Sheffield Health and Wellbeing Board

Sheffield Joint Health and Wellbeing Strategy 2013-18

NHS England

NHS Sheffield Clinical Commissioning Group

healthwatch Sheffield

Sheffield City Council

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1. Foreword

Health and wellbeing matters to everyone. Being as healthy and well as we can be 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. The city's new Health and Wellbeing Board is a big opportunity to stand up for Sheffield and start to make a real difference to the health and wellbeing of Sheffield people of all ages.

Sheffield's Health and Wellbeing Board has for the first time brought together the city's GPs, the City Council, a national perspective from NHS England, and an effective consumer voice through Healthwatch Sheffield into 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.

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, our *Joint* Health and Wellbeing Strategy, we have identified some of the things we need to do to make Sheffield a healthy, successful city. These can't be achieved by the NHS, Council 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.

After listening carefully to what Sheffield people have told us and the evidence set out in our Joint Strategic Needs Assessment, 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 and we have taken the time to develop it and to frame it with your help. 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.

Councillor Julie Dore

Doctor Tim Moorhead

Co-Chairs

Sheffield Health and Wellbeing Board

September 2013

2. Introduction

1. Sheffield's Health and Wellbeing Board

The establishment of Sheffield's Health and Wellbeing Board presents an unprecedented opportunity to transform health and wellbeing in the city. The Board brings together GPs who are responsible for commissioning £700m 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. NHS England has a key seat in representing the national NHS picture, while Healthwatch Sheffield's role is to bring the views and experiences of Sheffield people.

Sheffield's Health and Wellbeing Board is focussed on **what the Board can uniquely do to improve health and wellbeing in Sheffield**. It therefore does not replace work going on in other areas and organisations, but seeks to add value and a system-wide partnership perspective.

The Health and Wellbeing Board's mission is to:

- 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 Sheffield people 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.

2. Sheffield's Joint Health and Wellbeing Strategy

This Joint Health and Wellbeing Strategy is a plan to improve the health and wellbeing of Sheffield people. It identifies things that will *directly* make a difference to people's health and wellbeing, such as investing in cancer services or tobacco control, but it also looks at the health and wellbeing system in Sheffield and its ways of working.

The Strategy is divided into **ten principles** and **five outcomes**, and is supported by **five work programmes**.

We know that this Strategy is aspirational and that we are operating in a difficult economic situation. We also know that national priorities within the fields of health and wellbeing may change and develop over time, which may affect our Strategy. However, we also believe that this is an opportunity for change and a redefinition of priorities. We want to be clear about what we want to achieve but will be flexible about how this will be done depending on capacity, demands and pressures that we may face. We know things may need to change and that organisations need to adapt to ensure the money spent in this challenging financial climate is making the biggest difference to health and wellbeing in Sheffield.

The Health and Wellbeing Board cannot do everything, but it can make a difference in some key areas. **This Strategy therefore does not cover every health and wellbeing service provided in Sheffield, but instead seeks to set out the biggest things that the Health and Wellbeing Board would like to see happen and which the Board believes would make the biggest difference to health and wellbeing.**

In some cases this will require the Board to do something new. In other cases it will require the Board to support initiatives that are already in place, and ensure such initiatives are geared up to improve health and wellbeing in Sheffield and aligned to the work of the Health and Wellbeing Board.

3. Our process for writing and agreeing this Joint Health and Wellbeing Strategy

We have spent a considerable amount of time researching and refining this Strategy, talking to people around the city, to make sure that it is the right Strategy containing the elements that will make the biggest impact.

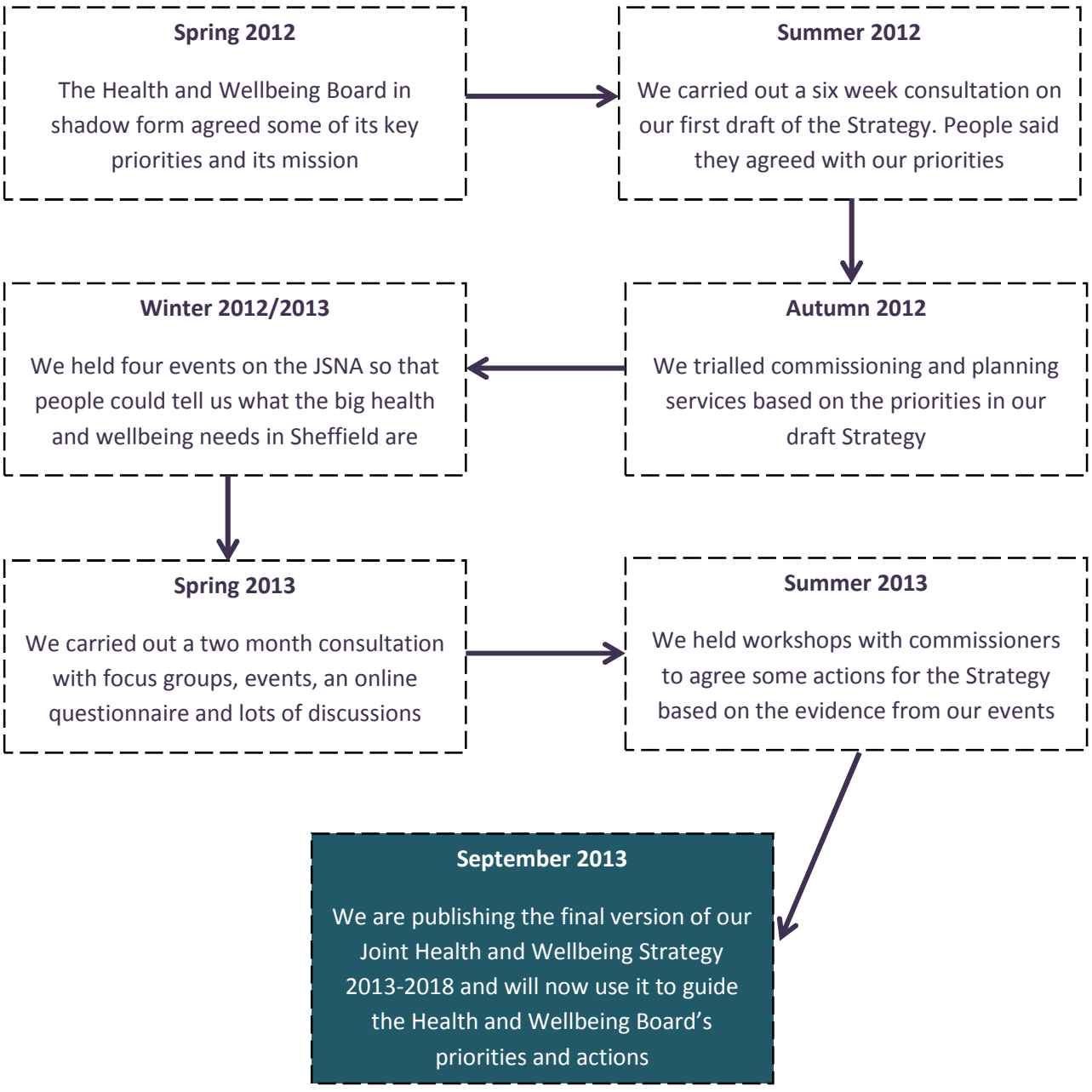
The evidence base used as the basis for this Strategy has been the **Joint Strategic Needs Assessment**. A Joint Strategic Needs Assessment (JSNA) is the means by which we assess the current and future health and wellbeing

needs of the Sheffield population. It is **joint** because it involves working with a range of partners; it is **strategic** as it influences the Joint Health and Wellbeing Strategy and commissioning plans; and it is a **needs assessment** because it analyses and interprets health and wellbeing need in the city. A new JSNA for Sheffield was produced and published in June 2013. This followed a series of events held in January-March 2013 which were open to members of the public, providers and commissioners, all of whom attended to discuss the key needs of Sheffield people and to bring forward evidence.

