Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Prevention Update

Governing Body meeting

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2 November 2017

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Purpose of Paper

This paper provides an update to Governing Body on the approach being taken to public health in the city. A number of specific examples are given, but due to a need for brevity comprehensive description of all programmes that might potentially be termed "public health" is omitted.

Key Issues

This paper is focused on the public health grant. This is a small proportion of Sheffield City Council's (SCC) approach to "public health". The grant has been significantly cut over recent years, and will be cut further. The approach that SCC is taking to public health is one of health in all policies.

The core staff team is significantly smaller than it has historically been, this limits the ability to develop new initiatives.

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Governing Body

The Governing Body is asked to:

- Note the issues in the paper, particularly the implications of public health grant cuts.
- Note the ongoing challenge of achieving tangible improvement through a health in all policies approach.
- Push NHS services hard to embed prevention as a core aspect of the service, not an add on. A particular emphasis may be placed on the biggest drivers of ill health and inequalities. Improving population health is a collective responsibility; it will not be achieved by "public health" alone.

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?
To work with Sheffield City Council to continue to reduce health inequalities in Sheffield

Principle Risk 3.1 CCG is unable to undertake the actions, and deliver the outcomes from them, that are set out in the HWB's plan for reducing health inequalities, eg due to financial constraints.

Are there any Resource Implications (including Financial, Staffing etc)?
No
Have you carried out an Equality Impact Assessment and is it attached?
No. The paper is a descriptive of a wide set of activity. No CCG specific service or policy changes are detailed.
Have you involved patients, carers and the public in the preparation of the report?
No

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1. Introduction

1.1. There is a recognition that 'prevention' is an important thing for Sheffield; a request from the CCG Chair for an update from Public Health on 'prevention'. We have been told there is a sense across the system that "nothing's happening" with regards to 'prevention'; and some inaccurate and potentially harmful stories emerging eg there's no smoking cessation service any more in Sheffield

1.2. Public health is the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society. It is:

- population based
- emphasises collective responsibility for health, its protection and disease prevention
- recognises the key role of the state, linked to a concern for the underlying socio-economic and wider determinants of health, as well as disease
- emphasises partnerships with all those who contribute to the health of the population

1.3. Public health is therefore a set of population health skills applied to issues in order to improve the health and wellbeing of the population. It is not synonymous with a collection of services historically paid for by the Public Health grant; a small group of specialist staff; or prevention/health inequalities.

1.4. Achieving the public health ambition of promoting and protecting health and well-being, preventing ill-health and prolonging life requires, but is not restricted to, 'prevention' work. Prevention can take several forms:

- Primary prevention: preventing people from developing illness in the first place eg tobacco control programmes aimed at young people, to reduce the uptake of smoking.
- Secondary prevention: reduce the impact of a disease eg prescribing antihypertensives to someone with high blood pressure, to prevent a stroke.
- Tertiary prevention: reduce the impact of ongoing illness or injury eg cardiac rehabilitation post-heart attack.

1.5. This paper:

- Describes the approach to using the Public Health Grant around prevention is using an NHS starting point
- Describes the broader approach to public health across the city
- Describes the approach SCC is taking to "prevention" more broadly.

2 The approach to public health in Sheffield

The Public Health Grant

2.1 The Sheffield Public Health grant is approximately £35m. This is used to commission or provide a wide range of services.

2.2 The Public Health Grant provides resource to commission or provide a range of services historically considered "public health" services. These aren't the only services that are "public health". Some of these services are required and considered statutory, some are mandated to be provided in the terms of the public

health grant. Assurance is provided annually to Public Health England on these (see appendix 1). Appendix 2 gives some insight into some of the services and functions, mainly focused on activity funded within the PH Grant.

2.3 The deployment of the PH Grant is across the council. Day to day responsibility for deployment of the grant rests with Directors from across the council. This is deliberate and the intention is to better execute the notion of SCC being a public health organisation. The DPH retains strategic responsibility for the budget, the outcomes and professional leadership of the staff.

2.4 It is worth being clear there are ongoing cuts to the public health grant, c30% over the last few years. This is expected to continue until the end of this parliament. This is driven by Whitehall decision. There are obvious and less obvious; direct and indirect impacts of this. There is not yet resolution on what will happen at the end of the ring fenced PH grant period (31.3.19), with some expectation that services funded by the PH Grant will transfer into the core SCC funds and be funded by Business Rate Retention. Lastly on the Grant, SCC has tried to protect the services commissioned as the grant has been cut. The consequence of this has been a two third reduction in the core "PH" staff to commission those services or develop new initiatives. This significantly. This limits our ability to develop new initiatives, or to program manage existing activities.

The scope of "public health" more broadly

2.5 It's worth being clear on the scope of "public health". It is a function and responsibility, it is also a set of expertise and a means of thinking about issues. "Public health" is NOT "prevention" or "health inequalities" or "the public health grant".

2.6 Sheffield CC Cabinet have agreed a Public Health Strategy, which aims to describe the ambition of SCC as a "public health" organization through the totality of SCC's functions (not just the Public Health Grant). The strategy describes one principal aim – the 25 year difference in healthy life expectancy, four objectives – inequality, lifestyle, health protection and health in all policies, and ten areas of focus - e.g. air quality, adverse childhood experiences, housing, work / health, sustainable economy, healthy ageing, housing / health, mental wellbeing) in addition to a focus on lifestyle and health protection, and the services funded from within the PH Grant. There is a need to develop the approach to the link between educational attainment and health; and the work health link. It is accepted this is a high level strategy and there is a need to refine and develop specifics.

