusters and attract inward investment</i>

## Mission Projects

Mission Project	Transformational Actions
<b>Establishing ecosystems</b>	<ul style="list-style-type: none"> <li>➤ Bring Industry and Industry together through:               <ul style="list-style-type: none"> <li>○ Continuing with Business Doncaster and Doncaster Chamber events such as the Business Showcase and Business Conference respectively</li> <li>○ Creating a business directory with open access for businesses detailing location, sector, industry expertise etc</li> <li>○ Promoting the dissemination of knowledge, technology and innovation across different industries through forum networks</li> <li>○ Mapping out local supply chains for industry development, linking local businesses within and identifying gaps for new businesses to emerge or inward investment targeting</li> </ul> </li> <li>➤ Encourage industry-driven Research and Development through:               <ul style="list-style-type: none"> <li>○ Engaging regional academic partners to support our Key Sectors of Opportunity</li> <li>○ Creating industry and further and higher education foundation partnerships to create opportunities, such as linking entrepreneurs within Universities with local businesses and businesses with research knowledge to unlock challenges</li> </ul> </li> <li>➤ Strengthen Industry and Talent relationships through:               <ul style="list-style-type: none"> <li>○ Bringing together services to develop the current and future talent pipeline such as education and training providers to ensure provision is aligned with industry needs through concepts such as creating micro-credentials</li> </ul> </li> <li>➤ Create innovation hubs to bring all stakeholders in the ecosystem together to create opportunities for collaboration and sector focussed applied research</li> <li>➤ Bring Sectors together to create a wider network of learning</li> </ul>
<b>Developing our Innovation Sites</b>	<ul style="list-style-type: none"> <li>➤ Deliver our Levelling Up Round 1 Programme to remediate the Waterfront, unlocking its capability for development</li> <li>➤ Pitch for the major capital investments required for ecosystemic innovation such as:               <ul style="list-style-type: none"> <li>○ A New Teaching and Research Hospital</li> <li>○ AMRC Doncaster</li> <li>○ Film Studios</li> </ul> </li> <li>➤ Develop a more diverse property offer in key locations to foster incubation spaces and co-working. A key first step is delivering our Doncaster Town Deal and our City Gateway Multi-Use Building project</li> <li>➤ Work with private developers to focus in on our strategic Key Sectors of Opportunity on our key innovation and employment sites</li> <li>➤ Identify talent co-location opportunities with industry and the key facilities required to support them</li> </ul>
<b>Business Development / Economic Gardening</b>	<ul style="list-style-type: none"> <li>➤ Provide support to help people to start a business, become self-employed or assisting existing micro businesses to develop and grow through our Launchpad programme</li> <li>➤ Continue to attract inward investment into Doncaster through targeted business support such as property searches and site marketing</li> <li>➤ Support the scale up of local businesses through our ScaleUp 360 programme</li> <li>➤ Linking businesses in with regional support offered at the South Yorkshire Growth Hub</li> <li>➤ Undertake a review of the support landscape to target areas of support need</li> <li>➤ Match businesses with local business support to stimulate supporting services</li> <li>➤ Business development support should match our socially-conscious business Mission Project for Employment Opportunities for All</li> </ul>
<b>Financing</b>	<ul style="list-style-type: none"> <li>➤ Explore alternative models to finance and ways to implement the right models, especially cross-regionally to support both the local and regional economy</li> <li>➤ Better link businesses with external funding opportunities and financing options</li> </ul>



## Mission Metrics

To measure the success of Industry Platforms, various Mission Metrics have been identified that will be monitored, alongside the lived experience of Doncaster to demonstrate change.

- By 2030, Doncaster will look to be performing at least equal to the regional average across a number of Industry Platforms Mission Metrics:
  - Economic Size
  - Economic Output
  - Higher-Level Occupations
  - Knowledge Intensive Businesses
  - Business Density
- By 2030, Doncaster's strength-based and aspirational Industry Specialisms within our Key Sectors of Opportunity will expand, to deliver more high value jobs and businesses

## Delivering Doncaster's Wellbeing Goals



# Employment Opportunities for All



## About this Mission Priority

Doncaster Delivering Together, highlights the need to create employment opportunities for all that benefit residents and businesses. The challenge is not simply to increase the number of employment opportunities available, but also to ensure that those opportunities are accessible, inclusive, and have a positive impact on the wellbeing of people, places, and planet. They must improve living standards and support all residents to live fulfilling lives. This also needs to respond to the recruitment and retention challenges faced by businesses, now and in the future.

### Case Study – Working Win

Working Win supports people who have a health condition to find and stay in employment, with more than 5,200 residents across South Yorkshire being supported. It takes a different approach by providing:

- One-to-one support
- A qualified team of Health & Wellbeing Coaches
- Access to a free Health & Wellbeing package
- Access to debt, benefit, and employment law support from Citizens Advice

To ensure all residents have equitable access to employment opportunities that allows them to reach their potential, they must be able to access suitable support. This employment support should be inclusive, accessible, and person-centred. A Compassionate Approach to Employment will be developed, building on best practice examples (such as Working Win) and [Doncaster’s Compassionate Approach](#) principles. This will take a stigma-free, socially conscious approach to employment that aims to provide equitable and inclusive employment support for Doncaster’s residents. To further support employment opportunities for residents, and to address recruitment and retention challenges faced by businesses, it will be vital to support organisations across Doncaster to implement more flexible and inclusive recruitment practices.

Organisations across Doncaster can and should be responsible actors in improving the conditions in which people live and work. The Marmot Review for Industry provides evidence of how businesses affect our health, and what they can do to improve health equity. Drawing from these recommendations, and existing best practice in Doncaster, there is

an opportunity to develop an approach to employment and socially conscious business practices that will support the wellbeing of people, places and planet.

It will be vital to encourage and support Doncaster’s employers to provide employment opportunities that are inclusive, accessible, healthy and compassionate. This will include, but is not limited to, paying a Real Living Wage, fairer hours and contracts, flexible working (e.g. four-day working week), healthy working conditions, and employee representation in decision making. This will also involve providing accessible opportunities for learning, reskilling, and progression for employees of all ages. Inclusive and equitable access to these employment opportunities will benefit residents by advancing their health and wellbeing, but it will also benefit employers as they will have a healthier workforce that are more resilient and productive.

Team Doncaster’s ambition is to encourage and support more organisations across Doncaster to deliver socially conscious business practices that benefit people, places and planet, as well as having a positive impact on Doncaster’s businesses and economy. Organisations can positively affect the wellbeing of residents and local communities through the products and services they provide, by investing back into local communities, and through partnerships and procurement. Socially conscious organisations must also commit to limiting their carbon emissions and work together to tackle climate change. These socially conscious business practices will be essential in the development of a regenerative and inclusive economy.



