

Sheffield's Joint Health and Wellbeing Strategy: report on actions and progress

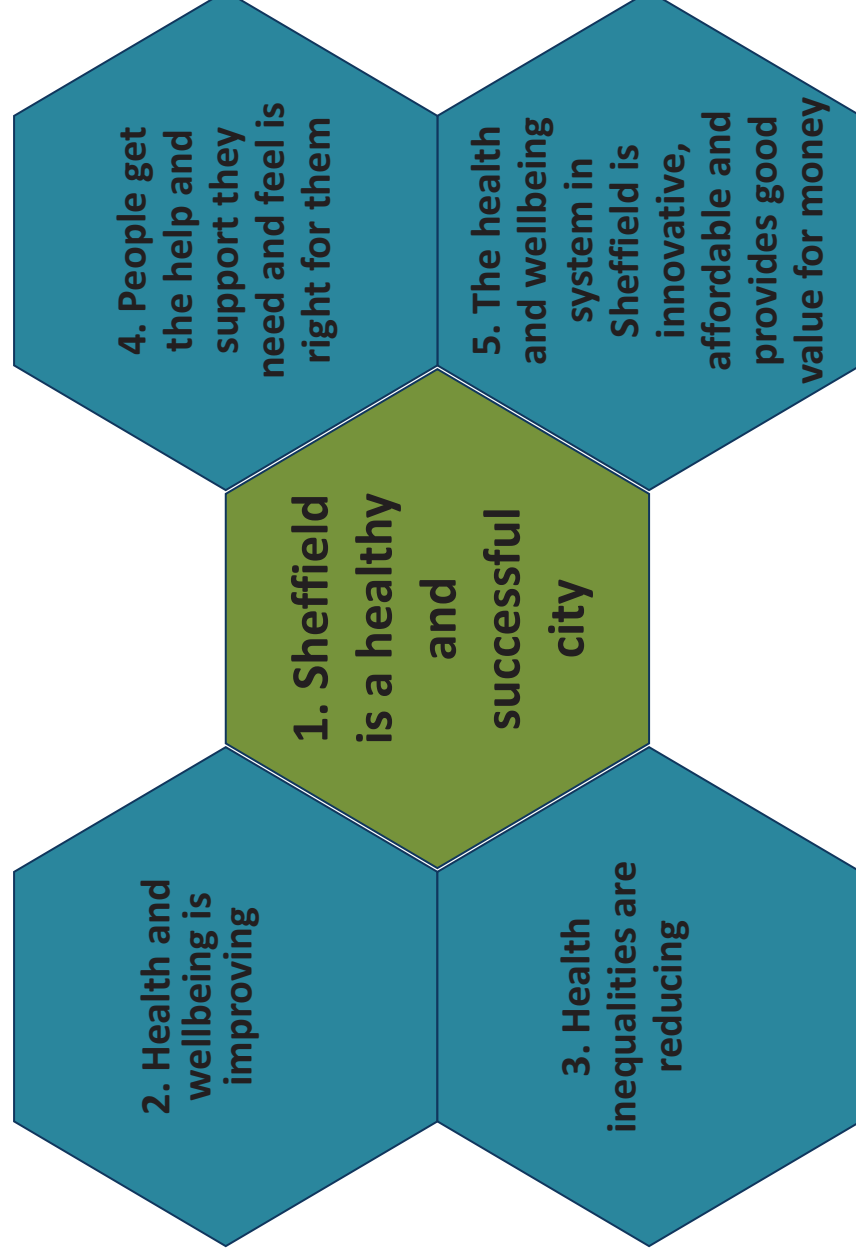
September 2015



The Joint Health and Wellbeing Strategy: a series of interconnected pieces that help Sheffield people stay healthy and well for longer

Monitoring the Joint Health and Wellbeing Strategy: what are we aiming to do in Sheffield?