2.7 Concurrently SCC are also considering how best to become a "preventive" council, across all of its areas of business. This is work that is being progressed across the whole council and all services and focused on how the organization can move from reactive to proactive. If we want to upgrade prevention, the resource needs to come from the £4bn in the Sheffield public sector, and beyond. The role of the Director of Public Health is to encourage the totality of the city's resources to be directed towards improving population health, achieving prevention outcomes, and addressing inequality - not micromanaging, but rather holding the system to account for a radical upgrade in prevention.

A preventive council

2.8 During 2016, Sheffield City Council's Executive Management Team committed the Council to becoming a more preventative organisation, with the Director of Public Health as the corporate owner of this work. Over the last year the organisation has been engaged in exploring what this means in terms of where we should make changes with the CCG involved in these discussions on an informal basis. This work has so far identified:

- 5 principles to guide our approach
- A prevention framework against which we can judge an individual service on a preventative/reactive spectrum, using the five principles
- Four areas where we need to make changes:
  - who our workforce is and what roles they have;
  - how we work with our partners;
  - how we work with and in communities;
  - how we approach service (re)design

2.9 SCC has set up a Prevention Advisory Group to further develop the approach, using learning from within the organisation (again including the CCG in these discussions). Learning so far has suggested some specific lessons to apply within these:

- prevention requires us to shape our services around the people who use them;
- push expertise closer to the front line (or create it there);
- change conversations there so that we consider whole person and their circumstances, not just the presenting issue;
- support for staff (including training & development) to help them in delivering this;
- thorough review of processes to remove unnecessary work/demand;
- develop our business intelligence capability to ensure we have a complete understanding of our baseline demand and its drivers;

2.10 As this work develops it is clear that prevention is not something that can be approached on a service, or even organisational basis. What is needed is an approach that addresses systems as a whole.

3 Action for Governing Body / Recommendations

3.1 This paper provides an update to GB on the approach being taken to public health in the city. This paper is focused on the public health grant. This is a small proportion of SCC's approach to "public health".

3.2 The development of the ACP is an ideal opportunity to further progress that radical upgrade in prevention – making the shift from reactive to proactive, using the opportunity in the transformation to redefine the job – so that the ACP shifts as quickly as possible from being a discussion about 'preventing the top 1% from going into hospital unnecessarily' to being about 'supporting people of all ages and at all stages of the life course to have good health and wellbeing'.

The Governing Body is asked to:

- Note the issues in the paper, particularly the implications of PH grant cuts
- Note the ongoing challenge of achieving tangible improvement through a health in all policies approach.
- Push NHS services hard to embed prevention as a core aspect of the service, not an add on. A particular emphasis may be placed on the biggest drivers of ill health and inequalities. Improving population health is a collective responsibility; it will not be achieved by "public health" alone.

Paper prepared by: Susan Hird, Greg Fell
On behalf of: Tim Moorhead
9 October 2017

Appendix 1 – high level breakdown of PH Grant Financial Commitments

PH Grant

Public Health Budget 2016/17 and 2017/18		
	2016-17	2017-18
	£	£
Staffing, supplies and services, overheads	5,681,428	5,599,428
Service Delivery		
Social Café for Adults with Anxiety and Depression	43,000	43,000
Adult Mental Health Information Service	67,000	67,000
Mental Health - advice and information	125,000	125,000
Support to the Chinese Community	64,690	64,690
Mental Health Support to the Somali Community	62,167	62,167
Magazine for Mental Health Service Users	14,602	14,602
Advocacy for Older People with Mental Health Problems	12,000	12,000
Carer Support & Respite	290,000	290,000
Healthy Living & Housing Support	2,923,000	2,923,000
Community Wellbeing (People Keeping Well)	965,030	965,030
Substance misuse	350,000	300,000
Drug & Alcohol Prescribing	660,800	660,800
Urine Testing	30,000	30,000
HEP A & HEP B Immunisation	15,000	15,000
Needle and syringe supplies	105,200	105,200
Medical collection	7,000	7,000
Drug & alcohol Other Activity	3,500	3,500
Non Opiates Contract	572,856	572,856
Opiates Service	2,572,690	2,572,690
In Patient Detox	54,000	54,000
Hidden Harm - Safeguarding	40,000	40,000
Primary Care - Community Pharmacists	347,154	347,154
Alcohol Treatment Contract	747,682	747,682
Drug Interventions Programme (DIP)	1,539,000	1,462,000
Sheffield Wellbeing Consortium	9,000	-
Support and Advice to Citizens	836,000	836,000
Support for Street Drinking	53,000	53,000
Infrastructure support to Third sector	61,000	61,000
Private Sector Housing category 1 hazards	170,000	170,000
Integrated Sexual Health Services	4,524,000	4,524,000
Enhanced Service - LARC	250,000	250,000
Enhanced Service - Pharmacy	20,000	20,000
Healthy Child Programme	8,510,000	8,010,000
Enhanced community Genetics works	35,000	35,000
Contribution to Volunteer contract	114,490	114,490
Health Child Prog speech and lang	97,000	97,000
Duloa support	29,000	29,000
Nexplanon	80,000	80,000
IUCDS	120,000	120,000
Treatment costs at non Sheffield Hospitals	170,000	170,000
Children &Young People Substance Misuse	418,700	418,700
Sexual Health outreach	55,800	55,800
Support to Young Carers	54,500	54,500
Employment Support MH & Children	227,619	126,000
Weight management	725,000	725,000
Stop Smoking Services & Support	880,000	860,000
Physical activity & Health Lifestyle support	817,000	817,000
Health Checks	231,000	169,000
Oral Health Promotion	150,000	150,000
Community Infection	60,000	60,000
Occupational Health	87,000	87,000
Employment and disability	80,000	80,000
Total Services	**30,476,480**	**29,656,861**
Other Income	-893,000	-893,000
Total Public Health Spend	**35,264,908**	**34,363,289**
Grant Allocation	35,100,000	34,235,000

Categories of Public Health Services reported under the terms of the Public Health Grant.

