



South Yorkshire Opioid Strategy

2026-2030

Background

Whilst South Yorkshire ICS's efforts to reduce long-term opioid prescribing in non-cancer pain have reduced us from the 8th highest ICB area in 2023 to the 10th highest in 2025 (Open Prescribing, 2025), we still have 19.61 patients per 1000 on long-term opioids, compared to the national average of 14.2 patients per 1000, as of November 2025 (EPACT2, 2025).

At the same time, the health and care system is undergoing major transformation. The NHS 10-Year Plan, Darzi Review, and Model ICB Blueprint signal a shift toward prevention, digital infrastructure, and community-based care, with ICBs moving from operational roles to a focus on strategic commissioning.

This change positions South Yorkshire ICS to drive opioid harm reduction, not by delivering services, but by:

- Setting system-wide goals and outcomes
- Aligning ICS partners, including new partners (e.g. MNPs, IHOs) representing new footprints (e.g. Neighbourhoods)
- Commissioning for prevention, impact and reducing health inequalities
- Enabling local partnerships and provider collaboratives to lead local delivery

Currently, South Yorkshire faces high variability in opioid use, limited access to alternatives, and fragmented service models. Addressing this requires system-wide coordination, clear strategic intent, and a shared focus on reducing harm through integrated, person-centred care.

This strategy sets out how the ICS will lead that change.

Vision

Preventing avoidable harm caused by prescribed opioids

Goals

A 5% year-on-year reduction in the number of patients taking long-term (>3 months) opioids for non-cancer pain.

A 5% year-on-year reduction in the number of patients prescribed high-dose (>120mg oral morphine equivalent per day) opioids.

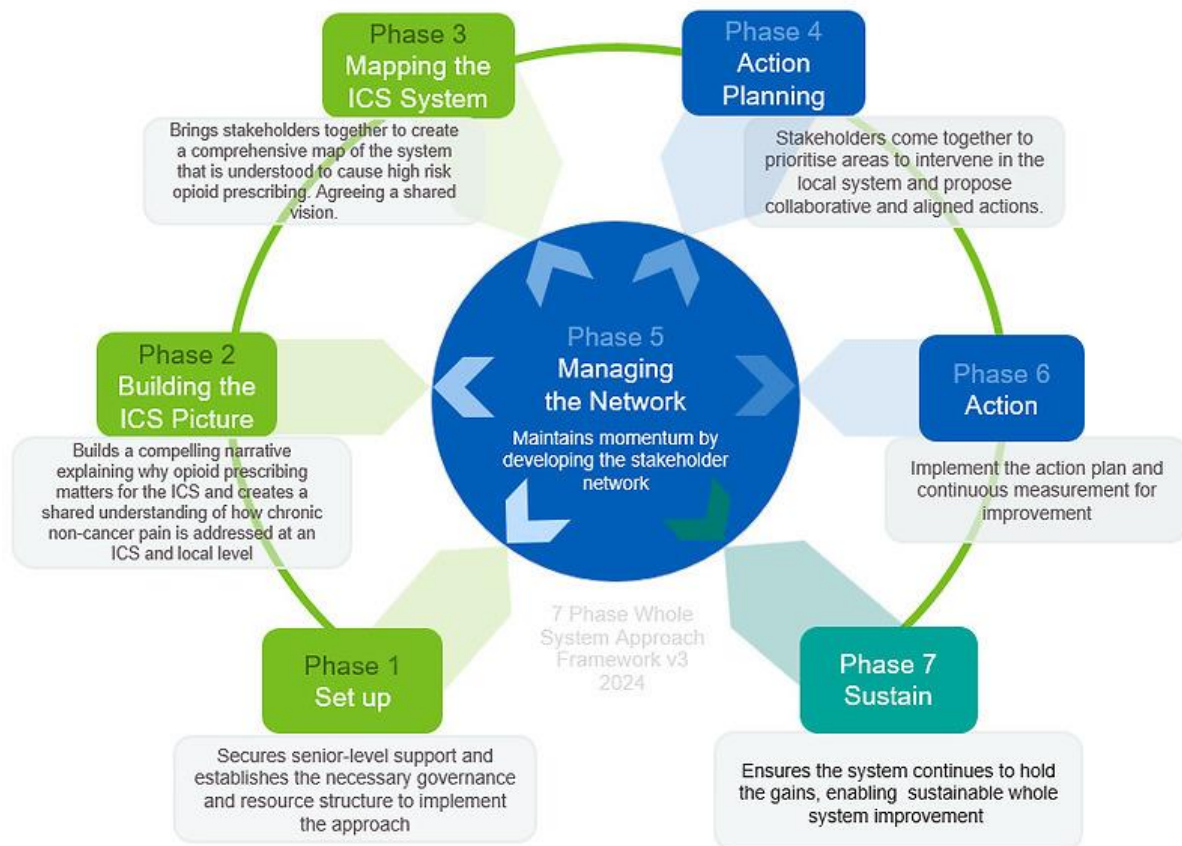
Opioid Safety Group – ICS-owned

Currently an ICS-wide group, convened by SY ICB, we aim for the Opioid Safety Group (OSG) to move to being an ICS-owned group, with ICS partners taking ownership of their respective areas of the Opioid Strategy and being held to account by the group.