The Health and Wellbeing Board put a key emphasis on working with members of the public and finding out what is important to them and what would make a big difference to their health and wellbeing. An **initial consultation** on this Joint Health and Wellbeing Strategy was carried out in summer 2012. A **second consultation**, which focussed on specific themes, was carried out in spring 2013. This was based firmly on the principles of **co-production**, and Sheffield citizens were very involved in shaping the consultation and the questions asked. A report about this consultation was produced and published in July 2013.

Through this consultation process and the work done to develop the JSNA, Sheffield's Health and Wellbeing Board can be sure that it has spoken to a range of Sheffield people and collected their views and opinions. This makes the Joint Health and Wellbeing Strategy all the more focussed and supported by the wider Sheffield community. We look forward to working with Healthwatch Sheffield to continue to speak to and hear the views of Sheffield people.

We have set out what we have done and who we have talked to below.



3. Ten principles

We have ten principles which will guide all the decisions we make about the health and wellbeing services we pay for and deliver as a city. The application of these principles should shape the commissioning strategies of partner organisations across the city and the shape of future services.

1. **Valuing the people of Sheffield** – we want the best for Sheffield and Sheffield people will be at the heart of everything we do. People will be able to make informed choices about their wellbeing, be resilient and informed about 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.
2. **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 significant 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.
3. **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 alone so we will encourage people and organisations in the city to focus on improving wellbeing and tackling the root causes of ill-health.
4. **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.
5. **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.
6. **Prevention and early intervention throughout life** – we will prioritise upstream activity, support early intervention and prevent issues escalating at the earliest opportunity. A focus on prevention and early intervention is the key means of making Sheffield's health and social care system sustainable and affordable for future generations. Risk stratification and targeting will be crucial in making sure services and effective interventions reach the people who need them most.
7. **Independence** – we will help people maintain and improve their quality of life throughout their lives and increase individual, family 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.
8. **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 poverty, low aspiration, poor educational attainment, low income, unemployment, ill-health and in some cases, homelessness, crime, alcohol, domestic and sexual abuse and drug misuse which undermine the health and wellbeing of some people in Sheffield.
9. **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 design and deliver health, social care, children's, housing and other services which are co-produced with the people of Sheffield. We will work to ensure active participation and engagement of all ages with Healthwatch Sheffield.
10. **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 people's needs. We will improve quality and stimulate innovation in the provision of health, social care and public health services in the city.

4. Five outcomes

The following pages are the heart of our Joint Health and Wellbeing Strategy. We have designed our Strategy so that all our aims and actions come under five outcomes which represent what we want to achieve for the people of Sheffield. We have included our **vision** for each outcome below:

Outcome 1 – Sheffield is a healthy and successful city

- Partners and organisations across the city to actively look to improve health and wellbeing through all areas, even those not traditionally seen as being about health and wellbeing.
- Housing across the city to be of a good quality, well–insulated with affordable bills and healthy and safe facilities.
- Sheffield people to be well-trained and able to access a range of fairly paid employment opportunities irrespective of disability, and for the city's economy to grow supporting the health and wellbeing of the people of Sheffield.
- Poverty, such as income poverty, fuel poverty and food poverty, to reduce, and that those affected by poverty are supported and encouraged to lead healthy lives.

Outcome 2 – Health and wellbeing is improving

- Sheffield children, young people, families adults to be emotionally strong and resilient, and for emotional wellbeing to be promoted across the city.
- Sheffield children, young people and adults to be living healthily – exercising, eating well, not smoking nor drinking too much alcohol – so that they are able to live long and healthy lives.

Outcome 3 – Health inequalities are reducing

- Data about health inequalities in Sheffield to be excellent so that commissioners can be well-informed in tackling the issues.
- Sheffield's communities to be strong, connected and resilient, able to withstand crises and to support members of the community to live whole and healthy lives.
- Those groups especially impacted by health inequalities to have sensitive and appropriate services that meet their needs and improve their health and wellbeing.

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

- Sheffield people receiving excellent services which support their unique needs.
- Clear availability of information and support about health and wellbeing so that Sheffield people are able to help themselves.
- Patients and service users involved in decisions and their opinions valued.

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

- Sheffield people at the centre of the Sheffield health and wellbeing system, underpinned by strong working relationships between commissioners with a clear methodology for joint working and pooled budgets underpinned by an innovative and affordable health and wellbeing system fit for the twenty-first century.
- A preventative system that seeks to help and identify people before they are really sick, enabling Sheffield people to stay healthy and well for longer.
- Frontline workers aware of health and wellbeing needs and able to signpost and support service users in obtaining the help they need.

We will measure the impact of these actions through indicators laid out in section 7.

Outcome 1 – Sheffield is a healthy and successful city

What's this about?

This outcome is about 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. The wider determinants of health are often described as the 'causes of the causes' of ill health. These wider determinants include issues such as: employment, education and skills, housing, the environment and crime, and all of them impact upon our health in one way or another. These factors are often inter-related and outside of an individual's control. They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet their needs and deal with changes to their circumstances. **Tackling the 'wider determinants of health' will not happen overnight so this must be a long-term aim for the city over the next 30 years.**

Where are we now? *What the JSNA and consultations have told us*	What do we want to achieve?	How will we achieve it?
City-Wide Influence		
▪ How we feel about our environment has a real impact on our health and wellbeing. Sheffield's green spaces are an asset for the City, and it is crucial this land is well maintained and used to its full advantage Air pollution is an issue and the 'Air Quality Action Plan' should be delivered comprehensively across the City. ▪ Making public transport accessible is key if we are to reduce isolation and enable people to have more control over their own lives.	**Partners and organisations across the city to actively look to improve health and wellbeing through all areas, even those not traditionally seen as being about health and wellbeing**, such as employment, education and skills, transport, housing, the environment, crime and criminal justice, business, leisure, economic growth.	1.1 Influence partners and organisations across Sheffield to consider and demonstrate the positive health and wellbeing impacts of policies, encouraging all organisations to make health and wellbeing a part of what they do.
Housing		
▪ The poor condition of properties in the private rented sector is a big challenge facing the Council going forward, especially given the significant cuts to government funding in this area. ▪ People in Sheffield are concerned about the quality of the private rented sector.	**Housing across the city to be of a good quality, well–insulated with affordable bills and healthy and safe facilities.** We know that the private rented sector in Sheffield has particular challenges in this area.	1.2 Commission a plan to improve the standard of private rented sector housing in the city with a focus on the key impacts of poor housing on health and wellbeing. 1.3 Support the creation and implementation of a city-wide fuel poverty strategy.
Health and Employment		
▪ The long term unemployment trajectory and the issue of youth unemployment have significant implications for the health and wellbeing of the	**Sheffield people to be well-trained and able to access a range of fairly paid employment opportunities irrespective of disability, and**	1.4 Support activity and actions with schools, colleges and employers (as set out in the city's Economic Strategy) that increases educational and skills attainment for all ages.