Categories for reporting local authority public health spend in 2016/17

Prescribed functions:

1) Sexual health services - STI testing and treatment
2) Sexual health services – Contraception
3) NHS Health Check programme
4) Local authority role in health protection
5) Public health advice to NHS Commissioners
6) National Child Measurement Programme
7) Prescribed Children's 0-5 services

Non-prescribed functions:

8) Sexual health services - Advice, prevention and promotion
9) Obesity – adults
10) Obesity - children
11) Physical activity – adults
12) Physical activity - children
13) Treatment for drug misuse in adults
14) Treatment for alcohol misuse in adults
15) Preventing and reducing harm from drug misuse in adults
16) Preventing and reducing harm from alcohol misuse in adults
17) Specialist drugs and alcohol misuse services for children and young people
18) Stop smoking services and interventions
19) Wider tobacco control
20) Children 5-19 public health programmes
21) Other Children's 0-5 services non prescribed
22) Health at work
23) Public mental health
24) Miscellaneous, which includes:
    - o Nutrition initiatives
    - o Accidents Prevention
    - o General prevention
    - o Community safety, violence prevention & social exclusion
    - o Dental public health
    - o Fluoridation
    - o Infectious disease surveillance and control
    - o Environmental hazards protection
    - o Seasonal death reduction initiatives
    - o Birth defect preventions
    - o Other public health services

Appendix 2 Illustrative examples of some of the current work and initiatives
These examples are illustrative, and not comprehensive.

They are intended to give Governing Body some detail of the implementation of the strategy. Important chunks are omitted for brevity. Again, for brevity most of the 0-19 work is excluded. This is extensively reported through the Children's Health and Well Being Transformation Board
Due to a need for brevity comprehensive description of all programmes that might potentially be termed "public health" is omitted

1 Tobacco - city wide strategy

Our focus is on points of variation and where / how we can improve locally on the things we need to improve - given our data.
PHE national priorities going forward = Smokers in NHS / Pregnant smokers / Prisons / Mental health services / Support to local services

- **Aiming for 10% prevalence by 2025** and as **close to zero smoking at time of delivery** as we can get.
- **Hospital smoking is a key priority for the future. 25% of people occupying a bed smoke.** Of those less than 1 in 13 have conversation with health care professional
- Next areas of focus - **scale up of very brief advice and intervention across whole health care system. Integrated into all clinical pathways**. Moving from considering smoking as a lifestyle issue to a treatable addiction that causes significant harm.
- **Pre operative risk management and smoking cessation** - Clinically owned pre operative risk management, built into all elective surgical pathways
- **Refocused effort on smoking in pregnancy**. Especially engagement through obstetrics- considering smoking as a significant risk of poor pregnancy and birth outcomes in same way we consider high BMI.
- Well described in the London clinical Senate work on this. We will simply lift and localise.

Sheffield Tobacco Control Strategy update for Sheffield CCG
The Sheffield Tobacco Control strategy was approved by Sheffield City Council Cabinet in February 2017. The new strategy will focus on more policy and prevention alongside traditional service provision and marketing and communication campaigns. Services will focus on screening (to identify smokers), prevention (stopping starting), cessation, and harm reduction and policy change (Smokefree City). Services will be targeted to those most vulnerable to the health harms of tobacco and groups who smoke the most (see page 3 for tobacco control programme model) following a procurement process all new Tobacco Control Services will be in place by Oct 2017.

There is no consistent input from CCG staff into the tobacco control board.

Sheffield Tobacco Control Strategy
A comprehensive local Sheffield Tobacco Control Programme was approved by Sheffield City Council Cabinet in February 2017. The new strategy will focus on more policy and prevention alongside traditional service provision and marketing and communication campaigns. ***Services*** will focus on screening, prevention, cessation, and harm reduction and will be targeted to those most vulnerable to the health harms of tobacco and groups who smoke the most (see attached strategy for more detail). Following a procurement process all new Tobacco Control Services will be in place by Oct 2017.

The strategy has been developed based on the World Health Organisation best evidence MPOWER six strands approach these include:

- stopping the promotion of tobacco;
- making tobacco less affordable;
- effective regulation of tobacco products;
- helping tobacco users to quit;
- reducing exposure to second-hand smoke;
- effective communications for tobacco control.
-

Our vision:

- People live longer healthier lives, smokefree
- We will achieve a Smokefree generation by 2025
- Sheffield children grow up in a city where smoking is unusual
- Sheffield will be a smokefree city in which to live, work and play

Aim: To dramatically reduce smoking prevalence by 2025 to:

- All adults (10%)
- Routine & manual (21%)
- Children (4%)
- Pregnant women (7.5%)
- Mental Health (5% by 2035 in line with Stolen Years)

Success so far….

Screening

- Electronic Very Brief Advice Tool under-development by Sheffield Health and Social Care Trust. Plan to roll out citywide with involvement of all key partners.

Prevention

- Smokefree citywide Children and Young People Service (delivered by VCF sector organisation ZEST) to commence from OCT 1st includes all secondary schools over 3 years. Cessation and prevention, plus a new pilot within two Sheffield primary schools. The service will target the most deprived areas of the city first where high smoking prevalence exists.

- Action to reduce the sale of cheap and illicit tobacco in the city. New approach utilised by SCC Trading Standards Enforcement Team using more legal powers to close premises and stop illegal sales. During Quarter 1 (2017/18) nine traders have stopped selling illicit tobacco following interventions from Trading Standards.

