

## Summary Briefing Sheet

Presentation/Paper Title	Draft Health Strategy
Presenter	Andy Buck/Roz Davies
SFHW Meeting	27 May 05
Lead Partnership	SFHW
Purpose	Seek approval of draft health strategy from SFHW
Key Decisions for SFHW	<p>To agree:</p> <ul style="list-style-type: none"> <li>▪ Draft Health Strategy</li> <li>▪ Format of Annual Action Plan</li> <li>▪ Broad proposals for performance management</li> <li>▪ Consultation within individual organisations/sector</li> </ul>
How does this work support the reduction of health inequalities?	<p>The draft strategy provides the framework through which SFHW will tackle health inequalities over the next five years.</p>
How does this work ensure high quality standards?	<p>The principle of the strategy is to deliver high quality standards in public health supported by a performance management system.</p>
How is this work founded on a clear evidence base?	<p>The strategy build on SFHW previous experience and is focused on the remaining challenges relating to health inequalities.</p>
Other Key Points to Note:	<p>This paper builds on and links to information in the following reports:</p> <ul style="list-style-type: none"> <li>• The Sheffield Local Area Agreement (Final Version 9)</li> <li>• Sheffield First for Health Review, 15 April 05</li> </ul>

# Draft Health and Well-being 2010 Strategy

## Summary

SFHW set the guiding framework principles at the meeting of 15 April 2005 building on a set of commitments and responsibilities agreed over the last few months.

The main commitments are:

- Local Area Agreement
- Healthy Cities
- Health Compact
- Supporting the vision and twelve successful features of the Sheffield First Partnership family.

See Annex One for the draft health and well-being 2010 strategy including:

- Vision
- Successful feature
- Aim and Objectives
- Priority areas for action

It is proposed that accompanying the main strategy documents is an annual action plan. See Annex Two for a sample action plan.

Annex Three provides a supporting process through which the strategy can be performance managed. These proposals are subject to change as Sheffield First is currently developing a performance management framework for the whole Sheffield First family.

## Annex One: Draft Health and Well-being 2005-2010 Strategy

### Successful Feature: Healthy and Happy Communities

**2010 Vision:** Sheffield will be leading the way in good health and well-being for all communities and neighbourhoods

#### High Level Success Measures:

The following high-level success measures have been selected to measure the progress towards the 2010 vision:

**Outcome One:** Sheffield will be amongst the healthiest of the major cities in this country

This outcome will be measured through:

- Assessment of the level to which health is integrally incorporated into policy and planning across the city
- Progress against the national floor targets in comparison with the other core cities

**Outcome Two:** Sheffield will have closed the gap in life expectancy by 10% between the communities with the poorest health and the city average

The communities with the poorest health are the 30% of the population identified through the healthier communities section of the local area agreement. It may take longer than five years for the actions identified within the health strategy to impact on life expectancy, therefore measuring progress towards closing the gap will include a set of directional interim indicators.

**Outcome Three:** Sheffield will have achieved the highest award in the comprehensive performance assessment healthier communities and older people shared priorities and this will be reflected in other external performance ratings.

It is expected that the healthier communities shared priority will focus on the key question 'What has the council, with its partners, done to achieve its ambitions for the promotion of healthier communities and the narrowing of health inequalities and are these achievements recognised by the local population?'. It is expected that the older people shared priority will focus on key questions around taking a strategic and inclusive approach to older people as citizens and to service provision.

The healthcare commission core standard C22 around public health reflects the NHS partnership responsibilities:

Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

- a. Cooperating with each other and with local authorities and other organisations
- b. Making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships....

#### Aim of Sheffield First for Health and Well-being:

To work together to maximise partnership working between the public, independent, voluntary, community and faith sectors to ensure all of our communities have good health and well-being.

#### Objectives:

1. To develop a strategic approach to public health
2. To ensure Sheffield takes a healthy approach to ageing
3. To develop a healthy approach to policy and planning
4. To build the capacity and effectiveness of partnership working to achieve health outcomes
5. To share learning and experience at a regional, national and international level and contribute to shaping Sheffield as a city of European distinction
6. To work jointly with other Partnership Boards within the Sheffield First Family to deliver the twelve successful features

## 2005-2010 Priority Areas for Action

### **Objective 1. To develop a strategic approach to public health**

- 1.1 Development and Delivery of Enhanced Public Health Programmes
- 1.2 Ensuring Sheffield takes a strategic partnership approach to the delivery of national public health policy and programmes.
- 1.3 Delivery of the physical activity strategy 'City on the Move'

### **Objective 2. To ensure Sheffield takes a healthy approach to ageing**

- 2.1 Develop a strategic approach that will ensure an inclusive, holistic and balanced approach to the health development, care and wider needs and aspirations of older people as citizens for older people
- 2.2 Re-engineer health and social care services for older people

### **Objective 3. To develop a healthy approach to policy and planning**

- 3.1 Integrate health impact into urban planning policy and practice
- 3.2 Integrate health impact assessment as an integral element of the city decision-making processes.