## Our Mission Priority Key Aims

Aim 1	Aim 2	Aim 3
<i>Support everyone in Doncaster to have equitable access to employment opportunities, by utilising a Compassionate Approach to Employment Support</i>	<i>Support employers across Doncaster to provide employment opportunities that are inclusive and support health &amp; wellbeing</i>	<i>Support organisations across Doncaster to have a positive social impact on people, places, and planet</i>

## Mission Projects

Mission Projects	Transformational Actions
Doncaster's Compassionate Approach to Employment Support	<ul style="list-style-type: none"> <li>➤ Continue to deliver employment support programmes such as Working Win and the Advance Programme</li> <li>➤ Work with key stakeholders to develop a Compassionate Approach to Employment Support, building on the principles developed by Doncaster Council's Public Health team</li> <li>➤ Support the delivery of Doncaster's Compassionate Approach to Employment Support and integrate within current programmes where possible</li> <li>➤ Utilise Employment Hubs and Youth Hubs to deliver inclusive and accessible employment and skills support, maximising the potential of these hubs by linking them to Industry Platforms</li> <li>➤ Support residents to be employment ready, including transferable/soft skills</li> <li>➤ Expand opportunities for multiple pathways to employment (e.g. apprenticeships), ensuring parity of esteem between vocational and academic pathways in partnership with Industry Platforms</li> <li>➤ Undertake an employment support outreach programme for different communities in Doncaster</li> </ul>
Inclusive, accessible, fit for purpose recruitment practices	<ul style="list-style-type: none"> <li>➤ Undertake a campaign to promote employment opportunities in our key sectors</li> <li>➤ Develop relationships between employers and education settings whereby employers can raise awareness and provide opportunities for industry-driven career pathways to local employment – The Doncaster Promise will be a key delivery mechanism</li> <li>➤ Support organisations across Doncaster to implement more flexible and inclusive recruitment practices, focusing in on:               <ul style="list-style-type: none"> <li>○ Supporting values-based recruitment and models to implement</li> <li>○ Supporting alternative forms of learning accreditation – such as Learner Profiles and micro-credentialing</li> <li>○ Removing any unnecessary stages to recruitment processes by only assessing skills that are relevant to the role</li> </ul> </li> </ul>
Employment opportunities for all that are inclusive and support health & wellbeing	<ul style="list-style-type: none"> <li>➤ Work with organisations to develop more inclusive workplace practices that provide opportunities to residents who may face additional barriers to accessing employment. Linking with actions around recruitment. Areas for action will include:               <ul style="list-style-type: none"> <li>○ Working with our local prisons to develop inclusive workplaces to provide employment opportunities to prison leavers</li> <li>○ Encourage organisations to engage with training to improve their workplace practices for employees with Special Educational Needs and Disabilities</li> </ul> </li> <li>➤ Encourage organisations to provide more opportunities for workplace training and progression opportunities for people of all ages – including apprenticeships</li> <li>➤ Ensure organisations are supported to adopt these practices, particularly SMEs</li> </ul>
Develop socially conscious organisations across Doncaster	<ul style="list-style-type: none"> <li>➤ Develop Doncaster's framework for socially conscious business practices that have a positive impact on people, places, and planet. This will be developed drawing from best practice across the borough, as well as existing frameworks, such as:               <ul style="list-style-type: none"> <li>○ <b>The Good Business Charter</b></li> <li>○ <b>Marmot Review for Industry</b></li> </ul> </li> <li>➤ Create a network of organisations that can share best practice and support each other to embed socially conscious business practices – with particular support for SMEs</li> <li>➤ Create a pilot project which supports the growth of the Foundational Economy to implement living wage, skills progression, and adoption of new business processes to support business growth across Doncaster</li> <li>➤ Support organisations to champion alternative models of ownership, e.g. supporting the growth of employee and worker ownership through the South Yorkshire Ownership Hub</li> <li>➤ Create business and community partnerships for tangible corporate social responsibility, for example working with Get Doncaster Moving to link local businesses with community grants to increase the social impact of sporting events</li> </ul>

## Mission Metrics

To measure the success of Employment Opportunities for All, various Mission Metrics have been identified that will be monitored, alongside the lived experience of Doncaster to demonstrate change. By 2030, Doncaster will look to be performing at least equal to the regional average across a number of Employment Opportunities for All Mission Metrics:

- Employment
- Claimant Count
- Economically Inactive
- Wages
- Real Living Wage
- Earnings Inequality
- Poverty

## Delivering Doncaster's Wellbeing





About this Mission Priority

Doncaster, like many areas across the country, is responding to the Climate and Biodiversity crisis which presents one of, if not the, biggest challenge the current and future generations face. In 2019, Team Doncaster declared a Climate and Biodiversity emergency, and set out our local ambition to be carbon neutral by 2040, with an 85% reduction by 2030.

**Case Study – Mainstreaming Sustainability**

Doncaster already has some great businesses leading the way towards a Green Economy. SYNETIQ have launched a sustainability strategy, ‘Our Road to Tomorrow’, focussed on growing green parts usage in automotive repairs and putting sustainability at the heart of their operations. Key to this has been Carbon Literacy training and the electrifying of the delivery fleet.

The economy, our industries and commerce will have a vital role at the forefront of this ambition. But the ambition also presents an opportunity for Doncaster to develop a greener economy that is circular by design. Doncaster is well placed to capitalise on emerging green sector opportunities, and become a leader nationally, with a strong current business base and unrivalled connectivity. Sector specific opportunities should be targeted, such as within hydrogen production and storage, building on our solar energy generation and focusing in on the green technologies, innovation and skills required to decarbonise our existing industries, such as within rail, construction and engineering.

To fully exploit and create a green economy, we need to support businesses, industries and communities to decarbonise, develop an economy with circular processes and become more resilient to global challenges such as energy prices. In an economy that’s circular, we look to stop waste from being produced in the first place, but in a way that

also looks to address systematic challenges. This is wrapped around three principles: eliminating waste and pollution, circulating products and materials at their highest value, and regenerating nature. It can give us the power to grow prosperity, jobs and resilience while cutting greenhouse gas emissions, waste and pollution. This should be targeted towards our key industries and towards developing a local supply chain. But this also must be seen and felt by local people. Taking this approach across our communities give us an opportunity and lens to address the lack of equity within our local economy by working to ensure local communities benefit from the social, environmental, and economic impacts of a more ‘circular’ economy. Doncaster’s Regenerative Neighbourhoods model provides the seeds for a local and equitable approach. It not only outlines a vision for the future but can have tangible impacts to support residents through the cost of living crisis.

