

A Good Start in Life Work Programme

Health and Wellbeing Board
27th March 2014

Sue Greig, Consultant in Public Health, Sheffield City Council



A Good Start in Life - an overview

- Overseen by Sheffield Children's Health and Wellbeing Partnership Board (CHWPB).
- The Future Shape Children's Health Programme (4 workstream areas) is defined as 'A Good Start in Life'.
- Comprehensive review of Board priorities carried out in November 2013 – involving stakeholder interviews.



- 4 comprehensive workstreams all committed to improving C&YP's Health & Wellbeing and reducing inequalities
 - WS1 Children with Complex Health Needs
 - WS2 Emotional Well Being and Mental Health
 - WS3 Supporting the delivery of the Healthy Child Programme (previously entitled Integrated Practice) including Best Start Sheffield – Early Years
 - WS4 Communications, Participation and Engagement

A Good Start in Life

Our Ambitions

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- To reduce health inequalities and tackle poverty.
- Reducing inequalities and improving outcomes through redesigning and integrating a system of services for 0-24 year olds and families that improves their health (including Early Years Foundation Stage and attendance).
- Enabling C&YP to be resilient, fulfil their potential and be safe, healthy and strong.
- Ensuring that every child has the Best Start in Life including accessing pre-natal care.
- Establishing care pathways that work effectively and efficiently in a multi-agency environment in the best interest of the child/young person e.g. A&E substance misuse pathway.
- Focus on improving transition for young people and families, from children's to adult services – aligning with the Health & Social Care & Children & Families Bill.
- Partnership & joined up working between Health (NHS) and Children's Services (SCC).
- Reduce A&E admissions, inappropriate use of unscheduled care and continue to ensure efficient and effective health services.
- Improve Children & Young People's emotional wellbeing.
- Develop local and integrated services.

A Good Start in Life

What we have achieved

- Improved & enhanced partnership working.
- Commenced extensive service redesign in Early Year's and Health Services for school age children.
- Alignment with the Children's Joint Commissioning priorities.
- Citywide focus on parenting and attachment/attunement in Early Years.
- Improved 'stuck' inequalities in outcomes including: Improvements in health indicators - Reduction in childhood obesity and teenage pregnancy rates.
- Significant work to address infant mortality.

Successful Lottery Bid Submission (Stage 2) – Best Start Sheffield.

- Effective focus on working with vulnerable groups – 'children who are looked after'.
- Effective workstream focusing on the Complex Child, particularly focused on integrated planning.
- 'Inde' Travel Transport for young people – promoting independence.
- Identified Infant Mortality Champions as part of the Infant Mortality Strategy.





**A Good Start in
Life
What we
intend to
do next**

Following a review of by the CHWPB key future priorities are:

- To develop and implement a new vision for the future of Early Years Services in Sheffield.
- Effectively implement & enhance the universal Healthy Child Programme.
- Seek to see a step change across the city in a range of outcomes within Early Years through the establishment of Best Start Teams and using the Best Start Lottery bid to focus across 3 wards of the city.
- Improve C&YP's emotional wellbeing and mental health through the development of universal early intervention/prevention.
- Engage & involve children, young people and families in the commissioning process.

A Good Start in Life

The governance



- The Board consists of representation from: Sheffield City Council, Sheffield Clinical Commissioning Group, Sheffield Children's NHS Foundation Trust, South Yorkshire Police, Sheffield Teaching Hospitals, Sheffield Healthwatch, local Voluntary and Community Sector, NHS England (Public Health England).
- The Children's Health & Wellbeing Partnership Board meets monthly.
- It has an annual engagement Board meeting, requiring workstreams to evidence participation and engagement (with children, young people and families) demonstrating activity and outcomes.
- 4 key workstreams deliver the Board's priorities.
- It reports to the Sheffield Health and Wellbeing Board.
- There is alignment to the Children's Joint Commissioning Group.
- It links to the Citywide Learning Body.
- Also reports business to the 0-19 Partnership Board.

Building Mental Wellbeing and Emotional Resilience

Health and Wellbeing Board

27th March 2014

Jeremy Wight, Director of Public Health, Sheffield City Council



Building Mental Wellbeing and Emotional Resilience

Our Ambitions

- Scoping identified a wide range of ambitions (some below).
- Work programme not developed –leadership/workforce capacity.
- Promote understanding of 5 ways to wellbeing (not just focus on illness).
- Build on community based assets.
- Making every contact count for wellbeing.
- Understanding mental wellbeing can lead us to do things differently.