Our outcomes:



This pack will:

- Update Board members on progress with the actions of the strategy
- Report on indicators which monitor whether Sheffield people's health and wellbeing is improving
- Provide information about work being done to develop the evidence base for health needs and interventions

Tackling the root causes of poor health and wellbeing: what's happened?

Outcome 1: Health and wellbeing is improving

Education and skills attainment:

- Education and business links continue to be strengthened through the *Made in Sheffield* curriculum
- *Make:Learn:Share* sees ICT Young Ambassadors, supported by employers and the University of Sheffield, teach coding, physical computing, robotics and app development, with six secondary schools now delivering in their feeder primaries
- A Sheffield City Region working group has been established to take forward the government's new Enterprise Adviser Pilot to promote education-business links in all schools and colleges, the development of a Careers Portal to provide access to high quality labour market information, advice and guidance, and a strategy to raise attainment in STEM subjects (science, technology, engineering and maths) across the city-region
- Planning approval has been granted for the city's second University Technical College which is set to open in September 2016
- *Skills Made Easy*, the city-region's apprenticeship service developed in support of the City Deal, has created almost 2,000 additional apprenticeships in those small and medium size enterprises that had not previously taken an apprentice, with over a third of these being in manufacturing
- Sheffield Futures, supported by the Council, has secured a £1m social impact bond investment in targeting those Key Stage 4 students most likely to disengage from education and, subsequently training and employment

Creating new employment pathways:

- Sheffield Futures is coordinating the delivery of the Talent Match programme targeted at young people furthest from the labour market
- The Council has commissioned demonstration projects designed to significantly increase employment outcomes for vulnerable groups including those with learning difficulties and disabilities, those from BME communities, young offenders, care leavers and young parents, with a view to building the evidence base for a Public Service Reform proposal
- An Employer Charter and good Employer Code of Practice are being developed to encourage and recognise employers who seek to improve the health and wellbeing of their staff
- The Council, CCG and JCP have collaborated to develop an ESA (Employment Support Allowance) pilot aimed at supporting GPs to refer individuals to back to work programmes

Work with Sheffield City Region and the Core Cities on linking up employment and health:

- Work is underway with the LEP to establish the changes needed across the employment and health systems in the Region which will reduce health and disability related unemployment, increase Region productivity and decrease overall welfare costs. A delivery programme with LEP and health and wellbeing partners will be established over the next 3 months

Tackling child poverty:

- A draft needs assessment was developed and used in conjunction with an evidence review and consultation to develop a city-wide Tackling Poverty Strategy. This was presented in draft to the Health and Wellbeing Board in February 2015 and individual member organisations from the HWB contributed commitments to the action plan and these were approved by those member organisations
- The Strategy is now approved and runs to 2018. Further work has now begun on developing additional activity to achieve greater impact (as set out in the Strategy) to add to the action plan

Work to address fuel poverty:

- A fuel poverty strategy is in draft, with consultation underway and a public seminar expected in November

Improving health and wellbeing: what's happened? (1)

Outcome 2 – Health and wellbeing is improving

Embedding emotional wellbeing and mental health in Sheffield

- We have agreed a Sheffield Strategy for Mental Health, and incorporated plans from a range of partners towards its delivery
- The '5 Ways to Wellbeing' are promoted in the Council's Corporate Plan, and have begun to be reflected in commissioning approaches
- Suicide has been increasing in Sheffield at a faster rate than in England and a Suicide Prevention Plan is in development

Supporting children and young people's emotional development

- A school based emotional wellbeing and mental health pilot model is being delivered in 30 Sheffield schools from September 2015
- A new Executive Group has been established and is responsible for developing the local Future in Mind Transformation Plan which is being submitted to the Department of Health in Sept/Oct 2015

Implementing the Parenting Strategy

- Parenting delivery in Sheffield is delivered at a universal level as well as specific targeted programmes for parents need additional support. Approximately 60 parenting group programmes are delivered per year across the city with approximately 600 parents benefiting. Some work is provided in GP surgeries and there is partnership work with CAMHS
- Teen Violence against parents pilot programme delivered between MAST and Youth Justice Team
- Over the coming year, work will include a parenting programme for female survivors of domestic abuse, partnership delivery with CAMHS for parents of children referred with attachment issues, development of the locality model to ensure parents can access parenting support at a preventative stage