Prevention and cessation

- Marketing and Communications Service starts from OCT 2017 – focusing on the development of campaigns to reduce population level prevalence. A Sheffield Smokefree brand will be developed. The new service will focus on priority groups who smoke the most and health professionals. Initial campaigns for 2017/18 are smoking in pregnancy, e-cigarettes - myth busting, routine and manual workers and top 40% most deprived communities.
- New stop smoking service in place by Oct 2017 (service will continue to be delivered by SWYFT who won the competitive tender). The service comprises of a Priority Quit Service and a Universal offer for Sheffield. The service is currently mobilising. A number of new population groups have been added to the Priority Quit Service based on high smoking prevalence and health need, categories

include LGBT, Learning disabilities, Serious Mental Illness, Homeless and Offenders.

- Pregnancy challenge task and finish group set up to develop and deliver a range of actions that will ensure smoking in pregnancy becomes every bodies business. The aim of this group is to drive down smoking in pregnancy rates faster than in previous years.

Harm reduction

- The Tobacco Control Strategy outlines plans to combat tobacco addiction in Sheffield and reduce smoking prevalence and associated harm. Electronic nicotine delivery systems ("e-cigarettes") provide a clear opportunity to contribute to the achievement of this ambition. E –cigarettes are a significantly safer alternative to combustible tobacco. SCC are responsibly promoting swapping as a harm reduction alternative for those who can't or won't stop smoking. We are combining the most popular with the most successful and advising people to quit with our "Vape friendly" stop smoking service.

- During 2017/18 a marketing and communication campaign is planned to raise awareness, myth bust and change misperceptions around e-cigarettes. The campaign will target the public and health professional's key messages such as "vaping is less harmful than smoking and that adults should "ditch cigarettes or switch to e-cigarettes completely" will form part of the campaign.

Smokefree sites (including grounds, car parks, entrance ways, exits etc etc)

- Current smokefree legislation covers enclosed spaces but outdoor public spaces are not covered. A voluntary code in 2016 was agreed for Sheffield Children's Playgrounds in public parks for these to be smoke and vape free. We want to agree voluntary codes to extend smokefree outdoor site policies amongst a range of NHS and public sectors organisations. Making smokefree the new "social norm" in Sheffield.
- Sheffield Health and Social Care Trust implemented an extended Smokefree site policy and vaping policy in May 2016
- Sheffield Teaching Hospitals (Jessop Wing, Charles Clifford and Weston Park) and Sheffield International Venues are in the process of going Smokefree across a range of sites (Sheffield Arena City Hall, Leisure Centres etc). Sheffield Teaching Hospitals launch their policy in October 2017 with a view to rollout across larger sites (Hallamshire and Northern General Hospitals) over the next two years.
- Both Sheffield universities are considering proposals to implement extended policies
- SCC events team are keen to progress Smokefree events and have committed to delivering on this remit.
- SCC are developing a vaping and extended Smokefree policy
- Sheffield Children Hospital are debating the possibility of developing an extended Smokefree site policy at senior leadership meetings.

2 **Sexual Health**

The sexual health commissioning landscape is complex with responsibility divided across local authorities, CCGs and NHS England. Since 2013 Sheffield City Council (SCC) has held a statutory responsibility for commissioning the majority of sexual health services as outlined in the 2012 Health and Social Care Act. This includes the commissioning of comprehensive and integrated sexual health services including contraception, STI testing

and treatment and specialist services including HIV prevention. By law SCC must ensure provision of open access sexual health services for everyone in the area to control infection, prevent STI outbreaks and reduce unintended conceptions.

3 Public Health Outcome Indicators relate to sexual health:

- Reduce the number of teenage conceptions (females aged 15-17 per 1,000) Sheffield rate 23.6 per 1,000
- Reduce the rate of late diagnosis of HIV. In Sheffield 58% of all new diagnoses of HIV are made at a late stage.
- Increase the *chlamydia* detection rate (people age 15-24 per 100,000). Sheffield rate is 1660 against a target of 2300.

Work began in 2013 to integrate and re-design contraception services, GUM Services and sexual health promotion services. STHFT now provide a fully integrated sexual health service from the Hallamshire Hospital Site with a satellite clinic also running at Firth Park. The Sexual Health Sheffield Service is lead provider of sexual health training for the city's sexual health workforce and they also undertake community outreach activity. The service model is underpinned by prevention. SCC also holds a number of contracts with GP's and Community Pharmacies for delivery of enhanced contraception and STI testing services.
Highlights of the Sexual Health Programme include:

- A teenage pregnancy rate of 23 per 1,000 females aged 15-17. The lowest rate in South Yorkshire and below the Yorkshire and Humber average.
- New training pathway and funding in place to support Clinicians in general practice to meet new accreditation criteria set by The Faculty of Sexual and Reproductive Health for fitting long acting reversible contraception.
- The development of citywide chlamydia action plan which aims to increase the detection rate.
- Agreement to introduce opt out HIV testing in Oncology and Termination of Pregnancy Service.
- Development of new city centre sexual health clinic for young people in partnership with Sheffield Futures at Star House.
- Sexual health training delivered to the Looked after Children's Team.
- A programme of targeted support underway for GP Practices in the North Locality in areas of highest HIV prevalence.
- New citywide pathway for management of all positive STIs agreed meaning that all positive cases are directly and swiftly followed up by the Sexual Health Service.
- The Sexual Health Sheffield Service wins the Health Service Journal Value in Healthcare Award 2017 for Community Health Service Re-Design.

HIV and late diagnosis

Sheffield compares poorly to Yorkshire and the Humber and England in relation to the percentage of adults with HIV who are diagnosed late. Late diagnosis affects the individual's life expectancy and the potential transmission of disease. A key intervention to reduce late diagnosis of HIV is to increase uptake of HIV tests. Recent analysis suggests we need to increase HIV testing in the City by 12% (3,000 extra tests per year) to reduce late diagnosis rates.

The Sexually Transmitted Infections Strategy Group is putting in place a number of actions to increase the uptake of HIV testing including plans to change to routine 'opt out' HIV testing in the Termination of Pregnancy Service and for all patients commencing chemotherapy at Western Park. Work is also taking place in primary care, initially in the

north locality, to increase the offer of HIV tests. Support from all partners involved in commissioning and providing of these services will enable these important steps to increase HIV testing particularly in the context of ongoing contract negotiations in relation to the Sexual Health Services contract.

