SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of: Councillor Julie Dore and Dr Tim Moorhead

Date: 11 December 2014

Subject: Update on the Joint Health and Wellbeing Strategy: Outcome 2 – Health and wellbeing is improving

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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 2 of the Strategy focuses on specific aspects of children's and adults' health and social care and the wider determinants of health to improve health and wellbeing in Sheffield. The outcome has eight key actions and is supported by nine 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.

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:
  - How the Council and city-wide partners can be encouraged to support the Move More programme and promote physical activity, particularly in the built environment.
  - What a refreshed approach to regulating e-cigarettes and tobacco control could look like.
  - How the Council's licensing powers can be utilised to support healthy alcohol consumption in the city.
  - How emotional wellbeing and resilience can be more promoted across the city.
- Support the ongoing programme of needs assessment.
- Request another update on this outcome in December 2015.

Background Paper: Sheffield Joint Health and Wellbeing Strategy 2013-18

Sheffield Health and Wellbeing Board
Update on the Joint Health and Wellbeing Strategy

Outcome 2 – Health and wellbeing is improving

December 2014

1. What is this outcome about?

This outcome focusses on specific aspects of children's and adults' health and social care and the wider determinants of health to improve health and wellbeing in Sheffield. Health in Sheffield has improved significantly in the past few decades. People in all parts of the City are living longer and deaths from major illnesses, especially heart disease and cancer, have reduced. However, there are a number of areas of concern, such as infant mortality rates, unhealthy lifestyles and poor mental health and wellbeing that will require concerted action over the coming years if this trend in improving health and wellbeing is to be maintained.

The outcome is split into two main themes:

- Emotional wellbeing.
- Living longer.

It is supported by nine outcome indicators which are set out in more detail in Appendix A. The outcome also has connections with the city's Health Inequalities Action Plan.

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

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

Although the indicators of overall health (as measured by life expectancy and preventable mortality) continue to improve in Sheffield we still lag behind the average for England and, in some cases, a number of the core cities. For three indicators however (smoking, childhood obesity and breastfeeding) figures are relatively static whilst for alcohol-related admissions and depression, they are worsening.

Given the difference in time periods for which data are available and the time lag involved in the impact of lifestyle and behaviour on disease frequency and hence mortality and overall life expectancy, we are unlikely to see the full effect of any positive or negative changes in lifestyle and behaviour for several years to come. Our focus should remain fixed therefore on prevention and early intervention particularly in relation to health behaviours and risk factors for disease.

Further information about these indicators can be found in Appendix A.

3. What do we need to know? – Developing the evidence base for outcome 2

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

The Joint Strategic Needs Assessment highlighted a number of areas where further, more detailed needs assessment and analysis would be undertaken or where further work was required:

- In-depth analytical work is being undertaken to identify and understand variation in relation to the main causes of ill health and early death. This includes cancer, cardiovascular disease and liver disease. A key focus for this work is 'preventable years of life lost' which seeks to ensure prevention and early intervention programmes achieve maximum impact on reducing premature

death and increasing healthy life expectancy. In addition, the highly detailed analysis for the Council's infant mortality strategy (relating to risks, causes, trends and patterns) has recently been updated (June 2014).

- The following four health needs assessments (HNAs) have been completed: older people in care homes; sensory impairments; emotional and mental wellbeing of children and young people; and children and young people with complex needs. All four HNAs have been published on the Council's website. These HNAs are now being used to underpin commissioning within relevant service areas. A fifth HNA in relation to autism is currently in production and initial preparatory work for an adult mental health HNA has commenced.
- A health equity audit of service access, usage and (physical health) outcomes for people with learning disabilities (and potentially neurological conditions) will commence shortly.

4. Examining the outcome, action by action

Theme: Emotional wellbeing

Sheffield children, young people and adults to be emotionally strong and resilient, and for emotional wellbeing to be promoted across the city.

Action 2.1: Promote a city-wide approach to emotional wellbeing and mental health, focusing on promotion of wellbeing and resilience and early support, and embed this into strategies, policies and commissioning plans.