Reducing tobacco use

- Sheffield City Council continues to commission a comprehensive tobacco control programme . The stop smoking service has enabled 478 people to quit so far this year
- Smoke free homes and cars continue to be promoted and a consultation on smokefree children's playgrounds was launched over the Summer. A recent media campaign focussed on stopping smoking during pregnancy and Stoptober will be the next high profile media campaign
- Work continues on removing cheap/illicit tobacco from neighbourhoods and working with magistrates to ensure there is a sufficient deterrent to trading in cheap/illicit tobacco. The Tobacco Control Board continues to monitor and respond to emerging evidence on tobacco and nicotine products

New approaches to food

- A procurement exercise was undertaken for the following services which are all now fully operational:
 - 0-4 Early Years Healthy Weight (Start Well). The service is receiving positive feedback from professionals and parents
 - Children and Young People's Healthy Weight service (Alive N Kicking), Tier 1 and Tier 2 Adult Healthy Weight Management service (Why Weight Sheffield), and Tier 3 Adult Weight Management Service (Why Weight Sheffield) all became operational in April 2015
- The above programmes sit within a wider framework of preventative services and initiatives such as the Move More Plan, Food Strategy, Best Start Strategy, Health Service for School Age Pupils (School Nursing), Activity Sheffield, Health Trainers etc.

Improving health and wellbeing: what's happened? (2)

Outcome 2 – Health and wellbeing is improving

Programmes to reduce harm and provide treatment for those abusing alcohol or drugs

- Drug treatment services contracts which commenced on 1 October 2014 have been operational for almost one year. Sheffield performs better than the national average for number of alcohol specific hospital admissions under 18s but worse in alcohol specific mortality among males. To address this and other issues, a Sheffield Alcohol Strategy 2016-2020 which will go to Cabinet in December 2015. Alcohol treatment services are soon to be commissioned for a contract start date of 1 April 2016
- The Drug Interventions Programme (DIP) continues to provide an effective link between the criminal justice and substance misuse treatment.
- An electronic screening tool created by the current alcohol treatment provider has been further rolled out across Sheffield. Alcohol screening is now done as standard by a number of non substance misuse specialist services
- The Novel Psychoactive Substances (NPS 'legal highs') multi-agency steering group has continued to implement its strategic plan
- The young people's substance misuse service has developed a school drugs policy
- CRI won the 'What About Me' contract to support young people affected by parent or carer substance misuse this year. This operates in partnership with Sheffield Young Carers service and Interchange emotional wellbeing
- Seizures of illegal (counterfeit) alcohol have reduced significantly, with the work done by DACT and Trading Standards to raise awareness of the impact of buying or selling counterfeit alcohol shortlisted for a Ministry of Justice award in early 2015

Prioritise and focus attention on cancer and cardiovascular disease

- A South Yorkshire Cancer Strategy group is developing solutions to resolve problems and inform future developments to reduce variation in referrals and emergency presentation, between primary and secondary care. The group is also highlighting and addressing current and future issues identified within the Cancer Strategy for England 2015-2020 to improve cancer outcomes for our residents
- Sheffield CCG will also be leading on a piece of work looking at cancer waiting times (inter-trust transfers / timed pathways) which will include the wider South Yorkshire CCG and Providers
- A new familial hypercholesterolemia clinic is being established in the genetic heart disease speciality at Sheffield Teaching Hospitals NHS FT, which includes genetic testing and familial cascade screening (in association with Sheffield Children's Hospital). The speciality was successful in a competitive bid for a British Heart Foundation award to support getting it off the ground which the CCG has undertaken to commissioning recurrently thereafter
- The CCG and STH Sheffield Atrial Fibrillation special interest group developed local policy and guidelines on anticoagulation and stroke prevention, which has seen a sizable fall in AF strokes. This work is continuing – there will be a further guideline, decision support aids and education events
- A citywide audit related to post-Acute Myocardial Infarction treatments has prompted a clinical improvement programme starting in the autumn
- Discussions are occurring around formulating plans for a large-scale restructuring of GP referral pathways into secondary care, starting with cardiology as one of the trailblazers

Reducing health inequalities: what's happened?

