



## Foreword

Health and wellbeing matters to everyone. Being as healthy and well as we can helps us to do the things we want to do and means that we can play an active role in our families, our communities and our city. Health and wellbeing is not just about being free from disease: it's about feeling physically, mentally and socially well and socially engaged.

Health in Sheffield has improved considerably over the last few decades but our city is still blighted by inequalities and so we need to take a new approach. We now have a new Health and Wellbeing Board for the city which is made up of GPs, Sheffield City Council and Sheffield's Local Involvement Network (LINK). This is a big opportunity to stand up for Sheffield and start to make a real difference to the health and wellbeing of Sheffielders of all ages.

We now know that health and wellbeing can be affected by poverty, aspiration, education, employment and the physical environment as well as by individual genetics. Our mission therefore is to tackle the main reasons why people become ill or suffer health inequalities in the first place, as well as to work with and empower people to improve their health and wellbeing today. Sheffield is an ambitious city and we know there are things we can do together to be a healthier and more successful place to live. But we acknowledge that we are living through financially tough times and we need to do what we can to stop the improvements in health and wellbeing over recent years being reversed.

In this Strategy, we have identified the five main things we need to do to make Sheffield a healthy, successful city. These five things can't be achieved by the NHS or the public services on their own and people have told us that they want and can take greater responsibility for their own wellbeing. Therefore, everyone has a role in making Sheffield a healthier place to live, work, grow up and grow older.

Sheffield's new Health and Wellbeing Board has for the first time brought together the city's GPs and the City Council in a strong partnership which has a shared strategy and a shared ambition. It is an opportunity to tackle the health and wellbeing problems that have affected Sheffield for generations by using our shared financial resources to invest in the things that make the biggest difference to people's health and wellbeing in the city. The Health and Wellbeing Board will challenge Sheffield people, businesses, public services and community organisations to work with us and share the responsibility for making Sheffield a healthier, successful city.

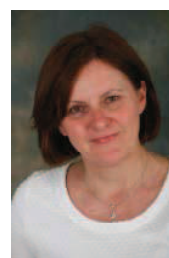
After listening to what Sheffielders have told us, we've set out in this Strategy what we believe we need to do to improve health and wellbeing in the city. It is a clear statement of intent for the coming years but as the Government's health changes become law in April 2013, we will undertake a new consultation in spring 2013, revise this Strategy and deliver a new version in September 2013.

Everyone in Sheffield has a role in making our city a successful, healthier, better place to live and that is why your views and your involvement matter.



Dr. Tim Moorhead  
Joint Chair

Sheffield Health & Wellbeing Board



Councillor Julie Dore  
Joint Chair

Sheffield Health & Wellbeing Board

## Section 1 Introduction

The establishment of Sheffield's Health and Wellbeing Board presents an unprecedented opportunity to transform health<sup>1</sup> and wellbeing in the city. The Board brings together GPs who are responsible for commissioning £730m of health services every year and Sheffield City Council who are responsible for £1.5bn of local government services every year and who have influence over many other services in the city. This means that for the first time, the Health and Wellbeing Board can: influence all of the things that affect people's health and wellbeing, not just health services; look at people's needs throughout their lives; empower individuals, families and communities to take control of their own health and wellbeing; join up services across health, local government and education; champion whole system solutions to stubborn problems; and use robust evidence to focus on what will make a difference to people's lives based on what works.

This is important because we know what helps people to be healthy and well throughout their lives and that isn't just good health services. It is much more about their experience in early life and developing life skills; how well they do at school and their educational attainment; whether they have a good job and how much they earn; and the condition of their house and the physical environment around where they live. This is why poor health and wellbeing is directly related to poverty and deprivation and why people who suffer from the worst health inequalities often experience the worst outcomes in all areas of their lives.

We know that people want to be independent during their lives, take responsibility for their own health and wellbeing, and get on with the things that they want to do. Nobody *wants* to be unwell so when people do need help from services, they want to get better quickly, stay well, have a say in the services they access and stay at home or as close to home as possible. And we know that if people need hospital or care services, they expect that these will be accessible, high quality, efficient and effective and that they will be treated with dignity and respect. It is also important that individuals are supported to develop skills to look after themselves ('self-care') and to make changes they want to make.

In fact, we know that what works for people also works best for the organisations that deliver services in Sheffield. If people are able to live well, to get on with their lives in the way they choose, stay at or close to home, and have access to efficient specialist treatment when they need it, the chances are that they will do better, be healthy and well for longer and the services they receive will cost less.

### **Our mission:**

- Tackle the main reasons why people become ill or unwell and in doing so reduce health inequalities in the city
- Focus on people – the people of Sheffield are the city's biggest asset. We want people to take greater responsibility for their own wellbeing by making good choices. Services will work together with Sheffielders to design and deliver services which best meet the needs of an individual
- Value independence – stronger primary care, community-based services and community health interventions will help people remain independent and stay at or close to home
- Ensure that all services are high quality and value for money

This may require us to change the things we spend money on and use our influence to improve the things that have the biggest impact on health and wellbeing – poverty, housing, children's early

---

<sup>1</sup> Where we refer to 'health', we mean physical *and* mental health

years, community infrastructure; to shift services from hospital or residential care to the home or local community; to engage local communities through the voluntary sector in the planning and delivery of health interventions; and to ensure all services are effective. In short, we want to empower people to be healthier throughout their lives; to control their own health; provide more community-based services to help people stay at or close to home when they do need help; and improve people's experience of specialist services.

## Section 2 Sheffield: opportunities to be healthy and successful

Sheffield has a reputation for being ambitious, innovative and resilient when times are tough. We can be a city of global significance where people and businesses are successful, where people feel included and where people enjoy the highest quality of life.

[Sheffield's City Strategy](#) has **five ambitions** to make Sheffield a great, globally significant city:

- **Distinctive** – a city which is recognised for its distinctive and authentic character and for what the city has to offer
- **Successful** – a city with a strong, internationally successful economy where people have access to good jobs and businesses have everything they need to grow
- **Inclusive** - a city where everyone has a chance to succeed and fulfil their potential, and where people feel welcomed, valued and can fully participate in the life of the city.
- **Vibrant** – a diverse, creative, innovative city which continues to be an international destination of choice
- **Sustainable** - a city where everyone plays their part to ensure that future generations can enjoy the city and its surrounding areas

To achieve these ambitions, it is important that we are a healthy city. This is because we know that health and wellbeing **affects** and is **affected by** all areas of life: better health and wellbeing often means people are able to learn, work, earn and be socially active; and unemployment, low educational attainment and isolation can damage people's health and wellbeing. We want people in Sheffield to be successful in everything they do but we know we have to address some of the underlying problems in the city to improve wellbeing and give everyone a chance to succeed.

Sheffield has much to be proud of and has the potential to be the city with the best health and wellbeing in the UK. We have got some real assets which set us apart from other cities and support Sheffielders to have healthy lives:

- Vibrant, diverse, safe and resilient communities
- The Peak District and more green space than any other city in England
- World class sports, arts, culture and leisure facilities
- Improving education & lifelong learning services
- Attractive, desirable neighbourhoods
- Good range of housing
- Thriving local centres that provide everyday essentials close to home
- Good transport

Sheffield's economy is becoming an international centre for innovation in digital and advanced manufacturing. **We need a successful economy** to provide people with the good jobs, income, and skills which improve their quality of life but equally, the economy needs healthy, productive, well-trained employees to grow and be successful. In Sheffield, health and wellbeing go hand in hand with economic prosperity.