Section completed by Chris Nield, Consultant in Public Health and Bethan Plant, Public Health Principal, Sheffield City Council

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

- The Emotional Wellbeing Steering Group has been established to plan and deliver the Joint Health and Wellbeing Strategy's emotional wellbeing work programme.
- There have been a focus on the promotion and increased knowledge and awareness of Emotional Wellbeing and resilience including a '5 Ways to Wellbeing' campaign was undertaken in Sheffield City Council; a public 'wellbeing festival' on took place on Fargate in July; the recently awarded opiates contract includes a recommendation that '5 ways to wellbeing' is included in the brief interventions offered to clients.
- We have continued to develop capacity to identify mental health problems across the population through the training in Mental Health First Aid and Mental Health skills for line managers
- Community Wellbeing Programmes use a community asset based approach to reduce health inequalities and improve health and wellbeing by increasing social capital and community resilience. Last year there were 21,258 beneficiaries and 68,173 points of contact. The Community Wellbeing Programme along with the related Health Trainers and Community Health Champions programmes has continued to develop and achieve positive mental health and wellbeing outcomes.
- We have continued to develop a programme to be a Dementia friendly city. This work is undertaken by the Sheffield Dementia Action Alliance was established in April 2013.
- Children and Young People's Emotional Wellbeing and Mental Health is one of the work streams for the Children's Health and Wellbeing Partnership Board. Work has included a comprehensive Health Needs Assessment; the Right Here programme; redesign of Best Start with a focus on Emotional Wellbeing and Mental Health, Schools Emotional Wellbeing Pilot; Bullying Review and PSHE Review. They have also informed the commissioning of an Emotional Health and Wellbeing Service (see Action 2.2).

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

- There is an opportunity to influence this agenda strategically. Wellbeing adds years to life; improves recovery from illness; is associated with positive health behaviours in adults and children, and with broader positive social outcomes; and affects how staff and health care providers work. The opportunity is to embed this understanding within strategic thinking and commissioning strategies. Public Health England is due to issue a new framework which will support this approach.

- The Council is including a corporate approach to 5 ways to wellbeing in development of the corporate plan. This will increase awareness and understanding and will help influence services to maximise their impact on wellbeing.
- Suicide Prevention emotional wellbeing and early intervention are important in preventing crisis. There is an opportunity to link this work to plans to develop a city wide approach to suicide prevention.
- Over 12,000 of Sheffield's most socially isolated older people will benefit from a £6 million grant from the Big Lottery Fund. This 6 year programme starts in 2015 and is led by South Yorkshire Housing Association will in partnership with other organisations.
- The Children and Young People's Emotional Wellbeing Health Needs Assessment found that Universal EWBMH provision and early intervention or 'early help' is broad and complex. There is a challenge to articulate this better within universal services so that the impact of interventions can be better understood. The boundaries and pathways between different levels of provision are not clear.
- There is a challenge to protect investment (human and financial resource) in universal Emotional wellbeing, prevention and early intervention as the whole system is under-capacity.

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

- Board members could champion the importance of emotional wellbeing and use their strategic influence to embed this approach in policies and strategies.
- Board support for development of citywide work on suicide awareness and prevention would help to progress this important area of work.
- Facilitate joint working across children's and adults services, including joint strategic leadership.
- Support the involvement and participation of children and young people in the design, commissioning and evaluation of children and young people's services as a matter of principle.

Action 2.2: Commission a needs-led response to support children and young people's emotional development to enable them to develop personal resilience and manage transition from childhood to adulthood.

Section completed by Bethan Plant, Public Health Principal, Sheffield City Council

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

- A Children's Emotional Wellbeing and Mental Health Needs Assessment has been published.
- An Emotional Wellbeing School Pilot was carried out.
- MAC UK (mental health charity specialising in working with gangs and youth violence) led a stakeholder review of the mental health system in Sheffield from the perspective of the most vulnerable children and young people. This found a strong consensus for a team around the keyworker approach to support mental health, where the worker 'bridges' a relationship to another professional as opposed to referring them on.
- Findings from the Right Here programme were published.
- The above work has informed the development of a specification for universal and targeted emotional wellbeing provision due to commence in April 2015. The service will continue the Emotional Wellbeing pilot in 3 families of schools as part of the MAST Integrated Hubs in order to inform continued learning and development. The service will also provide a citywide targeted service linked to Community Youth teams and the Young Carers Support Service.
- The Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee have reviewed Child and Adolescent Mental Health Services (CAMHS) provision and produced a comprehensive report and recommendations (November 2013). Sheffield City Council, NHS Sheffield Clinical Commissioning Group and Sheffield Children's NHS Foundation Trust are responding to the recommendations and a CAMHS Action Tracker has been developed in order to monitor progress. Council Members have requested a written response/paper to the Health and Wellbeing Board as a result of the scrutiny process, detailing how changes are going to be implemented and improvements made, with a particular focus on transition and delivery of an age appropriate 16-17 year old CAMHS service.

