



## Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 19<sup>th</sup> March 2014

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

**Subject:** Update Report on developing a Social Model of Health/  
Health Communities Review

**Author of Report:** Chris Shaw (Head of Health Improvement)

**Summary:** Following the “call in” of the report “Developing the Social Model of Public Health” and the attendance of the Head of Health Improvement and Councillor Mary Lea at the extraordinary meeting on 5/11/2013, the Committee requested that a further report be given at their meeting in March 2014, as below:

**Developing the Social Model of Public Health** – a follow up report was requested to include an implementation plan, targets for the work and how outcomes will be measured

**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	<b>X</b>
Briefing paper for the Scrutiny Committee	
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

**Category of Report:** OPEN

# **Report of the Director of Public Health**

## Progress Report on Developing the Social Model of Public Health

### **1. Introduction/Context**

1.1. Following the “call in” of the report ““Developing the Social Model of Public Health” and the attendance of the Head of Health Improvement and Cllr Mary Lea at the extraordinary meeting on 5/11/2013, the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee requested that a further report be given at their meeting in March 2014, as below:

- **Developing the Social Model of Public Health** – a follow up report was requested to include an implementation plan, targets for the work and how outcomes will be measured.

### **2. Purpose of the Report**

2.1 The Scrutiny Committee called in the Cabinet Report ‘Developing a Social Model of Public Health’.

2.2 The original Report provided details of a Member Task and Finish Group who developed a Social Model of Public Health based on a Model of Risk by Labonte (*1993 Health Promotion and Empowerment: Practice Frameworks. Centre for Health Promotion, University of Toronto. Issues in Health Promotion no. 3*)

2.3 Members of the Scrutiny received a presentation detailing the rationale for the model, and the consequences of adopting the model in terms of the Task and Finish Group conclusions following their review of the Healthy Communities Programmes (Community based programmes working in the most deprived third of communities in the City).

2.4 Following the presentation some specific questions were asked, particularly around the implications of the Healthy Communities Review, and the introduction of commissioning specifically for Social Capital. This report provides 4 appendices which seek to answer the questions raised by providing:-

- A written progress update on the Healthy Communities Review (Appendix I)
- A definition and examples paper on Social Capital (Appendix II)
- A summary delivery structure (Appendix III)
- A Project Delivery chart with timelines (Appendix IV)

Members will note a full outcomes and measures document for social Capital commissioning has not been provided as this has not yet been completed. It will be commercially sensitive until the commissioning specification is published.

### **External Factors influencing scope and delivery**

#### **Sheffield Task and Finish Group on Building Community Resilience**

Running parallel but connected to this is the work by Sheffield Executive Board led by Sharon Squires and Brendan Stone (SU) where City

Partners have signed up to the concept of developing resilience in the Cities Communities and a small group are to develop a Sheffield 'understanding' of the definition. Social Capital is clearly part of the 'must haves' for individual and community resilience and it is important the Social Capital Commissioning integrates into this thinking.

### **Integrating Health and Social Care.**

The Integrating Health and Social Care programme led by Joe Fowler (Director of Commissioning SCC Communities) and Tim Furness (CCG) includes work to prevent the need for care, and the provision of care closer to home. The Healthy Communities programmes provide resource and support to individuals who may fall within the care envelope. As such there is a question as to whether the Healthy Communities resource should be part of this overall agenda.

### **Review of Grants and commissioned funding to the VCF Sector**

This review is currently underway. Again it is important that the Healthy Communities and social capital commissioning are done in a way which integrates seamlessly with this review.

## **3. What does this mean for the people of Sheffield?**

- 3.1 The aim of the Social model implementation is to ensure maximum health impact of Public Health investment. 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.

## **4. Recommendation**

- 4.1 The Committee is asked to consider the implementation, the Social Capital definitions, and future proposals and provide views and comments.

Dr Jeremy Wight  
Director of Public Health

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