4 Alcohol and drug misuse

Alcohol

Implementation of the Sheffield Alcohol Strategy 2016-2020 continues and good progress is being made delivering actions against the Year 1 (Dec 16-Dec 17) priorities. The strategy has a number of identified workstreams focusing on prevention and early intervention.. Two of the Y1 priorities are specifically prevention focussed:

1. **Electronic screening tool :**
   The Sheffield tool has 1796 registered users from a range of organisations including pharmacists, GPs, social workers, housing officers, school staff, other social care staff, and community mental health team workers. Since its launch in 2012, a total of 8,182 people have been screened using the tool in non alcohol specialist organisations : 54% of those screened had a score indicating further intervention could be necessary. In the period between April 16-March 17, 1048 people were screened : 64% of those screened were offered a referral to services, 41% of those accepted the referral. These are all individuals who had not presented to alcohol services of their own accord, and who would likely not have received a referral into specialist services without the screening in non-specialist services. Work is being undertaken at present with Sheffield Hallam University and the Advanced Centre for Health and Well-being to develop the tool into an application for targeted and whole population self screening with the aim of both primary and secondary prevention.

2. **Key messages :**
   The Alcohol Strategy Implementation Group (ASIG) has agreed a set of key messages aimed at primary and secondary prevention. Four individual themed social media/poster pieces of campaign material with the same message below the specific theme : question/call to action, harm reduction advice, and then information on how to access services. The four themes identified as furthest reaching and therefore used in the campaign are : driving/manual working the morning after drinking and still being over the limit, social media embarrassment ‘the morning after’, and wellbeing/sleep.

Other work focussing on prevention with regards to alcohol includes information for young people in education settings (the Commissioner for YP substance misuse services sits on the ASIG), criminal justice focussed interventions such as Fixed Penalty Notice Waivers (those arrested for drunk and disorderly / public order offences will be given the opportunity to attend an alcohol awareness session at START rather than pay a £90 fine – students and people in their early 20s are the majority of those receiving this intervention) – this allows people to review their own alcohol use and its impact on their life in order to make changes.

Implementation of the alcohol strategy continues and good progress is being made delivering actions against the Year 1 priorities. The issue of respiratory health among the opiate treatment population is being explored via initial discussions between the CCG, DACT, and researchers with an interest in a specific project on this. It is hoped this will

explore ways of intervening in undiagnosed COPD among this cohort and impact on informed choices relating to respiratory health, including access to COPD diagnosis and support, smoking cessation, and awareness of the impact that opiate based drugs (both illicit and prescribed opioid substitution therapy) can have on the respiratory systems of those with already poor function.

National Recovery Month will take place during September 2017. DACT will, along with other partner organisations, be arranging a full timetable of activities including a launch of Recovery Month event, celebration of recovery via a graduation ceremony for our recovery ambassadors and the annual recovery awards, as well as numerous other activities throughout the month that all are welcome to attend and join. A full timetable of events will be issued via local networks in August 2017, and will be available on the DACT website www.sheffielddact.org.uk once it is complete.

Drug Misuse

The new National Drug Strategy published in summer 2017 has some focus on effective prevention interventions for drug misuse. Work will begin shortly on a consultation period for a Sheffield Drug Strategy covering a 4 year period from 2018-2022 which will support the implementation of Government strategy at a local level as well as set the strategic direction locally based on the expertise of stakeholders across the city.

The development of the targeted and self-screening application as described in the alcohol section will include screening capability for drug misuse. This will automatically become available to all 1796 registered users of the alcohol tool without the need for re-registration or additional training and will support the delivery of screening for drug misuse in non-specialist organisations as it has done for alcohol. This will be particularly helpful for those working with individuals misusing non-opiate drugs as these habits tend to be dismissed as 'recreational' by the user which makes further discussion of the issue difficult.

We continue to provide a full range of harm reduction interventions to prevent blood borne viruses in drug misusers and to minimise the impact of IV drug use, including two specialist and 14 pharmacy based needle exchanges in Sheffield, 100% coverage of the treatment population for testing for Hep C and HIV and all eligible offered Hep B vaccinations. Safer injecting, OD prevention, and Naloxone are also provided by the commissioned services.

Treatment services (Opiates and Non-Opiates) have been 'open access' since the re-tender of services in 2014 which led to new contracts commencing on 1st October 2014. Individuals misusing drugs (and alcohol) no longer need a referral by a professional to get into treatment – whenever the services are open, people can drop into them and are guaranteed to be seen by a duty worker – this removes all barriers to treatment and is likely to result in earlier interventions to those who need it.

The demand for these services has been challenging as other services in the city have limited their offer: substance misuse services have become the 'go to' for those in need of crisis intervention. However, the model is widely praised by the service users, as well as the CQC who rated the services as 'outstanding' for responsiveness.

The issue of respiratory health among the opiate treatment population is being explored via joint work between CCG, DACT and researchers from SU. It is hoped this will explore ways of intervening in undiagnosed COPD in this cohort and then supporting them to

make informed choices relating to their respiratory health, including access to COPD diagnosis and support, smoking cessation, and information on the impact of opiate based drugs (both illicit and those prescribed via OST) can have on the respiratory system of those with already poor lung function.

National Recover Month is taking place during Sept 2017. A full timetable of activities have been co-ordinated, including a week long cover by BBC Radio Sheffield, interviewing both staff and service users (including staff who used to be service users), in order to send the message that help is available, and recovery is possible.

This will culminate in the recovery awards on Friday 29th September 2017.