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

- The emotional wellbeing service is being commissioned in a period of strategic and operational changes in the provision of emotional wellbeing and mental health services for children and young people. The rationale for the service model is to protect existing levels of provision for vulnerable children and young people while enabling development work through the continued schools pilot. The service will be expected to be flexible and adapt to changes in the local system.
- There is a clear opportunity to develop a working model for universal and targeted emotional wellbeing and mental health provision that sits within both the wider mental health system and the wider health and social care prevention and early intervention system.
- There is a clear need to develop age appropriate CAMHS/emotional wellbeing and mental health provision for 16-17 year olds.

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

The Health and Wellbeing Board can support this work by supporting a 'system-wide' approach to Emotional Wellbeing and Mental Health which encompasses universal, targeted and specialist provision across children's and adult's services.

Action 2.3: Support the implementation of the new city Parenting Strategy which focuses on positive parenting and developing resilient families and communities so that all children have a stable and enriching environment in which they will thrive.

Section completed by Candi Lawson, Service Manager, Sheffield City Council

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

Work has been progressing on the Parenting Strategy:

- The Best Start Sheffield redesign of Early Years provision is focusing on positive parenting and developing resilient families.
- Evidence Based Parenting Programmes are delivered across the city, predominately by the MAST team. These include:
    - Generic universal parenting programme for parents of children 0-12.
    - Generic universal parenting programme for parents of teenagers.
    - A targeted parenting programme for parents of children 0-12 who are deemed as needing additional support. The programme addresses family adversity such as parental depression, stress and relationship conflict.
    - A targeted programme for parents of children 0-16 who require intensive support particularly focused on developing specific coping strategies for managing difficult emotions including parental anger, depression, anxiety and high levels of parenting stress at high risk times.
    - A targeted parenting programme for parents of children 0-12 who have a child with disability.
    - A targeted programme for parents of children 0-16 who are in conflict including those who are separating or who are separated.
    - A universal programme for parents of children 0-12 months.
    - A universal programme for parents of children 1-2 years.
    - A universal parenting programme for parents of children aged 2-8 years.
- The range of programmes on offer enable us to respond to specific needs. Each programme is evaluated using a range of routine outcome measures, which are in the form of questionnaires used to measure impact at the beginning and end of the programme.
- We are progressing work to ensure that we deliver high quality evidence based parenting programmes across the city, making best use of staffing resources and identifying unmet needs that need to be responded to. New developments detailed below respond to identified need in the city. I.e. support for families where a parent is in prison, and work with parents and young people where there is violence.
- We plan to build upon partnerships with Schools, GPs and community and voluntary sector organisations in order to target programmes for specific communities. Programmes are currently targeted where there is an identified need and this year the service has delivered programmes for the Bangladeshi community in Darnall, the Somali Community, and targeted programmes into schools. Interpreters are used where needed and where transportation or childcare is a barrier to attendance, parents have been supported with this.

Work has been progressing on the Parent Matters Strategy:

- IAPTS (Improving Access to Psychological Therapies): In 2014/15 this project will see 2 Specialist workers trained in the Parenting element of IAPTS at Northumbria University and working with the management team in Sheffield to look at opportunities for service transformation.

- Children affected by parental imprisonment: Barnardo's has been commissioned to develop a guide for professionals in working with the families of people in prison. This will be launched in the coming months together with a strategy for supporting families across city. A 'Hidden Sentence' training programme to raise awareness of the impact on families of parental imprisonment has been rolled out across city. We continue to develop this with further training planned for MAST and partners over the next 12 months.
- Teenage Violence Against Parents: MAST, Community Youth, and Youth Justice teams are working in partnership to develop a new programme for teenagers and their parents where there is violent behaviour from the teenager towards the parent. This programme is set to launch with a pilot in February 2015.
- Domestic Abuse: One full time Parenting Specialist with a lead for Domestic Abuse has been employed within the MAST team. We are now in the process of exploring options for Parenting Programmes to target parents of children who have experienced domestic abuse. Work is ongoing between MAST, Community Youth, and the Safeguarding Training team to deliver awareness raising training regarding peer on peer abuse. This work is in conjunction with the Misunderstood Project.
- Family Group Conferencing Team: Between April 2013 and the end of March 2014 the team had received 60 requests for support, 32 of which have progressed to conference. Work is now underway to explore the options for expansion of the team as a preventative model.
- Workforce Development: A programme of workforce development is available for staff to support their delivery of one to one case work and Parenting Programme delivery.