City. The quality of work is important for our health and steps should be taken to try and measure this and to increase awareness of the issue. ▪ Sheffield must continue to improve its KS2 and KS4 results to narrow the gap with the national average. The focus must be on school age education and lifelong learning. ▪ Poor quality underpaid work and a lack of opportunities affect healthy living and wellbeing.	**for the city's economy to grow supporting the health and wellbeing of the people of Sheffield.**	1.5 Work with employers to create employment pathways for young people, and emphasise the role of health and wellbeing amongst all employers in the city.
		1.6 Recognise that a Living Wage has positive health and wellbeing impacts for everyone, and emphasise to statutory, private and voluntary sectors working in health and wellbeing the Fairness Commission's aspiration that all employees should receive a Living Wage by 2023.
		1.7 Support the Health, Disability and Work Plan and further work to understand and evaluate the costs of poor health to employment.
		1.8 Pursue the development of broader approaches to health and the economy both with the Core Cities and in Sheffield City Region.
Poverty		
Over one fifth of households in Sheffield are living in poverty and food and fuel poverty are growing concerns. Welfare reforms will impact negatively on health and affect the poorest and more vulnerable members of the community disproportionately. There is the potential of a 'double negative' impact for families with children under five, families with two or more children and lone parent families.	**Poverty, such as income poverty, fuel poverty and food poverty, to reduce, and that those affected by poverty are supported and encouraged to lead healthy lives.**	1.9 Support the actions set out in the Child Poverty Strategy and the recommendations of the Fairness Commission, especially recognising the importance of actions to mitigate the increasing impact of 'in work' poverty upon families in the city.

Outcome 2 – Health and wellbeing is improving

What's this about?

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

Where are we now? *What the JSNA and consultations have told us*	What do we want to achieve?	How will we achieve it?
Emotional wellbeing		
▪ 1 in 4 people will experience a mental health problem at some point in their life. Half of adults with mental health problems first experienced symptoms before the age of 14. In terms of severe mental health problems, Sheffield has a higher excess premature mortality rate for people with a severe mental illness than England as a whole and may also experience poorer levels of wellbeing. Promoting mental health and wellbeing for all is crucial to achieving health and wellbeing outcomes across the board. ▪ It's important to get things right from an early age for children. ▪ The 'Five Ways to Wellbeing' were well known by the consultation's respondents, but it was felt that more work was needed to enable communities to connect.	**Sheffield children, young people and adults to be emotionally strong and resilient, and for emotional wellbeing to be promoted across the city.**	2.1 Promote a city-wide approach to emotional wellbeing and mental health, focusing on promotion of wellbeing and resilience and early support, and embed this into strategies, policies and commissioning plans.
		2.2 Commission a needs-led response to support children and young people's emotional development to enable them to develop personal resilience and manage transition from childhood to adulthood.
		2.3 Support the implementation of the new city Parenting Strategy which focuses on positive parenting and developing resilient families and communities so that all children have a stable and enriching environment in which they will thrive.
Living Longer		
▪ Life expectancy is currently 78.1 years for men and 81.8 years for women. Whilst this represents a longstanding trend of year on year improvements, both remain lower than the national average of 78.58 years for men and 82.57 years for women. ▪ In terms of the major killers, cancer and cardiovascular disease account for around 60% of premature deaths in Sheffield, consistent with the national picture. For both the premature mortality rate from all cancers and cardiovascular disease, Sheffield	**Sheffield children, young people and adults to be living healthily – exercising, eating well, not smoking nor drinking too much alcohol – so that they are able to live long and healthy lives.**	2.4 Support the 'Move More' initiative to encourage people to be more physically active as part of their daily lives.
		2.5 Commission implement an integrated approach to reducing levels of tobacco use through integrating work on: smoke-free environments; helping people to stop smoking; using mass media by reducing the promotion of tobacco; regulating tobacco products;

has the lowest rates amongst the Core Cities but figures remain higher than the national average. We are detecting a worrying upward trend in both ill health and mortality linked to liver disease. ▪ We currently have around 6,400 people living with dementia in the City, and this is expected to rise to over 7,300 by 2020 and over 9,300 by 2030. Early diagnosis and intervention improves quality of life and can delay or prevent premature and unnecessary admission to care homes. ▪ The infant mortality rate in Sheffield is 5.2 per 1,000 live and still births (2011) compared with a national rate of 4.3 per 1,000. Infant mortality has been slowly rising, widening the gap with national outcomes. ▪ Smoking remains the single largest, reversible cause of ill health and early death in Sheffield. Continued action is required here and across a range of unhealthy or risky lifestyle issues in Sheffield including alcohol consumption, drug use, levels of child and adult obesity, diet and nutrition, physical activity and sexual health. ▪ People in Sheffield know that a healthy lifestyle can be achieved by eating more healthily and doing more exercise. However, many said it was not a priority due to other pressures in their lives. Others felt safe or affordable places to exercise were declining, and that unhealthy food was too easily accessible – and healthy food too expensive. ▪ Children and young people were motivated to do exercise when it was fun. Some did not like healthy food and the healthier school meal option. ▪ Schools have a crucial role to play in tackling obesity and combatting other unhealthy lifestyle choices.		reducing the affordability of tobacco; and substance misuse services. 2.6 Commission appropriate interventions to reduce harm and promote pathways to structured treatment services for those abusing alcohol or misusing illicit or illegal substances, including reducing the 'hidden harm' to children living in households where adults abuse alcohol or drugs. 2.7 Commission a joint plan and integrated pathway across the city including schools and the commercial sector to act preventatively and with lower-tier interventions to tackle obesity, providing accessible information. 2.8 Continue to prioritise and focus attention on cancer and cardiovascular disease, the main causes of premature mortality in Sheffield.

Outcome 3 – Health inequalities are reducing

What's this about?

This outcome focusses on those people and communities who experience the poorest health and wellbeing. We need to address those communities who experience the worst health and wellbeing inequalities. Sheffield is characterised by stark inequalities between different groups of people and between different geographical communities. People in the most deprived parts of the City still experience a greater burden of ill-health and early death than people in less deprived areas, demonstrating that inequalities in health and wellbeing are linked to 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. Groups such as 'Looked After Children', 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, are all reported nationally to have below average health.