The city's population is growing and there are an increasing number of **children and young people** in Sheffield due to a rise in the birth rate and higher than average migration. This is a both a major opportunity for the city's future with the prospect of more young, aspirational and skilled people contributing to our communities and economy; but it is also a challenge for us to ensure that Sheffield's young people get the best start in life and have the things they need to make the most of their talents. We also have an increasing number of children with complex needs and increasing rates of health inequalities for children which need to be addressed.

Sheffield is also **growing older**: over the last decade, the number of people aged over 85 has increased by 139%.<sup>2</sup> This is a triumph and we want to ensure that life expectancy continues to increase but also ensure people spend more of their lives in good health. Most older people don't use health and care services, but as the number of people living longer increases there will be more people living longer with long-term conditions who do need help. We need to take steps now to improve wellbeing throughout people's lives and reduce the need for hospital and residential care because we will not be able to afford to support growing numbers of people with long-term illnesses in the way we have done in the past.

Whilst people in Sheffield are living longer than ever before, **significant inequalities within the city** remain a major challenge. Inequalities persist between neighbourhoods and in the health of some groups who experience discrimination, social exclusion and the effects of social and economic deprivation. There is also a growing and significant threat to health from the way we live our lives today (eg. smoking, obesity, alcohol, low levels of physical activity).

We are living through **difficult times** with rising unemployment, falling real incomes and increases in the costs of food, fuel and services. This poses additional challenges to people's health and wellbeing. We need to recognise this and support people to weather the current economic climate.

Like household budgets, the money available to public services and local councils is also reducing and the Government has introduced reforms to public services to reduce public spending. This means we need to take a new approach. We know that **we cannot carry on doing the things we have always done in the way we have always done them** and to tackle both the short and long term challenges facing Sheffield, we have to make changes now. Sheffield already spends too much money on the most intensive or 'acute' health and social care support which will become more and more unaffordable. We need to shift our focus to promoting health and wellbeing throughout life to improve the chances of people retaining good health in later years; intervene early to stop problems getting worse; ensure our services focus on stability and recovery as well as value for money; and make the most of the assets in our communities.

The city's service **providers are an asset**: from the city's GPs, dentists and the main statutory providers - Sheffield Teaching Hospitals, Sheffield Children's NHS Foundation Trust, Sheffield Health and Social Care Trust, Sheffield City Council – to the crucial providers from across the private and voluntary community and faith sectors.

---

<sup>2</sup> Sheffield First Partnership (2012) State of Sheffield 2012  
<https://www.sheffieldfirst.com/dms/sf/management/corporate-communications/documents/SFP/Key-Documents/Full-Report/State%20of%20Sheffield%20Full%20Report%20.pdf>

## Section 3 Guiding principles

These are the 10 things which will guide all the decisions we make about health and wellbeing services we pay for and deliver as a city:

**Valuing the people of Sheffield** - we want the best for Sheffield and Sheffielders will be at the heart of everything we do. People will be able to make informed choices about their wellbeing, be resilient to short and long-term health and wellbeing issues, be supported to take charge of their lives, and able to make decisions about the services they choose to access.

**Fairness and tackling inequality** - everyone should get a fair chance to succeed in Sheffield. Some people and families need extra help to reach their full potential, particularly when they face multiple challenges and layers of deprivation. Tackling inequality is crucial to increasing fairness and social cohesion, reducing health problems, and helping people to have independence and control over their lives. Fairness and tackling inequalities will underpin all that we do.

**Tackling the wider determinants of health** – to become a healthier Sheffield, health and wellbeing must be everyone’s responsibility. We cannot improve health and wellbeing through health services alone so we will encourage people and organisations in the city to focus on improving wellbeing and tackling the root causes of ill-health.

**Evidence-based commissioning** - we will use local and national research and evidence of what works to ensure Sheffield’s services are efficient, effective and meet the needs of people.

**Partnership** - we will work in partnership with people, communities and all public, private and voluntary, community and faith sector organisations to get the right services provided for the needs of people in Sheffield. We will join up health, social care, education, children’s services, housing and other local government services to make a fundamental change to the city’s health, wellbeing and quality of life.

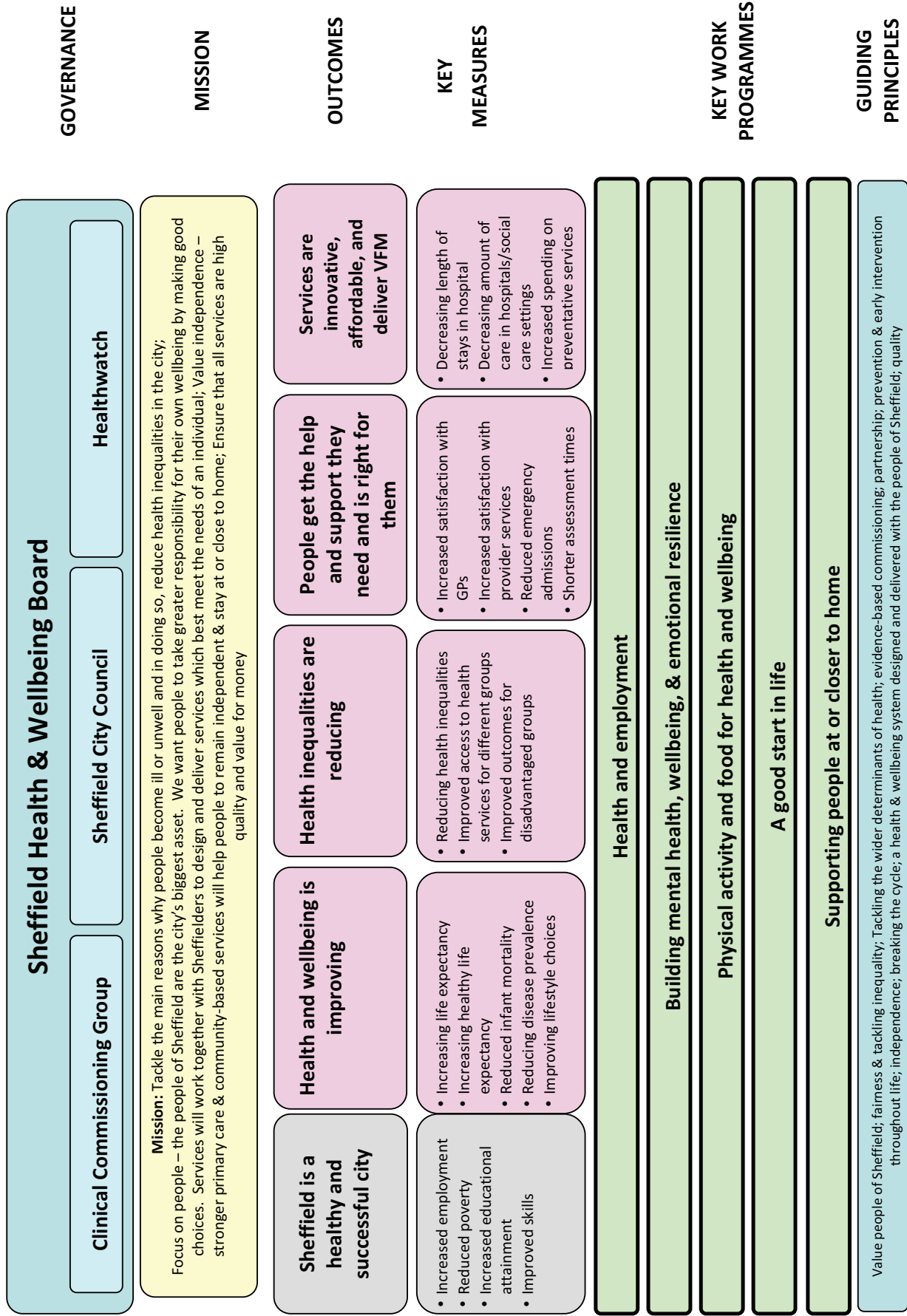
**Prevention and early intervention throughout life** - we will stop problems occurring in the first place and respond efficiently to problems to get people back on their feet as quickly as possible. People don’t want to have long periods of poor physical and mental health and therefore it is in everyone’s best interests to tackle the root causes of ill-health. This will make Sheffield’s health system sustainable and affordable for future generations.

