



Report to Sheffield First Health & Well-being Partnership Board

Title	Sheffield First Agreement Healthy Communities and Older People Block Update
Author(s)/Presenter	Jeremy Wight/Cath Roff
Date of Meeting	20 November 2006
Lead Partnership	SFHW
Purpose of Paper	To update the partnership on progress

Key Messages (Maximum 5)

- Overall performance for both Healthier Communities and Older People remains positive
- Delivery for both areas is continuing in line with agreed delivery plans
- The advent of the single PCT is facilitating more effective working in both areas
- Lack of public health capacity remains a challenge for the Healthier Communities Program

Summary of Decisions for SFHW Partnership Board

Related Sheffield First Health and Well-being 2010 Strategy Objectives/Priorities

Objectives (Please place an X in the box next to each relevant objective, see Strategy for full description)

1. Develop strategic approach to public health	<input checked="" type="checkbox"/>	4. Improve partnership working for health	<input type="checkbox"/>
2. Ensure healthy approach to ageing	<input checked="" type="checkbox"/>	5. Share learning & raise Sheffield's profile	<input type="checkbox"/>
3. Develop healthy approach to policy & planning	<input type="checkbox"/>	6. Work jointly with other Partnership Boards	<input type="checkbox"/>

Priorities (Please detail relevant priorities from Strategy, e.g. 2.2. Re-engineer health and social care services for older people)

All priorities under Objectives 1 and 2

How does this work support the reduction of inequalities?

The Sheffield First Agreement Healthy Communities and Older People Block aims to reduce inequalities by closing the gap between the communities in the City with the poorest health and the city average, and by reducing the number of excluded older people.

Other key points to note including details of key background papers

Background Documents: Sheffield First Agreement, Sheffield First Healthier Communities Program Three Year Plan, Sheffield Partnership for Older People Application

Local Area Agreement – Healthier Communities Update Report

Key achievements this quarter

Enhanced Public Health Programs (EHP) for target Neighborhoods

The development and delivery of the Phase 1 and 2 EHP is continuing in line with the Healthier Communities Three Year Plan. The bringing together of the four Public Health directorates into one in the new PCT will enable more efficient use of resources and better coordination of the programme. Delivery is now underway in all four Phase 1 (trailblazer) areas with SFHW's NRF allocation having been successfully used to draw in a range of external funding and support including Objective 1 Community Action Plan funding and Area Panel support. All four areas have had particular success in linking with existing community infrastructure with community-based organisations leading on the delivery of most interventions. There has also been significant progress in targeting mainstream programs towards the Healthier Communities priority areas including smoking cessation support and the work of Activity Sheffield. The development of business cases for the seven Phase 2 EHP areas is currently underway, all in partnership with local community groups and service providers. It is planned that implementation of the programmes should commence in April 2007. Work on the eight Phase 3 areas is on hold due to lack of public health capacity .

Sheffield has been successful in bidding for 'Communities for Health' funding. Although the amount allocated has not been as much as had been originally hoped, £37,000 has been made available for the existing enhanced public health programmes.

Black and Minority Ethnic Communities

Following on from the BME Health Equity Audit a range of projects are being developed to address the identified priorities through the Pacesetters Program. The detail of these projects is currently being consulted on with a wide range of BME forums but they are likely to include activity to address: community development and health in gipsy and traveler communities; diabetes in South Asian communities; access to A&E for BME children; race and sexual orientation (building on existing expertise and best practice in the city); disability and BME communities (focusing on advocacy); and supporting and raising the profile of BME staff.

Investment Model

Further discussions have taken place about the development of a detailed, Sheffield specific, investment model to predict the health gain (and cost saving to acute services) resulting from investment in a range of large-scale preventative public health interventions. The key pieces of work that are necessary to enable this have been identified, and resources are being sought for this work. It is intended that this will complement the EHPs by evidencing the key interventions to tackle the major killers that could be rolled out across our priority communities and providing a strong business case for investment.

Performance

Overall performance on the key indicators remains positive, with a general trend towards a reduced gap between the 20% of neighborhoods in the city with the poorest health and the city average. We have calculated the all age all cause mortality rates for Sheffield and the most deprived quintile, as an essential first step to setting a 'stretch' target for narrowing the gap further (a required LAA target for non Spearhead areas). We are seeking further advice from the Regional Office on how to construct this target.

Following the September meeting of the Sheffield First for Health and Wellbeing Committee, discussions have taken place with representatives from the VCF sector about ways to better capture the input of the VCF sector in the performance management framework. Discussions are continuing, and further proposals will be brought to a future meeting.

Jeremy Wight
Director of Public Health
Sheffield Primary Care Trust

Local Area Agreement – Older People

Update Report

Key achievements this quarter

Strategy for an ageing population

The strategy is in the process of going round other relevant partnership boards for their strategic comment and contribution. Older people have had an opportunity to state what should be year one priorities. The next step is to produce a delivery plan.

Re-engineering services for older people

With the advent of a single PCT, key services such as Intermediate Care are starting to operate with a greater coherence. An enhanced Rapid response service is in place as is the team that gives targeted support to residential care and nursing homes. These services are assisting in reducing the number of unplanned admissions to hospital care. The next step is to undertake some modelling on locality working.

Piloting a new way of neighbourhood planning

Some preliminary scoping work has been done to identify all the information that is available on older people and older people's services at a neighbourhood level. Using the SNIS methodology we are building a neighbourhood-level report based on the seven outcomes of improved health, improved quality of life, making a positive contribution, exercise of choice and control, freedom from discrimination and harassment, economic well-being, personal dignity. The next step is to test this out with a wider audience.

Developing a workforce for the future

We have agreed in principle the plan for the Knowledge Exchange project with Sheffield Hallam University. This has two components to it: an organisational "snapshot" which will tell us about the cultures that support multi-agency inter-disciplinary working and will identify what some of the barriers are and secondly, a staff questionnaire which will help identify the core competencies that underpin inter-disciplinary working. Work will start at the end of November and will hopefully conclude in February 2007.

The competency framework for generic support workers is in place. Our next steps are to map where generic support workers are currently deployed and develop a career pathway for this staff group.

The Organisation Development Workstream of POPPS has developed an action plan which seeks, among other things, to set up an HR Forum between the NHS and social care in Sheffield. This would greatly assist in the strategic development of workforce issues.

Performance

Overall performance on the key indicators remains positive, with some 4 drop in indicators due primarily to technical issues rather than a dip in performance.

Cath Roff
Director of Adult Services
Sheffield City Council