5 Work / Health

health led trials / devo pilot. all progressing, new relationships developing rapidly,

2 pressing key challenges for NHS session:-

(i) Deliver referrals for Health led trial via MSK, IAPT and Primary care – 3000 over 2 years

(ii) Put money where mouth is—employment of people with disabilities, health conditions, on autistic spectrum—what do we (NHS + LA's do to lead by example—targets ? ambition?

Detail

- **Health led trial out for PPQ**, 25 organisations so far accessed the site . awarded in Oct/ Nov. live by Dec.
- **Devo Pilot is 1 month behind the above**. Lots of interest from local and national / international orgs.
- **Each area is developing an 'integration Board'** to coordinate effort across these and make sure referrals happen and programmes work effectively . Following Manchester model . Health system engaged in all areas . Massive strides really, thinking about conversation level 12 months ago compared to now
- **Building Better Opportunities** - already delivering for the economically inactive SCR wide. IPS intervention, lottery funded. Well funded.
- **National Work and Health programme happens early next year** – the old 'Work Programme has gone, so in areas without trials or pilots there is virtually no employment support through JCP currently new programme only 20% of previous)
- **IPS funding for severe mental health** –hoping for SCR bid to be produced – Mental health colleagues leading .—not a trial—actual funding for MH 5 year forward view commitment
- **IPS for substance misusers** – invitation to bid, led by PHE – just published. DsPH considering how best to proceed.
- **Coordination difficulties are highly likely** , will be competing for clients if we're not careful

System wide challenge ;-

- This space is a **cultural melting pot**— LA employment teams, PH staff, NHS commissioners and MH providers, SCR team, Work and health unit—change in this regard is the key. We are good at 'Boards'—integration board etc. but without cultural 'thawing' we'll just be going to different meetings. This challenge is well understood.

Next

- **Ongoing development of interventions and pathways** for the **out of work cohort**.
- **Need to be absolutely focused on those services find hard to reach**. Eg people with learning difficulty … we've never been very successful there in the past
- There's a **broader piece** of work to undertake around work / health focusing on the other big cohorts
    - **Off work / well** – get back to labour market. Training, skills etc
    - **In work / poorly** – occ h, SOHAS, sensible approach to sickness management – help don't punish etc
    - **In work well** – keep well, reboot of Employer charter.

6 Social prescribing

All stakeholders committed to ongoing development of the concept of social prescribing. It is unlikely that there will be standardisation of the model across the ACS area, for a number of valid reasons. A review of models of SP across SYB has recently been completed. This highlights nuances and differences in model in terms of – who delivers, who funds, scale of implementation, who is eligible, what criteria (medical, social, defined by who), intervention itself, what happens next, what the "intervention" actually looks like.

Sheffield
SsHARR have recently completed an evaluation for Sheffield.
People Keeping Well (of which social prescribing is an element) is delivered by a 17 organisations in Sheffield

PKW is a wider concept than SPx we have a different approach to other areas. There are 17 Community Partnerships which are funded by the local authority – they deliver SPx and activities. There are approx. 16 Community Support Workers (similar to link worker model) employed by the council and 50/50 funded by the Council/CCG.
Not all the community partnership have funding (6) – currently the South / South East part of the city have received the initial implementation money. Funding for the 11 partnerships ends either Sept 18 or Mar 19.

DH funding. There is currently DH funding available – max of £300k per bid. Must be submitted by VCS as lead partner. Possible to submit separate, but linked, bids across the areas within the ACS. First stage of this would be to gain initial support from CCG COs. Would be an expectation that there is matched funding for any bid (cash match, not in kind). Some procurement issues to attend to if we develop bids for this DH funding. LA match funding may be possible if it is extension of current commitments, unlikely to be new LA funds in this space.

It is recommended we take stock on SP within the context of PKW in Sheffield, in light of the PKW evaluation and our shared direction of travel. This should include both delivery and programme oversight / governance arrangements.

7 Infant Mortality Programme

Collaborative work by key stakeholders to address the key risk factors for Infant Mortality has been taking place in Sheffield since 2010. The Delivery Plan is organised into eight themes based on interventions that have been identified by the Department of Health as having the most impact on reducing infant mortality, by improving health and closing the gap in health inequalities.

Highlights include:

Breastfeeding
Rates at delivery – 79.6%. Second highest amongst core cities, and in comparison to our statistical neighbours.

UNICEF baby friendly accredited maternity, health visiting and children's services

Work is underway with children's centre areas to close the gap in b/f rates at 6-8 weeks. There is an established Infant feeding Peer Support team working at Jessop and in the Community. Focus also on bonding and attachment for bottle-fed babies.

Healthy Weight in Pregnancy
Tier 1 training available to all front line staff. Health visitors receive HENRY training. Plans for a Study Day for all midwives are being developed.

Pregnant women are able to attend Why Weight service weight loss programmes. Why Weight provide sessions in selected Children's Centres to target women postnatally.

Number of pregnant women currently referred into tier 3 service is being reviewed to improve links with midwifery services.

Smoking in Pregnancy
Smoking status at time of delivery – 12.7 (2015/16), compared to rate for Yorks and Humber 14.5.

Infant mortality stakeholder event (June 2017) resulted in new programme of action being developed. Aim is to reduce smoking in pregnancy and postnatal relapse in Sheffield and make smoking in pregnancy everybody's business, including exploring the opportunities to 'make every contact count'.

Child Poverty
Work is being progressed through the Tackling Poverty Strategy (now combined with Fairness Commission). Sheffield's aim is to work towards a city in which people have sufficient income and resources to meet their fundamental needs and to maintain our position as the core city outside of London with the 2nd lowest rate of child poverty. Joint workshop with JRF held in 2017 to plan further action based on themes from evidence from latest report https://www.jrf.org.uk/report/uk-poverty-causes-costs-and-solutions, particularly :

- Stable and loving family foundation for children
- Development and education (early years to adulthood)
- Family income

SUDI
Sudden infant death rates are now lowest in Yorkshire and Humber ((0.3/1000 live births), having reduced from 0.77/1000 live births in 2010.

