



SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of: Councillor Julie Dore and Dr Tim Moorhead, Co-Chairs of the Health and Wellbeing Board

Date: 25 September 2014

Subject: Update on the Joint Health and Wellbeing Strategy:
Outcome 1 – Sheffield is a healthy and successful city

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Summary:

The Joint Health and Wellbeing Strategy is the Health and Wellbeing Board's strategy for Sheffield and as such is Sheffield's overarching city strategy in all matters relating to health and wellbeing. Outcome 1 of the Strategy is about the wider determinants of health, namely employment, housing and poverty. The outcome has nine key actions and is supported by eight indicators.

This report sets out:

- What has happened under each action over the past year and any issues and opportunities for the action in the year to come.
 - Areas where the Health and Wellbeing Board can make a difference.
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Recommendations:

Health and Wellbeing Board members are invited to:

- Actively support the recommendations made under each action in the report.
- Discuss in depth and pay particular attention to the following areas:
 - **Living Wage.** Board members are asked to consider the need for evidence on how the Living Wage is being taken up across Sheffield; consider the implications of introducing the Living Wage to the health and care sector by 2019; consider a proposition to Government around sharing the costs.
 - **Fuel poverty.** Board members are invited to sense the opportunity to be more ambitious in this area, for example to create a partnership across a number of sectors, potentially as an 'invest to save' initiative linked to affordable credit and private sector housing work.
 - **Worklessness.** Board members are encouraged to consider the numbers of people receiving long-term Employment Support Allowance and to pursue taking a whole-city

approach with the Department for Work and Pensions and the Cabinet Office to manage this in a different way.

- Support the ongoing programme of needs assessment and request a needs assessment to be submitted to a future Board meeting on tackling air quality.
- Request another update on this outcome in September 2015.

Background Papers:

Sheffield Joint Health and Wellbeing Strategy 2013-18 – available online at

<https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/joint-health-and-wellbeing-strategy.html>.

Sheffield Health and Wellbeing Board

Update on the Joint Health and Wellbeing Strategy

Outcome 1 – Sheffield is a healthy and successful city

September 2014

1. What is this outcome about?

This outcome is about making health and wellbeing part of everything the city does, recognising that the city needs to be healthy to be successful and successful to be healthy. The wider determinants of health are often described as the ‘causes of the causes’ of ill health. These wider determinants include issues such as: employment, education and skills, housing, the environment and crime, and all of them impact upon our health in one way or another. These factors are often inter-related and outside of an individual’s control. They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet their needs and deal with changes to their circumstances. Tackling the ‘wider determinants of health’ will not happen overnight so this must be a long-term aim for the city over the next 30 years.

The outcome is split into four main themes:

- City-wide influence.
- Housing.
- Health and employment.
- Poverty.

It is supported by eight outcome indicators which are set out in more detail in the Appendix.

2. How are we performing? – Indicators for outcome 1

Section completed by Louise Brewins, Head of Public Health Intelligence, Sheffield City Council

Sheffield generally compares well with the average for England and the Core Cities for this outcome area with the exception of long term unemployment and average income, both of which are significantly worse than the national average; and the gap is widening. When this is considered alongside the relatively static position on the proportion of Sheffield children living in poverty (around 1 in 4), clearly income and employment must remain the top priorities for this outcome area and therefore for the Strategy as a whole.

In addition however, although there is a positive local trend and comparative position on the proportion of deaths attributable to air quality, it should be noted that the current estimated figure of 4.7% is equivalent to approximately 500 deaths in people over the age of 30 years every year. This is clearly too many. This year’s Director of Public Health report will be based on climate change and there has recently been a Green Commission held. The City also has an air quality action plan. Nevertheless the Board will want to be assured that it is doing everything it can in this regard and it is therefore recommended that more detailed information on this issue be provided to a future Board meeting.

Further information about the indicators for Outcome 1 can be found in the Appendix.

