

Health Partnership Managers Report: Management and Operations

What is this?

A regular report from the Health Partnership Manager on the management and operations of Sheffield First for Health highlighting any issues or important events and changes.

Key Points to Note and Decisions for Sheffield First for Health Partnership Board:

1. Agree forward plan of the SFfH agenda (Section 1/Annex 1)
2. Agree to consider communication proposals at the next meeting (Section 2)
3. Endorsement of the health partnership team budget (Section 4/Annex 2)
4. Endorsement of the proposals for the Communities for Health Pilot (Section 5/Annex 3)
5. Endorsement of the proposals to join a Eurocities Project (Section 6)

1. Forward Agenda

A forward agenda has been prepared by the Partnership Manager and Co-Chairs. Annex 1 provides proposals for:

- Standing Items for Information and Decision
- Forward Plan for the SFfH Agenda

DECISION:

- It is proposed that the Board consider and agree the agenda outlined in Annex 1.

2. Communication Proposals

In order to realise the ambition of reducing health inequalities across Sheffield, it is important that Sheffield First for Health significantly influences the wide range of health determinants. To achieve this Sheffield First for Health must have a clear message and strong voice across the Sheffield First Partnership, across Sheffield and at a regional, national and international level.

DECISION:

It is proposed that the Health Partnership Team work with the Sheffield First Team to develop communication proposals to be presented at the July Partnership meeting, which takes account of:

- The aims/remit and delivery/strategic responsibilities of the Partnership including planned events.
- Key messages and vision of the Partnership
- Sheffield First family requirements and responsibilities, e.g. participation in Sheffield First newsletter
- Resource requirements

3. Introduction to the Health Partnership Team

The new Health Partnership Team started in January 2005 and consists of:

- *Roz Davies, Health Partnership Manager*

Previously worked for the Yorkshire and Humber Assembly on local government improvement including the developing community leadership role in public health. Has also worked in the private, public and voluntary sector in regeneration, neighbourhood renewal, housing and social exclusion both at an operational level and at a strategic level, mainly focusing on partnership and strategy development and delivery. Began working life as an Environmental Health Officer and is a full member of the Institute of Economic Development.

- *Kieron Williams, Healthy Cities Co-ordinator*

Previously worked for Sheffield City Council as an Area Action Co-ordinator supporting local partnership working and helping to co-ordinate regeneration activity and mainstream service delivery. Has also worked in a wide range of public voluntary and private organisations from the Government's Sustainable Development Unit to Addaction, a drug and alcohol treatment charity. Has a background in regeneration, neighbourhood renewal, sustainable development and community participation. Has a focus on strategy development, supporting best practice and local, partnership-led solutions.

- *Karen Webster, Health Partnership Team Administrator (part-time)*

Previously worked as the Healthy Cities Team Administrator and is also a health trainer for the community development and health introductory programme. Has worked in the health sector for the last 14 years.

4. Health Partnership Team Budget

The Health Partnership Team has evolved from the Healthy Cities team previously supported by the Partnership. Key changes include:

- Additional post: Health Partnership Manager (salary only funded separately by the PCT's).
- Additional functions: Management and administration support of Sheffield First for Health Partnership, e.g. printing, refreshments, events etc.

The basic expected running costs of the team excluding additional costs, e.g. communication is attached in Annex 2.

DECISION:

The Public Health Partnership Board has approved the detailed expenditure proposals and seeks endorsement of the proposals from the Partnership.

5. Communities for Health Pilot Programme

Sheffield (as one of the LAA pilots) was invited to submit an application to the Communities for Health program. We were successful in our application and have become one of 21 pilots across the country during 05/06. This a relatively small programme aimed at testing out innovative approaches to the implementation of the Choosing Health White Paper. Sheffield initially received £37,000 to support planned physical activity and smoke-free activities for the year 04/05. Annex 3 provides a set of proposals guided and developed by the Public Health Partnership Board and nominated thematic leads.

All of the activities are focused on SFfH priority areas and have been agreed and/or are championed through Sheffield First for Health or its sub-boards. The activities focus on:

- Target Groups: BME Communities, Older People, Children and Young People
- LAA trailblazer areas
- White Paper priorities; Diet and Nutrition, Smoke Free, Physical Activity
- Community involvement based approach including using community development in health programme where relevant.
- Multi-sectoral partnership based delivery, including the voluntary sector

DECISION:

It is proposed that SFfH considers and endorses the proposals set out in Annex 3 for the pilot year 05/06.