Examples of a future OSG's roles might be to:

- Co-ordinate planning and delivery of opioid reduction workstreams across sectors
- Oversee pooling of resources and joint investment
- Align communications, training and community/patient engagement
- Monitor population health data and identify areas for targeted investment of resources
- Define shared metrics across partners and hold the system jointly accountable

So far, OSG has used the [MedSIP whole system approach to reducing harm from opioids in chronic non-cancer pain](#) (currently in Phase 6):



We will promote this approach to the successor ICS OSG and support implementation (including periodic refreshes as anticipated changes in the commissioning and delivery landscape occur).

David Warwicker, South Yorkshire Opioid Safety Group

Digital Intelligence

We will use prescribing data (e.g. EPACT2, OpenPrescribing) to monitor prescribing, trends and variation across South Yorkshire

We will share learning from specific opioid-relevant cases, including SEA/SUI and coroner PFD reports, to help reduce preventable morbidity and mortality.

We will encourage the use of patient safety software (e.g. Eclipse) for providers to risk stratify and prioritise higher risk patients for reviews (e.g. high dose, co-prescribed gabapentinoids).

We will facilitate the delivery of mini-CROP reports to providers.

We will encourage the use of JSNAs and population health data to prioritise targeted intervention in at-risk populations, to reduce health inequalities.

We will monitor opioid morbidity and mortality data (e.g. HES/SUS data, ONS mortality data) to evaluate the longer-term outcomes for patients.

Short-Term Operational Activities (2025-2026)

Before the 10-Year NHS Plan's commissioning reform is implemented, SY ICB will continue to deliver the IPMO board's "Reducing Opioid Use in Chronic Non-Cancer Pain" programme.

This will involve convening system partners, sharing good practice and identifying challenges that can be solved with a system-wide approach. The ICB will, through its Place or System-based teams, continue to commission services and maintain operational oversight of delivery. This will be co-ordinated by the Planning sub-group of OSG, which will still maintain operational focus on activities and outputs.

In addition to the stated goals above, the OSG Planning sub-group will continue to identify areas of variation in opioid prescription, understand why this variation exists and direct resources to reduce variation in areas of higher opioid prescription..

At the same time, we will support nascent and developing organisations (e.g. Neighbourhoods, MNPs, IHOs) as they prepare to take on operational responsibility for delivering opioid reduction across South Yorkshire.

Membership and governance of OSG will be adapted, with a view to defining shared metrics and embedding joint accountability as commissioning reform is implemented.

Medium-Term Outcomes (2027-2030)

As strategic commissioning becomes embedded, the ICB's focus will shift from operational delivery and oversight to setting system-wide priorities and desired outcomes.

This phase will focus not on activities and outputs (which will be delegated to provider organisations), but on outcomes and impact.

Desired outcomes will include our stated goals above, and also:

- improved access to and uptake of community-delivered non-opioid pain management
- evidence of culture shift in the prescription of opioids, including:
 - confidence and competence in the review and deprescribing of opioids)
 - a decrease in the number of patients commenced (and continued) on opioids (i.e. prevention)
 - reduced variation in opioid prescription across South Yorkshire

SY ICB will remain a committed member of the ICS-owned OSG, supporting ICS partners and seeking assurance with respect to the above outcomes.

Long-Term Impact (2030 onwards)

Realising our vision for prevention of avoidable harm from opioids will rely on:

- Patients who are empowered to manage chronic pain without opioids
- Prescribers with the confidence, tools and culture to use opioids safely
- A measurable reduction in opioid-related deaths and hospital admissions
- A system orientated toward prevention, equity and personalised care

Glossary of Abbreviations:

CROP – Campaign to Reduce Opioid Prescribing

HES – Hospital Episode Statistics

ICB – Integrated Care Board

ICS – Integrated Care System

IHO – Integrated Health Organisation

IPMO – Integrated Pharmacy and Medicines Optimisation

JSNA – Joint Strategic Needs Assessment

MNP – Multi-Neighbourhood Provider

OME – Oral Morphine Equivalent

ONS – Office for National Statistics

OSG – Opioid Safety Group

PFD – Preventing Future Deaths

SEA/SUI – Significant Event Analysis / Serious Untoward Incident

SUS – Secondary User Service

SY – South Yorkshire