Outcome 3 – Health inequalities are reducing

Using data to understand health inequalities and inform approaches to tackling them

- Considerable progress has been made on the following Health Needs Assessments: Carers; Roma Slovak; Learning Disabilities; Mental Health; Homeless. All of these are due for completion over autumn 2015. The evidence they produce will be used to support the development/update of commissioning plans that lead to improved health within these disadvantaged communities

Work to strengthen community resilience and social capital

- Sheffield Executive Board has developed and approved a framework for building resilient communities, based around five guiding principles. It is now for individual organisations to consider how their approach to their areas of work can best meet the requirements of the framework, working together across the city in doing so
- A range of community programmes have made a difference to improving the health and wellbeing of individuals and communities. There has been an increase in connections across communities building local assets increasing opportunities to increase independence and individuals' control of their own health and wellbeing. This work has reached more vulnerable groups and increased opportunities for volunteering, training and employment

Build coherent, joined-up city localities

- There is work going on across a number of fronts that contributes to the health and wellbeing agenda in localities. This covers planning, transport, education, business and community groups. The initiatives include working on Locality Plans for Woodside and Manor Top, work to deliver new sustainable homes through the Sheffield Housing Company, the planning and provision of new public realm and green spaces, work around the ageing city agenda with the University of Sheffield, and bidding to government for major funding through OLEV to address air quality issues

Support groups that struggle to access services to access them

- The CCG and the Council have agreed an action plan to reduce inequalities in access to services, which is being led by Public Health. Work is progressing to develop and test good practice principles and guidance, involving wider stakeholders as appropriate.

Help children to get the best possible start in life

- The Best Start Sheffield Strategy has been finalised and a launch event is planned for October 2015. Best Start ensures action to address each of these priorities across Early Years.
- The Children's Health and Wellbeing Board are also considering the introduction of a new Community Child Health workstream to address lifestyle and risk taking behaviours (including obesity, substance misuse, alcohol and sexual health). Through this work there is citywide prioritisation of activity to improve children's attainment and attachment in early years and significant service redesign across Children's Centres

Commission disease-specific interventions to tackle poor health in groups that have worse health

- CCG commissioning intentions include the development of liaison psychiatry (between MH and physical health services), promotion of physical health in MH services, adoption of RFT project 4. The CCG's Health Inequalities plan includes review of this programme of work.

Focussing on Sheffield people: what's happened?

Outcome 4 – People get the help and support that they need and feel is right for them

Integration of health, social care, education and housing

- The Integrated Commissioning Programme continues to progress. People Keeping Well and Active Support and Recovery projects in particular will lead to integration of support and care for people and we are working with providers on both, designing services together and developing procurement strategies that maintain partnership between providers and between commissioners and providers

Integrate planning and support for children with complex needs and disabilities

- Education, Health and Care plan pathways have been implemented
- A joint needs assessment underway to inform joint commissioning of services
- The design of services for those aged 0-25 is in progress

Improve access to GPs

- The CCG is supporting Primary Care Sheffield in implementing the Prime Minister's Challenge Fund, testing new ways of accessing GP services to improve access.