6. Eurocities Bid

Sheffield has been invited to join a transnational health project with approximately 19 other Eurocities. The aim is to share experience and learning across local partnerships working on tackling health inequalities in deprived neighbourhoods which fits directly with the Healthy Cities Programme and the Local Area Agreement.

Over the next 3 years this would involve:

- Hosting a visit to a local partnership, e.g. Burngreave NDC, Healthy Living Centre (some funding provided)
- An individual from Sheffield, e.g. the Healthy City Co-ordinator attending seven network events (75% of travel costs provided)
- An individual from Sheffield, e.g. the Healthy City Co-ordinator carrying out strategy reviews in two other cities and hosting a strategy review in this city.

As the lead organisation, the Council has agreed in principle to support this bid.

DECISION:

It is proposed that SFfH agree to participate in this Eurocities Programme as an integral element of the Healthy Cities Programme

**Roz Davies, Health Partnership Manager
March 05**

Annex 1 Future Agenda for Sheffield First for Health Partnership Board Meetings

1. Standing Items for information and decision

1.1 Endorsement of specific strategies

Sheffield First for Health are regularly asked to support, advise and endorse a range of strategies which relate to health. It is suggested that this function remains a standing item on the agenda. A summary sheet will be attached to all submitted strategies to aid members in checking that strategies being endorsed contribute to the Sheffield First for Health ambition. In addition the Partnership Board papers will include a reminder of the Strategies that it has endorsed.

1.2 Health Strategy Progress Update

This progress update will inform the Partnership Board of progress against the Health Strategy highlighting any key decisions or points to note.

It is proposed that all meetings include the opportunity for items for information or decision to be fed back from members who act as the strategic link between other Partnership Boards. The Partnership Board should note that this will be subject to change following the Sheffield First Review and related restructuring.

1.3 Health Partnership Manager's Report: Management and Operations

It is proposed that a regular report on the management and operations of the Partnership is submitted.

2. Forward Plan

This is a provisional forward plan that may be subject to change as the Health Strategy develops.

DATES	Agenda Items
15 April	Sheffield First Review: Future Plan for Sheffield First for Health Shared Ambitions and Key Messages
27 May	Health Impact Assessment of Sheffield First City Strategy Plans Trailblazer Plans including Black and Ethnic Minority Communities Draft Health Strategy (including performance management)
15 July	City Strategy Communication Proposals
30 September	Local Area Agreement: Public Health/Older People/Other blocks
25 November	Health Compact Urban Planning

3. Possible Events

These events will be incorporated into the communication proposals

- Health Scrutiny Programme
- LAA/Trailblazers development events
- Healthy Ageing conference
- Regional and European event
- Health Partnership Network events
- Eurocities

Annex 2 Health Partnership Team Budget 05-08

The Health Partnership Team budget is based on a revised Healthy Cities Team budget with a small increased allocation (£15,000) to incorporate:

- The change from a part time to a full time Healthy Cities Co-ordinator
- The additional Health Partnership Manager post (not including salary, which is funded directly through the PCT's.)
- The additional remit of the team around management and administration of the Sheffield First for Health Partnership e.g. refreshments, events, printing.

The expected expenditure per annum approved by the Public Health Partnership Board is:
£115,798

This includes:

- Salaries, Expenses, Training, Recruitment and Rent
- Travel and Expenses for the Healthy City Programme
- SFfH Newsletter
- Small Grants
- Stationary, Printing, Subscriptions, Equipment, Rent
- Meetings and a limited number of Events

This does not include wider Communications costs, e.g. PR, Website, Publications other than newsletter.

It is proposed that member organisations are invoiced on an annual basis (plus inflation rates):

Annex Three

Communities for Health Proposals

Sheffield is one of 21 pilots Communities for Health Programme for the Year 05/06. The aim of the pilot year is to showcase practical action on the ground that demonstrates the principles and priorities of the White Paper.

The principles of the White Paper, which focuses on reducing health inequalities, are:

- Supporting People to make informed choices
- Personalisation of support to make healthy choices
- Working in partnership to make health everybody's business

The following broad proposals have been produced focusing on thematic areas, which are well-developed and evidenced based strategic approaches and structures.

