



Sheffield Communities 4 Health Submission

a. Introduction

Sheffield Has been successful in securing a further £100,000 Communities 4 Health funding for 2006-8. Details of the successful submission are set out below for the partnerships information.

1. Contact Details:

Sponsoring Organisation: Sheffield First Health and Well-being Partnership

Accountable and Lead Body: Sheffield City Council

Main Contact: Kieron Williams, Health Partnership Manager

2/3. Programme Overview

One of the most complex challenges for Sheffield, and at a national level, is the reduction of health inequalities across communities. Whilst health in Sheffield is generally improving the city still has a significant and persistent challenge to meet in the reduction of the stark differences in health and well-being between our most affluent and deprived communities. For example life expectancy in the lowest fifth of wards in the city is still 3.5 years below the national average and 5.9 years below the best fifth. Similarly persistent health inequalities exist for a number of the city's non-geographic communities of interest such as our Black and Minority Ethnic communities.

The Sheffield First Health and Well-being (SFHW) Partnership¹ is leading Sheffield's approach to improving the city's health and well-being. We are committed to working across sectors to ensure Sheffield is one of the healthiest cities in the country and that all our communities can enjoy good health and well-being; a commitment recognised through the city's designation as a World Health Organisation Healthy City.

Our priority is to tackle the inequalities that exist between our communities. This is a core objective of Sheffield's Community Strategy and Local Area Agreement and the Partnerships 2010 Health Strategy. Our approach to this is founded on delivery through strong partnerships with communities. We are also committed to building on existing experience, evidence and best practise and to developing new and innovative ways of working.

We are using the Healthier Communities section of our Local Area Agreement to develop a nationally replicable model of reducing health inequalities. This model provides an evidence-based approach to tackling health inequalities through the development of Enhanced Public Health Programmes (EPHP) for each of the communities in Sheffield with the poorest health. These programs are founded on a business case based approach and are being developed and delivered in partnership with each community. Our approach is designed to develop community and individual engagement and responsibility for choosing healthier lifestyles and to tailor the delivery of services to the needs of individual communities.

There are four cross cutting principles to our Healthy Communities Program:

1. Development, delivery and governance through a partnership with communities
2. An evidence based, community specific approach articulated through a strong business cases

¹ City Wide Partnership made up of CE's from all key NHS Organisation, LA and partners from learning institutions and the voluntary sector. Further details can be found on www.sheffieldfirstforhealth.net

3. Empowering individuals and communities to make healthy life choices with a focus on the six Choosing Health priorities

4. A focus on outcomes, supported by clear performance management and effective evaluation

We have used an evidence-based approach to identifying the communities in the city with poorest health to be targeted through our LAA Healthy Communities Program. These equate to approximately one third of our total population, covering both 32 natural neighbourhoods (clustered into 15 EPHP delivery areas) and 6 citywide communities of interest. We are using an innovative basket of indicators model to measure progress in improving the health of these communities and in closing the gap between them and the city average.

Our LAA Healthy Communities Program is intended to initiate whole system change in the way we tackle one of the most complex challenges for our city.

We would like to use the opportunity of Communities for Health funding to support some elements of this programme, specifically focusing on supporting the engagement of communities in the development and delivery of Choosing Health in the target communities. These activities are priorities for Sheffield and are part of our strategic approach to delivering Choosing Health in the city. We will also be leveraging in a range of other resources through our Local Area Agreement including PCT and Local Authority mainstream spend and Neighbourhood Renewal Funding as well as a range of other forms of Partnership and external funding.

The specific strands for which we are requesting Communities for Health funding are:

Strand	2006/7
1. Promoting Smoke Free Homes	9,800
2. Increasing Activity of Older People	19,000
3. Implementing the Enhanced Public Health Programmes as part of Sheffield's LAA	37,000
4. Improving Sensible Drinking	24,200
5. Evaluation and Dissemination	10,000
	£100,000

These strands respond to specific community needs identified through the development of the business cases for our target communities. They will be delivered as integral parts of our Enhanced Public Health Programmes, providing a flexible portfolio to deliver Choosing Health priorities in partnership with our communities. This approach will allow delivery for each strand to take place in those of our target communities that have identified it as a priority, tailoring delivery to individual community need and context.