We are living through, not just a climate crisis, but also a biodiversity crisis. Doncaster’s Green Economy will provide parity of esteem between the natural environment and built environment and contribute to the delivery of the Local Nature Recovery Strategy. Doncaster has a high amount of farmland, internationally rare lowland peatland and various UK priority habitats, however over half of South Yorkshire’s natural capital is estimated to be in poor condition and therefore not delivering for biodiversity. This provides the challenge to protect and restore our natural environment but also creates key opportunities for a Green Economy. The value of the benefits provided by natural capital across Doncaster is £131 million per annum. These opportunities will be explored in more detail but Doncaster’s makeup allows for a focus to build on our farming base and stimulate new farming techniques and technologies, creating sustainable food networks, and exploring nature tourism.

Our Mission Priority Key Aims



Aim 1	Aim 2	Aim 3
<i>Create a thriving Green Sector and build the skills for local residents to access it</i>	<i>Transition our industries and communities to be circular, low waste and low carbon</i>	<i>Protect and restore our biodiversity and natural capital and recognise the value of land and food within the economy</i>

## Mission Projects

Mission Project	Transformational Actions
<b>Developing Green Sector Specialisms</b>	<ul style="list-style-type: none"> <li>➤ Accelerate a focus on low carbon energy generation and storage through initiatives such as building local Hydrogen Hub infrastructure and expansion of our solar base</li> <li>➤ Develop Green Knowledge Hubs, bringing businesses to business, businesses to education and skills and businesses to research collaboration around best practice, challenge led discussions and also delivery partnerships – this will be driven by our Industry Platforms approach</li> <li>➤ Target green technology development on the decarbonisation and innovation of existing industries, such as rail, logistics, farming, construction, manufacturing</li> <li>➤ Work alongside education and skills institutions to develop the skills pipeline and green micro-credentials to develop the green economy, including general skills asked by business such as project management skills</li> </ul>
<b>Circular Economy and Communities Initiative</b>	<ul style="list-style-type: none"> <li>➤ Undertake a Circular Economy industry analysis, waste impact and scale to prioritise potential industry focuses</li> <li>➤ Undertake a business engagement series focusing on systems change opportunities within the economy</li> <li>➤ Undertake Circular Communities engagement and systems change mapping, initial focus on Regenerative Neighbourhoods and local ‘waste as treasure’ initiatives</li> </ul>
<b>Decarbonising Doncaster</b>	<ul style="list-style-type: none"> <li>➤ Undertake Decarbonisation and Green Grant programmes to support businesses to become more energy efficient and reduce their emissions</li> <li>➤ Development of toolkits designed for businesses, with businesses, to help support their carbon literacy and sustainability planning, outline green investment and financing opportunities, local supply chain connections and initiatives such as cycle to work schemes</li> <li>➤ Dedicated net-zero business communications campaign targeted at businesses</li> <li>➤ Link local businesses in with the opportunity for retrofitting to support the energy efficiency and warmth of homes</li> </ul>
<b>Nature and Food Recovery Programme</b>	<ul style="list-style-type: none"> <li>➤ Apply for Doncaster to become an UNESCO biosphere reserve</li> <li>➤ Create a land management strategy in partnership with key stakeholders such as businesses and farmers</li> <li>➤ Deliver the businesses and economic elements of our FixOurFood programme (procurement, supply chains)</li> <li>➤ Develop a combined Local Nature Recovery and Natural Capital Investment Strategy</li> <li>➤ Monitor and review South Yorkshire’s Natural Capital accounts (physical and monetary flows)</li> </ul>
<b>Socially conscious organisations</b>	<ul style="list-style-type: none"> <li>➤ Improve net-zero requirements in procurement and utilising green suppliers</li> <li>➤ Target net-zero build requirements for new built environment projects led or completed in partnership with the public sector</li> <li>➤ Create a business and local nature volunteering partnership</li> </ul>

## Mission Metrics

To measure the success of Green Economy, various Mission Metrics have been identified that will be monitored, alongside the lived experience of Doncaster to demonstrate change:

- By 2030, Doncaster's CO2 emissions, especially those relating to the Economy, will have reduced by 85% compared to 2005 levels
- By 2030, the number of 'Green Jobs' within the Economy will have increased so the sector represents a meaningful employer locally

## Delivering Doncaster's Wellbeing Goals





## About this Mission Priority

To deliver a regenerative and inclusive economy that works for thriving people, places and planet, growth needs to be felt across the borough. Doncaster is the largest metropolitan borough in England by land size. This presents challenges to ensure that the whole of Doncaster benefits from our good growth approach, and the wider wellbeing it can help create. Ensuring we have Vibrant Places across Doncaster is a key priority for the regenerative and inclusive economy we want to build.

The Covid-19 pandemic has highlighted key inequalities in our communities and accelerated a number of pre-existing trends, which have the potential to change the role of our city centre and town centres. In addition, we have seen further challenges to the resilience of our local communities through increased energy costs and inflation, which have put further pressure on household budgets.

Current statistics show that Doncaster is the 41<sup>st</sup> most deprived Local Authority in England, with many of our communities in the top 10% of the most income deprived areas. This means that people living in these areas are less likely to have disposable income and more likely to be in poverty. We need to ensure that income and wealth produced locally continues to circulate within our communities to enable prosperity for all.

### Case Study – Community Wealth Building

Doncaster’s Community Wealth Builders works to put wealth back into our local communities by focusing on supporting pre-start and current social enterprises, charities, community interest companies and co-operatives to ensure they get the tailored support to enable them to succeed. We know that these kind of businesses are often the backbone of any community – and make the most difference to people.

Through a Community Wealth Building approach, we can harness the power that our local institutions possess through spending and investment decisions, employment practises, use of land and other assets and enabling greater community ownership. Fantastic work has already been achieved through Well Doncaster and Community Wealth Builders, with businesses and social enterprises leading the way. We want to build on this. We will prioritise key sectors within the everyday economy to maximise social value including Social Care, Retail and Hospitality.

Doncaster’s City Centre has seen a substantial decline in footfall since the Covid-19 pandemic due to changes in shopping habits and the cost of living. This shift provides an opportunity to rethink what we want from our city centre and to develop a more diverse offer which can meets the needs of both visitors and residents. Through our City Status we can attract further investment and build momentum to drive regeneration across the borough. Key to this will be our wider place shaping agenda

around our Local Plan and Doncaster Council’s Housing Building programmes to develop regenerative places.

Residents have told us they want to see greater access to a range of cultural and leisure activities in Doncaster. To achieve this, we will work in tandem with the Doncaster Culture Strategy 2030 to develop a unique cultural offer, to attract visitors from across the borough and beyond. We have already hosted several key events which have put Doncaster on the map as the home of sport and culture, including the Rugby League World Cup and UCI World Road Championships. These opportunities are vital to stimulate our visitor economy. Through developing our culture sector, we can expand opportunities for residents to secure employment and training opportunities locally. Our cultural offer will be firmly rooted in Doncaster as a place, our unique heritage and our potential as one of the UK’s newest cities.