The following principles relating to the requirements of the programme have been used:

- Sustainable, innovative, challenging
- Evidenced based and community focused
- Linked to Sheffield's LAA
- Fits White Paper priorities
- Strategic/Partnership approach
- No duplication or replacement of mainstream funding
- Outcomes focused/measurable impact
- Sharing experience/practice

The areas, which the proposals are based on, are:

- Physical Activity
- Smoke-Free
- Diet and Nutrition

Crosscutting all of these strands are:

- Community and voluntary sector involvement
- Targeting communities relating to the LAA

Project Description	Justification and Impact	Partners	Cost
1. Tailored Weight-Loss Model			
<p>Developing a tailored affordable and accessible weight-loss model targeting the LAA priority communities focused on children and young people and overweight adults.</p> <p>Aim: To reduce and prevent obesity in target communities</p> <p>Objectives:</p> <ul style="list-style-type: none"> To develop co-ordinated action between physical activity and nutrition based frontline workers, e.g. Physical Activity, 5 A Day, Healthy Schools at a community level To develop and pilot a tailored community development model of weight loss groups for adults utilising the commercial models, e.g. weight watchers to be delivered by community health trainers To evaluate the model and develop an on-line toolkit to enable rollout at a local and national level. 	<p>The Sheffield Health and Exercise Survey has shown that obesity is a major public health issue in Sheffield with results indicating:</p> <ul style="list-style-type: none"> Half the population is overweight One in six adults are obese <p>Obesity is more prevalent in areas of deprivation and commercial weight loss programmes are not affordable or accessible. Obesity is closely related to CHD and Type II Diabetes.</p> <p>IMPACT</p> <ul style="list-style-type: none"> Improved partnership approach to reducing and preventing obesity Reduced obesity in children and young people and overweight adults in target communities. 	<p>Lead: SE PCT Others: Other PCT's, Healthy schools, community dieticians, 5 A DAY, Active Sheffield, CDH, vol and com organisations in priority communities</p>	<p>Project development officer £20,000</p> <p>Running Cost, e.g. Venue/ production of model £10,000</p>
2. Healthy Lifestyles for BME and other priority Communities			
<p>Development of a range of culturally appropriate resources to support BME and other priority Communities to make informed healthy life style choices including around diet, physical activity etc. This activity will also ensure the availability of evidenced based and consistent messages on interventions to promote healthy lifestyles and will equip staff from across the sectors with accurate and culturally appropriate information.</p> <p>Aim: Reduce obesity and improve the management of long term conditions in BME Communities</p> <p>Objectives:</p> <ul style="list-style-type: none"> To involve local target communities in the development of resources which frontline workers can use. To develop culturally appropriate resources including pictorial resources in community languages in written and aural format. To develop a replicable community based training programme. To work with and utilise a range of research work, instruments and tools, e.g. DISCERN, Universities etc To make available on-line any replicable materials etc 	<p>The Sheffield Health and Exercise Survey has shown that obesity is a major public health issue in Sheffield with results indicating:</p> <ul style="list-style-type: none"> Half the population is overweight One in six adults are obese <p>Obesity is more prevalent in areas of deprivation and commercial weight loss programmes are not affordable or accessible. Obesity is closely related to CHD and Type II Diabetes.</p> <p>In addition there are greater health inequalities for some BME Communities, e.g. South Asian communities are more likely to experience diabetes, obesity and CHD.</p> <p>There are some good quality healthy lifestyle resources. e.g. food and nutritional for the general population but there is a lack of culturally appropriate and accessible information for specific harder to reach communities including people who may be unable to read.</p> <p>IMPACT</p> <ul style="list-style-type: none"> Improved resources and awareness of healthy lifestyle choices Improved partnership approach to reducing and preventing obesity Reduced obesity and improved healthy lifestyle choices in specific priority communities, e.g. BME communities 	<p>Lead:NPCT and SEPCT Others: Other PCT's, Healthy schools, community dieticians, 5 A DAY, Active Sheffield, CDH, vol and com organisations in priority communities Burngreave Language support agency, BME Project workers in priority neighbourhoods</p>	<p>Utilising existing posts</p> <p>Training and resources costs £30,000</p>
3. Improved Physical Activity Choices for Older People			
<p>This project is about developing a sustainable and strategic programme of activity choices and training delivered by and focused on Older People.</p> <p>The objectives are:</p> <ul style="list-style-type: none"> To develop greater awareness of the physical activity message and benefits to health to older people and frontline workers To provide training for older people/frontline workers to deliver more physical opportunities To signpost older adults to physical activity opportunities or places where they can deliver physical activity 	<p>60% of those over 60 years are inactive and amongst those over 65, more people die from falling than cancer or heart disease. Exercise can have a major impact on falls prevention and recovery. Many experts say that no segment of the population could benefit more from exercise than older people. There are pockets of work within Sheffield but it is generally small scale and with no-co-ordinated approach.</p> <p>IMPACT</p> <p>Increased awareness of the need and benefit of physical activity Increased activity and reduced falls Increased confidence, well-being and independence.</p>	<p>Lead: Active Sheffield Others: Sheffield Homes, Keep Fit Association, University and the British Heart Foundation, Primary Care Trusts</p>	<p>Development Officer/Training/Equipment Costs:£43,000</p>