3. What do we need to know? – Developing the evidence base for outcome 1

Section completed by Louise Brewins, Head of Public Health Intelligence, Sheffield City Council

There are a number of agreed analyses and assessments being undertaken that will help to address the gaps in and/or enhance the evidence base identified in the Joint Strategic Needs Assessment relating to this outcome. These include:

- **Poverty** - the current child and household poverty strategy is due to run out at the end of 2014. A new strategy has been drafted, following detailed needs assessment, and is currently out to consultation.
- **Welfare reform** – Sheffield Hallam University has been commissioned to provide detailed estimates of the impact of the benefit reforms across Sheffield's households. The report is due in the autumn and will be used to strengthen our monitoring and evaluation of the overall impact of welfare reform on the City.
- **Food poverty** – as part of the evaluation of the new food strategy, mapping of food poverty across the City (using MOSAIC groups) is being undertaken to provide local insight to support targeted and appropriate action.
- **Environment** – this year's Director of Public Health report will focus on climate change. Evidence will be gathered that considers the impacts for the City and to generate recommendations for preventing/adapting to climate change. The report is due to be published in December 2014.
- **Community Wellbeing** – a new programme is being commissioned to support community resilience and development of social capital. As part of this, data are being gathered to support monitoring and evaluation of the service specification as well as wider research to support measuring wellbeing outcomes.

4. Examining the outcome, action by action

Theme: City-wide influence

Partners and organisations across the city to actively look to improve health and wellbeing through all areas, even those not traditionally seen as being about health and wellbeing

Action 1.1: Influence partners and organisations across Sheffield to consider and demonstrate the positive health and wellbeing impacts of policies, encouraging all organisations to make health and wellbeing a part of what they do

Section completed by Councillor Julie Dore and Dr Tim Moorhead, Co-Chairs of the Health and Wellbeing Board

1. What progress has been made with this action over the past year?

The Health and Wellbeing Board has a clear focus on engaging and communicating with a wide range of partners across the city, and with Sheffield people. More can be read about the Health and Wellbeing Board's engagement in the update presented to the Board at its September 2014 meeting. In addition, the Health Needs Assessments which are carried out over the course of the year focus not just on traditional areas concerning health and care but branch out more widely, assisting the Health and Wellbeing Board to have a wider approach to health and wellbeing.

Board members are also working to continually develop their approaches to influencing partners and organisations across the city to make health and wellbeing a part of what they do. Much of this is done organically by building relationships with partners.

2. What are the main issues and opportunities for this action?

There is more that the Health and Wellbeing Board can do to influence partners and organisations across Sheffield. There is a lot of opportunity to do so, and partner relationships in Sheffield are strong. However, it is also the case that partners and organisations have their own priorities and there are limits to how much they are able to change in this current financial climate. We also acknowledge the breadth of this action – in a city the size of Sheffield, there are hundreds of organisations we could work with, and therefore have to recognise that the influencing role will be carried out incrementally over a number of years.

3. What can the Health and Wellbeing Board, or its members, do over the next year?

- Support the development of Health Impact Assessments across partner organisations.
- Work with the Sheffield Executive Board and its partners to consider how we can develop this influencing role further over the next year.

Housing

Housing across the city to be of a good quality, well-insulated with affordable bills and healthy and safe facilities

Action 1.2: Commission a plan to improve the standard of private rented sector housing in the city with a focus on the key impacts of poor housing on health and wellbeing

Section filled out by Michelle Slater, Private Sector Housing Service Manager, Sheffield City Council.

1. What progress has been made with this action over the past year?

- A plan to improve poorer quality private sector housing has been agreed.
- A selective licensing scheme has begun in Page Hall to improve the quality of homes in that area. Work is also ongoing to reduce the waste and fly tipping which leads to pest infestation and infectious diseases. This links to the Board's Strategy action 3.6 to improve the experience of new arrivals to the city.

2. What are the main issues and opportunities for this action?

Over the next year the following opportunities are available to:

- Seek out and tackle more unsafe homes by reducing hazards in homes including eliminating or reducing damp and mould, addressing trip and fall hazards and increasing the levels of fire protection and detection.
- Focus more attention on areas where there are large concentrations of European migrants as cultural differences can lead to health hazards through poor sanitation and build ups of waste and litter.
- Take a hard line on landlords that refuse to meet their responsibilities – both in disrepair and tenancy management with the aim of improving health and safety in all private rented homes.
- Improve neighbourhoods affected by problematic empty homes and the crime and nuisance associated with them.
- Work positively with committed landlords to provide and promote quality student homes.
- Improve the health and wellbeing of tenants in private rented homes by working with GPs and health professionals about the potential for improving health and wellbeing through housing interventions.