4. Strand Descriptions and Evidence:

Full details of each strand, with supporting evidence, are set out below. A full budget for this submission is set out in Appendix 1.

ACTIVITY	FUNDING
<p data-bbox="97 107 1235 145">1. PROMOTING SMOKE FREE HOMES</p> <p data-bbox="97 145 1235 257">Aim: To reduce the number of people in Sheffield, particularly children and young people, exposed to second-hand smoke in the home and to provide support to those who smoke in the home to quit or cut down.</p> <p data-bbox="97 280 1235 481">Description: Smoke Free Sheffield would like to extend its current activity to include Smoke Free Homes. This strand of our application is to establish an effective local model for supporting households to become Smoke Free, focusing on homes with children and young people. This will be delivered as an integral part of Sheffield's LAA Healthy Communities Program and will be targeted at the communities in the city with the poorest health.</p> <p data-bbox="97 504 1235 683">Smoke Free Sheffield is a well established and successful initiative organised by a partnership of all the relevant stakeholders in the city. To date 375 workplaces in Sheffield have signed up to becoming smoke free. It is recognised that homes are also an important environment where people are exposed to environmental tobacco smoke that damages their health.</p> <p data-bbox="97 705 1235 1019">The Smoke Free Homes strand will support adults to limit their smoking in their home particularly around children and young people to reduce their exposure to tobacco smoke pollution. It aims to help people restrict smoking in their home without harming important relationships. This will be achieved by facilitating a range of community champions and frontline workers (including for example Health Visitors, Smoking Cessation Advisors and Community Development workers) to raise the issue of smoking in the home and motivate smokers to provide a healthy environment for the people they live with including accessing support to stop smoking. The main impacts of this strand will be to:</p> <ul data-bbox="159 1041 1235 1332" style="list-style-type: none"> • Raised awareness of the dangers of second hand tobacco smoke in the home • Reduced the number of children and young people exposed to second-hand tobacco smoke • Reduced number of Adult who do not smoke exposed to second hand tobacco smoke in the home • Provide positive support, resources and 'behaviour strategies' to smokers to help them quit or avoid smoking 'indoors' <p data-bbox="97 1355 1235 1601">This strand will provide a Project Officer to manage the process of engaging a wide range of partners, establishing a Smoke Free Homes Steering Group (to be a sub group of the Smoke Free Sheffield Partnership Board), developing of an effective local model and accompanying resources and the engagement of community champions and a wide range of frontline workers in delivery. A Smoke Free Homes project would compliment the current workplace activity (and imminent national legislation).</p> <p data-bbox="97 1624 1235 1736">Resources: The resources will fund a part time worker, promotional materials and administrative support to enable the project to be established and smoke free homes to be recruited in our targeted priority communities</p> <p data-bbox="97 1758 1235 1803">Lead Agency: West Sheffield PCT</p> <p data-bbox="97 1803 1235 1836">Lead Contact: Caroline Burrows, Smoke Free Co-ordinator</p>	<p data-bbox="1235 107 1398 145">06/07</p> <p data-bbox="1235 145 1398 1836">£9,800</p>
<p data-bbox="97 1836 1235 2033">Evidence: It is estimated that 50% of children and Young People are exposed to second hand tobacco smoke at home. Children who are exposed to second hand smoke experience more frequent coughing, wheezing, higher risk pneumonia and bronchitis, weaker lungs, higher risk of developing asthma and worsened asthma. Infants exposed to second hand smoke could be at increased risk for Sudden Infant Death Syndrome (SIDS). Most children who inhale smoke do so in their own home</p>	