The focus for this outcome is over the next 10 years.

Where are we now? *What the JSNA and consultations have told us*	What do we want to achieve?	How will we achieve it?
Address the root causes of health inequalities – improve data about health inequalities		
▪ There are large inequalities in life expectancy. For males, the gap between the lowest and highest life expectancy is 8.6 years, whereas for females, the gap is 8.2 years. These gaps in life expectancy have not remained static. Whilst inequality in life expectancy has decreased for males, it has increased for females. ▪ Whilst children and young people growing up in Sheffield today are generally healthier than ever, there are wide variations. For example, between the most and least deprived wards in the City there is a four-fold difference in infant mortality rates. Health and wellbeing outcomes for Looked After Children require particular attention.	**Data about health inequalities in Sheffield to be excellent so that commissioners can be well-informed in tackling the issues.**	3.1 Promote appropriate gathering of data to better understand the health inequalities in Sheffield and inform approaches to tackling them.
Address the root causes of health inequalities – build and develop communities		
▪ More work needs to be undertaken to understand the extent of isolation in the City, the way in which it impacts on health and wellbeing and the health benefits of interventions that enable people to meet new people and develop social networks (such as lunch clubs for older people).	**Sheffield's communities to be strong, connected and resilient, able to withstand crises and to support members of the**	3.2 Work with partners to agree a coherent approach to strengthening community resilience and social capital, which has a shared understanding of building communities and exploiting community assets, and which supports community-based organisations.

▪ There is a lack of knowledge about community activities and community support, which can lead to social isolation and loneliness. ▪ Social networks are absolutely crucial, and social isolation is a risk for all age groups. ▪ Parenting is essential to ensure healthy living and wellbeing in children and young people. ▪ Well-connected cities and localities with good links enable people to live healthy lives.	**community to live whole and healthy lives.**	3.3 Work with partners including planning, transport, education, businesses, community groups, and health and wellbeing services to support coherent, joined-up city localities.
Address poor health in specific populations		
▪ The people who are most in need of health services are often least likely to receive or access them. ▪ Demographic changes of an increasing population of under 5s and over 75s, an increasing proportion of population, especially in the younger age groups from Black and minority ethnic population, and new arrivals all present significant challenges for health, education social care and housing sectors in the city. ▪ Sheffield has longer waiting times for social care assessments than the national average, performs poorly in terms of the self-reported quality of life of people receiving adult social care, and its record on helping working age adults with on-going care and support needs into paid employment is weak. ▪ A need for more cultural understanding and language support, including sign language, in accessing services. ▪ Not everyone is able to access the internet. ▪ Health inequalities will grow as welfare reform impacts on certain groups.	**Those groups especially impacted by health inequalities to have early support and sensitive and appropriate services that meet their needs and improve their health and wellbeing.**	3.4 Identify which groups are least able to access services and establish reasons for difficulties and the health consequences of this. Work to improve access, prioritise those areas where the difficulties in access have significant health consequences, and simplify how people access care. 3.5 Ensure every child has the best possible start in life, including: focused action with the most deprived areas and groups, reducing infant mortality, developing strategies that improve parent/child attunement in early years, increasing the uptake of childhood immunisations, reducing the number of under 5s A&E attendances, reducing smoking rates in expectant mothers, improving children's dental health, increasing the rate of breastfeeding, reducing teenage conceptions, reducing obesity in children and young people. 3.6 Recognising that the city has growing numbers of new arrivals, including Roma, develop appropriate strategies to ensure families are appropriately accessing health, social care and education services. 3.7 Commission disease-specific interventions to tackle poor health in population groups that have worse health, including a programme to improve the physical health of the severely mentally ill or those with a learning disability. 3.8 Support quality and dignity champions to ensure services meet needs and provide support. 3.9 Work to remove health barriers to employment through the Health, Disability and Employment Plan.

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

What's this about?

This outcome is about how people of all ages should experience services in Sheffield. This is about Sheffield's health and wellbeing system working better based on the needs of people in the city. It is important to focus not only on outcomes for people, but to consider people's knowledge of, access to, and experience of services. Currently, these are not all accurately measured but are important and must be given greater emphasis.
We need to make these changes now to support the achievement of outcomes 1, 2, and 3.

Where are we now? *What the JSNA and consultations have told us*	What do we want to achieve?	How will we achieve it?
Person-centred care and support		
▪ Whilst the level of emergency hospital admissions in Sheffield is broadly in line with the national and regional averages, the average length of stay in hospital following an emergency admission in Sheffield is 28% higher than the national average and the joint highest nationally. Services for children with speech, language and communication needs, new-borns, and 16/17 year olds with mental health needs require attention and particular consideration should be given to the ability of services in the City to meet the needs of these three groups. ▪ Sheffield is just above the national average for helping people to stay living at home but has reduced permanent admissions to residential and nursing care homes at a faster rate than the national average. ▪ There are often long waits for GP appointments and that the opening hours can cause difficulty for the working population. ▪ People felt they had to wait a long time to get a referral to a specialist, which often led to a worsening of illness. ▪ Quality of care, perhaps especially for older people, was seen as being an issue. ▪ It is important that services are accessible for those who do not speak English as a first language, or who are blind, deaf or have some other sensory impairment. ▪ Advocacy services are important. ▪ Administering personal budgets can be very difficult. ▪ Young people in the transition phase to adulthood find services	**Sheffield people receiving excellent services which support their unique needs.**	4.1 Continue to work with providers in the city to integrate the health, social care, education and housing support and care that is available, to establish a person centred approach to care. 4.2 Commit to implementing the statutory requirements of the Children and Families Act supporting the integration of planning for children with complex needs and disabilities. 4.3 Ensure the experience of transition from child to adult services supports and promotes health and wellbeing. 4.4 Work with GP practices to improve the ways people can access their services. 4.5 Ensure equality of access to services. 4.6 Commit to reducing waiting times to at least national standards/averages for health and social care. 4.7 Commit to: providing care closer to home; keeping hospital and short term care as effective as possible; and providing rehabilitation to help people stay independent for as long as possible.

do not meet their needs. ▪ Ex-armed forces personnel have told us that services do not take account of their needs.		
Self-help		
▪ It is sometimes hard to know what services exist and how to access them. ▪ It's important to help people with simple messages and tools so they can make the changes they want to make in their lives. ▪ GPs and other health professionals also need to be aware of the services and support that is available.	**Clear availability of information and support about health and wellbeing so that Sheffield people are able to help themselves.**	4.8 Encourage an integrated 'Sheffield offer' on the help, care and support available to people so that they can access guidance, advice, signposting, advocacy and self-assessment tools themselves. 4.9 Commit to working with partners on a model of active citizenship that promotes health literacy and supports people to look after themselves as well as possible.
Engagement and Participation		
Patient experience is a critical measure of performance and there are already significant efforts being made locally and nationally to enhance mechanisms for collecting, analysing and interpreting this on a systematic basis. ▪ It's really important to involve people from all walks of life	**Patients and service users involved in decisions and their opinions valued.**	4.10 Require both commissioners and providers to have effective engagement processes in place that take what service users think into account in all decisions. 4.11 Use patient/service user experience as a significant measure of quality.