3. What can the Health and Wellbeing Board, or its members, do over the next year?

- Encourage GP practices to case-find tenants living in poor quality private rented homes, and make referrals to the Private housing standards team so that an inspection and potential repairs carried out to improve the occupant's health.
- Incorporate work to improve the information and advice offered to tenants and landlords with other information and advice offered around health and wellbeing.

Health and employment

Sheffield people to be well-trained and able to access a range of fairly paid employment opportunities irrespective of disability, and for the city's economy to grow supporting the health and wellbeing of the people of Sheffield

Action 1.3: Support activity and actions with schools, colleges and employers (as set out in the city's Economic Strategy) that increases educational and skills attainment for all ages.

Section completed by Tony Tweedy, Director of Lifelong Learning, Skills and Communities, Sheffield City Council and Antony Hughes, Children's Commissioner, Sheffield City Council

1. What progress has been made with this action over the past year?

- Outcomes at all key stages have improved strongly in the last five years. *Early indications* are that this trend continues this year.
- Sheffield's City Wide Learning Body has led work to transform practice in a number of key areas including: governance, parental engagement in learning, school admissions, RE and in partnership with the Children's Health and Wellbeing Partnership Board PSHE and emotional health and wellbeing.
- Education-business links have been strengthened through the extended *Made in Sheffield* programme. A Skills Passport, endorsed by local employers, allows school students to articulate and reflect on the skills, experiences and achievements relevant to the world of work that they have acquired through their involvement in *Made in Sheffield*.
- *Make:Learn:Share*, a pilot programme, saw Young Ambassadors teaching coding, robotics, 3D printing and app design in feeder primary schools.
- The Local Economic Partnership committed to *Learn to Work*, the city-region's schools' challenge designed to drive up performance in subject areas critical to economic growth.
- DfE approval and funding granted to create the city's second University Technical College specialising in Human Sciences and Digital Technologies.
- The work of the multi-agency Community Youth Teams has been embedded and through this reduced NEETs to an historic low for the city.
- Attainment at 19 has improved at a faster rate than nationally for the last three years, although parity with the English average remains to be achieved; and reduced the inequality gap (attainment of students previously eligible for free school meals compared to those who weren't eligible) to a level lower than the national average.

2. What are the main issues and opportunities for this action?

The following areas need to be worked on over the next year:

- Reading outcomes at all key stages remain too low.
- Outcomes for certain groups (those receiving a free school meal, newly arrived children, looked after children) are too long.
- The proportion of children attending a good or better school is below national averages.
- Embed *Made in Sheffield* in the business sectors and schools.
- Identify those talented teachers and cutting edge departments capable of leading the SCR Schools Challenge thereby driving up performance and post-16 participation in key subjects.

- Work with employers to develop the city's second University Technical College as a gateway to careers in the health, sports science and digital industries.
- Win DWP approval and secure the external investment needed to trial a Social Impact Bond as a sustainable means of reducing the disproportionate number of vulnerable teenagers represented in the NEETs cohort.
- Work with colleges and training providers to drive up Level 2 and 3 achievement in vocational subjects at 19.

As opportunities:

- The quality of partnership and collaboration between schools is good and this partnership work is driving improvement in outcomes for children.
- Reviews are already underway of early intervention and prevention around schools, PSHE and a pilot of emotional health and wellbeing support – offers great opportunities for joint work between the education and health communities.
- Change (policy and financial) in the schools sector.