ACTIVITY	FUNDING
<p>2. INCREASING ACTIVITY OF OLDER PEOPLE</p>	<p>06/07</p>
<p>Aim: To increase levels of physical activity in Sheffield's older population focusing on the most sedentary and those in our most deprived communities</p> <p>Description: This strand will develop an innovative approach to promoting and facilitating physical activity in older age through local community plans resulting in the effective engagement of older people into regular activity. It will be delivered as an integral part of Sheffield's LAA Healthy Communities Program. It will also support the delivery of the 'Active' strand of the Sheffield First Partnership Strategy for an Ageing Population and the 'Older People' priority in the Sheffield City on the Move physical activity strategy.</p> <p>This strand will work to enhance the positive health and well-being impacts for older people of existing programs in Sheffield by delivering older people's physical activity interventions as an integral part of our LAA Enhanced Public Health Programmes and Partnerships for Older People Project. The targeted approach will focus upon the communities in the city with the poorest health, specifically addressing the needs of older people who are in the defined categories of independent to transitional phase. It will develop and implement a multi-dimensional set of interventions at three levels:-</p> <ul style="list-style-type: none"> • Population-wide interventions e.g. environmental interventions, informational and marketing interventions • Community-wide interventions through facility-based programmes, area-based physical activity projects and specialist work developing a community phase to the falls prevention programme • Individually based interventions that focus on one-to-one and small group initiatives. For example senior peer mentoring, falls prevention and Moving More Often. <p>The guiding principle behind all the interventions will be to close the 'activity gap' between older people in general and the population average and in particular, to find ways of accelerating the activity levels of the least active older people. Within this, will be a second guiding principle of self-help and sustainability whereby older people are empowered towards continuous behaviour change. Specific interventions will be tailored to the needs of individual communities responding to priorities identified through each business case.</p> <p>Resources: The resources will fund a part time Development Officer, Community Sports Coach provision and specialist coaches and tutors for older people and venue hire, equipment, marketing & promotion.</p> <p>A total of £34k in 2006/7 and £34 in 2007/8 match funding has been secured for this project from Sheffield First Health and Well-being, Sport England and Sheffield City Council. SCC will also provide strategic leadership for the project on behalf of Active Sheffield, line management of the Project Manager and office accommodation/expenses</p> <p>Lead Agency: Sheffield City Council Lead Contact: Sarah Nickson, Service Manager, Activity Sheffield</p>	<p>£19,000</p>
<p>Evidence: Older people are the least active group in the population – estimate that over 60% of those over 60 years of age are sedentary. We know that the least well off older people are even less active than the general older people's population. It is an agreed city priority for Sheffield to impact on reducing hospital admissions resulting from older people falling. The American College of Sports Medicine states that 'because of their low functional status and high incidence of chronic disease, there is no segment of the population that can benefit more from exercise than the elderly'.</p>	

ACTIVITY	FUNDING
3. IMPLEMENTING THE ENHANCED PUBLIC HEALTH PROGRAMMES AS PART OF SHEFFIELD'S LAA	06/07
<p>Aim: To ensure equitable access to health services and health promoting activity for Sheffield's most deprived communities and build the capacity of local communities to identified and reduced inequalities in health particularly through healthier lifestyle choices</p> <p>Description: This strand will build the capacity of our most deprived communities to support the development and delivery of the Sheffield LAA Healthy Communities Program . It will also deliver effective interventions to improve access to 'healthy lifestyle' choices and primary care services for the communities in Sheffield with the poorest health as an integral part of our LAA Healthy Communities Program. Our business cased based approach to developing Enhanced Public Health Programs in partnership with communities is identifying a range of barriers to access that have a compounding effect on health inequalities. This strand will develop and deliver effective and innovative solutions to removing these barriers that meet the specific needs of individual communities.</p> <p>Our approach will include supporting changes in the ways in which services and activities are delivered such that they that are more responsive to community need and context and the provision of a range of information, including advice and support, in appropriate, accessible and engaging formats.</p> <p>Through this strand we will take an innovative approach to improving access by developing solutions in partnership with communities. We will do this by working each of our priority communities to identify key barriers to access through the development of our business case based Enhanced Public Health Programs. We will then work with representatives form each community to develop and deliver solutions to the barriers identified. Our aim will be to develop solutions that result in long term improvement to access and empower our communities.</p> <p>This strand will be used to lever in other resources, e.g. Neighbourhood Renewal Fund and voluntary sector funding.</p> <p>Resources: This resource will deliver accessibility activity in each of our 15 Enhanced Public Health Program areas and for city wide BME communities. The phase 1 (trailblazer) areas have already built business cases, phase 2 and three areas will be completed in March 06 and October 08 respectively. One example of how the 06/07 funding will be used to support a community based shop which brings 'healthy lifestyle' and primary care related services to local communities led by community volunteers who have been trained through our community health educators programme.</p> <p>Lead Agency: Sheffield First Health and Well-being Partnership Lead Contact: Kieron Williams, Health Partnership Manager</p>	£37,000
<p>Evidence: Accessibility of services and information is a key barrier to reducing health inequalities in Sheffield. It is widely acknowledged including in the Choosing Health White Paper that it is possible to prevent or at least minimise the health impact of some chronic conditions if there is improved access to services and healthy lifestyle choices. In neighbourhoods where health is poorest there are lower levels of access to primary care services and higher levels of 'unhealthy' lifestyles e.g. screening uptake and levels of mothers smoking at birth are generally poorer in areas where life expectancy is lowest. This activity is part of a wider programme to build the capacity of local communities to lead the reduction of health inequalities particularly through the improvement of use of services and engagement in healthy lifestyle activities.</p>	