There is an extensive programme of staff training, campaign and publicity material to increase awareness and targeted work with vulnerable families involving health, local authority and third sector participation.

A network of Safer Sleep champions has been established across the city

Consanguinity
3 stranded programme model based on WHO recommendations is being progressed.:

- Family-centred approach to provision of genetic services
  Enhanced genetics outreach service established initially, however, due to recruitment difficulties role has recently changed to focus on accessing families through primary care to improve referrals and take up of Regional Clinical Genetics services
- Raise genetic literacy at community level
  Participatory community-based work; leaflet and video development
  Networks of community venues formal and informal; word-of-mouth
- Educate professionals at the interface with the community
  Series of short training sessions for health visitors, GPs, midwives
  Online materials available

Sheffield has established national learning network and its materials have been adopted by other localities.

Early Access to Maternity Care
95% of women see a midwife or maternity healthcare professional in Sheffield for an assessment of health and any related needs by the end of 12th week of pregnancy. Plans for a health equity audit are being investigated. Jessop are engaging key stakeholders to address needs of vulnerable and high risk groups ie new arrivals, Roma, substance misuse, teenagers.

8 Physical Activity

Well owned through NCSEM already.

Move more is both the brand and strategy. We aren't moving away from those.

Significant work towards Sport England Local Delivery Pilot bid. £13m

Specific initiatives we will to develop in the health and care system space include:

- **Pre operative fitness - part of risk management**. Executed in out of hospital settings - eg NCSEM sites
- **NCSEM principle of mixed use** - health leisure - both buildings and site design when we refurb capital and hearts / minds, systems and processes - as the default.
- Heavy sustained focus on **training and upskilling our clinical workforce** to deliver this mission.
- **Frailty** - significant focus on the pre frail mid life to early elderly but healthy. Focused on keeping fitness, maintaining muscle mass and delaying onset of frailty / functional impairment (& thus all the health and social care use that follows)
- **Building expectations that activity level** is built into standard monitoring process. IPAQ is built into MSK model now. Widen.

9 Adults with complex and multiple needs

Following on from the Homeless Health Needs Audit and the Homeless Call for Evidence in 2015, work is now being taken forward to develop a city-wide business case for improving the outcomes of adults with complex and multiple needs. Using the definition described by Lankelly Chase, this group of people is defined as based around presentation to substance misuse, homeless, criminal justice and mental health services. The propositions behind the business case are currently out for consultation with service

users, led by Co:Create (a policy and research arm of South Yorkshire Housing Association). The aim is to have a final business case available for consideration by the Council in September 2017. For further details please contact vince.roberts@sheffield.gov.uk or Simon.Finney@Sheffield.gov.uk

10 Air Quality

New guidance from NICE suggests that those who are very sensitive to harm from air pollution should be protected from its effects. This may include the creation and/or enforcement of byelaws asking people to switch their engine off for example, when dropping off and picking up children outside schools. This is called “no vehicle idling” and could extend to a number of locations across the City and a number of vehicles including private vehicles, buses, taxis, public service vehicles and private fleet. If the Council were to undertake enforcement and issue fines we would need to progress a local byelaw. A public consultation about this has opened on the Council’s corporate consultation system - Citizen Space which organisations and individuals are encouraged to complete: https://sheffield.citizenspace.com/place-business-strategy/no-vehicle-idling

The consultation asks for views on whether the Council should introduce and enforce new byelaws for “no vehicle idling” outside Sheffield schools, hospitals, care homes and other locations within the Air Quality Management Area. It also asks whether educational or enforcement approaches (fines) should be used. There will be further public consultation events in the autumn including a planned public meeting in September 2017 led by Councillor Jack Scott, Cabinet Member for Transport and Sustainability. Responses to this survey will also be used to inform the Council’s Clean Air Strategy and future action plans. Please note: comments on air quality can be submitted at any time by e-mailing airquality@sheffield.gov.uk

11 Food and obesity - Refresh of the city’s food strategy.

- **Moving away from obesity services delivered individual to individual, towards policy and structural interventions. This will include a refresh of the city’s food strategy**
- The new strategy will advocate for a whole systems approach to improving wellbeing through diet. This will mean striking a balance between policy and structural interventions that can influence food choices at population level and those such as weight management services that are delivered individuals.
- The strategy is in development and there are currently six proposed areas of action 1) **Developing public policy around food** 2) **Mass media** and communications with a specific focus on sugar reduction 3) **Support businesses** to improve their food offer 4) **Support individuals** for example through weight management services 5) Increase **access to healthy food**, especially for those on low incomes and using an asset based approach 6) **Influence national policy around food,** and poverty due to the direct impact this has on food choices
- The draft strategy proposes 4 themes that will run through its resulting actions – **whole systems approach**, **reducing inequalities**, focus on **early years/CYPF** and focus on **sugar reduction**
- **Six areas of action** 1) **Healthy food and drink policy** for council and public sector, 2) **Mass media** and comms – focus on sugar ,3) **Support businesses** to improve their food offer, 4) **Support individuals** – weight management, 5) Increase **access to healthy food**, especially those on low incomes, 6) **Lobby** for national changes.