3. What can the Health and Wellbeing Board, or its members, do over the next year?

- Consider, in the light of the local authority's new responsibilities under the Raising of the Participation Age legislation, a greater focus on performance and outcomes at 19 as well as 16.
- Identify ways in which members of the Board and those in their networks and partnerships can better support the development of the Made in Sheffield curriculum, work experience and Skills Passport in sectors such as Health and Care.
- Identify ways in which members of the Board and those in their networks and partnerships can support the curriculum design, development and launch of the UTC for Human Sciences and Digital Technologies.
- Identify key actions that Board members and their partners and networks can take forward in supporting the vulnerable groups of 16-19 year olds identified above to remain in, or to reengage in education, employment or training, such as the development of 0-25 service for vulnerable young people and improved provision of Children's and Adolescent Mental Health Services for disengaged teenagers.
- Support the recommendations of the reviews of early intervention and prevention around schools, PSHE and emotional health and wellbeing support – and use these and joint work on the implementation of the Children and Families Act as a springboard into discussions about how the strength and depth of partnership and collaboration can be improved between the education and health communities, and to consider potential areas for collective action and pooled budgets.

Action 1.4: Work with employers to create employment pathways for young people, and emphasise the role of health and wellbeing amongst all employers in the city.

Section completed by Tony Tweedy, Director of Lifelong Learning, Skills and Communities, Sheffield City Council

1. What progress has been made with this action over the past year?

The City Council and its partners have through the Learning for Work Partnership actively pursued the seven key actions agreed by the city's Youth Employment Task Group and set out in the Jobs for Youth Action Plan, including:

- Preventing disengagement from compulsory education and training.
- Raising aspirations and improving career choices.
- Intervening early with work-focused programmes.
- Developing appropriate solutions so that no one is left behind.
- Placing employers at the centre of the design and delivery of programmes such as apprenticeships.
- Developing an Employer Charter and good Employer Code of Practice' to encourage and recognise employers who seek to improve the health and wellbeing of their staff.

2. What are the main issues and opportunities for this action?

Issues:

- The number of young adults claiming JSA has reduced more quickly than amongst the working age population as a whole. There were almost a third (-32.3%) fewer young claimants in July 2014 than there were in July 2013 whilst the number of claimants aged 25+ reduced by 23.7% over the same period. However, for those young adults who remain unemployed, the threat of long-term unemployment (over 12 months) continues to be a real concern.

Opportunities:

- A key element in both addressing long-term unemployment and in improving the longer-term life chances of those young people who have previously been without work is the promotion of the Skills Escalator. The escalator is being designed by Opportunity Sheffield to both equip those most in need with the employability skills and the work history needed to secure sustained employment and to encourage employers to invest in the training of the existing workforce thereby creating career pathways, greater earning power and improved job security. The £100m Skills Bank and the £23.8m Progress to Work programme, negotiated as part of the city-region's Growth Deal with government, are both designed to support the Skills Escalator, to pilot a new way of creating sustained employment for those at greatest risk and to offer a model to an incoming government in 2015 as to how a localised Work Programme can deliver bigger and better impact.
- As the economic recovery picks up and unemployment for all groups falls, the focus needs to be increasingly on those claimants on work-related benefits other than JSA. This means tackling the issue of those 24,000 or more Sheffield residents in receipt of Incapacity Benefit/Employment Support Allowance, a majority of whom have been workless for more than two years and many for more than five years. This group mainly comprises individuals determined to be unfit for work because of a range of mental and physical health conditions and it is the repository of the most vulnerable adults where agencies have had least success in creating suitable employment pathways including those with learning difficulties and disabilities.

- The ground is fertile for a proposition to government that sets out how this problem can be better addressed by a coalition of willing and determined local partners that adopt a ‘whole person’ approach to employability for workless individuals, such as that to be trialled in the CCG/JCP ESA Pilot.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

- Continue to focus on the long-term effects of youth unemployment and ensure measures are being taken to address this, particularly for vulnerable groups including care leavers, teenage parents, young offenders and those with learning difficulties and disabilities (LDD).
- Consider how a 0-25 LDD service might be developed to better plan successful and sustainable learning and employment outcomes for this group
- Commit to supporting and monitoring closely the work of the CCG/JCP funded ESA pilot with a view to working up a proposition to government of new and better ways of delivering local solutions to long-term worklessness, particularly for the most vulnerable
- Require SCC’s employability programme (*Sheffield’s Working*) and the Sheffield 100 Apprentices programme to be closely aligned to the needs of the most vulnerable young people and adults in support of the above
- Consider how the model for a 0-25 LDD service could be extended to older adults with a view to improving life chances and employment outcomes.
- Clearly set out how it wishes partners to take forward the commitment “to emphasise the role of health and wellbeing amongst all employers in the city.”