Develop new approaches to offering information and advice

- The Sheffield Directory is being launched in autumn 2015 which will be a new portal providing information and advice
- Further work is also being developed on areas such as advocacy and self-assessment

Promote active citizenship and health literacy

- Practice Champions have now been funded for another year. This work has increase improved health and wellbeing and increased self-management of long term conditions. It has developed the capacity and assets of local communities and led to more appropriate use of NHS and other services

Ensuring people's views are taken into account in service commissioning and provision

- The CCG has carried out active engagement on urgent care, elective care, and the redesign of musculoskeletal services
- Engagement has been carried out on a vision for health and social care in 2020
- The Council has launched CitizenSpace, a new hub for consultation and engagement
- Healthwatch Sheffield have been involved in a number of projects

Using patient/service user experience as a significant measure of quality

- Since April 2015, a CCG Patient Experience Strategy and plan has been developed and resources identified to recruit to a Quality Manager to take this forward and establish strong processes to both understand and improve patient experience of NHS services in Sheffield. Recruitment will take place in September and it is expected that the post will not only strengthen patient feedback systems, working closely with the communication and engagement teams within the CCG, but maintain and improve effective relationships with all our providers and stakeholders

Sheffield 2020: system change: what's happened?

Outcome 5 – the health and wellbeing system is innovative, affordable and provides good value for money

Develop joint commissioning between health and social care

- A pooled budget of c£290m has been established, which is managed by an integrated Executive Management Group across the Council and CCG

Address city-wide causes of high hospital use

- The Active Support and Recovery and People Keeping Well workstreams of the Integrated Commissioning Programme are both aimed at reducing the need for urgent hospital care and providing alternatives to hospital care where that is better for the patient

Increase the use of more targeted approaches to help people stay at home, be healthy for longer and avoid hospital and long-term care

- A number of staff have been recruited as part of the Transformation Challenge Award with a focus on helping people to stay well in their local communities. 95% of GP practices are engaged with this approach. This work is on target to bring in over £1million for vulnerable older people via successful Attendance Allowance claims. An evaluation plan has been agreed with Sheffield University
- There has been further development of multi-disciplinary teams and use of risk stratification

Make best use of available and emerging technology

- Sheffield is submitting a bid to be an NHS England “test-bed” - an initiative establishing relationships between health and care providers and innovators in technology, aimed at testing new technologies

Commission a basic training programme for all frontline workers that raises the profile of public health, mental health and safeguarding issues

- We have a plan in place for public health organisational development and the capacity to deliver training and evaluate the work. The first phase of Healthy Conversations course has been delivered to frontline council staff in the Council. To date 5 courses have been delivered to 65 learners
- Work is underway to develop an ‘Introduction to Health and Wellbeing (Public Health) Elearning Package for Council staff

Commit to working with VCF organisations

- The city’s Thriving VCF Leadership Group has organised a cross-sector event on supporting people with mental health problems to live independently. Planning is also underway to plan for an event to raise awareness in the sector about support for people experiencing domestic abuse
- Work has continued under the Thriving VCF Leadership Group regarding commissioning and contracting and in particular good progress has been made on co-producing a common understanding and ideas regarding how to use Social Value criteria in tenders
- A range of other areas of work help to ensure linkages are made and local intelligence and resources are deployed effectively

Seek efficiency from providers with putting people’s safety or experience at risk

- NHS contracts continue to require provider efficiency gains every year. The CCG continually seeks efficiency in, for example, prescribing and care placements
- The Council continues to achieve efficiencies through negotiations with providers. There is an explicit programme of work to reduce our reliance on higher cost providers

High-level outcome indicators (1)

The Health and Wellbeing Board has chosen a range of indicators which will show if, and how, health and wellbeing in Sheffield is improving. The table and chart below shows how the health of people for Sheffield compares with England. The average rate for England is shown as the vertical black line, which is always at the centre of the chart.