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

- The delivery of Parenting in Sheffield is well established. There is now an opportunity to develop targeted programmes and projects that respond to local need. We also have an opportunity to consider the marketing and promotion of parenting programmes to ensure the service is accessible to families from all backgrounds.
- An ongoing challenge to the delivery of Parenting Programmes is the availability of accessible and affordable venues.
- We are currently exploring opportunities for working more closely with a range of partners such as other council departments and services, GP surgeries, early years and health services, and schools.

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

- Note the progress made and acknowledge the value of support to parents in order to develop resilient families and communities.

Theme: Living Longer

Sheffield children, young people and adults to be living healthily – exercising, eating well, not smoking nor drinking too much alcohol – so that they are able to live long and healthy lives.

Action 2.4: Support the 'Move More' initiative to encourage people to be more physically active as part of their daily lives.

Section filled out by Ollie Hart, GP and Chair of the Move More Board

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

- A Move More plan has been co-produced by city wide stakeholders and signed off by the Food and Physical Activity Board. It is a well evidenced blueprint for a 5 year culture change program. It underpins the city's vision to develop into the most physically active city in the UK by 2020.
- We have recruited a full time Move More Officer, with sole remit of implementing the plan.
- There is a Move More board with 21 volunteer members, that provides oversight and scrutiny for the implementation process.
- The Move More plan details 6 main workstreams:
    - Empowering communities: We conducted training for 90 key people to agree and embed an asset based approach to developing physical activity in the communities of the city. Out of this has sprung a Move More ambassadors program. We feel that empowering communities is key to a bottom up ownership of the vision.
    - Physical activity as medicine: This is an ambitious plan to use the 3 National Centre for Sports and Exercise leisure centres to provide platforms for co-location of health clinics within centres of excellence for physical activity. Much work has been done to agree and implement building of these centres (first already onsite and due completion by March 2015; the other two are at planning stage and due to complete in March 2016). In parallel we are looking to see clinics relocating from hospital trusts into these centres. We are also commissioning redesign work around musculoskeletal conditions, with improving physical activity levels being identified as a key outcome measure in a new 'outcome based' contract for this significant program budget area.
    - Active Schools and pupils: We are piloting an innovative system to engage schools in using feedback from movement sensors, and mobile phone technology. Teachers are looking at ways to incorporate this learning into the curriculum. We are working with Sheffield Institute of Education at Sheffield Hallam University on a PE in primary school strategy
    - Active workplaces / workforce: The last year has seen a pilot of wellness at work program for NHS employees (n=300). This has been recognised by NHS England who are interested in national roll out. Learning from this is being rolled out in a wider offer to businesses in the city.
    - Active people: All of the other areas contribute to this workstream. Much work has been done through the Move More officer to develop online resources to support information sharing and networking. This includes an activity finder, asset mapping of the city, and promotion of groups and events. The communications and promotions have been co-ordinated under the 'Move More brand'.
    - Active environments: This workstream requires adoption of the principles of the Move More plan into the development of the physical infrastructure of the city. We know this

will take time, but at the moment this area lacks penetration into the key departments in the Council and private sector. This area stands to have a significant impact in creating environments that encourage and facilitate movement.

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

- Universal buy in and ownership of the Move More vision and plan across a wide spectrum of organisations and businesses.
- The project needs champions at senior level in all organisations to sustain the initial momentum generated.

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

- Use its influence to promote and embed the vision and plan in all areas of policy and society. This work now needs widespread drive.
- We would like to see the Health and Wellbeing Board hold the city accountable to achieving targets to increase physical activity, and realise the associated health, wellbeing and economic benefits.

Action 2.5: Implement an integrated approach to reducing levels of tobacco use through integrating work on: smoke-free environments; helping people to stop smoking; using mass media by reducing the promotion of tobacco; regulating tobacco products; reducing the affordability of tobacco; and substance misuse services.

Section filled out by Lynsey Bowker, Public Health Principal, Sheffield City Council

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

A comprehensive programme of tobacco control to reduce smoking prevalence within Sheffield was launched on 1 April 2014. The three year programme is based on best evidence from the World Health Organisation, a comprehensive consultation with key stakeholders and based on local health need. The programme comprises six services, which together, in partnership aim to reduce smoking prevalence amongst adults, pregnant women and children (in line with the Public Health Outcome Framework indicator targets). The services are delivered by a range of private, public and VCF provider organisations. The providers are brought together on a quarterly basis in a 'Tobacco Control Hub' to share learning and develop a common tobacco control brand for the city.