## Our Mission Priority Key Aims



Aim 1	Aim 2	Aim 3
<i>Empower local places by redirecting wealth back into our local economies</i>	<i>Create a thriving City Centre and local town centres that foster community wellbeing and civic pride</i>	<i>Strengthen and promote the cultural sector and visitor economy across Doncaster</i>



## Mission Projects

Mission Project	Transformational Actions
Visit Doncaster	<ul style="list-style-type: none"> <li>➤ Support the delivery of cultural activity, firmly rooted in our unique heritage and culture to promote Doncaster regionally and nationally</li> <li>➤ Review Doncaster’s cultural offer to identify and address gaps to attract a greater number of visitors to the borough</li> <li>➤ Embed technology and innovation into the delivery of cultural events to promote a unique offering to visitors</li> <li>➤ Build on the success of the Rugby League World Cup and UCI Road World Championships by maximising the impact of future sporting opportunities and events</li> <li>➤ Work closely with regional, national and international partners to promote Doncaster’s visitor economy more widely</li> </ul>
Supporting the cultural sector	<ul style="list-style-type: none"> <li>➤ Promote cultural career pathways across Doncaster in conjunction with our Good Employment for All Mission Priority</li> <li>➤ Support entrepreneurship and greater innovation within the cultural sector</li> <li>➤ Link organisations in the cultural sector to education and training providers, as part of a wider Culture Ecosystem, to support employer-led training opportunities – this will be driven by our Industry Platforms</li> </ul>
Place Shaping	<ul style="list-style-type: none"> <li>➤ Refresh the Urban Centre Masterplan to create a thriving, regenerative City Centre that considers a range of needs including, residential, retail, essential and recreational activities, and green space</li> <li>➤ Invest in the development and maintenance of flexible, mixed-use spaces which can accommodate a variety of cultural activities and events</li> <li>➤ Deliver our Community Investment Masterplans for Edlington, Mexborough Town Centre, Rossington and Thorne and Moorends and explore masterplans for other areas</li> <li>➤ Support a sustainable future for historic buildings across the borough, and in particular listed buildings such as the Grand Theatre, St James Baths and the Corn Exchange</li> <li>➤ Promote our conservation areas and historic parks and gardens and encourage investment to preserve and enhance their special character</li> <li>➤ Develop thinking around a 20-minute neighbourhoods model to support place shaping and ensure that services and social infrastructure are accessible</li> <li>➤ Encourage community ownership of green space, where appropriate, through local grants to promote enhancements that encourage community access and use</li> </ul>
Community Wealth Building and Social Value	<ul style="list-style-type: none"> <li>➤ Continue our Community Wealth Builders programme to support Social Enterprises, Charities, Community Interest Companies and Co-operatives to take a person-centred approach to local economic development</li> <li>➤ Benchmark current local spend of organisations and identify priority areas</li> <li>➤ Review existing land and assets use at a local authority level to identify where current assets and empty lots can be used to support community activity</li> <li>➤ Support procurement professionals to be able to identify opportunities to procure locally and support local supply chains</li> <li>➤ Build the residents voice into our ecosystems development to ensure business development plans are suited to the needs of residents (e.g., Shaping Stainforth)</li> </ul>
Supporting care within the economy	<ul style="list-style-type: none"> <li>➤ Strengthen community outreach to residents to increase awareness and use of welfare and income maximisation support which is available to them</li> <li>➤ Leverage procurement of Social Care services to support better retention of staff through higher wages and better working conditions</li> <li>➤ Work closely with Social Care providers to identify and support opportunities to decarbonise in conjunction with our Green Economy priority</li> <li>➤ Encourage the adoption of more regenerative models of Social Care, where appropriate, including use of direct payments, person-centred models of care delivery.</li> <li>➤ Provide small community care grants to support community developed ideas to address current gaps in local community provision</li> </ul>

## Mission Metrics

To measure the success of Vibrant Places, various Mission Metrics have been identified that will be monitored, alongside the lived experience of Doncaster to demonstrate change:

- By 2030, the healthy life expectancy of Doncaster residents will have increased, with the gap between Doncaster and the national average narrowing
- By 2030, footfall in the City Centre will have surpassed the levels seen pre Covid-19
- By 2030, Doncaster will look to be performing at least equal to the regional average for Income and Employment deprivation

## Delivering Doncaster's Wellbeing Goals





About this Mission Priority

Doncaster, as the largest metropolitan borough in England, has distinctive challenges and opportunities in terms of its physical and digital connectivity. We know that the limitations of our transportation system can act as a significant barrier to our residents accessing economic opportunities, and that as a greater proportion of our lives are conducted online, a lack of digital skills and or access will become an increasing limitation on our residents’ prosperity and wellbeing.

**Case Study – Digital Support**

Digital support is critical for residents to access wider support. To help increase applications, we need to understand why support is under claimed. Via our Social and Digital Inclusion work stream, Team Doncaster partners are working together to get this message out to eligible residents. Citizens Advice Doncaster are leading the way with a support offer available to help residents with their online / telephone applications.

In Doncaster Delivering Together, Team Doncaster agreed the ‘Great 8’ priorities, including ‘building transport and digital connections fit for the future’ and identified Digital Capabilities and Transport as two of the wellbeing essentials that are key to ensuring no one in the borough is left behind. Physical and digital connectivity needs to work in tandem to ensure that people and places in the borough feel connected to opportunities and each other.

Our transport system needs to increase the use of public transport and physically active means of travel. Residents need to be able to access employment, education, and training wherever they live in the borough, be it by bus, train, or active means. This is about continuing to invest in a more sustainable, affordable and accessible offer so that residents with access to a car are given a good reason to choose the alternative, and so those who do not can be linked up with opportunities that might be otherwise out of reach. This also needs to involve shifting perceptions, so the choice to take public transport choice feels natural. Some of this we

can lead on locally, but it also requires a strong South Yorkshire voice and leadership to create this transport infrastructure and change.

We need to ensure a minimum standard of broadband infrastructure in our borough, so that everyone, including rural communities, shares in the higher download speeds that will be made available in the gigabit roll out this decade. Furthermore, we know that many residents already live in areas with full fibre broadband but are not able to take it up due to different but related reasons, including lack of financial means, awareness, interest, or digital literacy. We need to enable residents and businesses to access broadband at the speed that is appropriate for their needs so they can share in digital opportunities.