**Independence** - we will help people maintain and improve their quality of life throughout their lives and increase individual and community resilience. Where people need support from health and social care services, those services will be tailored to individual needs and help people and their support networks to maintain or regain the greatest level of independence for their personal circumstances.

**Breaking the cycle** - we want to improve the life chances of each new generation by tackling the way in which poverty and inequality is passed through generations. We also want to stop the cycle of problems such as poverty, low aspirations, poor educational attainment, low incomes, unemployment, ill-health and in some cases, homelessness, crime, alcohol and drug misuse which undermine the health and wellbeing of some people in Sheffield.

**A health and wellbeing system designed and delivered with the people of Sheffield** - we will uphold the principles and values set out in the [NHS Constitution](#) and will deliver health, social care, children’s, housing and other services which are co-produced with service users and their carers to ensure that people get the right services for their needs.

**Quality and innovation** - we will ensure that the health, social care, children’s and housing services provided in Sheffield are high quality and innovative in meeting the needs of service users. In particular, we will look to establish a ‘Sheffield Standard’ for care and ensure our workforce is highly skilled and flexible to meet the changing needs of service users in Sheffield. We will drive up quality and stimulate innovation in the health, social care and public health services providers in the city.



## Section 4 Promoting health and wellbeing in Sheffield: our five outcomes

### Outcome 1: Sheffield is a healthy and successful city

*Making health and wellbeing part of everything the city does, recognising that the city needs to be healthy to be successful and successful to be healthy. Tackling the wider determinants will not happen overnight so this must be a long-term aim for the city over the next 30 years.*

#### What is the issue?

Health and wellbeing in Sheffield cannot be improved by health and care services acting alone. Absolute and relative poverty is at the root of poor health and wellbeing and there is good evidence to suggest that populations which experience lower levels of income inequality are less likely to be unhealthy than in those areas where there is a much larger gap between the best off and worst off in society.

The 'wider determinants' or 'root causes' of health such as educational attainment, housing, crime and fear of crime, and employment are all shaped by poverty and thus impact on health and wellbeing. These are all areas of significant challenge for Sheffield and are areas in which there are substantial inequalities between different communities and groups of people within the city. However, they are all areas which – to a greater or lesser degree – are within the influence of agencies that work in the city. Therefore, we are most likely to be successful in improving (and maintaining improvements in) health if we are able to improve people's overall quality of life and to reduce inequalities.

Health, social care and other services have a key part to play when problems arise (see [Outcome 2](#)), but **preventing problems** in the first place and for the long-term is what we mean by tackling the root causes of ill-health. This can only happen by making all agencies responsible for improving health and wellbeing. However, at the moment, good health is not designed into other services such as planning, transport, environment and food in a sufficiently systematic and integrated way. Therefore, this outcome is about ensuring that health and wellbeing is central to everything that the city does.

#### What do we want to achieve?

This outcome demonstrates the important role the Health and Wellbeing Board can play in making Sheffield a healthier city. We can only achieve this outcome through the partners on the board putting health and wellbeing at the core of the services they commission *and* influencing the way in which other partners and agencies deliver their own services, championing, challenging and advocating for change where it is needed.

This outcome is key to everything we want to achieve for the city and, over time, we would expect to see this become even more central to our thinking as we shift resources away from high cost acute hospital and care services and towards activities that promote good health and wellbeing for all ages and tackle the root causes of poverty and inequalities.

Over the lifetime of this plan, we want to **give every child the best start in life**. We know that good health and wellbeing throughout life is heavily influenced by a person's experience in the early years of life. This means focusing on poverty, financial inclusion, women's health, pre-natal and post-natal support, promoting and supporting good parenting and providing excellent services to children in early years and to families with children to promote the good physical, mental and emotional development of every child in the city and ensure that when children start school they're ready to learn.



We want to enable all children, young people and adults to maximise their capabilities and have control over their lives and be able to contribute to the economy and to wider society by having **high levels of achievement and aspirations** about what they want to do in life.

We want Sheffield to have a strong, sustainable, international economy built on innovation and enterprise that drives prosperity across the City Region. A key component of good health and wellbeing is finding and maintaining **long term, meaningful and satisfying employment** – there is an important and often overlooked link between these two issues, and one that we wish to focus on during the lifetime of this Strategy. This also means taking steps to reduce unemployment, ensure there are good employment opportunities for all young people and support people who find themselves out of work to get a new job. Sheffield has built on the Marmot Review<sup>3</sup> to set out the steps we need to take as a city to have an inclusive economy which provides more and better opportunities for people to work, progress their careers and increase fairness in the labour market.<sup>4</sup> We see this as a vital part of improving population wellbeing and tackling the city's inequalities and we are committed to playing a lead role in the delivery of Sheffield's Health and Work plan.

Everybody in Sheffield should live in **welcoming, inclusive and safe communities** and have a **good standard of housing** that enables them to stay healthy and warm, and that meets their needs as they get older. Where people are unsafe in their homes or communities (e.g. as a result of harassment or domestic abuse), we will ensure they get appropriate support.

We want people to be able to **get around the city**, both through walking and cycling, and through good public transport services, and to connect people easily and cheaply to work and leisure opportunities. We know that lack of affordable transport can lead to social isolation and poor health outcomes.

And we want a city that has a **high quality built and green environment** which is designed to be and feel safe, supporting the improvement of everyone's wellbeing. Better health will be 'designed in' to Sheffield's physical environment, enabling people to have ready access to parks and green spaces, with good air quality, valuable shops and services in local centres, and opportunities for leisure and physical activity at all ages, which we know can have a dramatic positive effect on health and wellbeing.

Much of this work is already going on in the city. Numerous strategies already exist to improve Sheffield in each of these areas. Therefore, instead of replicating actions from a range of other strategies here, the role of the Health and Wellbeing Board will be to influence and hold those other partners and agencies to account, and to ensure that health and wellbeing considerations are built into each of these areas from the start.

