

The Joint Health and Wellbeing Strategy

Presentation to Full Council

8 January 2014

Page 1

Joe Fowler, Director of Commissioning, Sheffield City Council

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



Agenda Item 5

- 1. The Health and Wellbeing Board**
- 2. The Joint Strategic Needs Assessment**
- 3. The Joint Health and Wellbeing Strategy**
- 4. Engaging with Sheffield people**

1. The Health and Wellbeing Board

Sheffield's Health and Wellbeing Board

- Statutory Council committee that meets formally in public **every three months** but carries out a range of engagement work throughout the year.
- Organisations represented on the Board: **Sheffield City Council, NHS Sheffield Clinical Commissioning Group, NHS England, Healthwatch Sheffield.**
- Co-chaired by **Councillor Julie Dore** and **Dr Tim Moorhead**, Chair of Sheffield CCG.



The role of a Health and Wellbeing Board

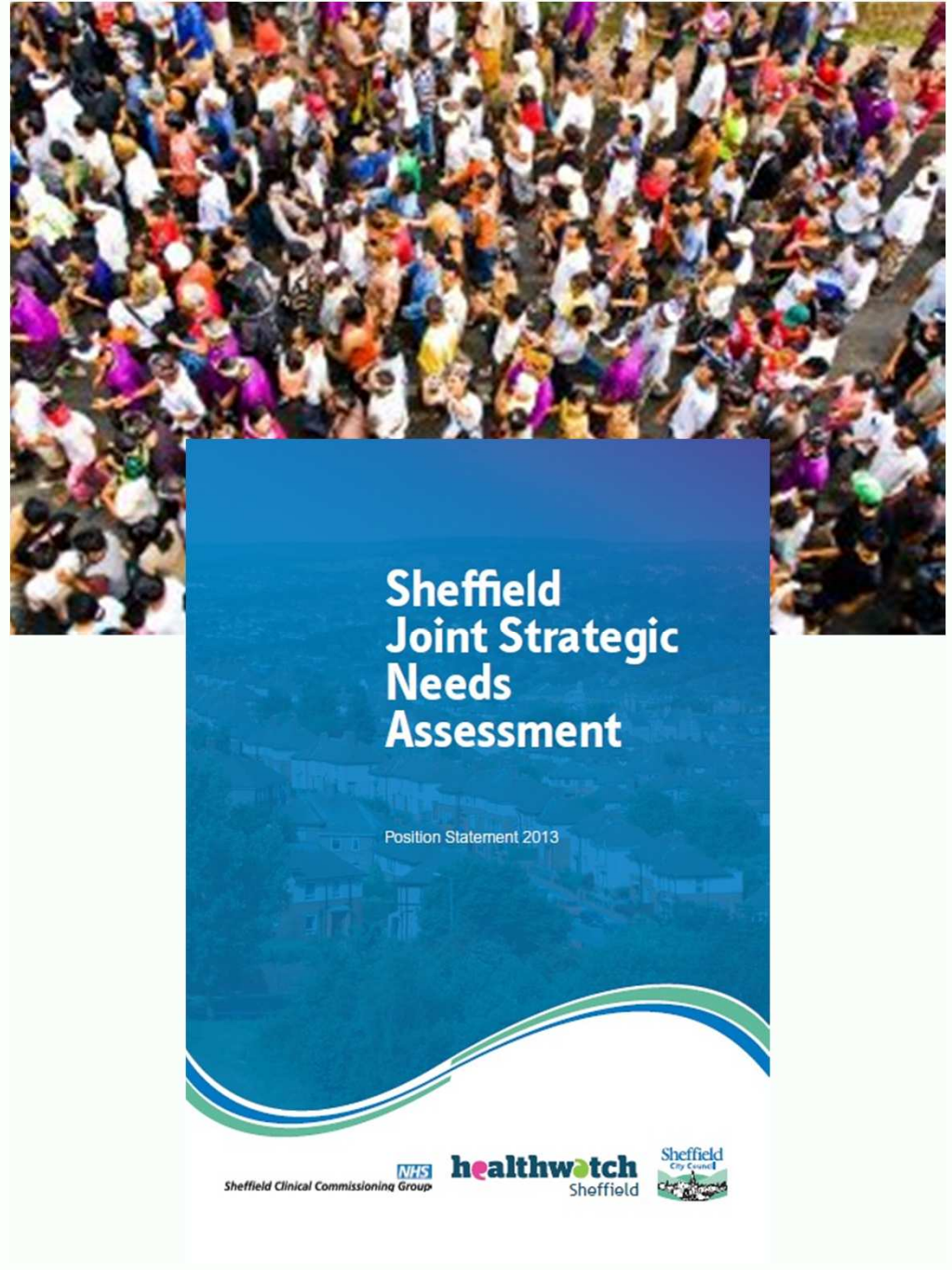
- Provide leadership, direction and oversight of the health and wellbeing of Sheffield's population and the services that are delivered. This includes working on **integrating health and social care** and **reducing health inequalities**.
- Commission and approve the **Joint Strategic Needs Assessment**, and agree a **Joint Health and Wellbeing Strategy**. This involves planning together and discussing each organisation's commissioning proposals so that they are in line with the Strategy.
- Work with **Healthwatch Sheffield** to understand the needs and experiences of Sheffield people.