This approach to digital infrastructure and access is only going to be effective if our residents are equipped with the necessary skills to access digital opportunities and services, such as income support. Team Doncaster needs to work with partners in the voluntary, community and faith sector to ensure delivery utilises the personal connections that exist across our borough. Part of this is thinking about the different cohorts of people who are not digitally included and recognising the need for a place-based, as well as community-led, approach.

Our Mission Priority Key Aims 

Aim 1	Aim 2	Aim 3
<i>Develop a more accessible, affordable, and greener transport system that supports residents to access opportunities</i>	<i>Ensure the rollout of high-speed broadband across the borough and support residents and businesses to get online</i>	<i>Support residents to improve their digital skills to enable access to opportunities and services</i>

## Mission Projects

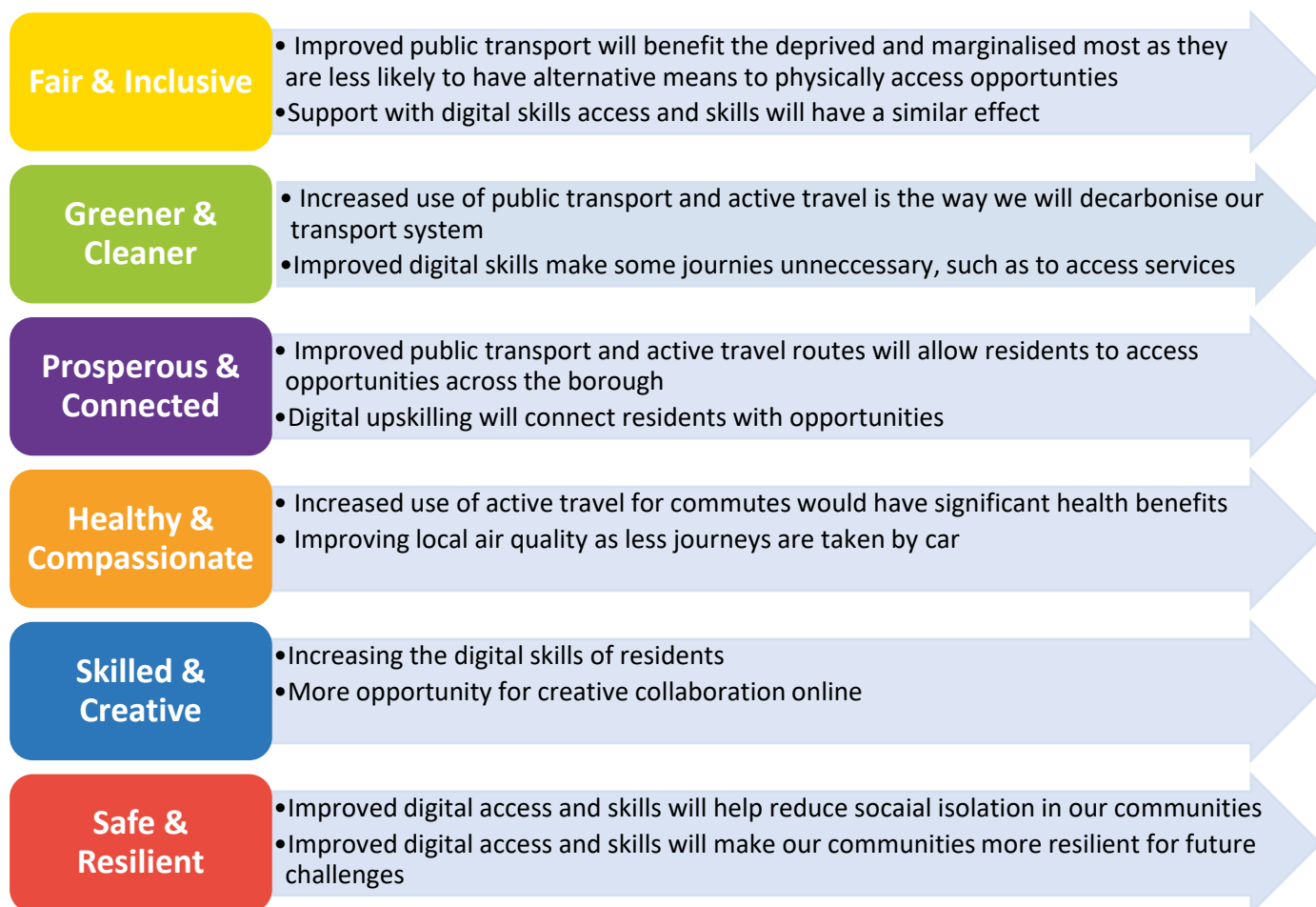
Mission Project	Transformational Actions
<b>Active Travel Network Improvements</b>	<ul style="list-style-type: none"> <li>➤ Delivery of current funding secured for active travel routes and improved traffic flow in the City Region Sustainable Traffic Settlement, Transforming Cities Fund and Active Travel Fund</li> <li>➤ Prioritise the linking of residential areas to key employment sites in future bids for active travel funding</li> </ul>
<b>Affordable and Accessible Transport</b>	<ul style="list-style-type: none"> <li>➤ Push for further reductions to the price of bus travel, building on the South Yorkshire £2 capped single price – push for the feasibility of South Yorkshire targeted free bus travel for those who could benefit most, such as under 25s</li> <li>➤ Explore the potential of expanding our railways, and improving the local networks</li> <li>➤ Support South Yorkshire Mayoral Combined Authority to explore a move for bus franchising powers, which gives local leaders the power to design routes and timetables</li> <li>➤ Work with health partners, the voluntary sector and relevant transport companies to make public transport more accessible for those with mental and physical health conditions so that they are not limited in accessing employment due to transport concerns</li> </ul>
<b>Incentivising Active Behaviour Change</b>	<ul style="list-style-type: none"> <li>➤ Promote and support Get Doncaster Moving's work with businesses, including promoting the Cycle to Work Scheme, offering to provide racks for cycling parking, and visits from Dr Bike</li> <li>➤ Support the work of Doncaster Active Travel Hub to do more outreach to business to work collaboratively on encouraging active commutes</li> <li>➤ Build on the Active Travel Social Prescribing pilot to give more residents the opportunity to try cycling and consider it for their commute</li> </ul>
<b>Flexible and Decarbonised Transport Solutions</b>	<ul style="list-style-type: none"> <li>➤ Explore suitability of multimodal and flexible transport solutions in Doncaster, such as electric bikes and scooters and facilitating bike-rail commutes</li> <li>➤ Undertake a feasibility study into decarbonisation of buses – exploring hydrogen and electric potential</li> <li>➤ Increase the roll out charging points for electric vehicles with a focus on key employment sites, and assisting sectors where public transport will not be a viable option to move to electric vehicles, such as health visiting</li> </ul>
<b>Digital Skills Support</b>	<ul style="list-style-type: none"> <li>➤ Ensure that digital help and provision is signposted in every relevant interaction with residents (Learn My Way, Doncaster Chamber Level 2 Digital Skills and Digital friends at public and community libraries are examples of current provision) and ensure this includes all the work done by the voluntary, community and faith sector</li> <li>➤ Develop a referral system with partners in the Department for Work and Pensions and voluntary, community and faith sector to ensure a joined-up approach to digital skills provision</li> <li>➤ Support local businesses to embrace digital technology through Doncaster Digitisation Grants</li> </ul>
<b>Get Households Online</b>	<ul style="list-style-type: none"> <li>➤ Digital Doorstep: an IT loan scheme with a right to buy – with wrap around training and support</li> <li>➤ Outreach to get more businesses involved in IT loans and donations and potential for them to be involved in digital skills training as well if sector is appropriate</li> <li>➤ Support digitally impoverished groups to access social tariffs. Consider subsidising these further in particularly digitally impoverished areas to encourage uptake</li> <li>➤ Support children to develop digital skills with a focus on funding in rural communities</li> </ul>
<b>Get Communities Connected</b>	<ul style="list-style-type: none"> <li>➤ Fund wards with high digitally poverty to connect public buildings to fast broadband</li> <li>➤ Develop the digital skills and access offer of local hubs such as community centres and libraries; consider whether primary schools can be utilised for evening classes as these provide good coverage across the borough</li> <li>➤ Digital hubs should be considered as part of the town centres / city centre offer set out in Vibrant Places priority, potentially by taking advantage of empty units</li> </ul>