Key things we want to do:

- Reduce poverty
- Support parents
- Increase educational outcomes for all
- Increase Sheffield's economic productivity and support business growth
- Increase employment
- Increase income levels and financial security
- Promote health and wellbeing through the school curriculum, in the work place and in communities
- Improve access to good quality, affordable food
- Reduce crime and the fear of crime
- Improve mental wellbeing, resilience and reduce social isolation
- Improve the range, quality and affordability of housing
- Increase satisfaction with the local area/local environment
- Reduce air pollution
- Mitigate the impacts of climate change
- Improve transport and make roads safer for drivers, cyclists and pedestrians
- Increase use of Sheffield's arts, culture and physical activity facilities
- Increase physical activity and participation in sport
- Increase social capital & strengthen community networks

---

<sup>3</sup> Marmot, M (2010) Fair Society Healthy Lives, available [here](#)

<sup>4</sup> Sheffield First Partnership (2012) *Sheffield's Employment Strategy*, <https://www.sheffieldfirst.com/dms/sf/management/corporate-communications/documents/Economy/Strategy-FINAL/Employment%20Strategy.pdf>

## Outcome 2: The health and wellbeing of people in Sheffield is improving all the time

*Focusing 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.*

*Unlike [Outcome 1](#), this is focused on the **ongoing, shorter term improvements** in health and wellbeing which we need to be a well and healthy city in the long-term. We need to reduce some of the health and wellbeing issues which are problems now and cause bigger problems in the future. This outcome applies to the present and we aim to make a difference over the next 10 years.*

### What is the issue?

Health and wellbeing in Sheffield has improved in the past few decades and we have the highest male life expectancy and the third highest female life expectancy of the eight biggest cities outside London. People in all parts of the city are living longer, deaths from major illnesses, especially heart disease and cancer, have reduced markedly and there has been a reduction in the number of people, particularly children, killed or seriously injured on our roads. However, there are significant differences in the life expectancy between our least and most deprived communities as a result of wider social and economic influences.

By focusing on the root causes of ill-health in [Outcome 1](#), we hope that we can have a major impact on the health and wellbeing of people for the long-term. The social and economic environment or the 'wider determinants' of health can have a major impact on people's lifestyles and evidence demonstrates that more deprived areas of Sheffield are more likely to be affected by unhealthy and risky life choices.

We must take action now to improve health and wellbeing in Sheffield today and for the longer term by starting to tackle the causes of ill health as well as current health problems. These include reducing poverty, improving mental wellbeing, improving access to good jobs and tackling poor quality housing. But, we also need to address some of the major health issues such as obesity, smoking and alcohol consumption which are increasing chronic conditions such as heart disease, respiratory disease, cancer and strokes as well as to other health problems such as sexually transmitted infections and poorer health in children and young people.

### What do we want to achieve?

#### Children

- Deliver the Successful Families whole household approach, especially where parental wellbeing impacts on children's health
- Build aspiration and motivation to maintain good physical and mental wellbeing throughout life.
- [Mitigate the negative effects of poverty on children](#)
- Reduce infant mortality
- Improve educational achievement in children and young people
- Wholesale improvement of health and wellbeing for children, particularly those aged 0-4.
- All young people experience a positive transition from childhood to adulthood, including those with disabilities and mental health problems.

#### Adults / whole population

- Reduce poverty
- Improve physical and mental wellbeing of adults throughout their lives
- Reduce mental illness
- Improve emotional wellbeing and reduce loneliness and isolation
- Improve women's health
- Reduce cancer mortality and increase cancer survival rates
- Reverse the increase in obesity in adults
- Increase physical activity
- Every person has timely access to the sexual health and HIV information and services they need
- Reduce harmful levels of alcohol consumption
- Increase access to drug and alcohol treatment for those who require it
- Reduce smoking prevalence

- Reverse the increase in obesity in children
- Improve the mental wellbeing of children and young people, ensuring they have a happy, well-connected childhood.
- Improve the oral health of children and young people
- Improve adult oral health
- Increase the promotion of health life choices in adults
- Support individuals and communities to identify the health and wellbeing solutions that are right for them

**Wider determinants**

- Improve the quality and range of the housing stock in the city
- Ensure people have access to support and housing which is appropriate for their needs and maximises their wellbeing and life chances
- Increase the access to equipment and adaptations in the city to support people to live in their own home and be independent
- Identify and target Category 1 hazards in homes such as cold, damp and falls to reduce the major impact they have on people's wellbeing
- Improve the management of social and private rented housing through our relationships with landlords
- Preventing homelessness
- Reduce pollution and the impact it has on the health of Sheffielders
- Protect and improve the quality of natural landscapes and green spaces in the city

### Outcome 3: Health inequalities are reducing

*Focusing on those people and communities who experience the poorest health and wellbeing. In a similar sense to [Outcome 2](#), we need to address some of the major health and wellbeing issues affecting Sheffield today, particularly in those communities who experience the worst health and wellbeing inequalities. Therefore, the focus for this outcome is also over the next 10 years.*

#### What is the issue?

Sheffield has stark inequalities between different groups of people and between different geographical communities. People in the most deprived parts of Sheffield still experience a greater burden of ill-health and early death, demonstrating that inequalities in health and wellbeing are linked with wider social, cultural and economic issues. It is acknowledged that putting additional support into the most disadvantaged areas and raising standards there will have a beneficial effect on the whole community. There is evidence that those with best health and wellbeing, adopt healthier behaviours, and that the overall population in Sheffield improves as a result. However, those with greatest health needs, often living in poverty, with low levels of educational attainment and low aspirations benefit least. This simply widens inequalities in health and adds avoidable pressure on the NHS and all other health and social care services.<sup>5</sup>

The life expectancy gap between the most and least deprived people for 2009-2011 is 8.7 years for men and 7.4 years for women. There are 29 neighbourhoods in the city (a quarter of the city's population) that are within the 20% most deprived in England. In Sheffield, some communities and groups experience a much poorer quality of life across all the wider determinants of ill-health. In particular, these groups include looked after children and children with learning difficulties and disabilities, some BME communities, migrant and asylum communities, homeless people, victims of domestic and sexual abuse, carers and lesbian, gay, bisexual and transgender people.

It remains the case that health inequalities are a blight on the city – it has been shown that more equal societies achieve better outcomes for everyone (not only the most deprived). Sheffield has recently established a [Fairness Commission](#) to look at the nature, extent, causes and impact of inequalities in the City and to make recommendations for tackling them. The recommendations from the Fairness Commission will help to achieve our aims of reducing the health inequalities experienced by the most disadvantaged communities in the city.