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

What's this about?

This outcome is about how Sheffield's commissioners and service providers will deliver services. **As with outcome 4, it is our intention 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.** The City's population is rising as a result of an increasing birth rate, inward migration and people living longer. Over the next 10 to 20 years there will be an increase in the number of older people in Sheffield alongside increasing numbers of children and working age adults with disabilities and complex needs. We know that this population change is likely to place a significant and increasing demand on health, social care, children's and housing resources.

In Sheffield we have developed an 'investment profile' of the City's NHS and Council budgets using a model that apportions budgets to the following categories: promoting lifelong health and wellbeing; early, short-term or one-off interventions designed to promote recovery and independence; and medium to long term support focused on stability and maintaining quality of life. This profile indicates that around 80% of all the money invested in health and wellbeing services in Sheffield in 2012/13 went into acute hospital care and medium to long term care and support services. The growth in our population and the economic situation mean that this balance of investment is unsustainable and greater emphasis should be placed on promoting lifelong health and wellbeing, recovery and independence.

Where are we now? *What the JSNA and consultation have told us*	What do we want to achieve?	How will we achieve it?
Joint commissioning and whole-system transformation		
▪ Frustration with the at times lack of communication between health and social care services, with people feeling like they are passed 'from pillar to post'.	**Sheffield people at the centre of the Sheffield health and wellbeing system, underpinned by strong working relationships between commissioners with a clear methodology for joint working and pooled budgets underpinned by an innovative and affordable health and wellbeing system fit for the twenty-first century.**	5.1 Build on existing joint working to establish a clear joint commissioning methodology, including the consideration of pooled budgets in areas such as the health and social care budget for older people with long term conditions and children with complex needs. The joint commissioning methodology will include a commitment to the co-production of strategic plans to ensure services are delivered in the most effective way for the benefit of all.
		5.2 Address city-wide causes of high hospital use by promoting innovative ideas and models for whole system change. This will include working with providers to find the best way to redesign systems upstream, and engagement to build awareness of appropriate access to services.

Prevention and early intervention		
▪ Around 80% of all the money invested in health and wellbeing services in Sheffield is in acute hospital services, and in medium to long term care and support services. The growth in demand for services from an ageing and growing population, and the current economic situation, mean we need to find different ways of meeting people's needs. ▪ Preventing problems from arising and intervening early can be better for people and more cost effective than the traditional reactive approach to problems. More schemes that emphasise prevention and early action, that reduce demand for acute and long term care, are needed. Health care needs to be better integrated with social and community care if we are to reduce dependency on hospitals and provide higher quality care. ▪ Prevention is really important – one way of doing this is ensuring carers have access to all the information they need. ▪ The Health and Wellbeing Board should be brave enough to put resources into prevention.	**A preventative system that seeks to help and identify people before they are really sick, enabling Sheffield people to stay health and well for longer.**	5.3 Establish more preventative and targeted approaches to the provision of health and social care by extending the application of population risk profiling (predicted risk of future health crisis) to enable a closer alignment between services and people's needs. This should inform the development of integrated care and reablement services to help people stay at home, be healthy for longer and avoid hospital and long-term care. 5.4 Make best use of available and emerging technology to support early and local intervention.
Health and wellbeing workforce		
▪ It is important to ensure that community-based work can flourish and dedicated commitment, time and resource should be made available to support the Voluntary, Community and Faith sector.	**Frontline workers aware of health and wellbeing needs and able to signpost and support service users in obtaining the help they need.**	5.5 Commission a basic training programme for all frontline workers that raises the profile of public health, mental health and safeguarding issues and ensures an understanding of services and tools available to make 'Every Contact Count'. 5.6 Commit to working with VCF organisations to find the best way of meeting people's needs locally and ensuring we benefit from the added value VCF organisations can bring. 5.7 Continue to seek greater efficiency from providers, without putting service users' safety or experience at risk.

5. Five work programmes

Some of the actions benefit from being joined up and the Health and Wellbeing Board has therefore created five work programmes. These will be commissioned from partner organisations and the Board will oversee the delivery of the outcomes. These work programmes will feed in on an annual basis to the Board.

Work programme 1 – A Good Start in Life

The foundations for lifelong social, emotional and physical health, and educational and economic achievement, are laid in early childhood. Nutrition (including in pregnancy), speech and language development, the family learning environment and most importantly the quality of the parent/care giver and child relationship in the first 2-3 years are powerful determinants of outcomes in childhood and later life. Investment in early years preventative and early intervention services can be not only cost saving but also the key to achieving better health and wellbeing, and reduced inequalities in the whole population that can impact a family environment and issues such as parenting, diet and obesity, foundation stage attainment and hospital admissions and attendances at A&E.

Work programme 2 – Building Mental Wellbeing and Emotional Resilience

Mental wellbeing can positively affect almost every area of a person's life - education, employment 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 wellbeing for all has multiple benefits. It improves health outcomes, life expectancy, productivity and educational and economic outcomes and reduces violence, crime and drug and alchol use. 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.

Work programme 3 – Food, Physical Activity and Active Lifestyles

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 (such as a 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.

Work programme 4 – Health, Disability 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.

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. We want 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. 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. 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.

6. Action

1. How will the Joint Health and Wellbeing Strategy be implemented?

Of course, one of the most important parts of any strategy is what happens as a result of it. For this Joint Health and Wellbeing Strategy, it is perhaps most useful to see the Health and Wellbeing Board's role as that of a *strategic overseer*.

The actions of this Joint Health and Wellbeing Strategy will be delivered in several different ways. The Health and Wellbeing Board will work together in partnership to:

- **Approve the annual commissioning plans of Sheffield City Council and NHS Sheffield Clinical Commissioning Group.**

  Sheffield City Council, NHS Sheffield Clinical Commissioning Group and NHS England all directly commission health and wellbeing services in Sheffield. The Health and Wellbeing Board will oversee all of these commissioning plans, and although it will not take a direct or detailed role in creating the plans, it will expect the organisations represented on the Health and Wellbeing Board to take the Strategy's actions and goals forward. In some cases the actions in the Strategy will require something to be directly commissioned, and the Health and Wellbeing Board will take a particular interest in the commissioning of these actions, although the actions will not be commissioned directly by the Board.

  At the start of each financial year, the Health and Wellbeing Board will agree their objectives for the year ahead based in part on the commissioning plans, and will demonstrate what has changed over the previous year.

- **Support and influence the work of NHS England.**

  NHS England plays a key role on the Health and Wellbeing Board in Sheffield. As commissioners of GPs and other services in Sheffield and across the region and country, NHS England makes crucial decisions affecting Sheffield people. We will work with NHS England to connect priorities and commissioning intentions and influence how services are delivered in Sheffield.