## Mission Metrics

To measure the success of Physical and Digital Connectivity, various Mission Metrics have been identified that will be monitored, alongside the lived experience of Doncaster to demonstrate change:

- By 2030, the uptake of public transport and active travel will have increased
- By 2030, the coverage of high-speed broadband will be equitable across the borough, with all rural and urban areas being covered

## Delivering Doncaster's Wellbeing Goals



## Cost of Living Support

The launch of the Doncaster Economic Strategy comes at a time of economic uncertainty and a cost of living crisis that is having an impact on our residents and businesses. As such, it is critical for some Transformational Actions to be targeted towards providing relief where possible.

Team Doncaster is leading the way with providing support and advice to help people and places. These are focused around: winter, food, community spaces, the home, money, family and health. Across the Mission Priorities, the following Transformational Actions within their respective Projects will be focused upon in the short-term to further help people and businesses alike.

Mission Priority	Transformational Action
Industry Platforms	<ul style="list-style-type: none"> <li>➤ Provide support to help people to start a business, become self-employed or assisting existing micro businesses to develop and grow through our Launchpad programme</li> <li>➤ Match businesses with local business support to stimulate supporting services</li> </ul>
Employment Opportunities for All	<ul style="list-style-type: none"> <li>➤ Continue to deliver employment support programmes such as Working Win and the Advance Programme</li> <li>➤ Develop relationships between employers and education settings whereby employers can raise awareness and provide opportunities for industry-driven career pathways to local employment – The Doncaster Promise will be a key delivery mechanism</li> <li>➤ Support organisations across Doncaster to provide employment opportunities for all that are inclusive and support health &amp; wellbeing</li> <li>➤ Utilise Employment Hubs and Youth Hubs to deliver inclusive and accessible employment and skills support</li> </ul>
Green Economy	<ul style="list-style-type: none"> <li>➤ Undertake Circular Communities engagement and systems change mapping, for our cost of living response a focus will be undertaken on local ‘waste as treasure’ initiatives and local food support</li> <li>➤ Undertake Decarbonisation and Green Grant programmes to support businesses to become more energy efficient</li> <li>➤ Link local businesses in with the opportunity for retrofitting to support the energy efficiency and warmth of homes</li> </ul>
Vibrant Places	<ul style="list-style-type: none"> <li>➤ Community outreach to residents to ensure they are aware of and making the most of the welfare and income maximisation support which is available to them</li> <li>➤ Review existing land and assets use at a local authority to map out where current assets and empty lots can be used to support community activity</li> </ul>
Physical and Digital Connectivity	<ul style="list-style-type: none"> <li>➤ Push for further reductions to price of bus travel, building on the South Yorkshire £2 capped single price – push for the feasibility of South Yorkshire targeted free bus travel for those who could benefit most, such as under 25s</li> <li>➤ Ensure that digital help and provision is signposted in every relevant interaction with residents (Learn My Way, Doncaster Chamber Level 2 Digital Skills and Digital friends at public and community libraries are examples of current provision) and ensure this includes all the work done by the voluntary, community and faith sector</li> <li>➤ Supported digitally impoverished groups to access social tariffs. Consider subsidising these further in particularly digitally impoverished areas to encourage uptake</li> </ul>

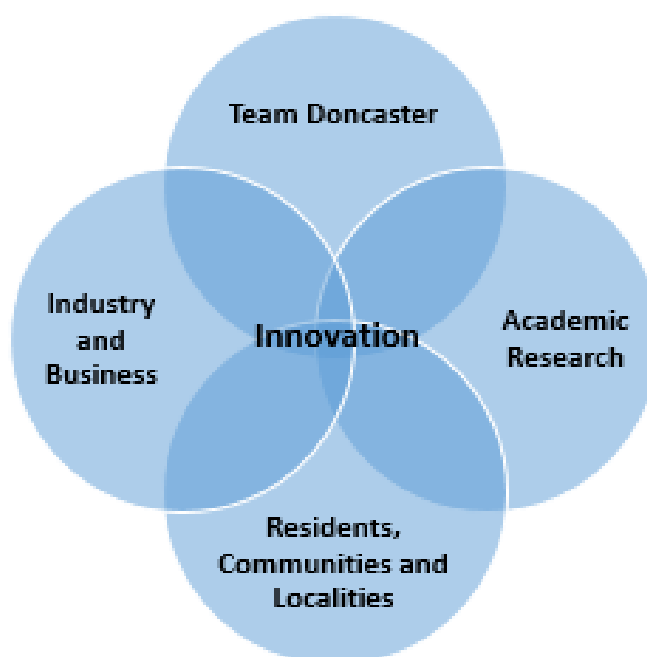
## Delivering the Missions

Delivery of the Doncaster Economic Strategy 2030 will be a key area of focus for the Team Doncaster Strategic Partnership, with the Team Doncaster Economic Board taking strategic responsibility for its delivery. A supporting group will be established to drive forward activity, but to also ensure coordination with the delivery of other key Team Doncaster strategies.