#### What do we want to achieve?

##### Children

- The health and wellbeing outcomes of children and young people who experience the worst outcomes (including children and young people of BME heritage and new arrivals, Looked After Children, young carers and those with learning disabilities) are improved
- Children with complex needs are supported through an integrated care package
- The reducing rate of teenage pregnancy in Sheffield continues to improve
- Young carers are valued, their

##### Adults / whole population

- Where the wellbeing of disadvantaged groups has improved, it continues to improve
- Target health interventions for BME population groups
- Increase health promotion and support better engagement of BME groups to improve health outcomes
- Safeguard the health and wellbeing of vulnerable new migrant communities, asylum seekers and refugees
- Support community development work with disadvantaged communities to enable them to tackle their priorities
- Deliver a comprehensive 'whole life' approach for people with learning disabilities and the most complex needs, tailored to the needs of individuals to maximise life outcomes and

---

<sup>5</sup> King's Fund (2012) *Clustering of unhealthy behaviours over time: Implications for policy and practice*, [http://www.kingsfund.org.uk/publications/unhealthy\\_behaviours.html](http://www.kingsfund.org.uk/publications/unhealthy_behaviours.html)

contribution is recognised and they have access to a comprehensive package of support to address the inequalities they sometimes face

- Improved educational achievement for those who currently experience worst performance

people's control over their lives

- Improve the financial inclusion and the economic position of families in most disadvantaged communities
- People experiencing domestic abuse are identified, risk assessed and offered appropriate support wherever they present e.g. including health settings; develop a preventative approach to this issue
- Carers are valued, their contribution is recognised and they have access to a comprehensive package of support to address the inequalities they sometimes face

#### **Wider determinants**

- Develop a complete supported accommodation pathway to ensure people get the appropriate support at the appropriate time to tackle the impact homelessness and crises have on local people
- Ensure Sheffield has robust homelessness prevention mechanisms to reduce the incidence of statutory homelessness
- Reduce fuel poverty

## **Outcome 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 feel is right for them**

*How people of all ages should experience health, social care, children's and housing services in Sheffield. This is about Sheffield's health and wellbeing system working better based on the needs of people in the city and we need to make these changes now to support the achievement of outcomes [1](#), [2](#), and [3](#). We will aim to deliver this change over the next 5 years.*

### **What is the issue?**

In Sheffield, we spend too much money on high end or 'acute' health and social care services such as hospital care, special schools, out of city placements, and children's care homes. Levels of emergency hospital admissions and inappropriate attendances at A&E in Sheffield are significantly higher than the national average and we have longer times for social care assessments than the national average, with a high proportion of assessments taking longer than three months.

Too much reliance on high-end services often results in poorer wellbeing for people, leading to increased vulnerability and dependency on services. This applies at all stages of life: evidence shows that if children stay in residential care longer than six weeks, their chance of returning to the family is significantly reduced; older people with dementia face more chance of living in a care home following a stay in hospital, rather than returning to their own homes.

If we can redirect money from high-end services to those which tackle problems early on, we know that this will help people stay independent for longer, improve their long term health and wellbeing, and give them more control over their lives and the services they use.

The health, social care, children's and housing systems are complex and it can make it difficult for people to get the right support they need when they need it. This can result in problems getting worse and people's needs not being met effectively. Further, despite the increasing use of personal budgets, the health, social care, children's and housing system is still not good enough at putting power and control in the hands of the people and their support networks and supporting them with the information they need to make choices about the services that are right for them.

Sheffield's health and wellbeing system needs to be more focused on people, with people not only having a say but working with organisations to design services which best meet their individual needs.

### **What do we want to achieve?**

- Children and adults are able to manage their own care and support
- Children and adults can easily access the right range of services at the right time, feel they are in control of their own care and feel well supported when they need health, social care, children's and housing services.
- People have good quality information and support that helps them take control of their own health and wellbeing when accessing health, social care, children's and housing services.
- All health and wellbeing services promote resilience and opportunities to access community interventions to improve health and one to one support.
- All services promote recovery, independence and dignity
- Children and adults have a positive experience of the services they receive
- People know what choices are available to them locally, what they are entitled to and who to contact when they need support for their health and wellbeing.
- More services are provided at or closer to home
- Carers are valued and treated as equal partners
- Participation and strong community networks increase social contact and social support

- People, including those involved in decisions on health and wellbeing services, respect the dignity of the individual and make sure support is sensitive to individual circumstances
- Individuals and families are supported and treated with dignity and respect at the end of their lives with more people being supported to die in their own home.
- Clear, co-ordinated links between the health, social care, children's and housing services to deliver positive health and wellbeing benefits to individuals from all the city's services.

## **Outcome 5: The health and wellbeing system in Sheffield is affordable, innovative and delivers excellent value for money**

*How Sheffield's commissioners and service providers will deliver health, social care, children's and housing services. As with [Outcome 4](#), it is our intension to make the changes to the way the health and wellbeing system works in Sheffield over the next 5 years to make the system sustainable and affordable in the long-term.*

### **What is the issue?**

Over the next 10 to 20 years there will be a significant increase in the number of older people in Sheffield, alongside increasing numbers of children and working age adults with disabilities and complex needs. We are focused on maximising the number of healthy years of life people experience and have set out a Framework to make Sheffield an age-friendly city but we know that this population change is likely to increase demand on health, social care children's and housing resources.<sup>6</sup>

With the city's population rising through birth rate, inward migration and people living longer, we know that there will be an increase in the number of people with disabilities, including the most complex disabilities, and illnesses such as dementia. The impact of the current economic crisis is likely to increase further the demands on health and wellbeing services, and exacerbate existing inequalities.

In the face of these challenges, we can't continue providing services in the way we've done in the past. Currently in Sheffield, we simply aren't good enough at keeping people out of hospital and helping them to get the services they need in or close to their home so that they can get on with their lives. Hospital stays are longer than the national average in Sheffield, more people are admitted to hospital in emergencies than on average, and we rely too much on hospital or residential care when we should be supporting people to get the care they need at home or close to where they live.

### **What do we want to achieve?**

We will increase the use of primary care and community-based health and social care services to reduce the need for the highest level of hospital and residential care. We will aim to support people to access services at home or in their local community so that people can carry on with their lives as far as is possible and we will strive to deliver the right services which prevent problems getting worse. The health and wellbeing system in Sheffield will help people maintain and regain independence, manage long-term conditions, promote stability and recovery and will provide services which meet the needs of individuals.

- Increase the health, social care, children's and housing services provided in or as close as possible to home
- Improve the quality and effectiveness of the health, social care, children's and housing services in Sheffield
- Reduce hospital and residential care admissions
- Prioritise prevention and early intervention for children and adults who need services
- Increase spending on preventative services
- Increase the focus on regaining/maintaining independence particularly for older people and people with long term conditions, including neurological conditions
- Deliver the 'Right First Time Programme' so that care and support is provided in the community and that hospital will *only* be used where the individual has a clear and acute health need

---

<sup>6</sup> Sheffield First Partnership (2012) A city for all ages: making Sheffield a great place to grow older', <http://meetings.sheffield.gov.uk/council-meetings/cabinet/agendas-2012/agenda-26th-september-2012>



- Spend resources on the things which are best for people's long-term health and wellbeing, reducing long term dependency on services and providing the best value for money
- Ensure services offer continuity of care, shared decision making and a personalised approach to health and wellbeing
- Deliver responsive community services which are available when people need them
- Provide services in a timely fashion, improving on national waiting times.
- Improve co-ordination between services, reducing waste, duplication and simplifying processes such as assessment
- Make full use of developments in new technology to deliver better results for people
- Ensure Sheffield's health, social care, children's and housing services are innovative and informed by evidence of what works

## Section 5 How we will achieve our five outcomes?

We have identified **five things we want to achieve** ('outcomes') which the Health and Wellbeing Board will work on. Using its unique position, the Board will: **influence people and organisations** to make better health decisions; separately and jointly **commission services** to improve health and wellbeing; and **give strategic leadership** to areas which will only improve if all partners on the board work together. We have used detailed evidence and intelligence to identify the five main things we need to do to achieve better health and wellbeing in Sheffield.

This is not a statement of everything we need to do for better health and wellbeing in Sheffield, nor is it intended to be. The Strategy is a statement of the most pressing priorities where there is a significant opportunity to improve outcomes for the city.