ACTIVITY	FUNDING
4. IMPROVING SENSIBLE DRINKING	06/07
<p data-bbox="97 136 1235 246">Aim: To build the capacity of community members and frontline workers to reduce alcohol related ill health through the delivery of Brief Interventions to promote sensible drinking.</p> <p data-bbox="97 268 1235 694">Description: This strand will pilot a comprehensive approach to building the capacity of individuals including community activists and front line workers (in, for example, housing, A&E, education, occupational health, youth work and probation) to deliver Brief Interventions, including alcohol-related information and advice, screening and referral. This approach will be delivered as an integral part of our LAA Healthy Communities Program and will be targeted at the communities in the city with the poorest health. It will focus on people under 35yrs drinking at harmful levels but whose behaviour is not yet entrenched; with a specific focus in communities most vulnerable to alcohol related harm (for example those with high numbers of care leavers, low educational attainment, BME and Refugee & Asylum Seeker communities). The project will be underpinned by consultancy on Solution Focussed Therapy to inform its content and framework. The whole programme would consist of –</p> <ul data-bbox="159 739 1235 1097" style="list-style-type: none"> • Development of a 3 day Brief Interventions Alcohol Course • Accreditation process completed to ensure quality and build capacity (OCN levels 2/3 and DANOS competency compliant) • Delivery of two completed Courses each of 15 participants = 30 ‘Course Graduates’ • Development of ongoing Support Network - quarterly meetings for course graduates to keep updated, information sharing etc. Support Network to be facilitated by an Alcohol Counsellor trained in Solution Focussed Therapy • Development of Resources Pack - for Graduates to use with clients • Development of Monitoring and Evaluation Tools <p data-bbox="97 1120 1235 1299">The Sheffield Alcohol Advisory Service (SAAS) based at South West Primary Care Trust will oversee the work and provide continued professional support, management supervision and quality/governance function for the life of this initiative. This strand will receive support from all stakeholder groups, bringing value through publicity, recruitment of community based activists and workers to the courses.</p> <p data-bbox="97 1321 1235 1456">Resources: The resources will fund the development of a 3 day Brief Interventions Course including accreditation at OCN Level 2, delivery of 3 Courses (each for 15 participants), delivery of a Support Network including quarterly meetings and production of a Resource Packs for course graduates</p> <p data-bbox="97 1478 1235 1534">Lead Agency: Sheffield South West Primary Care Trust Lead Contact: Ellaine Muscroft, Alcohol Public Health Lead</p>	<p data-bbox="1235 136 1388 179">£24,200</p>
<p data-bbox="97 1568 1235 1937">Evidence: The importance of right place, right time interventions is stressed in DH Models of Care on Alcohol (MOCAM 2005), DH Alcohol Needs Assessment Project (2005) and in the Sheffield City Alcohol Strategy 2005. There is an emphasis on preventative end interventions, using non medical settings to provide opportunities for behaviour change at the early stages. It is recognised that individuals most receptive to change are those at contemplative stage. There is evidence to suggest that ‘significant others’ including ‘community opinion leaders’ hold credibility for those at the contemplative stage of behaviour change and receptive to sensible drinking messages. In addition, research shows that GPs are reluctant to refer due to lack of suitable services. This type of community capacity building will provide a whole raft of support at the heart of where people live and socialise, offering the best opportunity to demonstrate that they can change.</p>	