- **4 themes** that will run through everything – whole systems approach, reducing inequalities, focus on early years/CYPF and sugar reduction

Weight Management Services:

- The council currently commission a range of services that aim to prevent obesity and/or to support individuals who are above a healthy weight to reach and maintain a healthier weight. These are
    - Start Well: Comprises 3 elements 1) Healthy Early Years award for childcare providers 2) Healthy eating and physical activity behaviour change training for early years practitioners 3) Healthy Eating and Nutrition focussed parenting programmes for parents with pre-school age children who are overweight or at risk of becoming overweight
    - Children and Families lifestyle weight management support in community settings for children and young people age 5-17ys who are above a healthy weight. Also delivers awareness raising within primarily schools and proactive feedback to parents as part of the National Child Measurement Programme
    - Adult lifestyle weight management support in community settings for adults who are above a healthy weight. Also delivers obesity brief intervention training to front line staff
    - Adult specialist weight management support for people who are seriously overweight and potentially wish to access bariatric surgery
- The weight management service model is being reviewed alongside the food strategy and is likely to be impacted by the proposed change in balance between population level and individual level interventions. The CCG is being involved in these discussions so that the implications of any changes to investment are fully understood and to support the development of a healthy weight pathway from brief intervention through to bariatric surgery.

10 Volunteering and health

In partnership with Voluntary Action Sheffield we are developing a refreshed volunteering plan for the City. Our focus will be to maximise the health and wellbeing benefits of volunteering, both for the individual volunteer and the communities within which volunteering takes place. We are particularly keen to ensure we identify and reach those individuals, communities and groups who do not traditionally volunteer. We are aiming to hold a stakeholders' meeting later in the autumn and this will include the CCG and GP practices. Overall we aim to have the refreshed plan in place by the end of the year. For further information please email elaine.goddard@sheffield.gov.uk

13 Person centred care

Sheffield is already recognised as a national leader on person centred care with the emphasis on creating the conditions for people to be active partners in their health care and supporting people to be a resource to themselves and to the care system. Following on from a joint workshop held earlier in the year, the CCG and the Council are now seeking to develop a broader case for a 'person centred city'.

This approach would make an important distinction between person centred care and person centred city. The word 'care' implies institutions and people that plan, pay for or deliver health and care. It also implies 'patients'. The word 'city' implies the whole of the city, in a way that is organisationally agnostic, does not have regard for professional roles or boundaries, and implies citizens rather than patients. Overall, the aim would be to

develop a shared culture and ethos that recognises the value of a person (and community) centred approach in how the City operates and the range of capabilities and opportunities within people. It would strive to create conditions for people to achieve the life they have reason to value, whatever their starting point may be, and for services to be tailored to this range of abilities and starting points.

Gaining support for and ownership of this approach is not without its challenges however and there is now a need to develop the case further and so build consensus including reviewing the evidence base, describing the outcomes and setting out implementation proposals. Output from the workshop is currently being shared with a number of officers and GPs to help shape and guide further development. The work is being led by Ollie Hart (CCG) and Greg Fell (SCC) and further progress and information will be provided over the coming weeks and months.

14 Oral health

Oral health has improved in Sheffield but there are still nearly a third of children who have on average three to four teeth with decay experience by the age of 5. Tooth decay experience is strongly related to deprivation and children living in the most deprived areas of the City have tooth decay levels that are four times higher than those living in the least deprived areas. The Council is responsible for oral health improvement and is currently refreshing its oral health improvement strategy, which is now out for consultation. The strategy focuses on optimising exposure to fluoride, mainly through distributing tooth brushing packs (via health visitors, children's centres, schools and children's homes) and tooth brushing clubs that are in operation in early years' settings in more deprived areas of the City, reducing exposure to sugars and tobacco and partnership working to improve oral health using a combination of universal and targeted population approaches. There has been a recent expansion of the daily tooth brushing clubs in nurseries and mainstream schools in Sheffield. There are now 72 tooth brushing clubs in Sheffield with 4,418 children involved. This expansion has been funded for one year only.

Work this year has also focused on incorporating oral health into Sheffield's Healthy Child Programme. Resources are being developed to support the 0-19 and early years' workforce with evidence based advice and interventions and will be shared with GP practices. Oral health will be discussed at the Maternal Child Health Planning and Partnership Group meeting in September 2017. Important dental public health messages include ensuring all children by the age of one-year have had a dental check-up, which will also be a national campaign in the coming year, asking the dental team to apply fluoride varnish to all children's teeth at least twice a year in line with national guidance, brushing twice daily with fluoride toothpaste and prescribing sugar free medicines.

The oral health improvement strategy includes the development of a policy to support the prescribing of sugar free medicines or reduce the impact of sugar-containing medicines where no alternatives exist in partnership with NHS England and the CCG. The strategy also shows how the incidence of mouth cancer is increasing in both men and women in Sheffield. Dental providers will be encouraged to work more closely with other health professionals (including GPs and pharmacists) around tobacco and alcohol control. More generally, whilst access to dental services is good in Sheffield, work is ongoing between Public Health England and NHS England to improve this.

If you would be interested in commenting on the draft oral health improvement strategy or accessing the early years' oral health resources, please contact greg.fell@sheffield.gov.uk

15 Reading Well

RCGP has recently endorsed a new book list for people living with long-term conditions and their carers. The book list provides information and advice on common conditions including diabetes, stroke and arthritis, as well as covering common conditions such as pain, fatigue and sleep problems. The list of 28 titles have all been recommended and endorsed by health experts and people with lived experience.

Key messages

- Reading Well supports people to live well with a long-term health condition
- Reading Well provides information and support for people living with a long-term health condition and their carers. The books provide quality-assured information about common conditions and symptoms, practical advice for living with a long-term condition and support for self-management.
- The list also includes titles to support the carers, friends and families of people living with a long-term condition.
- The books are available for anyone to borrow from public libraries. They can also be recommended by health professionals to support treatment.
- Reading Well for long-term conditions is developed by The Reading Agency in partnership with the Society of Chief Librarians and is available in public libraries across England. It is funded by Arts Council England and the Wellcome Trust.

To find out more about Reading Well and the book list visit the Reading Agency website. For further information on recommending titles, you can download this guide, or email readingwell@readingagency.org.uk.