### **Objective 4. To build the capacity and effectiveness of partnership working to achieve health outcomes**

- 4.1 To maximise the contribution of the voluntary, community and faith sector to improving health through the health compact
- 4.2 To develop and deliver an effective outcomes focused performance management framework
- 4.3 To ensure effective public involvement in the development of policy and practice

### **Objective 5. To share learning and experience at a regional, national and international level and contribute to shaping Sheffield as a city of European distinction**

- 5.1 Actively participate in the Healthy Cities Network taking advantage of opportunities for joint learning
- 5.2 Participate/take the lead in new opportunities where there is a regional, national or European platform and which will contribute to improving health and reducing health inequalities in Sheffield

## **Objective 6. To work jointly with other Partnership Boards within the Sheffield First Family to deliver the twelve successful features**

In addition to the priorities identified through previous objectives. The following priorities are the most important specific areas where Sheffield First for Health and Well-being is not the lead but can work jointly with other Partnership Boards within the Sheffield First family to achieve the twelve successful features identified by Sheffield First:

### WELL EDUCATED WORKFORCE

- 6.1 Maximise the impact and effectiveness of the NHS as an employer and as champion for a healthy approach to learning and employment policies, e.g. joint workforce planning, influencing life long learning opportunities, work around incapacity, social enterprise developments and occupational health (Lead: Creative Sheffield)

### WELL CONNECTED

- 6.2 Develop a protocol for joint working with the Transport Executive to ensure transport needs are effectively planned for in new developments (Lead: Environment/Transport Executive)

### EXCELLENT ENVIRONMENT

- 6.3 Clearly identify the impact on health of air quality in Sheffield and support the development of appropriate sustainable solutions to improve health. (Lead: Environment)

### COSMOPOLITAN AND INCLUSIVE

- 6.4 Develop a package to support new arrivals to the city (Lead: Cosmopolitan and Inclusive)
- 6.5 Ensure consideration of priority communities of interest across Sheffield First including people with learning disabilities, mental health problems, sensory and physical impairment, BME communities and carers (Lead: Cosmopolitan and Inclusive)

### A GOOD CULTURAL AND SPORTING OFFER

- 6.6 Ensure sporting venues and opportunities are accessible and are used by local communities (Lead: Creative Sheffield)

### WELL RUN AND KNOWN FOR ITS ACHIEVEMENTS ACROSS THE BOARD

- 6.7 Ensure that reducing health inequalities is a high priority for the whole Sheffield First family (Lead: Sheffield First)

### GREAT PLACE TO GROW UP

- 6.8 Develop a public health preventative programme for children and young people (Lead: 0-19+)
- 6.9 Implementation of the maternal health strategy (Lead: 0-19+)
- 6.10 Continued work to reduce teenage pregnancies (Lead: 0-19+)

### ATTRACTIVE SUCCESSFUL NEIGHBOURHOODS

- 6.11 Ensure public health programmes and health and social care services are aligned and have synergy with the successful neighbourhoods work, e.g. linkages with neighbourhood governance, management and service level agreements (Lead: Successful Neighbourhoods)
- 6.12 Use a health impact assessment approach to improving health outcomes in the Decent Homes Investment Programme (Lead: Successful Neighbourhoods)

### LOW CRIME

- 6.13 Ensure health and social care interventions are incorporated into preventative developments relating to antisocial behaviour (Lead: Safety)
- 6.14 Develop the use of licensing laws to improve health (Lead: Safety)

### VIBRANT CITY CENTRE

- 6.15 Carry out a health impact assessment of the city centre strategy (Lead: Creative Sheffield)