Action 1.5: Recognise that a Living Wage has positive health and wellbeing impacts for everyone, and emphasise to statutory, private and voluntary sectors working in health and wellbeing the Fairness Commission's aspiration that all employees should receive a Living Wage by 2023.

Section completed by Sharon Squires, Director of the Sheffield First Partnership

1. What progress has been made with this action over the past year?

Organisations across Sheffield continue to adopt the Living Wage as requested by the Fairness Commission report. The most recent large organisation to do so is the University of Sheffield. Work is underway in partnership with the Sheffield Chamber of Commerce to discuss the Living Wage with private employers across the city and city region, and encourage greater commitment to paying the Living Wage. We are also working with the Chamber on developing a Fair Employer code for Sheffield, recognising that employers can be fair even if they are unable to pay the living wage. These are significant developments.

The Sheffield Fair City Campaign will be launched in the autumn. This is being developed in partnership with Diva, a local social marketing company, and will focus on increasing understanding of and commitment to Fairness. We are will focus on the Living Wage as part of that campaign.

2. What are the main issues and opportunities for this action?

Many small private and voluntary sector organisations state that they simply cannot afford to pay the Living Wage. Issues such as the continuing impact of the recession, cuts to grants and budgets and the need to increase productivity remain fundamental challenges to these employers. However there remain some larger organisations and businesses which need to be persuaded on the benefits of paying the Living Wage and this will be done as part of the Fair City Campaign.

In terms of opportunities the living wage is a critical part of reducing poverty in Sheffield and improving health. In-work poverty is increasing across the city, and low wages, combined with unfair contracts of employment, has created the situation where too many citizens are leading increasing stressful lives, working excessive hours, with poor conditions (e.g no holiday or sickness pay) and still unable to afford basic goods such as energy and food.

3. What can the Health and Wellbeing Board, or its members, do over the next year?

- Actively support the Fair City Campaign once it is launched in the autumn.
- Review commissioning practices across the Council/CCG and other key stakeholders to ensure they align with the aspiration that all employees should be paid a living wage by 2023.
- Support the development of a one-off project to collate more detailed information on who is paying the living wage in the city, and barriers to wider adoption by employers.

Action 1.6 Support the Health, Disability and Work Plan and further work to understand and evaluate the costs of poor health to employment.

Section completed by Chris Shaw, Head of Health Improvement, Sheffield City Council

1. What progress has been made with this action over the past year?

A specification for a pilot programme seeking to reduce health barriers to employment in specific areas of Sheffield is being drafted with collaboration from the GPs in the areas involved and funded by Public Health and Job Centre Plus. The aim is to commence in October.

A Good Employer award is now being offered to employers in the City, developed with Public Health England as part of the Government's Workplace Health Responsibility deal. The aim is to launch it in September/October.

2. What are the main issues and opportunities for this action?

- The pilot (see above) will reduce health barriers to employment. The City should use the learning to work more closely with employers and the Local Economic Partnership to develop the City's proposals in terms of replacements to the Work Programme. One of the reasons the existing DWP Return to Work (the Work Programme) has failed a substantial (and vulnerable) section of the community is the lack of connectivity between employment and health systems at both national and local level. This project seeks to develop these linkages, either to assist the existing programme, or to add value to its replacement, which could be a more locally oriented system.
- A review into the funding providing employment opportunities for people with health conditions or disabilities suggests current investment isn't coordinated. Individual Placement Support (IPS) and Place then Train model are recognised as good practice.
- The City's performance in terms of employment for those on a Care Programme for mental health conditions or with learning disabilities is unsatisfactory and contributing to health inequalities in the City. We can do better.