Building Mental Wellbeing and Emotional Resilience

What we have achieved

Some relevant work has been undertaken:

- 3 social cafes commissioned, provided from community bases.
- Mental health information and advice service reviewed.
- Wellbeing assessment of care homes.
- Events - Wellbeing Festival; Older People's Day.
- Mental Health First Aid training programme.
- SCC Members task and finish group.

Building Mental Wellbeing and Emotional Resilience

What we intend to do next

Some plans in place:

- Promoting 5 ways to wellbeing (what we can do for ourselves) - begins with Council workforce April 2014.
- Integration agenda is explicitly physical *and* mental health.
- Working to bring £6m of lottery funding for loneliness and isolation amongst older people.
- Implement MWB NICE guidance for older people in Residential care.
- Better links across programmes to build social capital and connect people.

Building Mental Wellbeing and Emotional Resilience

The governance

- Looking to refresh governance of mental health and wellbeing more generally.
- Aim is to engage meaningfully with academic / clinical expertise, public / service users, and providers to guide future strategy and commissioning.

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Food and Physical Activity Work Programme

Health and Wellbeing Board

27th March 2014

Jeremy Wight, Director of Public Health, Sheffield City Council



Food and Physical Activity

Our Ambitions

- Food and physical activity, independently and together, are major determinants of health.
- The *Food Strategy* vision is for Sheffield to be a city where:
 - The local community are food literate, and have a good understanding of how important food is for their health.
 - *Everyone* can access food that is safe, nutritious and that benefits their health and wellbeing.
 - Food plays a key role in strengthening our local economy.
 - Our local food system is sustainable.
- Our *Move More* vision is to create a culture of physical activity resulting in Sheffield becoming the most active city in the UK by 2020.

Food and Physical Activity

What we have achieved

- Stopping the rise in child overweight and obesity.
- Establishment of the Food and Physical Activity board, with three executive groups reporting to it.
- Development of two new strategies for the City.
- Dedicated investment from the Public Health Grant.

Food and Physical Activity

What we intend to do next

- Strategies to be ratified by the *Health and Wellbeing Board* – see:
<https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/joint-health-and-wellbeing-strategy/work-programmes.html>.
- Food strategy priorities:
 - Tackle Food Poverty in Sheffield.
 - Improve the takeaway food offer in Sheffield.
 - Support local communities in their efforts to eat well.
 - Encourage more people to learn about and get involved in growing their own food.
 - Boost the Role Food plays in the Local Economy.
 - Establish an Independent Sheffield Food Trust.
- *Move More* outcomes:
 - Empowered communities.
 - Active environments.
 - Active people and families.
 - Physical activity as medicine.
 - Active schools and active pupils.
 - Active workplaces and an active workforce.

Sheffield Food Strategy

- 3 outcomes will be addressed through all priorities proposed. These reflect the key challenges facing our food system.
 - Environmental sustainability.
 - Improved health and wellbeing by increasing healthy life expectancy and reducing health inequalities.
 - Contributing where we can to a strong food economy.

- There are 6 priority areas of work:
 - Tackle Food Poverty in Sheffield.
 - Improve the takeaway food offer in Sheffield.
 - Support local communities in their efforts to eat well.
 - Encourage more people to learn about and get involved in growing their own food.
 - Boost the Role Food plays in the Local Economy.
 - Establish an Independent Sheffield Food Trust.

- A detailed implementation plan and evaluation framework is in development.

Our six outcomes



Empowered Communities

Engaged and empowered communities who take responsibility and ownership of 'changing the way we do things round here' in terms of physical activity.



Active Environments

Sheffield is a city designed to make it easier for people to be physically active as they go about their daily lives.



Active People and Families

Citizens and communities are better informed, more connected, feel a greater sense of self-efficacy and move more as a normal part of daily life.



Activity as Medicine

Sheffield's healthcare system commissions, values and promotes physical activity as a viable treatment option.



Active Schools and Active Pupils

Sheffield children are provided with a positive experience of physical activity through the physical, social and educational environment of the school.



Active Workplaces and an Active Workforce

Places that create environments and policies, and provide support, to enable employees (and those seeking work) to move more as part of their working day to improve health and create wealth.