How the Health and Wellbeing Board brings about change in Sheffield

- **Influence:** being the lead for health and wellbeing policy in Sheffield, known by and able to work with and connect a range of city-wide partners.
- **Commissioning:** the Board has the role of assessing the commissioning/budget plans for the Clinical Commissioning Group and Sheffield City Council. Through its Strategy it sets the direction.
- **Work programmes:** focused work in a few specific areas, such as Health, Disability and Employment or Food and Physical Activity.

2. The Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) is the means by which we assess the current and future health, care and wellbeing needs of the local population.



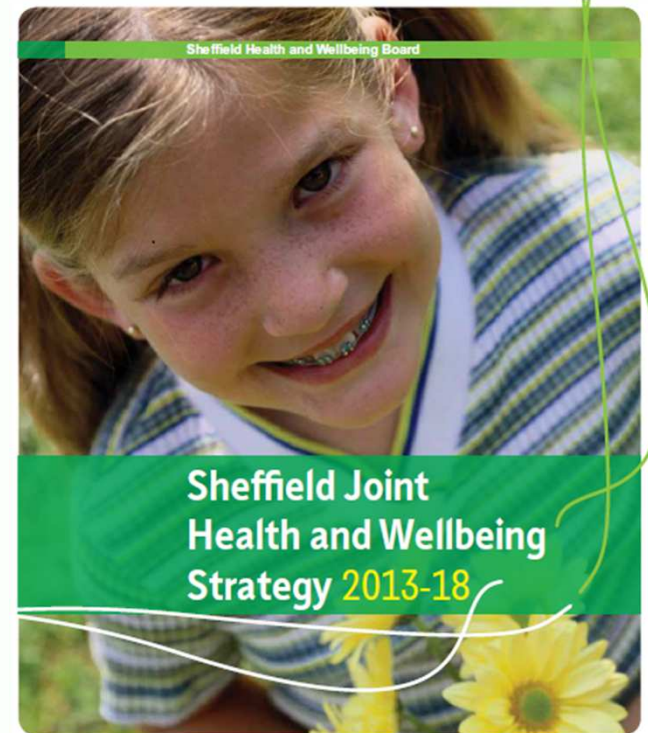
Key JSNA themes

- The **wider determinants** of health have a real impact on overall health. Of particular concern is poverty and welfare reform.
- **Mental health and wellbeing** is a huge issue. Social isolation is particularly a problem, but due to the very nature of isolation, it is difficult to assess need.
- **Health inequalities** remain a problem. Health interventions must prioritise 'at risk' groups and communities if health inequalities are to be reduced.
- The **infant mortality rate** has been slowly rising, widening the gap with national outcomes.
- It is not only important to assess need, but also **assets**. We need to map assets in the city and in the city's communities and build on these.
- Whilst experience of health services seems to be good, knowledge of services and **access** appears to be an issue.

3. The Joint Health and Wellbeing Strategy

What is a Joint Health and Wellbeing Strategy?

- *Joint* Strategy with the Board's four partner organisations: Sheffield City Council, NHS Sheffield Clinical Commissioning Group, NHS England, Healthwatch Sheffield.
- Strategy to begin to address some of the health and wellbeing issues Sheffield faces, based on the evidence of the JSNA.
- Aim to be aspirational but also realistic.



The Strategy's outcomes



1. Sheffield is a healthy and successful city



2. The health and wellbeing of people in Sheffield is improving all the time



3. Health inequalities are reducing



4. People can get health, social care, children's and housing services when they need them, and they're the sort of services they need and want



5. The health and wellbeing system in Sheffield is affordable, innovative and delivers excellent value for money

How the Strategy will make a difference (1): Integration of Health and Social Care

This involves:

- Developing new and supporting existing projects and services that work in and with local communities and professionals.
- Bringing health and social care services and budgets together in areas where it would achieve better outcomes for Sheffield people and value for money.
- Establishing a Joint Commissioning Executive to oversee the work.