The Health and Wellbeing Board has three main ways in which it will achieve the objectives set out in this strategy. These are:

### 1. Influencing others

As part of the Board, Sheffield City Council and the Clinical Commissioning Group (CCG)<sup>7</sup> are responsible for the budgets which pay for most of the health services in the city, with the Council responsible for a wide-range of services which impact on health and wellbeing. We will work in partnership with people and organisations to ensure services are designed with the people that need them and we will influence the actions of people and organisations to shape the decisions they make to improve health and wellbeing. This includes local people and families but also schools, the Police, Fire and Rescue, businesses and voluntary, community and faith organisations. The new [NHS Commissioning Board](#) will pay for some services in Sheffield and the Health and Wellbeing Board will aim to ensure they spend their money on the right services for Sheffield.

### 2. Commissioning services from providers

The Council and the CCG either themselves provide or 'commission' (pay others to provide) health, social care and public health services, with the Council responsible for a wide-range of services which impact on health and wellbeing. The services we provide or pay others to provide will help to achieve the five outcomes set out in this strategy and will apply the principles we have set out. The CCG's commissioning plans will be formally considered by the Health and Wellbeing Board and we will ensure other that organisations in the city use their commissioning power to impact on the city's health and wellbeing priorities.

Where it is clear we can make a bigger impact together, we will jointly commission services.

### 3. Giving strategic leadership to work programmes where this is needed to deliver change

There are some areas where we know that we can only make a real difference by working together across the city to directly take charge of delivering plans to achieve better results. We have identified five areas or 'work programmes' where this applies. The five areas are set out below and are described in greater detail [later in the strategy](#).

**Work programme 1:** Health and employment

**Work programme 2:** Building mental health, wellbeing and emotional resilience

**Work programme 3:** Physical activity and food for health and wellbeing

**Work programme 4:** A good start in life

**Work programme 5:** Supporting people at or closer to home

---

<sup>7</sup> Clinical Commissioning Groups – groups of GPs and healthcare professionals who will design and commission healthcare services in local areas across England from April 2013.

## Section 6 Making a difference: how the Health and Wellbeing Board can help achieve the outcomes

The Health and Wellbeing Board has identified **five ‘work programmes’** which relate directly to critical issues within the outcomes. Work is already underway in all of these areas. Over the first year of the strategy, the Board will use research and local intelligence to identify specific issues or gaps within these five areas to understand where the Clinical Commissioning Group and Sheffield City Council can make a real difference by working together. Tackling inequalities will run across all five programmes.

Over the life of the Strategy the Board will identify further work programmes. These have been selected initially because they are fundamental to the delivery of the five outcomes.

### Work programme 1: Health and Employment

Employment is important for improving health as being in work, job security and attaining ‘better’ jobs has a positive effect on the way people live and feel, and the choices they make with respect to their health. Being out of work has negative effects on an individual’s health, reducing household incomes, increasing social isolation and increasing stress and depression. Most health risks associated with unemployment get worse over the time a person is out of work.

Mental health issues and musculoskeletal problems are the largest causes of workplace absence. Also developing a Long Term Condition can be a significant barrier to work. It is important to support those with these health problems to stay in work, thereby reducing the impact of their conditions and aiding recovery.

Sheffield has already identified these issues in the [Employment Strategy](#) and the board will play a lead role in delivering the city’s Health and Work plan to address one of the major root causes of ill-health.

#### What do we want to achieve?

- Establish strong relationships between the Health and Wellbeing Board, CCG, the Council and employers in the city to increase the understanding of the important links between work and health
- Agree a health and work plan which is accountable to the Health and Wellbeing Board and Sheffield’s Employment and Skills Taskforce, which will include:
  - Workplace Health - ensuring that business see value in and invest in the health of their workforce and healthy and safe workplace practices to prevent health conditions developing
  - Working with employers and supporting workers to manage health conditions in work, helping staff to return to work after periods of sickness, promoting prevention and early intervention to reduce long term sickness and wellbeing problems
  - Removing and managing health barriers to work - tackling the main health conditions which are causing worklessness and sickness in Sheffield (mental health and musculoskeletal conditions), preventing newly unemployed people becoming long term unemployed due to developing health conditions and giving workless people the choice and support they need to engage with work
- Work with other cities to ensure work-related health and welfare reforms don’t create adverse health impacts

## Work programme 2: Building mental health, wellbeing & emotional resilience

Mental well-being can positively affect almost every area of a person's life - education, employment, family and relationships. It can help people achieve their potential, realise their ambitions, cope with adversity, work productively and contribute to their community and society. Promoting mental well-being for all has multiple benefits. It improves health outcomes, life expectancy, productivity and educational and economic outcomes and reduces violence and crime. One-in-four people will experience mental illness at some point in their lives. Mental health problems are more common in the most deprived parts of Sheffield and in the current economic climate, problems such as anxiety and depression are expected to increase.

Sheffield has developed a new Mental Wellbeing strategy which uses mental wellbeing as a positive term which describes *wellness* rather than *illness* and this work programme will focus on aims of the new Mental Wellbeing Strategy.

### What do we want to achieve?

- Build mental and emotional resilience by jointly commissioning health, social care, children's housing and employment services
- Identify and support families who need the most help through the 'Successful Families' work
- Develop a positive transition into adulthood by targeting early intervention with young people and addressing the gaps in mental health services for young people
- Identify and engage with people experiencing or at risk of social isolation to enable and encourage them to participate in social and economic activity alongside their peers
- Improve or maintain the wellbeing of younger and older people by tackling bereavement, loss, loneliness and isolation and recognise the health impacts of these
- Use an asset based approach to identify and utilise capacity and resources already present within communities, to build and reinforce resilience
- Reduce stigma around mental illness and promote the '5 Ways to Wellbeing' in the city<sup>8</sup>
- Develop community resilience through social capital and the contribution of the third sector;
- Increase the support provided to people experiencing issues such as domestic abuse, drug and alcohol misuse.

## Work programme 3: Physical activity and food for health and wellbeing

Food has a big impact on many parts of our lives. It gives us pleasure and connects us to our environment and our culture as well as giving us the energy to function. A nutritious and healthy diet can contribute to better wellbeing for people of all ages but we know that for many people in Sheffield, access to a healthy diet is a major problem. A lack of food or poor quality food reduces people's ability to go about their daily lives (eg. lack of energy, lack of concentration) but also undermines long-term health, contributing to conditions such as diabetes, heart disease and cancer.

Physical activity has a positive impact on physical and mental wellbeing, improving self-esteem and reducing stress. Although Sheffield has high quality sports facilities and open spaces, not everyone in the city is able to access or take advantage of these.