ACTIVITY	FUNDING
<p>5. EVALUATION AND DISSEMINATION</p>	<p>06/07</p>
<p>Aim: To assess the impact and effectiveness of the Sheffield LAA Health Committees Program, enhancing local delivery and sharing lessons and best practice nationally.</p> <p>Description: The Sheffield Local Area Agreement Healthy Communities Program is being managed and monitored through a performance management framework set within the existing partnership structures. We would like to secure a specific resource to incorporate hard outputs and softer outcomes into an evaluation including engaging the community in this work.</p> <p>This strand will deliver a qualitative and quantitative evaluation of the program, including the strands set out here for Communities for Health funding. This will both serve to refine program delivery in Sheffield and provide evidence based briefings on those elements of the program that may be replicable in other areas, including 'real stories' of impact within communities. It will also include the proactive dissemination of this learning through a range of regional, national and international networks including the Communities for Health Network, I&DeA Healthy Communities Program and WHO European Healthy Cities Network.</p> <p>We also expect that our model of evaluation will be replicable for other areas.</p> <p>Resource: This will pay for a commissioned evaluation and dissemination report and a dissemination event.</p> <p>Lead Agency: Sheffield First Health and Well-being Partnership Lead Contact: Kieron Williams, Health Partnership Manager</p>	<p>£10,000</p>
<p>Evidence: It is part of the criteria of the Communities for Health funding to incorporate evaluation into the programme. In addition we are testing out an innovative community led model of designing and delivering enhanced public health programmes and we need to set a framework to test the hypothesis that this methodology does engage communities in reducing health inequalities.</p>	

A full budget for this submission is set out in Appendix 1.

5. Local Resource

Communities for Health is enabling us to leverage a range of resources to direct at delivering Choosing Health in our target communities. See Appendix One for full programme details, including budget.

6/7. Timetable and Outputs/Outcomes**September 2006 to March 07**

Activities	Milestones	Output/Outcomes
Smoke Free Homes	<p>Oct 06: Project worker recruited</p> <p>Nov 06: Multi-agency project group established</p> <p>Dec 06: Smoke Free Homes Campaign Launched</p>	<ul style="list-style-type: none"> • 100 homes signed up to Smoke Free Homes • Sheffield Smoke Free Homes Resource Pack Produced • 1 high profile Smoke Free Homes launch event held • At least one 'smoking' hit in local media per week on average
Active Older People	<p>Oct 06: Project manager recruited</p> <p>Mar 07: City Active Older People's Plan Adopted</p> <p>Mar 07: Active Falls Prevention Plan Adopted</p>	<p>To be confirmed through business cases but expected to include:</p> <ul style="list-style-type: none"> • Delivery of at least one major participation event • X number of community organisations/ individuals involved in community older peoples physical activity planning • X number of community activity information guides for older people produced • X number of older people's physical activity sessions delivered • X number of training sessions for workers supporting older people delivered
Enhanced Public Health Programmes	<p>Oct 06: Accessibility Activities identified for round 1 Enhanced Public Health Program</p> <p>Oct 06: Health Champions Network Multi-agency project group established</p> <p>Nov 06: Project group established for each round 1 Accessibility Activity</p>	<p>To be confirmed through business cases but expected to include:</p> <ul style="list-style-type: none"> • X number of community organisations/individuals involved in design and development of business cases • X number of community organisations/ individuals involved in delivery of Accessibility Activities • X numbers accessing primary care services, e.g. screening programmes and diabetic management services • X numbers accessing healthy lifestyle choices, e.g. stop smoking and physical activity • One Health Champions development event held • Community Health Champions Network model developed • At least 10 Community Health Champions recruited to network • 1 Community Health and Nutrition course delivered
Alcohol	<p>Oct 06: Project group established</p> <p>Mar 07: Brief Interventions Alcohol course developed</p> <p>Mar 07: Monitoring and evaluation tools developed</p>	<ul style="list-style-type: none"> • 3 day Brief Interventions Course developed • Brief Interventions Resources Pack • Engagement of 10 partner agencies • 1 Brief Interventions Alcohol Course delivered • 15 community members and frontline workers trained up in Alcohol Brief Interventions
Evaluation and Dissemination	<p>Oct 06: Evaluation commissioned</p> <p>Mar 07: Baseline Evaluation report produced</p>	<ul style="list-style-type: none"> • Year 1 evaluation report produced and distributed • 1 Dissemination Event