## Annex Two: Sample Annual Action Plan 2005-2006

**Key Code: Green: Completed, Orange: In progress, Red: Not/expected not to be completed within given timescales**

### Priority 1.1 Development and Delivery of Enhanced Public Health Programmes

Complete by	Key Actions	Milestones (Review Points)	Outcomes (Intended Impact) Target (Success Measures)	Lead/Partnership
<b>Trailblazers</b>				
April 05	Confirm trailblazers/supporting teams/programme	Report to SFHW		PHPB
April - Sept 05	Implement programme to develop business case including shared learning sessions across trailblazers			PHPB
Sept 05	Transfer learning into the development of the three year plan	Production of report on results of trailblazers		PHPB
Oct 05-Mar 08	Implement enhanced public health programme	Complete LAA pilot		PHPB
<b>Three Year Plan</b>				
April 05	Agreement of 30% priority communities			PHPB
Mar 05-May05	Mapping of health inequalities activities			PHPB
May05-June05	Identification of barriers to change	Produce three year draft plan		PHPB
June05-July05	Consultation with key agency decision making channels and through key networks			PHPB/SFHW
Aug 05	Incorporate learning from action learning set work and consultation			PHPB
Sept 05	Negotiation of freedom and flexibilities with GOYH			AB/SFHW
Oct 05-Mar 08	Implementation of three year plan	Completion of LAA		PHPB

Priority 1.2 Ensuring Sheffield takes a strategic partnership approach to the delivery of national public health policy and programmes

Complete by	Key Actions	Milestones (Review Points)	Outcomes(Intended Impact) Target (Success Measures)	Lead/Partnership
<b>Public Health Network</b>				
July 05	Development Event	Event		DPHs
<b>Recruitment of a joint DPH</b>				
	Proposals developed/consultation	Final JD etc Agreed		
	Advertisement			AB/Interview Panel
	Interviews	DPH Recruited		
<b>Public Health Communication Plan</b>				
				AB/nterview Panel
<b>Communities for Health Pilot</b>				
April 05	Expression of Interest Submitted	Results of submission		RD/PHPB
May 05	Broad Proposals developed and agreed by SFHW	National C4H Event		RD/PHPB
June 05	Detailed proposals developed			
June 05	Submission of pilot proposals			
July 05-Mar06	Implementation of pilot			
February 06	Evaluation and Review			
<b>Adult Social Care Green Paper</b>				
May 05	Consideration of implications	Presentation at SFHW		CR

## **Annex Three: Performance Management Framework**

### **Introduction**

A simple performance management framework is required to ensure that the strategy is delivered.

The following proposed process might be subject to change following the Sheffield First review.

### **Process**

#### **1. Action Planning**

- Agree Action Plan (Actions/Milestones/Outcomes/Targets/Resources etc)
- Assign champion (from SFHW or PHPB) for each priority area
- Agree governance, e.g. lead delivery individual/partnership etc

#### **2. Baseline**

- Health Partnership Team/Health Informatics and leads produce baseline including high level measures and priority outcomes/targets

#### **3. Quarterly review (June, September, December)**

- Each champion to ensure action plan colour coding is completed and report to SFHW.
- Baseline update
- SFHW agree action where there are issues, e.g. barriers to achieving action plan

#### **4. Annual Review (April)**

- Each champion to ensure action plan colour coding is completed and reported to SFHW
- Baseline updated
- Context reviewed
- SFHW review action plan and agree new action plan for forthcoming year.
- SFHW report to Sheffield First and GOYH

**Proposed Champions:**

Please find below a list of proposed champions. The names in bold are individuals who have a clearly identifiable existing responsibility. The other names are suggestions.

1.1	Jeremy Wight/ <b>Joint DPH</b>	6.1	Simon Gilby
1.2	Jeremy Wight/ <b>Joint DPH</b>	6.2	Andrew Cash
1.3	<b>Paul Billington</b>	6.3	Gary Mcgrogan
2.1	<b>Janet Soo Chung/Cath Roff</b>	6.4	Freda Cotterell
2.2	<b>Janet Soo Chung/Cath Roff</b>	6.5	Ruth Mitchell
3.1	Gary Mcgrogan	6.6	Rhiannon Billingsley
3.2	<b>Frances Cunning</b>	6.7	<b>Simon Gilby</b>
4.1	<b>Nick Pearson</b>	6.8	<b>Helen Fentimen/Chris Sharrat</b>
4.2	<b>Roz Davies</b>	6.9	<b>Helen Fentimen</b>
4.3	Nigel West	6.10	<b>Helen Fentimen</b>
5.1	<b>Kieron Williams</b>	6.11	<b>Evelyn Milne</b>
5.2	<b>Roz Davies/Kieron Williams</b>	6.12	<b>Louise Brewins</b>
		6.13	<b>Andy Buck</b>
		6.14	Bob Kerlake