---

<sup>8</sup> New Economics Foundation (2008) *Five Ways to Wellbeing*,  
[http://neweconomics.org/sites/neweconomics.org/files/Five\\_Ways\\_to\\_Well-being\\_Evidence\\_1.pdf](http://neweconomics.org/sites/neweconomics.org/files/Five_Ways_to_Well-being_Evidence_1.pdf)

### **What do we want to achieve?**

- Reduce the incidence and impact of poor diet, sedentary behaviours and excess weight on long term conditions (eg. type 2 diabetes, CVD, CHD, some cancers, liver disease)
- Reduce the prevalence of obesity and overweight
- Reduce food poverty
- Increase access to fresh, low cost food, via community growing and allotment projects to promote greater self-sufficiency, to enable people to further develop their skills and confidence; linking in with local mental wellbeing projects, schools, and cook & eat projects for vulnerable local people
- Gain a better understanding of the true scope and cost of obesity in Sheffield
- Support and promote healthy eating and physical activity throughout life
- Develop and use positive messages to promote healthy eating, physical activity and address low self-esteem, especially in young people
- Ensure that positive choices relating to healthy eating and physical activity are easy, desirable and affordable for the people of Sheffield
- Maximise the use of the city's existing resources, including green spaces, sports facilities, food producers, retailers and public services to promote, support and enable healthy behaviours

### **Work programme 4: A good start in life**

Evidence shows that the health and wellbeing of people throughout life is dramatically improved if their early years (0-4) are positive experiences. It can impact on health but also wider 'determinants' such as education and employment prospects. Poverty is a major factor which undermines people's early years which can influence things such as poor parenting, poor diet and obesity, low early years educational attainment, a high number of emergency hospital admissions and inappropriate attendances at A&E. The board believes it is critical that people in Sheffield get the best start in life to improve their chances of living a long, healthy life.

### **What do we want to achieve?**

- A new approach to integrated practice in the early years, where public health, health care, early years education, child care and social care services work together to provide timely and streamlined help to families according to need
- Improved parenting and emotional well being support in the early years for all families and early identification and targeted evidence based support for those more at risk of developing poor quality parent infant relationships
- A significant reduction in the inappropriate use of unscheduled care, particularly in 0-5s, through system redesign and improving the confidence and skills within families and clinicians to prevent and manage common childhood conditions
- Improving care and support for children with complex needs, through integrated health, education and social care assessment and care planning, earlier identification of needs, meeting needs less intensively where possible within universal services, and bringing care closer to home

## Work programme 5: Supporting people at or closer to home

Care still relies too heavily on individual expertise and expensive professional input; 'patients' and service users want to play a much more active role in their own care and treatment. Part of our mission is to reduce the dependency in Sheffield on high level or 'acute' hospital and residential care support. Not only is it expensive (and will become more so as more and more people live longer), it isn't what people tell us they want and doesn't always improve people's health and wellbeing in the longer term. It is estimated that about two-thirds of all healthcare resources are spent supporting people with Long Term Conditions. Supporting patients to self care can change people's attitudes and behaviours, improve quality of life, clinical outcomes and health service use including reducing avoidable hospital admissions.

Therefore, we want to make a real change in Sheffield to help people get the care and support they want at home or as close to their home as possible and support them to manage their conditions.. Self-care and self-management are key particularly for those with long term conditions achieving better health and make more effective use of health services and will save money. This will be better for individuals but also for families and for the organisations who deliver services. People growing older in Sheffield are naturally a focus in this work programme but it will apply to people of all ages who need health services, care and support in the city. We need to make sure that, as far as possible, people can get on with their lives and have the right support in place to help them live independently and happily in the place they feel most comfortable.

### What do we want to achieve?

- Support people to remain independent at home by the development of better primary health, social care, children's and housing services linked to Right First Time;
- Move secondary care services to primary care settings where this adds value to patients and frees up money for reinvestment in prevention and early intervention
- Join-up housing, social care and health to enable people to live at home for longer, including redesigning homecare and increasing the use of assistive technology and adaptations
- Provide sufficient, suitable and affordable places to live by developing the housing supply and management to meet people's needs and invest in supported housing
- Increase access to self management programmes to empower individuals to increase control over their own health

## Section 7 What happens next?

This Strategy sets out Sheffield's ambition to make a real difference to health and wellbeing in the city by identifying the things we will focus on in the short and long term to make Sheffield a healthier, more successful city. Clearly, there is much to do and whilst money is tight, the partners of the Health and Wellbeing Board still spend around £2bn a year on services which should and do improve health and wellbeing in Sheffield. But we believe we can use this money more effectively to tackle the long-term health and wellbeing issues in Sheffield. We want to create a modern approach to wellbeing in the city which is designed with and for people's needs and is affordable for the long-term.

### Making it happen

The Health and Wellbeing Board are responsible for achieving the Strategy's mission and achieving the five outcomes over the coming years.

### Funding and resources

As set out in [Section 5](#) of the Strategy, the Health and Wellbeing Board itself does not have money allocated to it. The Clinical Commissioning Group (CCG) and Sheffield City Council will each create commissioning plans which will set out exactly how they will use their money to deliver services and actions which will help achieve the Strategy's outcomes. Those services and actions will be shaped by the Strategy's principles (eg. commissioning services which support fairness, are focused on prevention, maximise independence etc). The commissioning plans of both organisations will be seen by the HWB and expected to contribute to achieving the JHWS' mission and outcomes.. The commissioning plans will be completed and made public in April 2013.

We are keen to create a more joined-up health, social care and wellbeing system in Sheffield and where it makes sense, we'll undertake joint commissioning between the CCG and the Council to deliver better services and better outcomes for people.

Sheffield's HWB is made up of the city's political and medical leaders and therefore the Board has a powerful position which it can use to influence other organisations in the city and nationally. The HWB will therefore support and challenge public, private and voluntary sector organisations to use their resources to support the delivery of the Strategy and make Sheffield a healthier city. We want to make health and wellbeing a part of everyone's job and if we are to make a real difference, we need other organisations in Sheffield to support the delivery of the JHWS. The Board will also look to influence the way the NHS Commissioning Board and Government deliver services which impact on health and wellbeing in the city.

### Links to other plans and strategies

The JHWS does not mean that all other existing plans and strategies in the city need to be rewritten. Organisations and service providers are already doing things which will make a significant contribution to achieving the outcomes set out above. This Strategy is primarily about beginning a social, organisational and cultural change in Sheffield so that long-term health and wellbeing is an important consideration in everything we do. Clearly, there are some key strategies which are linked to tackling the wider determinants of health in Sheffield and the HWB will contribute to the delivery of strategies such as Sheffield's Housing Strategy, the city's Economic and Employment Strategies, and Children's Plan to ensure that there is a strong wellbeing focus and a coherent link with the JHWS.

At an individual level, the HWB and local services will support and promote healthier life choices and aim to tackle the inequalities people experience in the city. At local and neighbourhood levels, there are many things people can do to support the delivery of the Strategy. We will also work with communities to identify local health and wellbeing priorities for their areas.

### **Accountability and engagement**

The Health and Wellbeing Board will monitor progress in the delivery of the outcomes in the Joint Health and Wellbeing Strategy. Each one of the five outcomes will have a set of measures or indicators which will tell us how we're doing in our efforts to improve health and wellbeing in Sheffield. We will publish our performance against all the measures to ensure that everyone can chart our progress towards the outcomes.

Where we have evidence that outcomes are not being achieved, the Health and Wellbeing Board will hold commissioners and providers to account. The [Healthier Communities and Adult Social Care Scrutiny Committee](#) of Sheffield City Council has the power to scrutinise not only the delivery of the Strategy but also the health service providers in the city and the Committee will challenge organisations to make sure they are delivering the things set out in the Strategy. Throughout the Strategy, we have made clear the importance of a good start in life for children and young people and supporting vulnerable people in Sheffield. We will work in close collaboration with [Sheffield's Safeguarding Children Board](#) and [Adult Safeguarding Partnership](#) to promote and protect the welfare of vulnerable people in the city.