The newly commissioned tobacco control programme is as follows:

1) Smokefree Service, with prioritised action amongst population groups with the highest smoking prevalence, most addicted and need the most support to quit smoking, including residents living in the 20% most deprived areas of the city, certain BME groups and those with a diagnosed mental health condition
2) Smokefree Spaces Service, to protect children under five and families from exposure to harmful tobacco smoke in homes and cars and help denormalise tobacco use within communities
3) Smokefree Children and Young People, to reduce smoking prevalence amongst young people by introducing a 'whole school approach to tobacco control' including Smokefree lessons and support for young people and staff who smoke.
4) Community development action for illegal tobacco, raising the harm caused within communities and how illegal tobacco encourages and actively enables young people to become 'hooked' on cigarettes, and remain smoking into adulthood.
5) A programme of marketing and communications for tobacco control, cross cutting all strands of the tobacco control programme. The provider is commissioned to deliver three campaigns each year. This service is delivered in partnership with Doncaster and Rotherham Councils.
6) A stop smoking relapse prevention service for pregnant women – to help women remain Smokefree post pregnancy (please note, the procurement programme for this service is currently underway, with the service due to launch 1 January 2015).

This programme sits alongside a number of pre-established tobacco control initiatives, the stop smoking service for pregnant women, delivered by STHFT Maternity Services and tobacco control enforcement action for illegal tobacco, provided by Sheffield City Council, Trading Standards.

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

The introduction of a comprehensive programme of tobacco control will ensure the city has comprehensive strategy in place to reduce smoking prevalence and the harm caused by tobacco across all communities in Sheffield.

An increase in the use of e-cigarettes has had a considerable impact on numbers accessing the Smokefree Services for support to quit. Obviously this is not unique to Sheffield but is an issue being faced across the country. In Sheffield, at this stage, we are not considering stop smoking service as being non-viable because evidence clearly points to them providing the best overall success rates and we cannot let down those smokers whose lives would be saved by them. However we are working locally with tobacco control partners to harness the potential health gain associated with e-cigarettes as a harm minimisation tool. Alongside which we are also working to improve service uptake by increasing marketing and communications whilst introducing 'new routes to quit', including telephone support, quitting online and a greater use of social media to make the service more accessible to smokers who want to quit.

The reduction in the number of smokers accessing stop smoking services as a means of quitting requires us to identify alternative approaches to tobacco control. It also provides us with an opportunity to redirect resource into proven cost effective areas such as media work and enforcement activity.

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

In line with recommendations included in the Health Inequalities Action Plan, Health and Wellbeing Board members should ensure that as a city we uphold principles outlined in the Local Government Declaration on Tobacco Control, signed by Sheffield City Council in January 2014. Key actions for Board members should include:

- Continually 'Making Every Contact Count' acting at a local level to reduce smoking prevalence, this could include routinely promoting the benefits of stopping smoking and Smokefree issues to help denormalise tobacco use within communities and promote 'Smokefree' as the new social norm and referring to stop smoking services.
- Raise the profile of the harm caused by smoking in communities, including the impact of the sale and distribution of illegal tobacco.
- Continue to develop plans with our partners to address the causes and impacts of tobacco use.
- Support new ways to address the scourge of tobacco, using any resource released from a reduction in stop smoking services activity.
- Ask the South Yorkshire Pensions Authority to review its investment in tobacco.

Action 2.6: Commission appropriate interventions to reduce harm and promote pathways to structured treatment services for those abusing alcohol or misusing illicit or illegal substances, including reducing the 'hidden harm' to children living in households where adults abuse alcohol or drugs.