4. Smoke Free Workplaces			
<p>This project is developing a proactive and focused approach to developing a smokefree Sheffield</p> <p>Aim: To support workplaces in becoming smoke free.</p> <p>Objectives:</p> <ul style="list-style-type: none"> To provide information to workplaces about the benefits and process of becoming smoke free To provide training, help and support for workplaces considering becoming smokefree To focus proactive work on LAA areas/low paid workplaces. 	<p>Passive smoking is a major cause of death and causes a 30% increased risk of heart disease and 24% increased risk of lung cancer in none smokers.</p> <p>IMPACT</p> <ul style="list-style-type: none"> Increased number of workplaces in Sheffield particularly affecting priority LAA communities becoming smoke free Reduced risk of heart disease and lung cancer in none smokers 	<p>Lead: SOHAS and Smokefree Sheffield</p> <p>Others: PCT's SCC</p>	<p>Project Officer plus administrator £19,000 And Seminars/travel /telephone £6,000 per year for two years</p>
5. Smoke Free Childrens Project			
<p>This project involves focused attention on workplaces where children spend time in the priority LAA communities.</p> <p>Aim: Increase smoke free workplaces where children spend time</p> <p>Objectives:</p> <ul style="list-style-type: none"> To raise the awareness of the dangers of passive smoking to children and distribute resources and information at target premises 	<p>Passive smoking is a major cause of death and causes a 30% increased risk of heart disease and 24% increased risk of lung cancer in none smokers.</p> <p>IMPACT</p> <ul style="list-style-type: none"> Increased number of workplaces where children spend time in Sheffield becoming smoke free. Improved health of children 	<p>Lead: WPCT and Smokefree Sheffield</p> <p>Others: PCT's SCC</p>	<p>Project Officer/Admin £10,000 per year for two years</p>
7. Smoke Free Homes			
<p>Aim: Promote smoke free homes in the LAA priority communities</p> <p>Objectives:</p> <ul style="list-style-type: none"> To establish a smoke free homes project using Community Health Trainers and other frontline workers To raise awareness of the dangers of second hand tobacco smoke To develop positive support, resources and behaviour strategies provided to smokers to help them avoid smoking indoors. 	<p>Passive smoking is a major cause of death and causes a 30% increased risk of heart disease and 24% increased risk of lung cancer in none smokers.</p> <p>It is estimated that 50% of children and young people are exposed to passive smoking in the home.</p> <p>IMPACT</p> <ul style="list-style-type: none"> Raised awareness of the dangers of passive smoking to children Reduced numbers of none smokers who are exposed to second hand tobacco smoke in the home 	<p>Lead: WPCT</p> <p>Others: Community health trainers and other frontline agencies</p>	<p>Project Officer/Admin £10,000 per year for two years</p>
8. NHS Procurement Champion			
<p>Aim: To develop healthier procurement and establish a one stop shop interface between the NHS and local SME's</p> <p>Objectives:</p> <ul style="list-style-type: none"> To develop a database with accredited suppliers To develop a common base line procurement criteria for local SME's seeking to supply goods/services to the NHS To create a workforce passport scheme to provide evidence that innovative suppliers have empowered their staff to become competent in health, safety and environmental policies and operate the professional standard of conduct which is required for patients and visitors in the NHS 	<p>Good corporate citizenship in procurement is about increasing the volume of goods and services purchased from local businesses, and buying green and recycled goods. Regional studies on the economic role of the NHS support the idea that NHS trusts should procure more goods from local businesses to help strengthen local economies</p> <p>IMPACT</p> <ul style="list-style-type: none"> Improved NHS trading opportunities with local suppliers Reorientation of policies to local healthy procurement where possible 	<p>Lead: NPCT</p> <p>Others: PCTs</p>	<p>Project Development costs:£15,000</p>