3. What can the Health and Wellbeing Board, or its members, do over the next year?

- Continue to contribute to the delivery and development of the pilot programme seeking to reduce health barriers to employment (CCG).
- Support the Good Employer award now being offered to employers in the City.
- Following on from the review of supported employment funding, ensure investment by partners into providing employment opportunities for people with health conditions or disabilities is coordinated across agencies and follows best practice.
- Meet with the Local Employment Partnership to encourage participation in the Good Employer Award, encourage their engagement, and investigate the potential for co-funding solutions to these issues
- Contribute to a Health, Disability and Employment summit early in 2015.

Action 1.7 Pursue the development of broader approaches to health and the economy both with the Core Cities and in Sheffield City Region.

Section filled out by Jeremy Wight, Director of Public Health, Sheffield City Council

1. What progress has been made with this action over the past year?

The Core Cities group is still meeting and both Sheffield and Manchester have developed pilot programmes to remove health barriers to employment. However continuity of representation (there have been a lot of changes in Public Health leadership across the Core Cities) and this being a 'non-traditional' public health area have resulted in slow progress from the other Cities. Sheffield and Manchester will present proposals at the next Core Cities Employment and health Group to accelerate progress.

2. What are the main issues and opportunities for this action?

The Core Cities Group has established a Cabinet and are looking to develop proposals to Government for improving / replacing the (DWP) Work Programme. Health barriers are a key 'weakness' in the current programme and the Core Cities Group has a key role in advising the Core Cities Cabinet as to system and product improvements to address this.

Within the Sheffield City Region there is a will to deliver a City Region wide 'Good Employer' award. This is being developed across public health teams.

Any interventions involving Job Centre Plus will need to be considered at a City Region Level as JCP boundaries are not the same as local government's.

3. What can the Health and Wellbeing Board, or its members, do over the next year?

- Hold a roundtable with the Local Enterprise Partnership Members to establish areas of common interest and mutual benefit within the context of the Core Cities' proposals.
- Explore joint funding opportunities to improve employment opportunities for vulnerable residents, especially when these have a potential to reduce longer term health and care costs across the City.

Poverty

Poverty, such as income poverty, fuel poverty and food poverty, to reduce, and that those affected by poverty are supported and encouraged to lead healthy lives.

Action 1.8 Support the actions set out in the Child Poverty Strategy and the recommendations of the Fairness Commission, especially recognising the importance of actions to mitigate the increasing impact of ‘in work’ poverty upon families in the city.

Section completed by Tony Tweedy, Director of Lifelong Learning, Skills and Communities, Sheffield City Council

1. What progress has been made with this action over the past year?

- The current [Child and Household Poverty Strategy](#) comes to an end in 2014. 79% of all targets are on-track or achieved.
- A number of [Fairness Commission](#) objectives have been achieved. For example:
 - The city has progressed a number of important initiatives designed to stimulate economic activity and increase employment, such as Skills Made Easy, RISE, support for businesses to grow through export; the creation of infrastructure funds to facilitate physical development and extensive support for the City Region Local Enterprise Partnership; a £1.3m Sheffield Employability programme aimed at helping those facing the greatest barriers to access work.
 - A city-region programme to trial new ways of tackling youth unemployment including work trials and links to City Deal apprenticeships has received government funding.
 - The Council is signed up to the Mindful Employer, Stonewall and the Two Ticks scheme and are currently in the top ten 100 Stonewall employers list. It is the first local authority to sign up to the Hidden Impairment group. The recommendation to have a voluntary ‘Fair Employer’ code of practice is not currently being led by any organisation in the city.
 - A Living Wage has been implemented by the Council for the staff it directly employs. Work is on-going with contractors.

2. What are the main issues and opportunities for this action?

There is an opportunity in the refreshing of the strategy to improve our impact in this area. The key issues are the impact of welfare reform; organisations facing decreasing resources and increasing demand; and there is no local data to show who in Sheffield is in work and living below the poverty line and so our ability to target any activity is hampered.

3. What can the Health and Wellbeing Board, or its members, do over the next year?

- Contribute to the consultation and development of the new Tackling Poverty Strategy and commit to taking action as part of the new Strategy.
- Continue to work towards full implementation of the Fairness Commission recommendations.