Sheffield is statistically WORSE than England



Confidence intervals not available



Sheffield is statistically BETTER than England



Sheffield is statistically THE SAME as England

Outcome	Indicator	Date of Data	England	Sheffield	Sheffield Trend	England Worst	Spine Chart
Healthy and Successful City	1 Children in Poverty (HMRC) (all dependent children under 20), %	2012	18.58	22.91	↑	39.03	
	2 Gross income (annual), £	2014	22,044	19,658	↓	16,126	
	3 Long Term unemployment, aged 16-64, %	2015	0.60	0.90	↑	3.00	
	4 16-18 year olds not in education, employment or training (NEETS), %	2014	4.67	5.90	↑	9.00	
	5 School Readiness - proportion of children achieving good level of development at end of Reception, %	2013/14	60.4	59.5	↓	41.2	
	6 Achieving GCSE 5A*-C inc. Eng. & Maths, %	2013/14	53.4	53.9	↑	35.4	
	7 Homelessness Acceptances (unintentionally homeless and in priority need), per 1,000 households	2013/14	2.32	3.41	↑	12.55	
	8 Air Pollution: mortality attributable to particulate air pollution, %	2012	5.10	4.70	↑	8.30	
	9 Life Expectancy at Birth Male, Years	2011-2013	79.4	78.8	↓	74.3	
	10 Life Expectancy at Birth Female, Years	2011-2013	83.1	82.4	↓	80.0	
	11 Mortality rate from causes considered preventable per 100,000 population, DASH per 100,000 population	2011-2013	184	202	↓	320	
	12 Infant Mortality Rate (three year), per 1,000 live births	2011-2013	3.98	4.15	↑	7.11	
	13 Adults (18+) with Depression, %	2013/14	6.52	7.43	↓	12.39	
	14 Adult smoking prevalence from the Integrated Household Survey (age 18+), %	2013	18.4	17.6	↑	29.4	
	15 Children in Year 6 (age 10-11) Overweight and obese, %	2013/14	33.5	33.4	↑	43.8	
	16 Alcohol attributable hospital admissions, DASH per 100,000 population	2013/14	645	718	↓	1,231	
	17 Breastfeeding prevalence at 6-8 weeks after birth, %	2013/14	45.8	49.5	↑	19.4	
Health and Wellbeing Improving							

High-level outcome indicators (2)

The Health and Wellbeing Board has chosen a range of indicators which will show if, and how, health and wellbeing in Sheffield is improving. The table and chart below shows how the health of people for Sheffield compares with England. The average rate for England is shown as the vertical black line, which is always at the centre of the chart.



Sheffield is statistically **WORSE** than England



Confidence intervals **not available**



Sheffield is statistically **BETTER** than England



Sheffield is statistically **THE SAME** as England

Indicator	2011 - 13	2011 - 13	2011 - 13	2011 - 13	2011 - 13	2011 - 13
Health Inequalities						
18 Slope Index of Inequality for Life Expectancy Male, Years of life	9.14	9.73	↑	17.27		
19 Slope of Index Inequality for Life Expectancy Female, Years of life	6.90	6.90	↑	11.45		
20 Excess Winter Deaths Index (3 years, all ages), %	17.44	13.62	↓	26.99		
21 Excess Under 75 year old mortality in Adults with Serious Mental Illness, DAsR per 100,000 population	347	381	↓	564		
22 Percentage of people reporting a 'very good' or 'fairly good' experience of their GP surgery, %	85.7	85.0	↑	71.5		
23 Potential years of life lost (PYLL) from causes considered amenable to healthcare, DAsR per 100,000 population	2,510	3,272	↓	3,627		
24 Emergency admissions for acute conditions that should not usually require hospital admission, DAsR per 100,000	1,196	1,462	↑	2,287		
25 One-year survival from breast, lung and colorectal cancer, %	70.5	73.0	↓	64.1		
26 Proportion of people using social care who receive self directed support, %	61.9	63.1	↑	25.3		
27 People using adult social care who have control over their daily life, %	76.8	74.2	↑	61.2		
28 Older people (65+) still at home 91 days after discharge from hospital into re-ablement/rehabilitation services, %	82.5	84.8	↓	50.0		
29 Permanent Admissions to nursing/residential care (65+ per 100,000), per 100,000 population	651	678	↑	1,256		
30 Delayed transfers of care from hospital, per 100,000 population	9.60	15.60	↓	27.00		
Care and Support When Needed						

The evidence base (1)