- **Work with Healthwatch Sheffield to actively engage with the people of Sheffield.**

  Healthwatch Sheffield's role is to represent service user and citizen voice and experiences. The Health and Wellbeing Board will welcome Healthwatch Sheffield's role in bringing the views of children, young people and adults, framing the Board's agendas and way of thinking. We will work with Healthwatch Sheffield to ensure our engagement events, held several times a year, are representative and properly reflect and welcome different viewpoints and perspectives.

- **Hold partners and providers to account if issues are identified which do not support the outcomes of the Strategy.**

  If there is evidence that the Strategy's outcomes are not being achieved, the Health and Wellbeing Board will hold commissioners and providers to account. This may be in a formal Health and Wellbeing Board meeting, particularly if it concerns Sheffield City Council, NHS Sheffield Clinical Commissioning Group and NHS England.

  The Health and Wellbeing Board also advocates a strong role for the city's scrutiny committees. If required, the Health and Wellbeing Board will report issues for scrutiny committees to investigate. However, the Health and Wellbeing Board will not play a detailed role in the management of specific contracts.

- **Seek to influence local partners and providers to act in a positive way for the health and wellbeing of the people of Sheffield, valuing the Sheffield community of professionals who work in health and wellbeing and/or have an interest or connection to it.**

  A key role of the Health and Wellbeing Board is to be a city leader, influencing others to act in the interest of improving health and wellbeing in the city. Not every action of this Strategy has financial implications. Some, instead, require the Health and Wellbeing Board to work with others to bring about whole-system change. The Board will consider issues escalated to it requiring a city level response and will ensure that essential links are made across work programmes and initiatives.

  The Sheffield Executive Board is chaired by the Health and Wellbeing Board's co-chair, Councillor Julie Dore, and the Health and Wellbeing Board will work with the Sheffield Executive Board to promote health and wellbeing messages across Sheffield and amongst a range of organisations and providers.

  In addition, the Health and Wellbeing Board has its own regular events for professionals and providers who work in health and wellbeing, and uses a range of communications tools to facilitate information and networking. This means that professionals and providers are linked to the work of the Health and Wellbeing Board and are able to influence the Board's priorities and direction.

- **Support further consultation and development of the Joint Strategic Needs Assessment when required.**

  The Joint Strategic Needs Assessment is a key process to understand and define the health and wellbeing needs of Sheffield people. This will continue to develop and expand, documented on our webpages at http://www.sheffield.gov.uk/jsna.

- **Monitor the health and wellbeing of Sheffield people on an annual basis in accordance with the measures outlined in this Strategy.**

  A set of outcome indicators are set out in section 7. These are our way of monitoring and finding out if the health and wellbeing, and the experiences of Sheffield people using health and wellbeing services, are improving. We will review and publish these annually.

- **Advocate for Sheffield on a national level when it is needed and appropriate.**

  Sometimes change is required on a national level, and as system leader for health and wellbeing in Sheffield it is appropriate that the Health and Wellbeing Board plays a national role when required.

2. How will the Health and Wellbeing Board be held accountable?

There are three main ways that the Health and Wellbeing Board will be held accountable:

- **By scrutiny committees and other statutory committees and organisations holding us to account.**

  The scrutiny committees of Sheffield City Council have the power to scrutinise not only the delivery of the Strategy but also the health service providers in the city. The committees will challenge organisations to make sure they are delivering the things set out in the Strategy. Healthwatch Sheffield representatives sit on the scrutiny committees and play a key role on them.

  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.

  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, adults' and children's social care and public health. Performance against these frameworks will also be available online. In addition, independent

organisations such as the Care Quality Commission, 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.

- **By Healthwatch Sheffield consistently presenting the views of service users and Sheffield people.**

  Healthwatch Sheffield is the main channel into the Health and Wellbeing Board for Sheffield children, young people and adults to contribute their voice and influence. Healthwatch Sheffield 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.

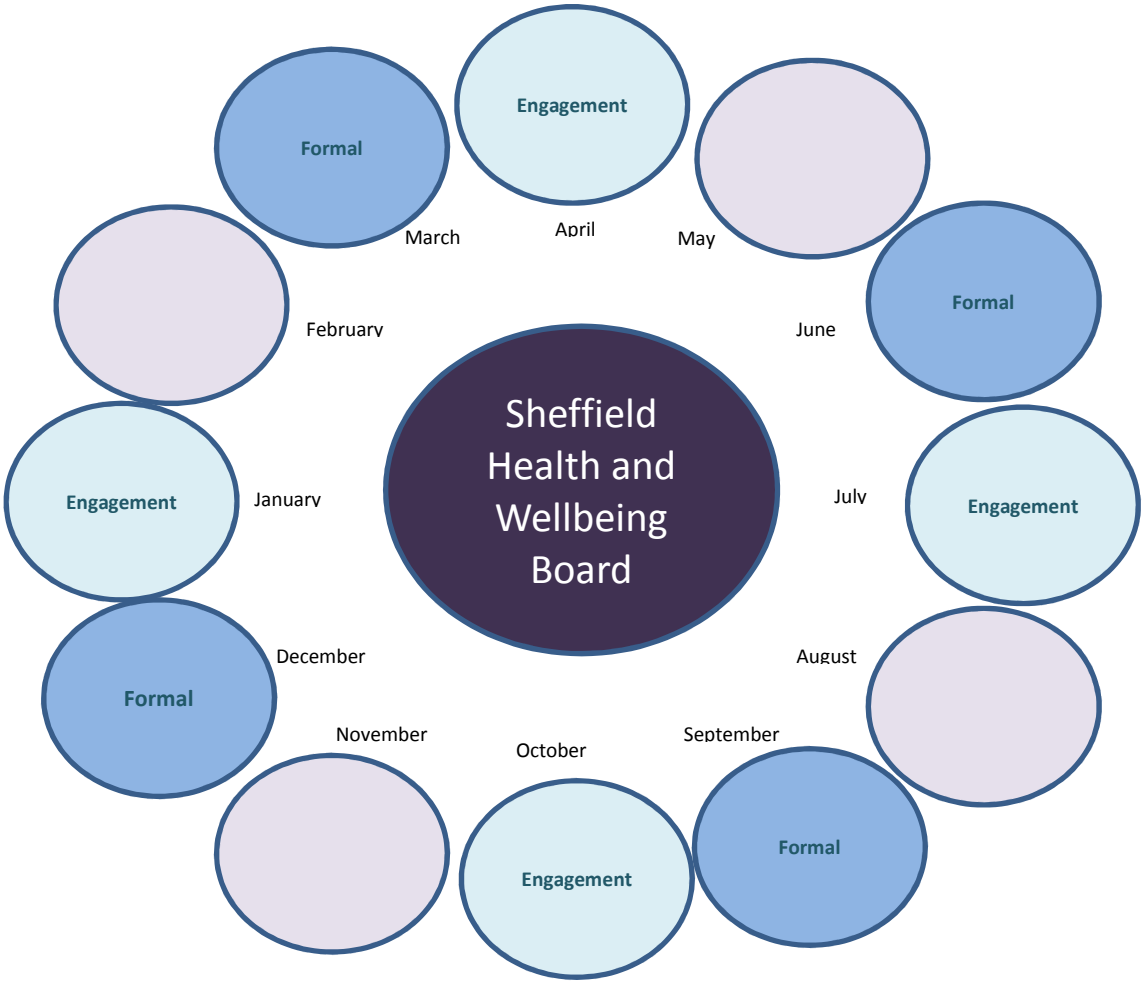
  Healthwatch Sheffield will also play a role in developing the work that underpins the Strategy, and shaping the Strategy's delivery.