8. Development and Implementation of Activities

- § Following agreement of funding. The Public Health Partnership Board will begin the implementation phase of the activities.
- § The Sheffield City Council existing regeneration financial and output monitoring system will be used to manage and monitor these activities. Whilst the wider strategic and delivery responsibility will be held by the Public Health Partnership Board on behalf of the Sheffield First for Health and Well-being Partnership Board.
- § Lead Agencies for each activity are identified in section 2/3
- § Milestones are provided in section 6/7
- § Dissemination details are provided in section 11
- § The first steps in implementation are identified through the milestones in section 6/7

Activities	First Steps in Implementation Stage
Overarching Programme	The programme has been agreed by the Public Health Partnership Board as part of the Sheffield Local Area Agreement Healthier Communities Program The first steps will be to instigate the financial and outcome monitoring systems. We are using the Sheffield City Council existing systems which are currently used for NRF and other regeneration programmes.
Smoke Free Homes	The first step will be to recruit a project worker
Active Older People	The first step will be to recruit a project worker
Enhanced Public Health Programmes	The Public Health Partnership Board will agree delivery priorities with Community Partnerships as identified in the Enhanced Public Health Programmes business cases
Alcohol	The first step will be the development and accreditation of the 3 day Brief Interventions Course.
Evaluation and Dissemination	A brief for the evaluation will be developed and the work will be commissioned. In addition, monitoring and evaluation systems for all of the activities will be agreed.

9. Sustainability

This work is part of the local area agreement and 2010 Health and Well-being Strategy which is Sheffield's long term plan to reduce health inequalities. These activities are an integral part of the plan and will therefore be considered when developing future public health plans in the city.

Activities	Sustainability
Smoke Free Homes	The options for sustaining the project include: <ul style="list-style-type: none"> § Securing additional funding to continue the project after 3 years § Absorbing the project into the mainstream activity, perhaps of the Stop Smoking Service, Health and/or Sure Start Programmes (although additional resource will be necessary for materials)
Active Older People	This work will be incorporated into the city's long term 'Strategy for an Ageing Population' work which is focused on improving citizenship and inclusion for older people. This is one of the key actions for the Sheffield local area agreement Older People block.
Enhanced Public Health Programmes	This activity provides us with the opportunity to develop community leadership in health and to test out new ways of working which will improve access to primary services and healthy lifestyle choices. This will lead to a sustainable change in culture of the way that the health sector works in partnership with local communities in Sheffield
Alcohol	The development of community capacity provides a built-in element of sustainability with this initiative. People living and working in the community will retain and build on these skills. In addition, this work includes work to measure effectiveness; it is envisaged that any significant impacts on health and wellbeing will trigger mainstreaming.

Evaluation and Dissemination	This element of the work will allow an evidence base to be built to show the impact of Choosing Health activities on health inequalities. If there is a significant impact this work will facilitate a local and national justification for mainstreaming these activities
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10. How will we know if we have succeeded?

Outline outcomes and milestones have been identified for each of the activities. At the end of the first year 06/07 each activity will have identified a detailed set of target outcome indicators. The activities will monitor progress against the targets and there will be an on-going overarching evaluation of the Sheffield programme which will be used to manage and develop the programme and to disseminate findings both in Sheffield and nationally.

Additionally this programme is part of our local area agreement which has a comprehensive performance management framework focused on the reduction of health inequalities. This involves three layers;

- The measurement of impact on floor targets, e.g. life expectancy
- Measurement of the reduction of health inequalities through using an innovative basket of indicators approach comparing the 100 neighbourhoods in Sheffield
- Neighbourhood based business plans incorporating localised targets including indicative directional setting indicators, e.g. smoking quits, increased physical activity

11. Dissemination

The learning and experience from this programme will be captured through monitoring and through an on-going evaluation. This will be captured in the form of a written report at funding end and will be disseminated locally through our existing multi-sectoral networks which include a voluntary sector health partnership network of 700 organisations and a public health network.

Sheffield is also well networked at a regional level and will share learning gathered through these networks, e.g. LSP and LAA network and public health networks. We will also actively seek opportunities to share our learning at a European level using our membership of the WHO Healthy City programme and a project we are currently delivering for the Regional Public Health Team to improve health engagement in Europe.

In addition, we will participate in Communities for Health nationally led events/communication activities.

The final evaluation report will be launched through a dissemination event which will have a local and regional audience but we will also invite the other Communities for Health participants to attend.

This communication activity will be incorporated into the wider Sheffield First for Health and Well-being communication strategy which includes press releases, hosting visits and events and a website.