Delivering the strategy will require a truly Team Doncaster approach, embodying the Ways of Working within Doncaster Delivering Together:

- New ways of doing things to improve wellbeing
- Working closer with communities
- Whole life, whole system integration
- Shared Responsibilities
- Regenerative development
- Intelligence-led interventions

To be successful, work has to be undertaken to create and sustain links between the four components of dynamic, innovative, local economies, presented by a Quadruple Helix Approach, modified below for Doncaster.



More detailed action plans will be developed for each of the five Mission Priorities, building on the emerging Mission Projects and Transformational Actions listed within the Mission Priorities Chapters. These action plans will be developed and delivered with the key stakeholders required for success. They will also link to the locality plans to ensure delivery has an impact across Doncaster.

Progress against the strategy, including updates on Mission Project delivery and focuses for the upcoming year, will be reported on an annual basis. This will present an update on the Mission Metrics, supported with the lived experience and stories that data does not always show. This will ensure accountability against the Missions outlined, as well as allow continuous reflection and emergent thinking to inform the delivery of the strategy.

Organisations and sectors are currently experiencing difficult resourcing decisions requiring investment prioritisation. The actions proposed within the strategy and detailed action plans will be fed through the Doncaster Delivering Together Investment Plan, to ensure capital and revenue asks are considered for external funding where appropriate.

# Glossary

## **Circular Economy**

The circular economy is a systems solution framework that tackles global challenges like climate change, biodiversity loss, waste, and pollution. In our current economy, we take materials from the Earth, make products from them, and eventually throw them away as waste – the process is linear. In a circular economy, by contrast, we stop waste being produced in the first place. It is underpinned by a transition to renewable energy and materials.

## **Community Wealth Building**

Community wealth building is a people-centred approach to local economic development, which redirects wealth back into the local economy, and places control and benefits into the hands of local people.

## **Doncaster's Compassionate Approach**

Doncaster's Compassionate Approach to the development of a healthy economy looks to move away from blaming individuals for their health or socio-economic circumstances. Instead, a compassionate approach will encourage a collective responsibility to improve the social conditions for better health and wellbeing – by reducing stigma, practicing 'no judgement', and investing in prevention.

## **Ecosystems**

A complex network or interconnected system – the tangible and intangible connections between people, businesses and infrastructure that make up a thriving economy.

## **Equity**

Equity recognises that each person has different circumstances and barriers to establishing a solid foundation of wellbeing. Equity is a solution for addressing imbalanced social systems by working to remove those barriers and give everyone an equal chance at advancing their wellbeing.

## **Foundational Economy**

The foundational economy supplies essential goods and services. It includes key workers, essential supply chains and infrastructure, culturally important goods and services (like hairdressing and beauty). It's the "everyday economy", or the "essential economy" - the businesses we all rely on for our daily needs.

## **Inclusion**

Inclusion is about creating, fostering, and sustaining practices and conditions that encourage and allow all residents to thrive. It involves creating an environment whereby residents experience acceptance and celebration of their identities and feel welcome and connected to the wider Doncaster community. To create an inclusive economy in Doncaster, this must involve providing equitable access to opportunities and resources to allow residents to thrive.

## **Regenerative**

Regenerative means moving away from economic models that seek to 'extract' value from people, places and planet to deliver endless growth with no regard for the consequences. Instead, a regenerative economy should unlock the potential for wider positive contributions for people, places, and planet. It recognises that the economy is part of a wider system, and its role should be to help support development within that. Regenerative economics does not just look to limit negative impacts, it aims to improve the wellbeing of people, places, and the planet in a way that is sustainable for current and future generations.

## **Wellbeing**

Wellbeing is about 'how we are doing' – as individuals, in the community we are part of, as a borough and as a planet. It is the sense of whether life is good or not – and what the future holds.



## Further Information

E-mail: [partnerships@doncaster.gov.uk](mailto:partnerships@doncaster.gov.uk)

Team Doncaster  
Floor 1 - Civic Office  
Waterdale  
Doncaster  
South Yorkshire  
DN1 3BU

[www.teamdoncaster.org.uk](http://www.teamdoncaster.org.uk)



@TeamDoncaster1

#DoncasterDeliveringTogether #DDT #DoncasterIsGreat



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# Doncaster Economic Strategy 2030

*A Regenerative and Inclusive Economy for Thriving People, Places  
and Planet*

Health and Wellbeing Board  
12<sup>th</sup> January 2023

# Purpose / Agenda

Building on Team Doncaster's latest Borough Strategy, [Doncaster Delivering Together](#), and the recent award of City Status, Team Doncaster has developed a new Economic Strategy to address the challenges of our time.

We want to develop an economy that is both **regenerative** and **inclusive**; an economy that works for *people, places and planet*.

## Agenda:

- Presenting the Doncaster Economic Strategy 2030
- An Economy that works for Health and Wellbeing
- Next Steps



## Doncaster Delivering Together 2021

Emphasis on wellbeing and the six wellbeing goals for *thriving people, places and planet*

## Cost of Living Crisis

Negative impact on wellbeing - need to take a new approach

## Economic Strategy 2030

New approach to embed wellbeing throughout – developed through broad engagement

## Doncaster's Economic Strategy

A **Regenerative** and **Inclusive** Economy for *Thriving People, Places and Planet.*

### Economic Missions



By 2030, we aspire to have an economy that improves the living standards for all and that leaves no **PEOPLE** behind