- **By members of the public attending our meetings and getting involved.**

  As a Health and Wellbeing Board we hold regular events to hear the views of members of the public, service users and providers. 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 to ensure that organisations in the city are fully involved in working to improve Sheffield's health and wellbeing.

  The Health and Wellbeing Board meets formally every quarter in public where there is an opportunity to ask questions and receive answers. All agendas, papers and minutes from these meetings are available to members of the public on the Board's website. The Board will also hold engagement events every few months, usually the month after each formal meeting.

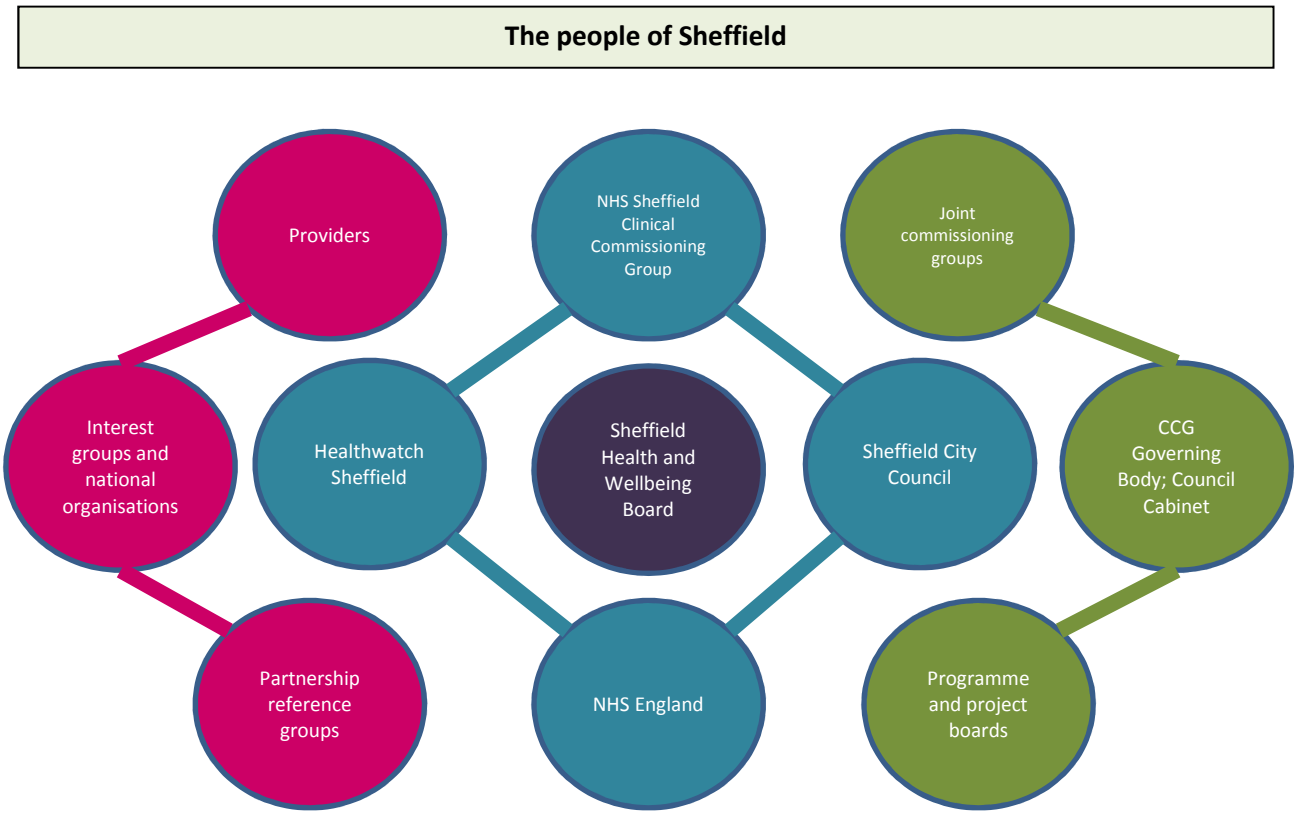
  The diagram below shows our yearly meeting cycle, with many things happening between meetings:



3. What is the organisational structure around the Health and Wellbeing Board?

Sheffield's Health and Wellbeing Board is at its heart a partnership: between the NHS, Healthwatch and the local authority; between statutory organisations and members of the public; and between the Board itself and its providers, interest groups and the people of Sheffield. The partnership between GPs and councillors is perhaps particularly interesting, with both people on the frontline, meeting Sheffield people on a daily basis.

No structure diagram fully conveys the intricacies of relationships between different organisations. Sometimes, partnership working makes governance structures confusing and hard to work out. We have produced the diagram below to show you some of the different organisations involved with health and wellbeing in Sheffield. It has deliberately not been shown as a hierarchy of organisations.



Sheffield's Health and Wellbeing Board is in purple at the centre.

In blue are the organisations which make up the Health and Wellbeing Board.

In green are selected meetings which take place regularly in NHS Sheffield Clinical Commissioning Group and Sheffield City Council. More detailed commissioning decisions will be made in these meetings.

In pink are the organisations that might want to feed into the Health and Wellbeing Board and who have an interest in strategic and commissioning decisions.

Above all of these are the people of Sheffield.

7. How we will measure health and wellbeing

The Health and Wellbeing Board will monitor this set of indicators annually to assess the progress and development of health and wellbeing in Sheffield. These are not measures designed to analyse the performance of the Health and Wellbeing Board, or of specific services, but are instead intended as a way of seeing how healthy and well Sheffield people are overall.