Our vision

Create a culture of physical activity.



Our mission

Ensure that everyone (individuals, families and communities) living in Sheffield has the opportunity, environment and human capital to be sufficiently physically active as part of their everyday life, to benefit their health and wealth.

"Changing the way we do things round here"

12 Principles of the Move More Plan

Build from the bottom up – Adopt an asset based community development approach.

Reduce inequality in participation – In planning and prioritising of interventions, recognise that the largest health gain occurs for the first 15–29 minutes per day of activity by the least active.

Equal and inclusive approach – Everyone should have accessible, safe, convenient and affordable choices for physical activity.

Connect people with physical activity – Ensure physical activity opportunities are available and promoted across the life-course.

Whole system approach – Address the policy, environmental, social and individual factors and determinants of physical activity.

Make physical activity the easy choice – Design Sheffield's spaces to promote opportunities for physical activity and reduce sedentary behaviour.

Create a physical activity habit – Recognise the importance of habit formation and the contextual nature of physical activity behaviour in the design of interventions.

Make it fun – Encourage providers of physical activity to promote fun, enjoyment and autonomy, helping people to build it into their daily lives.

Consistent communications – About the benefits, opportunities and support available for physical activity choices in Sheffield.

Make it visible – Portray physical activity as a normal part of life, across the lifespan.

Work together – Recognise that no single organisation can effectively change the physical activity behaviour of the population alone.

Evidence and Evaluation – Ensure interventions are underpinned by best practice and the impact of service delivery is robustly evaluated using process, output and outcome frameworks.

move more

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Food and Physical Activity

The governance

- Food and Physical Activity Board has overall oversight.
- Three executive groups established.
- PHOF indicators 2.11 (5 a day), 2.12 (overweight) and 2.13 (% physically active).
- More work to be done on monitoring outcomes and progress for both food and physical activity.

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Health, Disability and Employment

Health and Wellbeing Board
27th March 2014

Chris Shaw, Head of Health Improvement, Sheffield City Council



Health, Disability and Employment

Our Ambitions

- Maintain health for those in work and at work.
- Reduce incidence of those in work but struggling with poor health or a disability becoming off work.
- Reduce the amount of time spent in work but off work and prevent that becoming unemployed.
- Reduce the amount of time spent between work for health or disability reason.
- Prevent long periods of unemployment for health or disability reason.
- Increase recognition and use of employment as a valuable health and disability intervention.
- Employment can reduce dependency and care costs. (Part of plan will be to deliver employment training to Care Workers and Carers).
- Physical health (and therefore physical activity) is a key component of returning to work – plan is linked to Move More Plan.
- Employment should be a realisable ambition for more young people with a disability (part of plan will be to increase opportunities and demand.

Health, Disability and Employment

What we have achieved

- Baseline report delivered.
- Secured Resource from public health to deliver overall Plan.
- Referral Pathway from Primary Care to Employment being developed.
- Pilot Referral Programme from Job Centre Plus agreed and being developed.
- Pilot with Macmillan underway to enable employment for those with or recovering from Cancer.
- Resource from all Core Cities agreed to deliver National co-ordination (through Core Cities Team).
- Agreed resources across City Region Authorities to deliver 'Employer' award.
- Asked by Department and Work and Pensions to be part of national network of 'Trailblazers' in this field. (no money attached).
- Member support for review of existing 'Employment Support' commissioning to ensure fitness for purpose.

Health, Disability and Employment

What we intend to do next

- Create GP Referral Pathway.
- Deliver Fit Note development between Primary Care and Employers.
- Deliver ESA employment Pilot with Job Centre Plus.
- Deliver Employment Award.
- Review existing 'Employment Support'.
- Deliver Core Cities agreement.
- Hold first Employment Disability and Health Summit.



Health, Disability and Employment

The governance

- Coordination through improvements to existing Employment Multi Agency Group arrangements.
- Progress reporting through the biannual Summit (essentially a public version of a Health, Disability and Employment Programme Board).
- Measured by:
 - Public Health, NHS and Social Care Outcomes on Employment provision for vulnerable groups.
 - Increase in ESA and Job Seekers' Allowance claimants with health or disability barriers securing and staying in employment.
 - Reduced number of days lost due to sickness or disability.
 - Number of businesses participating in Good Employer Award.