Each activity also has a communication strand relating to specific local and wider networks.

12. Support for Proposals

These proposals are supported by the Sheffield First for Health and Well-being Partnership Board which includes, Elected Members of Sheffield City Council and the Chief Executives of the Sheffield NHS Trusts and City Council as well as representatives of the Sheffield universities and the college and the Voluntary, Community and Faith Sector.

As stated, the proposals are a part of our LAA Healthy Communities Program. This work is also a key priority in the city's 2010 Health Strategy, which is the health and well-being element of the Sheffield Community Strategy.

Governance arrangements are:

Role	Name	Responsibility
Accountable and Lead body:	Sheffield City Council	Finance and legal. The financial management of the Communities for Health Programme will be delivered through the existing mechanisms which currently manage comprehensive regeneration programmes such as NRF in the city.
Lead Officer	Kieron Williams, Health Partnership Manager	Overall management and administration Key contact for Communities for Health Team
Sponsoring Strategic Partnership:	Sheffield First for Health and Well-being (Co-Chairs Sir Robert Kerslake, CE of Sheffield City Council and Andy Buck, CE of North Sheffield PCT)	Responsibility for championing and driving the programme incorporating into the Sheffield 2010 Health and Well-being Strategy and unblocking any barriers/challenges.
Lead Delivery Partnership:	Public Health Partnership Board (this board is the sub-delivery board of the Sheffield First for Health and Well-being Partnership Board and is responsible for public health in Sheffield. Membership includes the Directors of Public Health, Relevant Directors at Sheffield City Council and the Voluntary Sector)	Delivery of the overall Healthier Communities block of the LAA including delivery of this programme. The PHPB will receive monitoring reports on a quarterly basis and will resolve any emerging issues.
Delivery Agencies for specific projects	Identified in section 2/3.	Delivery of respective projects including production of quarterly monitoring reports for the Public Health Partnership Board

Signed by the Co-chairs of the Sheffield First Health and Well-being Partnership



Sir Robert Kerslake
Chief Executive, Sheffield City Council



Andy Buck
Chief Executive, North Sheffield Primary Care Trust

Appendix 1: Full Budget**SUMMARY OF REVISED COSTING**

Strand	2006/07
1. Smoke Free Homes	9,800
2. Physical Activity	19,000
3. Enhanced Public Health Programmes	37,000
4. Sensible Drinking	24,200
5. Evaluation/Dissemination	10,000
Total C4H Funding Requested	£100,000

DETAILED REVISED COSTINGS 2006-08**Strand 1. Promoting Smoke Free Homes**

Activity	C4H funding
Year One: (November 2006 – March 2007)	
0.5 FTE Project Worker (including 20% on costs)	7,500
Travel Expenses	500
Budget (Resource materials, promotional activity, training and dissemination costs)	1,800
Total:	£9,800

Strand 2. Increasing Activity of Older People

Activity	C4H funding
Year One: (November 2006 – March 2007)	
P/T development Officer SCP 29 (18.5 hours per week)	£8,000
Additional officer costs (mileage, phone, training)	£500
Match funding for Community Sports Coach for older People	£ 6,000
Venue hire for Training and activity programmes	£1000
Equipment	£1000
Specialist Coaches and tutors	£3000
Marketing & Promotion	£500
Total:	£19,000

Strand 3. Implementing The Enhanced Public Health Programmes As Part Of Sheffield's LAA

Activity	C4H funding
Year One: (November 2006 – March 2007)	
Delivery of Accessibility Activity for Enhanced Public Health Programs	£25,000
Delivery of OCN accredited Community Health and Nutrition courses	£6,000
Delivery of Pilot Community Health Champions Network	£6,000
Total:	£37,000

Strand 4. Improving Sensible Drinking

Activity	C4H funding
Year One: (November 2006 – March 2007)	
Consultancy Fees	2,000
Production of Resource Packs	5,000
Accreditation fees	2,700
Admin costs	1,300
Delivery Pilot Alcohol Brief Interventions Course (15 participants)	£7000
Unallocated ?????	£6,200
Total:	£24,200

Strand 7. Evaluation and Dissemination

Activity	C4H funding
Year One: (November 2006 – March 2007)	
Commissioned evaluation and dissemination report and a dissemination event	£10,000
Total:	£10,000