In April 2013, **Sheffield Healthwatch** will be established to replace LINK and be the main channel into the Health and Wellbeing Board for Sheffield children, young people and adults to contribute their voice and influence. Sheffield HealthWatch will enable local people to shape decisions and will provide a direct link for the people of Sheffield to the Health and Wellbeing Board, ensuring that issues with local health and wellbeing services are known and responded to by the Board. HealthWatch will also retain all of the powers LINKs had, enabling it to carry out inspections on health services but it will also be able to escalate major local health and wellbeing concerns to [HealthWatch England](#).

We will engage with health, social care and wider service providers to ensure that the Board's work is informed by best practice in service delivery and will make full use of Sheffield's existing strong partnership arrangements (eg. Sheffield First Partnership) to ensure that organisations in the city are fully involved in working to improve Sheffield's health and wellbeing.

### **How will we know we're making a difference?**

The Health and Wellbeing Board will regularly assess whether we are focusing, commissioning and delivering the right things. We've developed a set of indicators called an '**Outcomes Framework**' which the HWB will use to assess progress. Reports from the Outcomes Framework will be published and used by Health Scrutiny to challenge the progress of the HWB towards achieving its outcomes.

Sheffield's Joint Strategic Needs Assessment (JSNA) has informed this strategy and will provide a regular overview of the health and wellbeing issues in the city, highlighting Sheffield's key health challenges and developing a picture of where our strengths are.

We know that Sheffield's JSNA needs to be broadened beyond just 'health' services and strengthened so that it provides a robust evidence base which will ensure that Sheffield's approach and investment in health and wellbeing services is based on high quality intelligence. We are determined that this high quality evidence needs to be drawn from a wide set of sources, including



statistical information, feedback from service users and front line organisations, and drawing on the latest research about the most effective services and interventions.

Working with a number of partners (including the City Council, CCG, and VCF sector), we are committed to producing an annual JSNA position statement, setting out our assessment of the latest state of play on health and wellbeing issues. We will also ensure that the Health and Wellbeing Board has access to the highest quality information and evidence to base its decisions on.

### **And how will you know we're making a difference?**

As a statutory board, all Health and Wellbeing Board meetings will be held in public and papers will be published on the internet, including information about our performance against the Strategy's objectives. Sheffield's health and wellbeing system will also be held to account nationally and we are expected to make progress against the Government's new outcome frameworks for NHS, adult social care and public health. Performance against these frameworks will also be available online. In addition, independent organisations such as the [Care Quality Commission \(CQC\)](#), [Monitor](#) and [OFSTED](#) will have a vital role in assessing the quality of the health, social care and wider wellbeing services provided in the city.

### **Next steps**

Whilst we are confident that Sheffield's Joint Health and Wellbeing Strategy addresses the main health and wellbeing opportunities and challenges in Sheffield, **we intend to review the Strategy in 2013**. This is because in April 2013, the Government's health reforms are enacted and Sheffield's Health and Wellbeing Board will be a statutory body. We will have had the opportunity to plan out the work programmes and any gaps and will be clearer about how we involve the public and service providers in the work of the board.

Therefore, we will undertake a further consultation during the spring/summer of 2013 and to agree a revised version of the Strategy by September 2013.

If you want to find out more, please get in touch:

[healthandwellbeingboard@sheffield.gov.uk](mailto:healthandwellbeingboard@sheffield.gov.uk)

## Glossary – key terms in the Joint Health and Wellbeing Strategy

Term	Explanation
<b>Clinical Commissioning Group (CCG)</b>	Clinical Commissioning Groups are groups of GPs that will, from April 2013, be responsible for designing and commissioning local health services in England. They will do this by working with patients and professionals, and in partnership with local communities and local authorities. You can go to Sheffield's CCG's website at <a href="http://www.sheffield.nhs.uk/about/sheffieldccg.php">http://www.sheffield.nhs.uk/about/sheffieldccg.php</a> .
<b>Commissioning</b>	Commissioning is the process by which the health and social care needs of local people are identified, priorities determined and appropriate services purchased.
<b>Community-based services</b>	Community-based services are services provided at home or locally such as home care, day care, small items of equipment etc.
<b>Health and Wellbeing Board (HWB)</b>	Sheffield's Health and Wellbeing Board is responsible for the Joint Health and Wellbeing Strategy. Health and Wellbeing Boards are being set up in every upper-tier local authority to improve health and care services and the health and wellbeing of local people. They will bring together the key commissioners in an area, including representatives of GP consortia, directors of public health, children's services, and adult social services, with at least one democratically elected councillor and a representative of Healthwatch. The boards will assess local needs and develop a shared strategy to address them, providing a strategic framework for individual commissioner's plans. You can find out more about Sheffield's HWB at <a href="http://www.sheffield.gov.uk/healthwellbeingboard">http://www.sheffield.gov.uk/healthwellbeingboard</a> .
<b>Joint Health and Wellbeing Strategy (JHWS)</b>	The Joint Health and Wellbeing Strategy is the way of addressing the needs identified in the Joint Strategic Needs Assessment and to set out agreed priorities for action.
<b>Joint Strategic Needs Assessment (JSNA)</b>	The Joint Strategic Needs Assessment is a tool to identify the health and wellbeing needs and inequalities of the local population to create a shared evidence base for planning and commissioning services.
<b>Healthwatch</b>	From April 2013 HealthWatch will be the new consumer champion for both health and adult social care. It will exist in two distinct forms – Local HealthWatch, at local level, and HealthWatch England, at national level.
<b>Interventions</b>	Interventions are services provided to help and/or improve the health of people in the County.
<b>Local Involvement Network</b>	LINK is made up of individuals and community groups who care about health and social care services and work together to make improvements. It will be replaced in April 2013 by Healthwatch. You can find out more about Sheffield's LINK at <a href="http://www.sheffieldlink.org.uk">http://www.sheffieldlink.org.uk</a> .
<b>NHS Commissioning Board</b>	The NHS Commissioning Board will sit at arm's length from the government and will oversee local GP consortia. It will make sure that consortia have the capacity and capability to commission successfully and meet their financial responsibilities. It will also commission some services directly.
<b>Outcome</b>	'Outcome' means 'result', 'goal' or 'aim'.
<b>Primary Care Trust (PCT)</b>	Primary Care Trusts are part of the NHS and currently commission primary, community and secondary care from providers. They are scheduled for abolition on 31st March 2013, with CCGs taking on most commissioning responsibilities locally and with some public health responsibilities transferring to the local authority.
<b>Sheffield City Council (SCC)</b>	Sheffield City Council is an independently elected and autonomous body. It is largely independent of central government and is directly accountable to the people of Sheffield when they elect their councillors. Local authorities play a crucial role in ensuring that day-to-day services of their communities are efficient and effective, offer good value for money and deliver what people need. Sheffield City Council provides many services that are related to health and wellbeing. You can find out more about Sheffield City Council at <a href="http://www.sheffield.gov.uk">http://www.sheffield.gov.uk</a> .
<b>VCF</b>	The voluntary, community and faith sector, also referred to as 'the third sector', is made up of groups that are independent of government and constitutionally self-governing, usually with an unpaid voluntary management committee. They exist for the good of the community, to promote social, environmental or cultural objectives in order to benefit society as a whole, or particular groups within it. You can find out more about the VCF sector in Sheffield at <a href="http://www.vas.org.uk">http://www.vas.org.uk</a> .