Section filled out by the Drugs and Alcohol Coordination Team and Janine Dalley, Young People's Commissioning Manager for Substance Misuse, Sheffield City Council

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

- Sheffield Drugs and Alcohol Coordination Team (DACT) has successfully implemented the Commissioning and Procurement Plan for community drug and alcohol services. The Cabinet approved the DACT's plan for three end to end services for Opiates, Non-Opiates and Alcohol in January 2014 and they were successfully awarded in July 2014. Services for Opiates and Non Opiates went live on 1st October 2014. A decision has been reached to delay the tender for Alcohol Services to allow opportunities for integrated commissioning with the CCG to be explored and a waiver has been secured to this end.
- The Drug Interventions Programme (DIP) continues to provide an effective link between the criminal justice and substance misuse systems with 26% of all clients in structured treatment in Sheffield coming from the criminal justice system. DIP and other DACT interventions provide identification, assessment, harm reduction and engagement services into both drugs and alcohol services.
- The Children and Young People's Public Health Team are continuing to coordinate and contract manage the young people's substance misuse service which is currently delivered as part of an integrated delivery model with Community Youth Teams. This service provides targeted and specialist substance misuse treatment and interventions as part of holistic packages of care that aim to minimise harm and reduce associated risks and presenting issues.
- The Novel Psychoactive Substances (NPS 'legal highs') multi-agency steering group has developed a strategic plan which coordinates activity across key agencies and all age groups. This aims to reduce the supply of, and minimise harm from NPS across the city.
- What About Me (Hidden Harm) is a therapeutic programme of harm reduction and resilience building for children and young people where familial or significant others substance/alcohol misuse is having a direct negative impact on their lives. This service is currently out to tender for a three year contract as one 'lot' of a 'vulnerable children young people' tender process. The new service will commence April 15.

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

- The new contract for What About Me (Hidden Harm) will offer further development of a 'whole family approach' to improving outcomes for children affected by familial substance/alcohol misuse.
- Sheffield is performing significantly better than the national average in the number of alcohol specific hospital admissions for under 18's but worse in alcohol specific mortality amongst males, admission episodes for alcohol related conditions and binge drinking[1]. – Liver disease is the only major cause of death the incidence of which is increasing.
- There are opportunities to use licensing powers, as well as planning consents and other regulatory approaches, to limit the availability and increase the price of alcohol in the City.

[1] Local Alcohol Profiles for England (LAPE)

- The development of integrated commissioning between the Council and the CCG in the Better Care Fund offers a new opportunity to refresh our approach to commissioning alcohol prevention and treatment services.
- Recent changes to provider organisations including the division of the Probation Service and the subsequent changes to delivery structures has led to a number of strategic reviews of integrated working with partner organisations, more effectively targeting a broader range of substance misusing offenders.

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

- Continue to support the DACT in fulfilling its remit, undertaking the procurement as agreed by Cabinet.
- Request that a new alcohol strategy be prepared and a refreshed approach to the commissioning of alcohol treatment and prevention services be developed.

Action 2.7: Commission a joint plan and integrated pathway across the city including schools and the commercial sector to act preventatively and with lower-tier interventions to tackle obesity, providing accessible information.

Section filled out by Sheila Paul, Consultant in Public Health, Sheffield City Council

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

- An extensive consultation was carried out with potential providers and stakeholders prior to completing children and young people and adult healthy weight management service specifications and procuring the following services:
    - 0-4 Early Years: the evidence-based HENRY (Health Exercise and Nutrition for the Really Young) intervention is now being delivered via CYPF early years services to enable babies and young children to have a healthy start in life with a specific focus on exercise, nutrition and parenting skills. This is a new service as a result of securing resource to provide support and offer a 0-17 weight management service pathway.
    - 5-17 Tier 1 and Tier 2 children and young people's service: the specification includes the requirement to work with primary and secondary schools (targeted using NCMP data) to support them to develop whole school approaches on food and physical activity. Plus lifestyle weight management support for overweight children and families.
    - Tier 1 and Tier 2 adult weight management service: Brief intervention support and training for front line staff plus lifestyle weight management support for overweight adults.
    - Tier 3 adult weight management service: clinical service for adults with high BMIs.
    - The procurement process currently underway with services expected to commence April 2015.

- The National Child Measurement Programme (NCMP) has continued. Sheffield rates of participation in academic year 2013/14 have increased:
    - 98.3% of children aged 4-5 participated compared to 96.9% last year.
    - 97.3% of children aged 10-11 participated compared to 96.9% last year.

- To support the joint plan and integrated pathway to tackle childhood obesity prevalence, the Sheffield School Nursing Service continues to provide pro-active feedback to parents/carers informing them of their child's NCMP results. Those children who are identified as very overweight are offered direct referral into the lifestyle weight management services. An additional (CQUIN) target has been set for the School Nursing Service to prioritise and support 15 primary schools with high obesity prevalence, to develop whole school approaches on food and physically activity. This includes providing advice to parents/carers and supporting schools to implement NCMP.