The following pieces of work have been carried out or are being carried out to help us understand the evidence of what people need and what works:

Outcome 1

- **Poverty:** A new strategy is being drafted, following detailed needs assessment, and has recently been out to consultation.
- **Welfare Reform:** Sheffield Hallam University was commissioned to provide detailed information on the impacts of the benefit reforms across Sheffield's households. The report, which was published in autumn 2014, forecast that the most vulnerable, especially single parent families are likely to be hardest hit and adding to concerns that the relatively high proportion of children living in poverty in Sheffield will increase.
- **Food Poverty:** As part of the evaluation of the new food strategy, mapping of food poverty in Sheffield (using MOSAIC groups) was undertaken to provide insight and evidence to support appropriate and meaningful targeted action.
- **Environment:** The 2014 Director of Public Health report focused on health and climate change. Good progress is being made on implementing the recommendations.
- **Community Wellbeing:** A new programme is being commissioned to support and strengthen community resilience and social capital in Sheffield's most vulnerable and deprived neighbourhoods and communities. Delivery and evaluation of the programme will be underpinned by our work with the University of Sheffield to develop and collect evidence to support measuring service and wellbeing outcomes.
- **Domestic and Sexual Abuse:** A highly detailed data profile for Sheffield was presented to the Domestic Abuse Strategic Board in March 2015. This work represented the first update to the '*Supporting document for Domestic Abuse Commissioning in Sheffield*', which was published in September 2013.

Outcome 2

- **Preventable Mortality:** Analysis of variation in relation to the main causes of ill health and early death in the City is currently underway. As part of this analysis, in-depth disease specific needs assessment is being undertaken in relation to cancer, liver disease and chronic obstructive pulmonary disease. A key focus for the work is 'preventable years of life lost' where the aim is to ensure prevention and early intervention programmes achieve maximum impact on reducing premature death and increasing healthy life expectancy.
- **Infant mortality:** The highly detailed analysis for the Council's infant mortality strategy (relating to risks, causes, trends and patterns) was fully updated in July 2015. This also provided the data appendix to the annual child death report to the Sheffield Child Death Review Panel.
- **Sensory Impairments:** A Health Needs Assessment was published in August 2014, providing a high level analysis of hearing and vision impairments nationally and in Sheffield. In the context of an ageing population, it recommended making sight loss a top public health priority alongside issues such as dementia and obesity. It also identified hearing loss as a major public health issue and forecast a significant growth in cases of deaf-blindness over the next 20 years, largely driven by general demographic change.
- **Emotional Wellbeing of Children and Young People:** An assessment of children and young people's emotional wellbeing and mental health needs was published in September 2014 and is being used to inform the direction of the Emotional Wellbeing and Mental Health Strategy for the City and future design and commissioning of services.
- **Children with Complex Needs:** Commissioned by the CCG and published in August 2014, this health needs assessment identified: the numbers of children and young people with LDD and other complex health needs in Sheffield and predicted future trends based upon diagnostic profile and DDA criteria; current and future needs in order to inform appropriate planning and delivery of services and; health and wellbeing needs across the different groups of children and young people in the City.

The evidence base (2)

The following pieces of work have been carried out or are being carried out to help us understand the evidence of what people need and what works:

Outcome 3

- **Mental Health:** A Health Needs Assessment (focussing on adults) is currently being undertaken based on a detailed data profile commissioned from University College London. It will aim to highlight the size, impact and cost of mental health services and interventions and identify key opportunities to improve population mental health through a coordinated approach between primary care, secondary care, social care and public health.
- **Learning Disabilities:** A comprehensive Health Needs Assessment (focussed on the life course) of the estimated 11,000 people with learning disability in Sheffield is currently being undertaken. Early results suggest Sheffield has a much higher than average level of case finding. This means that using national projections could lead to under-estimation locally unless appropriate adjustments are made.
- **Carers:** A Health Needs Assessment is being updated to reflect the 2011 Census data. There have been some changes to the profile of carers during this most recent Census period that may influence commissioning priorities. This will be highlighted in the HNA.
- **Homeless:** A Health Needs Audit is being undertaken using a national survey tool (Homeless Link) and administered, on a face to face basis, by local providers. Due to the support of delivery partners we are well on target to achieve the 350 first phase sample. This will be followed by a second 'booster' phase to ensure the sample appropriately reflects the profile of local service users. We are on target for a report in October 2015.
- **Roma Slovak:** A qualitative based Health Needs Assessment is currently underway which includes asset based development work with local community members as well as a series of in-depth interviews with GP practices, health visitors and other health and social care staff.