Action 1.9 Support the creation and implementation of a city-wide fuel poverty strategy.

Section completed by Chris Shaw, Head of Health Improvement, Sheffield City Council

1. What progress has been made with this action over the past year?

- A Knowledge Group was formed with contributions from the universities, NHS, VCF sector, private sector and SCC.
- The CCG were engaged on the issue of Excess Winter Deaths.
- Work underway with SCC Sustainable Development Service to address shortcomings of existing Government 'Home Insulation Schemes' and increase their impact on the health of the City
- Funding from Public Health secured to provide support for those experiencing Fuel Poverty and at risk of Cold related illness this winter.

2. What are the main issues and opportunities for this action?

- The National Warm Homes Programmes (Green Deal and Eco) have significant shortcomings and funding locally for such programmes is limited.
- Need to ensure when the health system becomes aware of individuals in fuel poverty, or at risk of cold related illness they are referred to the appropriate agencies across the City who can assist, including SCC, and the VCF sector.
- The VCF sector and health and Care sector have the knowledge and capability to be the 'case finders' and the 'advisors' for residents in fuel poverty. However the funding to deliver this intervention is only for 1 year.

3. What can the Health and Wellbeing Board, or its members, do over the next year?

- Participate in the development of the Fuel Poverty Strategy.
- Once the Strategy is produced encourage the Health sector to participate in case finding and advising residents in fuel poverty and/ or at risk of cold home related illness.
- Ensure resources are targeted at coordinating the multiple agencies and teams with a role in reducing fuel poverty.

5. Appendix – More information about the outcome indicators

1. Indicator: Children in poverty

Definition: Percentage of children < 16 years living in families in receipt of out of work benefits or tax credits where their reported income is < 60% median income.

	2009	2010	2011
Sheffield	25%	24.8%	24.4%
England	21.9%	21.1%	20.6%
Core City Rank (1 is best)	2	2	2

2. Indicator: Foundation stage profile attainment

Definition: Percentage of children achieving 78+ points, including at least 6 points in both 'Personal, Social & Emotional Development' and 'Communication, Language & Literacy'.

	2010	2011	2012
Sheffield	52.1%	59%	63%
England	56%	59%	64%
Core City Rank (1 is best)	6	2	1

3. Indicator: GCSE attainment

Definition: Percentage of people achieving 5 GCSEs A* to C including in English and Maths.

	2011	2012	2013
Sheffield	49.5%	55.6%	57.3%
England	58.9%	59.4%	60.8%
Core City Rank (1 is best)	7	4	2

4. Indicator: Young people not in education, employment or training

Definition: Percentage of 16-18 year olds not in employment, education or training.

	2011	2012	2013
Sheffield	8.2%	7.7%	6.6%
England	6.1%	5.8%	5.3%
Core City Rank (1 is best)	4	5	3

5. Indicator: Homelessness acceptances

Definition: Households found to be eligible for assistance, unintentionally homeless and falling within a priority need group. The main duty is to secure settled accommodation. Expressed as a rate per 1,000 households.

	2011-12	2012-13	2013-14
Sheffield	6.0	5.0	3.4
England	2.3	2.4	2.9
Core City Rank (1 is best)	7	7	6

6. Indicator: Deaths attributable to air pollution

Definition: Fraction of mortality in people aged 30 years or more attributable to particulate (anthropogenic PM 2.5) air pollution.

	2010	2011	2012
Sheffield	5.5%	5.1%	4.7%
England	5.6%	5.4%	5.1%
Core City Rank (1 is best)	3	3	3

7. Indicator: Long term unemployment

Definition: Rate of long term unemployment in 16-64 year olds. Crude rate per 1,000 population.

	2011	2012	2013
Sheffield	7.9	13.5	14.7
England	5.7	9.5	9.9
Core City Rank (1 is best)	4	4	4

8. Indicator: Average income

Definition: Gross median annual pay (all employees and jobs). Data are based on place of residence.

	2011	2012	2013
Sheffield	£19,751	£19,844	£19,521
England	£21,454	£21,813	£22,204
Core City Rank (1 is best)	6	5	7

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