	Outcome	Indicator
1	HWBO1	**Child Poverty** – Children (under 16) living in families in receipt of Child Tax Credit (CTC) whose reported income is less than 60 per cent of the median income or are in receipt of income support (IS) or Income-Based Jobseeker Allowance (JSA), as a proportion of the total number of children in the area.
2	HWBO1	**Average gross annual income** – of employees on adult rates who have been in the same job for more than one year.
3	HWBO1	**Long term unemployment** – percentage of the working age population claiming job seekers allowance for more than 12 months.
4	HWBO1	The proportion of **16-18 year olds not in education, employment or training**.
5	HWBO1	**Good level of development at age five** - Foundation Stage Profile Attainment: Proportion achieving 78+ points.
6	HWBO1	Proportion of 15/16 year olds at **Key Stage 4** achieving 5 A*-C GCSE grades including in English & Maths.
7	HWBO1	**Homelessness Acceptances (unintentionally homeless and in priority need)** - per 1,000 households.
8	HWBO1	**Air pollution** – estimated proportion of annual all-cause adult mortality attributable to anthropogenic (human-made) particulate air pollution.
9	HWBO2	**Life expectancy at birth – Males.**
10	HWBO2	**Life expectancy at birth – Females.**
11	HWBO2	**Under 75 all-cause mortality** rate per 100,000 population.
12	HWBO2	**Infant mortality** rate (3 year rate) per 1,000 live births.
13	HWBO2	**Prevalence of mental health problems** – percentage of GP registered patients with a mental health condition (Adults).
14	HWBO2	**Prevalence of smoking** among persons aged 18 years and over.
15	HWBO2	**Proportion of children aged 10-11 (Y6) classified as overweight or obese**.
16	HWBO2	Admission episodes for **alcohol attributable conditions**, rate per 1,000.
17	HWBO2	Percentage of infants that are totally or partially **breastfed at age 6-8 weeks** after delivery.
18	HWBO3	**Gap in life expectancy (Males)** – as measured by the slope index of inequality.
19	HWBO3	**Gap in life expectancy (Females)** – as measured by the slope index of inequality.
20	HWBO3	**Excess winter deaths** – ratio of excess winter deaths to average non-winter deaths.
21	HWBO3	**Excess premature mortality in people with serious mental health problems** per 100,000 population.
22	HWBO4/5	**Access to GP services** – proportion of patients able to get an appointment last time they tried.
23	HWBO4/5	**A&E attendance rate** (all ages) per 1,000.
24	HWBO4/5	Emergency admission rate for **conditions usually managed within primary care** per 100,000 population.
25	HWBO4/5	**Antenatal assessment** under 13 weeks - Proportion of women who have seen a midwife or maternity healthcare professional by 12 weeks and 6 days of pregnancy.
26	HWBO4/5	Proportion of people using adult social care who receive **self-directed support.**
27	HWBO4/5	Proportion of people using adult social care who reported they **have control over their life**.
28	HWBO4/5	Proportion of older people (65+) **still at home 91 days after discharge** from hospital into reablement/rehabilitation service.
29	HWBO4/5	**Permanent admissions to residential/nursing care** per 100,000 population.
30	HWBO4/5	**Delayed transfers of care** from hospital per 100,000 population.

8. Get involved

The Health and Wellbeing Board in Sheffield is keen to be open, transparent and honest about how it is working and how it is delivering its Joint Health and Wellbeing Strategy. We know that we will not have thought of or covered everything, and therefore want people to get involved.

There are two main areas you can get involved with:

1. **Get involved with and find out about the work of the Health and Wellbeing Board**

You can:

- **Come to our Board meetings.**

We have formal Board meetings every three months where there will be the opportunity to ask questions. All agendas, papers and minutes of these Board meetings are published online and are available in print on request.

- **Come to our events and get involved in our consultations.**

There will usually be at least one event every three months. All information is published online and sent out through our networks. You can also call us for information: 0114 205 7143.

- **Stay informed.**

The best way you can do this is by signing up to receive our e-newsletter. We also have a regularly updated website.

- **Get connected with others.**

Improving health and wellbeing is a task for all of us, as individuals and as organisations. You can share with others in lots of ways, for example using our LinkedIn group (if you're a provider) or our Twitter feed. All of our events include opportunities to get to know other people in the city.

2. **Tell Healthwatch Sheffield what you think about the services you receive**

Healthwatch Sheffield has a key seat on the Health and Wellbeing Board, with its main role to be a champion for the views of service users and Sheffield people. You can:

- **Visit Healthwatch Sheffield's hub.**

Healthwatch Sheffield has a ground-floor information hub, open during office hours at The Circle, 33 Rockingham Lane, Sheffield, S1 4FW.

- **Attend meetings and events run or supported by Healthwatch Sheffield.**

You can find out about these online or by calling 0114 253 6688.

- **Stay informed.**

The best way you can do this is by signing up to receive Healthwatch Sheffield's e-newsletter and other information.

- **Get advice and support.**

Healthwatch Sheffield wants to support you in using services in Sheffield and in managing your own health and wellbeing. You can find out about services online or by calling 0114 205 5055.

9. Linked documents

The Joint Health and Wellbeing Strategy 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 in this Strategy. 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 documents which are linked to tackling the wider determinants of health in Sheffield and the Health and Wellbeing Board will contribute to the delivery of other strategies to ensure that there is a strong wellbeing focus and a coherent link with the Joint Health and Wellbeing Strategy. Some of these key documents and strategies that underpin the Joint Health and Wellbeing Strategy are:

- CCG prospectus 2012.
- Fairness Commission Report 2013.
- Joint Strategic Needs Assessment 2013.
- Joint Health and Wellbeing Strategy Consultation Reports 2012 and 2013.
- Sheffield City Council Corporate Plan Standing Up for Sheffield 2011-2014.

10. Glossary

Clinical Commissioning Group (CCG)	Clinical Commissioning Groups are groups of GPs that from April 2013 have been responsible for commissioning local health services In England. They will do this by working in partnership with local communities, local authorities; patients and professionals.
Commissioning	Commissioning is the process by which the health and social care needs of local people are identified, priorities determined and appropriate services purchased.
Health and Wellbeing Board (HWB)	Health and Wellbeing Boards exist in every upper-tier local authority to improve services and the health and wellbeing of local people. They bring together the key commissioners in an area, including representatives of GPs, 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 framework for individual commissioners' plans.
Joint Health and Wellbeing Strategy (JHWS)	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.
Joint Strategic Needs Assessment (JSNA)	The Joint Strategic Needs Assessment identifies the health and wellbeing needs of the local population to create a shared evidence base for planning and commissioning services.
Healthwatch Sheffield	Healthwatch Sheffield is the consumer champion for both health and adult's and children's social care. Healthwatch England exists at a national level.
NHS England (NHSE)	NHS England sits at arm's length from the government and will oversee local GPs. It makes sure that CCGs have the capacity and capability to commission successfully and meet their financial responsibilities. It will also commission some services directly.
Outcome	'Outcome' means 'result', 'goal' or 'aim'.
Sheffield City Council (SCC)	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. It is largely independent of central government and is directly accountable to the people of Sheffield when they elect their councillors.
Voluntary, Community and Faith Sector (VCF)	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, health, cultural or other objectives.

We would like to thank all those who have been part of developing this Strategy: who came to our events, to provide us with information, who helped us identify the key actions – and who will help us implement this Strategy to make Sheffield a healthy and successful city.

To request a printed copy of this Strategy, or if you have a query, contact:

Email: healthandwellbeingboard@sheffield.gov.uk.

Website: www.sheffield.gov.uk/healthwellbeingboard.

Phone: 0114 205 7143.

Postal address: Sheffield Health and Wellbeing Board, c/o Commissioning (Communities), Sheffield City Council, Redvers House, Union Street, Sheffield S1 2JQ.

www.sheffield.gov.uk.
www.sheffieldccg.nhs.uk.
www.healthwatchsheffield.co.uk.
www.england.nhs.uk.