9. Developing a sustainable social enterprise Health Trainer Model			
<p>Aim: To develop a replicable sustainable model for community health trainer organisations.</p> <p>Objectives:</p> <ul style="list-style-type: none"> To the feasibility of developing the model of a social enterprise To produce an on-line community health trainer resource pack and tool kit. 	<p>There is a growing demand for a community based and empowerment approach to improving healthy lifestyles choices. The community health trainer programme in Sheffield is renowned nationally and in high demand locally. There is now an opportunity to create a sustainable social enterprise style model, which can be replicated across the country.</p> <p>IMPACT</p> <ul style="list-style-type: none"> Improved healthy lifestyle choices in the target LAA priority areas Creation of a sustainable model, which can underpin our long-term strategies to reduce health inequalities. 	<p>Lead:SE PCT Others: PCTs and wider partners</p>	<p>Feasibility Study and resource pack £ 30,000</p>
10. Ensuring public health activity meets the needs of BME communities			
<p>Aim: To ensure that public health policy, programs and projects in Sheffield provide maximum benefit to people from black and ethnic minority (BME) communities.</p> <p>Objectives:</p> <ul style="list-style-type: none"> To engage BME communities in identifying the specific requirements that need to be considered and barriers that need to be overcome to ensure public health policies, programs and projects are effective in meeting their needs Based on the findings of this work, to develop a model using Health Impact Assessment methodology for assessing the likely impact on BME communities of public health policy, programs and projects and for identifying and implementing measures to ensure this impact is equitable. To pilot the use of this model on the activities funded through the Sheffield Communities for Health program To refine the model based on the findings of the pilot and establish a sustainable mechanism for its continued implementation, ensuring future public health policy, programs and projects in Sheffield explicitly consider the needs of BME communities and implement measures to meet them. 	<p>There continues to be a persistent disparity between the health of the population as a whole and the health of black and ethnic minority communities in Sheffield e.g. South Asian communities are more likely to experience diabetes, obesity and CHD. Whilst there are a wide range of activity aimed at addressing health inequalities in the city, organisations representing BME communities continue to raise concerns that they do not always address their needs or put in place measures to overcome the barriers that prevent them accessing services and support. This project will engage BME communities in identifying these needs and barriers and developing a systematic method of ensure new public health policy, programs and projects address these.</p> <p>IMPACT</p> <ul style="list-style-type: none"> All projects in Sheffield Communities for Health program will explicitly address the health needs of BME communities Creation of a sustainable model for identifying and implementing measures to ensure future public health policy, programs and projects meet the needs of BME communities Increased engagement of BME communities in shaping city health policy, programs and projects. Increased awareness by public health officials and decision makers of the specific needs of BME communities 	<p>Lead: Public Health Partnership Board/Health Partnership Team</p> <p>Others: OFFER, VAS, BME Community organisations</p>	<p>Project Development – to commission a voluntary or community organisation to develop the model - £30,000</p>
11. Building a sustainable public health infrastructure			
<p>Aim: To support the further development of an effective public health network in Sheffield and the delivery of the Sheffield Communities for Health Program</p> <p>Objectives:</p> <ul style="list-style-type: none"> To further build capacity in Sheffield public health network and support the delivery of Choosing Health, the Local Area Agreement and related public health programs To coordinate, oversee and monitor the Communities for Health Program in Sheffield 	<p>Sheffield is moving in to a new phase in addressing health inequalities. The implementation of Choosing health, the Local Area Agreement Healthier Communities Block and the City Strategy will all require effective joint working between all those involved in delivering public health programs. Strong public health networks exist in Sheffield and this project will build on these to support the delivery of these programs. It will also support SFfH in coordinating and monitoring the delivery of the Communities for Health Program in the city.</p> <p>IMPACT</p> <ul style="list-style-type: none"> Further development of a strong and effective public health network in Sheffield Effective delivery and monitoring of the Communities for Health Program 	<p>Lead: Health Partnership Team Others: Public Health Partnership Board, PCT's, Sheffield City Council, OFFER, VAS,</p>	<p>Program delivery, coordination and monitoring - £20,000</p>
Total:			£243,000