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

- From 1st April 2015 Sheffield will have a Healthy Weight Management pathway which covers pre-conception through to adulthood.
- To commission this pathway as a whole, public health spend has been rebalanced to focus more on prevention and earlier intervention. Remaining services are in the process of being commissioned.
- Once in place, integrated pathways will be developed to ensure links to Move More, Activity Sheffield, Health Trainers, Food Strategy and others.

- By having a comprehensive Tier 1 and Tier 2 service for Adults and Tier 1 and 2 service for children, all frontline staff working with children, young people and adults will receive training and education which will ensure a consistent message is given, overweight and obesity is identified early and people are referred and supported quickly and at an appropriate level to their needs.

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

- Continue to advocate for healthy weight as a city priority.
- Promote and support the work taking place which directly relates to healthy weight management. For example, enable frontline staff (e.g. GP practice staff, secondary care Nurses) to attend brief interventions training and to incorporate this into practice.
- Support public health initiatives that indirectly contribute to the agenda, for example, 20mph areas, playing out schemes, including regular road closures to allow for active play, improvements to school food, ensuring that public sector catering provides healthy and sustainable food etc.

Action 2.8: Continue to prioritise and focus attention on cancer and cardiovascular disease, the main causes of premature mortality in Sheffield.

Section filled out by Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield CCG

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

- In relation to both cardiovascular disease and cancer prevention, all of the City Council-led public health work to reduce tobacco consumption, increase physical activity and improve diet in the Sheffield population is highly contributory to reducing preventable years of life lost to these diseases in the city. Indeed much of the progress with reducing the impact of these diseases is attributable to improvements in these causal risk factors.
- In terms of cardiovascular disease specific action, over the past year the CCG has focused efforts in three areas of especially high risk that have strong evidence for early preventive impact: i) stroke prevention in atrial fibrillation (AF), ii) improved detection and treatment of chronic heart failure (CHF), and iii) improved detection and treatment of familial hypercholesterolaemia (FH).
- Atrial fibrillation is a relatively common cardiac condition that puts people at significantly increased risk of suffering a stroke, but for which a range of effective anticoagulation (blood thinning) treatments are available that can measurably reduce stroke incidence within a year or two. However, there are complications with the use of these drugs and nationally only around half of the high risk individuals receive effective anticoagulation. The CCG's medicines management and development nurse teams have been supporting all practices in the city over the last year with improving their rates of effective prescribing, the result of which has been to increase the proportion from 50% to 63.5% currently (previous efforts having seen only single percentage point increases). Regarding CHF, the CCG has continued to build on a new diagnosis and treatment pathway, evaluation of which has demonstrated increased detection of heart failure and improved treatments. This last year has seen the introduction of a new service for families having FH, an inborn genetic disorder that carries a very high cardiovascular risk. This has involved establishing a specialist hospital clinic (supported by a grant from the British Heart Foundation), which provides genetic testing and screening for families carrying the genetic risk (expected population prevalence of 1 in 500).
- With reference to cancer, there are nationally run screening programmes for breast, cervical and bowel cancer, and regionally co-ordinated work on implementation. The CCG has supported the Be Clear on Cancer campaign which in February to March this year focussed on breast cancer in women aged over 70, and in March ran on lung cancer, in the national press, radio and out of home media. There has also been a Blood in Pee campaign in October to November 2014 and the CCG supported this through press releases and via general practice.
- Bowel Scope Screening Programme is a new national screening programme and men and women will be invited for a 'one off' Bowel Scope Screening around the time of their 55th birthday. Bowel Scope Screening is via a flexible sigmoidoscopy which looks at the inside of the lower bowel and it will be offered in addition to the Bowel Cancer Screening Programme which starts at 60 years. This starts in Sheffield in December 2014 and is strongly supported by the CCG.
- Working in partnership with Sheffield Action for African-Caribbean Health (SAACH), Public Health has received funding from Prostate Cancer UK to explore a strategy for engaging African-Caribbean men and their partners in an effective way. They are working with pre-existing social networks to encourage men to discuss prostate cancer with each other so that ultimately men within networks will be more likely to encourage each other to look after themselves. They also hope to do follow up work to assess whether the initiative has made any impact on men's help-seeking behaviour but will need to secure additional funding to do this.

- Sheffield GPs also have direct access to a number of diagnostic services, including Non-obstetric ultrasound (for ovarian cancer), Chest X-ray (for lung cancer), and Flexible sigmoidoscopy (for colorectal cancer) which supports early diagnosis.