Outcomes 4 and 5

- **Innovation for Improvement:** A research funding bid, focussed on empowering people to take control over their own health and wellbeing and helping them to make healthier lifestyle choices, was submitted to the Health Foundation in June 2015. The bid will provide an opportunity to join up GP person-centred care planning processes with Health Trainer provision. If successful the work would commence in January 2016.
- **End of Life Care:** A health equity audit has recently been completed. Key findings included: referrals to hospice for people from BME groups is proportionate when compared to the percentage of people in Sheffield over 65 from BME groups; demand for EoLC services for this population will increase dramatically over the next 20 years as the percentage of people over 65 from BME groups rises; more people are going to die in nursing homes in the future so we must make sure nursing home staff are trained in how to deal with complex issues and how to give high quality end of life care for people with physical and psychological illness.
- **Pharmaceutical Needs Assessment:** The PNA was published in April 2015. It concluded that community based pharmacy services in Sheffield are meeting the health and wellbeing needs identified in our JSNA although a number of areas where further health gain could be achieved were noted.
- **People Keeping Well:** The University of Sheffield has been commissioned to undertake a detailed evaluation of this strand of Sheffield's Better Care Fund programme. This will include economic evaluation using the New Economy Manchester cost benefit analysis methodology.
- **Care Homes:** A Health Needs Assessment of older people's wellbeing in residential care made a number of recommendations for improving health and care in relation to three key themes: mental wellbeing in care homes; public health wellbeing approaches and dignity in care.
- **Making Every Contact Count:** A 'Healthy Conversations' half day training course is being delivered to Council staff. To date five courses have been delivered to 65 learners. Forty two of these learners are taking part in a research project funded by the Sheffield Hospitals Charitable Trust in partnership with the School of Health and Related Research and the Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber. The research project will support evaluation, monitoring impact and sharing good practice.

What does the Health and Wellbeing Board need to do in response to this update?

Connecting

- Consider if there are **opportunities for integrated, joined-up working and collaboration** between different areas of work
- Connect approaches to **tackling health inequalities and improving information and advice provision** with approaches to **tackling poverty and improving educational attainment**

Influencing

- Continue to promote and support the strategic relevance of work to improve **emotional wellbeing**
- Advocate **citywide, cross sector sign up to prevention**
- Ensure **VCF organisations are involved** in developing outcomes frameworks and need assessments
- Continue to promote **Public Service Reform**
- Prioritise **funding for VCF organisations and support capacity and capability building** in the sector around issues that help to deliver the Board's priorities

Programmes of work

- Consider how members of the Health and Wellbeing Board and those in their networks can support the curriculum design, development and launch of the **University Technical College for Human Sciences and Digital Technologies**
- Identify key actions that Board members and their networks can take in **supporting vulnerable 16-24 year olds to progress** in education, employment or training, such as the development of all-age provision for those with learning difficulties and disabilities and improved engagement with Children's and Adolescent Mental Health Services
- Note and support the development of **all age approach to learning disabilities**
- Endorse the **Sheffield Alcohol Strategy 2016-2020** and supporting recommendations to explore further joint commissioning to provide a city-wide response to alcohol
- Endorse the **schools drugs policy**, approved by the Sheffield Safeguarding Children Board, and encourage schools to take a safeguarding and educational approach to the use of substances alongside any disciplinary action

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