Health, Disability and Employment

What the Board can do to help or accelerate

- Provide input into the Referral Pathway development).
- Support Job Centre Plus pilot.
- Put 'weight' behind 'Good Employer' award – such as a joint endorsement with Chamber of Commerce or Local Enterprise Partnership.
- Steer LEP investment regarding support funding (ESF) for employment of those with health conditions or disabilities to recognise and therefore support funding of health/disability oriented interventions (not just skills) – engage in how this should be delivered.

Supporting People At or Closer to Home Work Programme

Health and Wellbeing Board

27th March 2014

Joe Fowler, Director of Commissioning, Sheffield City Council

Tim Furness, Director of Business Planning and Partnership, NHS Sheffield CCG



Supporting People At or Closer to Home

Our Ambitions

- To ensure more care is provided at or closer to home.
- To enable service users to take control of their care and treatment.
- To reduce dependency on hospital and long term care.
- To help people to live independently for longer.

Supporting People At or Closer to Home

What we have achieved

- The work programme is part of the Health and Wellbeing Board's work on integrating health and social care. This now has a clearly defined vision, supported by the Board's engagement events.
- At the March Health and Wellbeing Board meeting, the Board will be approving plans for the **Better Care Fund**, which has a focus on supporting people closer to home.

Sheffield's Plans for Integrated Commissioning of Health and Social Care Information Document March 2014

Introduction to our plans to transform health and social care in Sheffield

The Sheffield Health and Wellbeing Board's Joint Health and Wellbeing Strategy recognises that all the members of the public did not want to be passed from pillar to post in the system, but wanted to receive excellent, individualised care. Integrated, joined-up care that brings together NHS, social care, and other forms of care and support provided in people's homes and communities is massively important in improving people's health and wellbeing.

The four partners on the Health and Wellbeing Board, including Sheffield City Council and NHS Sheffield Clinical Commissioning Group, are working together to make changes to ensure we work and commission in a more integrated way to improve Sheffield people's experience.

We will be developing our plans in a range of areas in 2014-15, ready for our 2015-16 budgets. Our plans include our priorities for spending the Better Care Fund, a [total budget](#) which has been allocated to bring about a transformation in the way the NHS, local authorities and local communities work together across the country. This money needs to be spent in 2015-16, but local Health and Wellbeing Boards need to plan now to ensure the money can be spent in a year's time. Read on to find out more.

Our vision

Through our engagement with members of the public, providers, commissioners and other practitioners, we have developed a shared vision for integrated care in 2019 that covers all ages:

We want to integrate health and social care so that:

- People – including children, young people and adults – get the right care, at the right time and in the right place.
- People and their communities in Sheffield support each other to improve and maintain their wellbeing and independence.
- Organisations in Sheffield work together to help people and their communities to build and strengthen the support they provide to each other.
- Expert help is available to help people to take control of their own care so that it is genuinely person-centred, and complements and builds on the assets they have.
- Health and care services are focused on a person's needs – organisational boundaries do not get in the way.
- We get the best services and support we can for Sheffield from our combined resources.

Our summary document, available online at <https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/integration.html>.

Supporting People At or Closer to Home

What we intend to do next

- The work programme will be delivered through the Health and Wellbeing Board's work on integrated commissioning.
- Initially, it will focus on services to help people stay well and at home, on intermediate care, on community equipment and on long-term care.

**Supporting People
At or Closer to
Home**

The governance

- The work will be governed initially by the Joint Commissioning Executive Team.
- Proposals for governance of a single investment fund (i.e. our pooled budgets) are being developed.

What does this mean for Sheffield people?

Here are some ways our changes will, over time, make a difference for people like **Jack** and his daughter **Emily**:

- Jack, Emily and their family live in a community in Sheffield that is increasingly supported by well-connected GPs, schools, social workers and community organisations. People work together to help people stay independent, well and safe.
- Jack's mother has come out of hospital. He wants to care for her but he needs help to do that. Practitioners will work together to help Jack's mother arrange care and support, which will focus on helping her regain as much independence as possible. Jack will not have to chase people or ask them to talk to each other.
- Emily has a learning disability. The professionals who support her know her needs and work with her family to provide for them. Emily has a single plan setting out how her education, health and care needs will be met now and in the future.



Find out more

<https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/integration.html>

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