Agenda Item 14

Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
February 2015

Report of: Dr. Jeremy Wight (Director of Public Health)

Subject: Update Report on Developing a Social Model of Health / Healthy Communities Programme Review

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Author of Report: Chris Nield (Consultant Public Health)

Summary:

Following the 'call in' of the Developing the Social Model of Public Health report and the attendance of the Head of Health Improvement and Councillor Mary Lea at the extraordinary meeting on 5/11/2013, the meeting requested a follow up report be provided to include an implementation plan, targets for the work and how outcomes will be measured. A report was submitted in March 2014.

The March Committee requested that a further report be given at their meeting in July 2014. A written report was presented to the Committee meeting on 23 July 2014.

This is a follow-up report to update the Committee on the current progress and implementation of the Social Model of Public Health and the review of the Healthy Communities Programme.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	X
Briefing paper for the Scrutiny Committee	X
Other	

The Scrutiny Committee is being asked to:
The Committee is asked to consider the proposals and provide views, comments and recommendations.

Background Papers:

Cabinet report October 2013 Developing a Social Model of Public Health

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Healthier Communities Programme and Developing the Social Capital Commissioning Strategy Report (July 2014)

Category of Report: **OPEN**

Report of the Director of Public Health

Progress Report on Developing the Social Model of Health

1. Introduction/Context

The report presented to the July meeting provided a summary of progress with implementation of the Social Model of Health and provided further information, in particular;

i. The Healthy Communities Programme is now the Community Wellbeing Programme
ii. Clarified the aim of the Community Wellbeing Programme (CWP) and new emphasis on Social Capital
iii. Endorsed social capital as a way of working in sustaining and providing interventions which improve health and wellbeing
iv. Explain how effectiveness of the programme will be measured through developing a Evaluation Framework with a university partner
v. Reported on the discussions with Commercial Service and the procurement procedure with new contract expected to commence April 2015
vi. Acknowledged the need to create flexibility within new contracts to align investment with the model emerging from Integrated Health and Social Care (IHSC) Strategy including the Keeping People Well at Home work stream.

Committee members were keen to ensure that the procurement process was open to a range of providers and barriers for small providers were addressed.

Since July 2014 there have been a number of factors that have impacted on the procurement of the new CWP Commissioning Strategy and implementation of the Social Model of Health.

2. Developments since July 2014

2.1 Further discussion took place with Commercial Services, including how to open up the procurement process to all providers, including small organisations. Plans were put in place to include information workshops for potential providers and to encourage joint applications. It was proposed that the specification should recognise the local knowledge and experience held by community organisations.

2.2 The new Cabinet Member for Public Health resulted in further discussion about implementation of the review and new commissioning strategy.

2.3 It was recognised that there was a need for further investment in community development to build the necessary infrastructure in some of the neighbourhoods which form part of the CWP. As an interim measure, existing larger Providers would be asked to consider how they can support community infrastructure in the relevant neighbourhoods.

2.4 In September 2014, the procurement timetable was amended following a query from Commercial Services. The original Cabinet Report (October 2013) did not include appropriate delegated responsibilities. Further guidance from Democratic Services, Legal and Governance advised that a new report would need to go to cabinet for approval of the required delegated responsibilities to proceed with procurement of the new commissioning strategy.

2.5 The Integrated Health and Social Care agenda was moving forward with clear recognition the CWP - Health Trainers, Health Champions and the neighbourhood based programmes - were essential ingredients to this model and associated work streams including Keeping People Well at Home.

2.6 Developing a community based preventative model, community engagement, identifying and using local assets are key principles of the proposed Commissioning Strategies. The commissioning strategies concerned cover the CWP the Area Based Programmes, Health Trainers and Health Champions. The funding for these programmes is now part of the Integrated Health and Social Care pooled budget

2.7 The CWP offers a distinct approach in working with priority neighbourhoods with the poorest health outcomes. This is a community based approach working with local groups to develop skills and knowledge which should complement and enhance the individual focus of the adult social care.

2.8 In order for a new report to be submitted to the Cabinet a draft report was prepared for EMT in October. Further questions were raised including measuring the impact, value for money, consideration of budget reductions and links with overarching Integrated Health and Social Care Strategy.

2.9 There was a growing concern from CWP Providers around the length of their current work programmes and implications for staff employed by Providers.

3. <u>Current Situation</u>

3.1 EMT decided that the CWP will be commissioned as part of the overall IHSC Commissioning Strategy. In order for this to happen it is proposed that a 12 month extension with contract variations is put in place for existing Providers (April 2015-March 2016).

3.2 In order to make more resource available from the ring fenced Public Health Grant to support the wider Council budget, a 5% reduction is proposed for the CWP and the Community Health Champions. The Health Trainers budget was protected as the funding is provided by the CCG.

3.3 Discussion have taken place with all the CWP current Providers to discuss the Equality Impact Assessment of the proposed 5% cut, the 12 months extension and contract variation requirement to develop and sustain social capital as a way of improving health and wellbeing.

3.4 Providers have supported the proposal for a CWP Providers Hub and the first meeting will take place before the end of March.

3.5 Work is continuing on the new Evaluation Framework in conjunction with Sheffield University and Sheffield Hallam University. Over the next 12 months we will work with Providers to co-design and develop the evaluation framework. This approach to evaluation will ensure that organisations have the capacity and skills to routinely monitor activities and outcomes and standard approaches to collecting activity are in place. A robust evaluation framework as part of the new Commissioning Strategy will provide a strong evidence base for progressing and further developing this work in future years.

3.6 There will also be opportunity for the new evaluation tools to be used in other SCC projects and programmes

4. Community Wellbeing Programme and the Integrated Health and Social Care Agenda

4.1 The Community Wellbeing Programme will be one of the stands of work in the wider IHSC Commissioning Strategy. This values the contribution that the CWP can make in achieving the overall outcomes. It has a particular role in developing social capital at individual, organisational and community level.

4.2 The Community wellbeing strand in the roll out of the IHSC model needs to maintain a clear and distinct focus on developing the Social Model of Health, the social capital approach to improving health and wellbeing and challenging health inequalities

5 What does this mean for the people of Sheffield?

5.1 The aim of the Social Model of Health implementation is to ensure maximum health impact of Public Health investment and contribute to a reduction of health inequalities. This model reflects the Members views that Public Health is affected by factors beyond individual behaviours and seeks to better integrate this community based public health work into existing City-wide support infrastructure.

5.2 A 12 month extension of existing contracts will ensure continuity of community based health interventions working within neighbourhood with the poorest health outcomes.

5.3 Developing the new Commissioning Strategy as part of the IHSC strategy will ensure a joined-up approach in developing asset based community development and achieving shared outcomes.

6. Recommendation

6.1 The Committee is asked to consider the progress in the implementation update of the review of the Community Wellbeing Programme

6.2 Recognise the distinct strand of work that will be delivered through the CWP as part of the IHSC Commissioning Strategy

6.3 Provide views and comments.

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