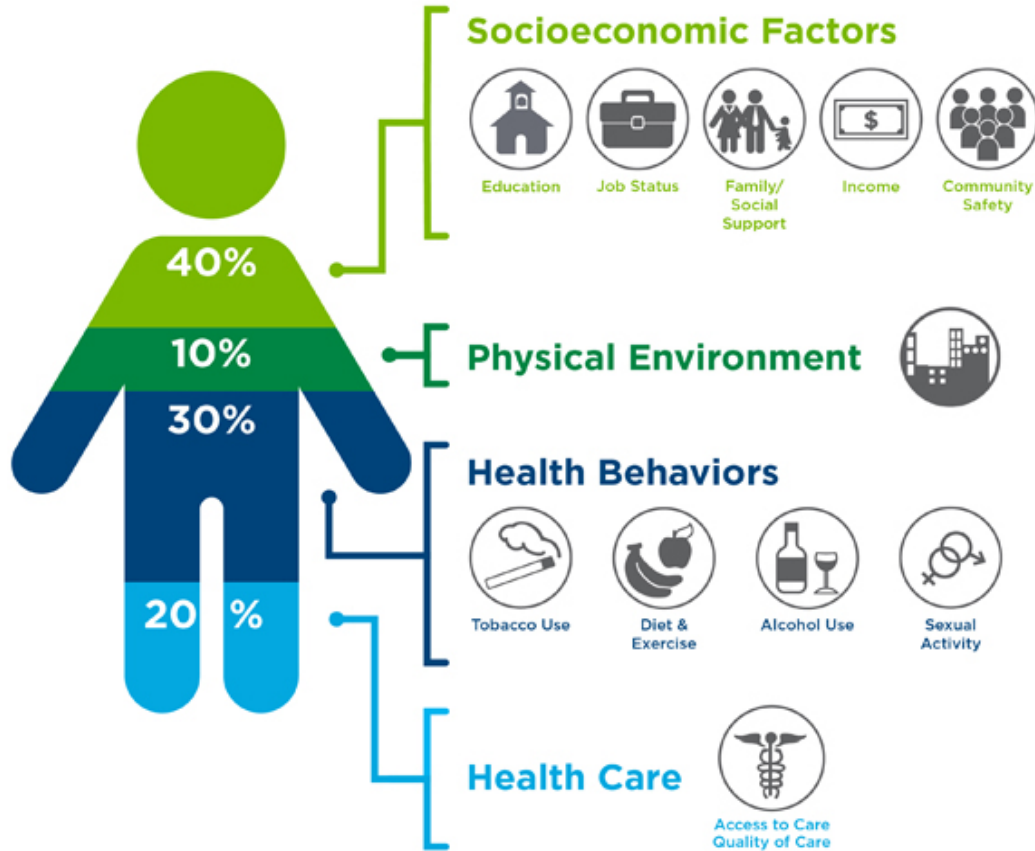
By 2030, we aspire to have a more resilient, productive economy across all **PLACES**



By 2030, we aspire to have a greener, regenerative economy that restores and enhances our **PLANET**

# An Economy that works for Health and Wellbeing

## What Goes Into Your Health?



An economy that improves the health and wellbeing of Doncaster's residents...

- **'Good Growth'**: the value of economic growth should be measured by the extent to which it increases the wellbeing of people, places, and planet

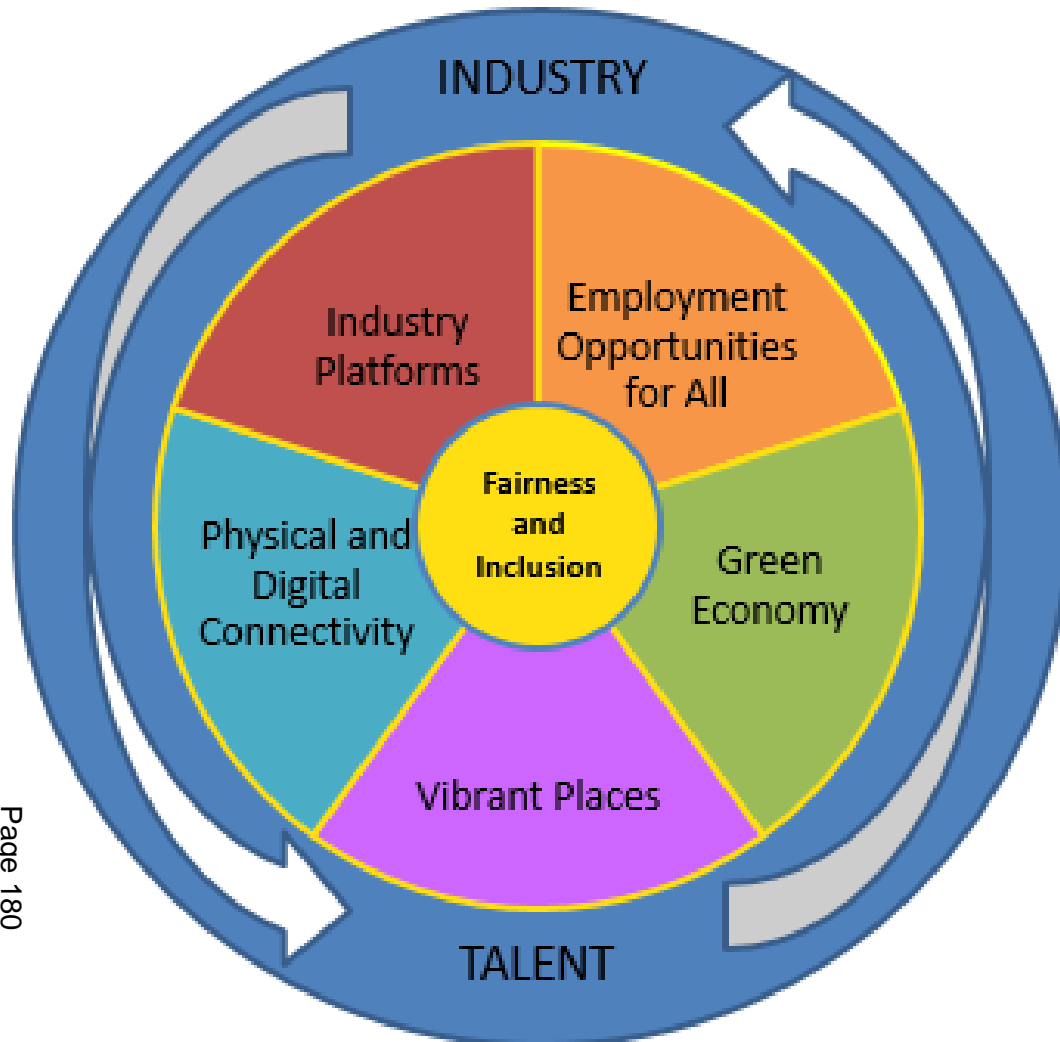
- **Health as the new wealth**

- **Poor health is setting back the economy**: it is not just how the economy can improve health, July 21-June 22 – 34.7% of economic inactivity due to long-term health problems (25.4% Nat & Regional)

- **Healthy Economy = economic benefits of health <-> health benefits of the economy**

## Mission Priorities

To drive forward our three Economic Missions, five Mission Priorities have been identified.



1. Industry Platforms
2. Employment Opportunities for All
3. Green Economy
4. Vibrant Places
5. Physical and Digital Connectivity

- Fairness & Inclusion
- Industry & Talent



# Next Steps and Recommendations

## Next Steps:

- Formal launch
- Development of detailed action plans – with a focus on the next 1-2 years
- Beginning the delivery of key actions – it is anticipated that health and wellbeing colleagues will be key delivery partners across multiple strands within the strategy

## Recommendations:

The Board is asked to:-

- Recognise and endorse the Doncaster Economic Strategy 2030.
- Recognise and endorse opportunities to align the actions of the strategy with improving health and wellbeing in Doncaster.
- Outline further opportunities for collaboration between the objectives of the Doncaster Economic Strategy 2030 and Health and Wellbeing improvements – including recommended prioritisation based on the upcoming work of the Health and Wellbeing Board.

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