How the Strategy will make a difference (2): Working to reduce health inequalities

We have:

- Actions in the Strategy that aim to address this, such as:
 - Work with partners to ensure a shared approach to building and strengthening Sheffield's communities.
 - Identify those groups which find it difficult to access the care and support they need and work to address this.
 - Ensure every child has the best possible start in life.
 - Work to improve health barriers to employment.
- Discussed the Fairness Commission's objectives and work in our public meetings, including discussing the issues publicly with Rt Hon Andy Burnham MP and Professor Alan Walker.

How the Strategy will make a difference (3): A focus on the wider determinants of health

This includes:

- Working to understand what a range of areas contribute to health and wellbeing, such as education, employment, planning, licensing, housing, environment.
- Work with the Sheffield Executive Board and Local Area Partnerships on health and wellbeing approaches in the local community.



4. Engaging with Sheffield people

What we do

1. Events and public meetings.

We meet at least once every three months. At our formal meetings members of the public can ask questions. At our less formal meetings members of the public are invited to meet and talk with Board members.

2. Communication.

We send out a monthly e-bulletin and are active on Twitter and LinkedIn. We also attend meetings and Boards to talk about the work of the Health and Wellbeing Board.





3. Consultation

The JSNA and the Strategy were informed by engagement and discussion with Sheffield people, communities and organisations: hosting events, attending meetings, and having online questionnaires.

Joint Health & Wellbeing Strategy Consultation 2013

1559 people talked to us about:

- Healthy living
- Healthcare
- Independent living
- Changes to welfare benefits
- Staying well and happy

Results from the online survey are written as percentages. Comments were collected from focus groups and events.

45% of people thought **healthier eating** would lead to a healthier lifestyle.

40% say doing **more exercise** would support having a healthier lifestyle.

21% suggest **better access to play areas** would help them have a healthier lifestyle.

Most people said a **healthier lifestyle is hard to achieve** in the current climate.

Lack of safe places to play, cost of healthy food and cuts in leisure facilities prevented people from having healthier lifestyles.

21%

Children who exercised were **motivated by fun not health**.

53%

53% of people said accessing healthcare is difficult because of the **time it takes to get a GP appointment**.

Access to healthcare could be improved by **reviewing opening times at GP surgeries**.

A more **joined up approach** is needed between health and social care services.

36% of people are experiencing **financial hardship** as a result of changes to benefits.

33% of people **turned their heating off** to save money.

35%

Most people interviewed expressed worries about the **Bedroom Tax** which led to stress and anxiety.

23% of people said **support at home** could help them live independently e.g. help with the shopping, DIY and gardening.

28% of people are prevented from living independently by **lack of information and lack of money**.

20% of people said **no help was needed**.

Across all themes there was a need for better information that is easy to find and accessible for all.

35%

71% of people were aware of the 5 Top Tips for staying happy and well. 80% said they already do them.

Half of people said **exercising and being outdoors** helped them to stay happy and well.

44% said seeing friends and family helped them to stay happy.

44%

TABLE 9 - FEEDBACK

WELFARE REFORM IMPACTS ON POVERTY

- INFORMATION FOR RESIDENTS / CAMPAIGNING LOCAL
- SUPPORTING SERVICES THAT HELP PPL THROUGH CHANGE

ACCESS TO IT - DIGITAL BY DEFAULT, LOTS OF PPL (OLDER/POORER/VULNERABLE) NOT ONLINE

FOCUS SERVICES ON MOST VULNERABLE - WILL LEAD TO GOOD PRACTICE WHICH WILL BENEFIT ALL CUSTOMERS (AND MONITOR!)

VULNERABLE GROUPS IDENTIFIED ON TABLE:

- FAMILIES WITH DISABLED CHILDREN
- RESIDENTS AFFECTED BY WELFARE REFORM
- THOSE AFFECTED BY POOR AIR QUALITY/NOISE
- MENTAL HEALTH
- DISADVANTAGED SOCIO-EC GROUPS

IMPORTANCE OF CONSULTATION + COMMUNICATION TO THE PUBLIC / THOSE AFFECTED BY THESE ISSUES

- NEED TO ENSURE APPROPRIATE DIALOGUE TO STRENGTHEN JSNA + RESULTING SERVICES

LACK OF FUNDING FOR SMALL THINGS SECTORS THAT PROVIDE SERVICES FOR SCC/NHS. WHAT CAN WE DO AS A CITY TO KEEP THEM OPEN?

& DANCING + SINGING IS IMPORTANT!



Find out more

www.sheffield.gov.uk/healthwellbeingboard where you can find information about Board members, meetings, events, strategies and how to sign up to the monthly e-bulletin

www.twitter.com/sheffieldhwb

This page is intentionally left blank