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

Preventable years of life lost in Sheffield has been improving at a rate broadly in line with England. Cardiovascular disease accounts for the largest share of the preventable mortality burden in the city but within this, life years lost to coronary heart disease has remained persistently above England and the gap is not closing.

Amenable cancer on the other hand is in line with England, but the rate of decline is not nearly as rapid as for coronary heart disease. It is relevant therefore to maintain a focus on heart disease in particular and cancer, the modifiable risk factors, and high-risk groups such as people having mental illness who are at especial risk of the disease.

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

It is recommended that the Board maintains the focus on cancer and cardiovascular disease. Smoking remains the biggest modifiable risk factor for both disease groups, and for inequalities in the diseases. Therefore partners should consider how they can contribute to levering up actions to tackle smoking and tobacco consumption in the city in a measurable way, particularly amongst disadvantaged groups.

NHS partners should include in their plans further actions to improve cardiovascular disease and cancer prevention through commissioning opportunities, and through improvements in treatments and clinical quality. The CCG will encourage more joint work between screening programmes and general practice, with a focus on more disadvantaged groups. Specific account should be taken in relation to improving the physical health of people living with mental illness; smoking being a significant factor here too.

5. Appendix – More information about the outcome indicators

1. **Indicator:** Men's life expectancy
   Definition: Average life expectancy at birth in years (males)

	2008-10	2009-11	2010-12
Sheffield	78.1	78.4	78.7
England	78.6	78.8	79.2
Core City Rank (1 is best)	1	1	1

2. **Indicator:** Women's life expectancy
   Definition: Average life expectancy at birth in years (females)

	2008-10	2009-11	2010-12
Sheffield	81.8	82.1	82.4
England	82.6	82.8	83.0
Core City Rank (1 is best)	3	2	2

3. **Indicator**: Preventable mortality
   Definition: Mortality from causes considered preventable. Directly age standardised rate per 100,000 population

	2008-10	2009-11	2010-12
Sheffield	206.6	202.6	196.4
England	201.5	193.8	187.8
Core City Rank (1 is best)	1	1	1

4. **Indicator**: Infant Mortality
   Definition: Three year pooled rate per 1,000 live births (based on year of death) Infants under 1 year.

	2008-10	2009-11	2010-12
Sheffield	4.8	4.9	4.6
England	4.4	4.3	4.1
Core City Rank (1 is best)	3	5	4

5. **Indicator**: Depression[1]
   Definition: Percentage of patients aged 18 years and over with a new diagnosis of depression in the preceding 1 April to 31 March (Quality and Outcomes Framework).

	2011-12	2012-13	2013-14
Sheffield	N/A	6.93%	7.43%
England	N/A	5.84%	6.52%
Core City Rank (1 is best)	N/A	7	7

[1] The method for calculating prevalence of depression has changed. Only the figures for 2012-13 and 2013-14 are directly comparable.

6. **Indicator**: Smoking[2]
   Definition: Estimated prevalence of smoking in the adult population (18 years and over) from the Integrated Household Survey.

	2010	**2011**	**2012**
Sheffield	23.8%	19.5%	23.2%
England	20.8%	20.2%	19.5%
Core City Rank (1 is best)	4	1	4

[2] The method for calculating prevalence of smoking was introduced in 2010. There were known methodological problems in 2011 which will account for the apparent drop that year. The estimate for 2012 is considered more reliable.

7. **Indicator**: Eleven year olds overweight and obese
   Definition: Percentage of Y6 children (aged 10-11 years) who are overweight or obese

	2010-11	**2011-12**	**2012-13**
Sheffield	34.5%	33.6%	33.7%
England	33.4%	33.9%	N/A
Core City Rank (1 is best)	3	2	N/A

8. **Indicator**: Alcohol related admissions to hospital
   Definition: Directly age standardised rate per 100,000 population.

	2010-11	**2011-12**	**2012-13**
Sheffield	698.3	672.9	706.1
England	651.9	652.8	636.9
Core City Rank (1 is best)	1	1	3

9. **Indicator**: Breastfeeding at 6-8 weeks
   Definition: Percentage of babies receiving breast milk at 6-8 weeks after birth

	2011-12	**2012-13**	**2013-14**
Sheffield	49.5%	50.9%	49.5%
England	47.2%	47.2%	N/A
Core City Rank (1 is best)	3	2	N/A