



HEALTH INEQUALITIES – PROPOSED PRINCIPLES, PRIORITIES AND A FOCUS ON RESOURCE ALLOCATION

SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD

18 APRIL 2023

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Purpose of Paper	
<p>To share an update on the priorities for reducing health inequalities across Sheffield, including:</p> <ul style="list-style-type: none"> Proposed principles; An outline approach for Building a model a model neighbourhood across North-East Sheffield; Allocating resources to the reduction in health inequalities. 	
Key Issues	
<p>The Community Development and Inclusion Group have developed a set of key principles which align with the vision for Sheffield Health and Care Partnership and support us to tackle health inequalities. The proposed principles are:</p> <ul style="list-style-type: none"> We will focus our work to target those most in need, those with the greatest health needs and those experiencing the widest health inequalities; We will work alongside and empower communities in the most deprived parts of the city and those from ethnic minority backgrounds, embedding co-production, listening exercises, and jointly developing our desired outcomes; We will ensure a focus on inclusion health involving wrap around support for the most vulnerable and excluded individuals and groups in the city. This includes the homeless, sex workers, asylum seekers/ refugees/ undocumented migrants, ex-offenders and veterans; We will harness our roles as anchor institutions to support our communities and focus on identifying opportunities to drive social value; We will allocate resources, to areas of greatest need, and ensure that we embed a financial framework that drives the reduction in health inequalities, this includes ensuring we ringfence investment and identify sustainable funding models for the voluntary and community sector and interventions aligned to supporting our communities; We will draw on evidence and ensure we drive innovative in our approach, designing solutions to long standing challenges with our communities, that supports us to improve health outcomes. <p>Alongside the development of the key principles, the group have focussed on assessing the needs of communities across Sheffield, and have proposed that the priority area of focus is to build a model neighbourhood across North-East Sheffield, where we have the highest levels of deprivation and communities are experiencing health inequalities.</p> <p>To enable this work to progress, the group have set out an outline approach to co-design, which embeds community power as the focus, to ensure communities feel empowered to design and shape service provision. Alongside this the group will develop further a financial framework, will builds on the principle of allocating resources to areas of greatest need, and identifies a way to build on the current ringfenced budget for reducing health inequalities, committed by the ICB.</p>	



Is your report for Approval/Consideration/Noting	
<p>The partnership board is being asked to consider and agree:</p> <ul style="list-style-type: none"> • The proposed principles for supporting the reduction in health inequalities; • To the focus on building a model neighbourhood across North-East Sheffield, to enable the group to further develop the PID and Framework; • The development of an outline financial framework focussed on reduction in health inequalities, to ensure we are able to distribute resources to areas of greatest need. 	
Recommendations/Action Required by the Sheffield Health and Care Partnership Board	
<p>As above.</p>	
What assurance does this report provide to the Sheffield Health and Care Partnership Board in relations to the ambitions of the Health and Wellbeing Strategy 2019-2024	
	Please ✓
Every child achieves a level of development in their early year for the best start in life	
Every child is included in their education and can access their local school	
Every child and young person has a successful transition to independence	
Everyone has access to a home that supports their health	
Everyone has a fulfilling occupation and the resources to support their needs	
Everyone can safely walk or cycle in their local area regardless of age or ability	
Everyone has equitable access to care and support shaped around them	✓
Everyone has the level of meaningful social contact that they want	
Everyone lives the end of their life with dignity in the place of their choice	
Are there any Resource Implications (including Financial, Staffing etc)?	
<p>As above, the group seek approval to develop a financial framework.</p>	
Have you carried out an Equality Impact Assessment and is it attached?	
<p>Not yet as this is an update paper.</p>	
Have you involved patients, carers and the public in the preparation of the report?	
<p>We have set out in the paper how we will involve and co-design with our local communities.</p>	



HEALTH INEQUALITIES – PROPOSED PRINCIPLES, PRIORITIES AND A FOCUS ON RESOURCE ALLOCATION

SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD

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1. **Purpose:** To share an update on the priorities for reducing health inequalities across Sheffield, including:
 - Proposed principles
 - An outline approach for Building a model a model neighbourhood across North-East Sheffield
 - Allocating resources to the reduction in health inequalities

2. Introduction and Background

Health Inequalities are unfair and avoidable differences experienced across the population, and between different groups within society. They are a combination of factors which contribute to an individual's experience including where we are born, grow, live, work and age. Reducing health inequalities and targeting interventions based on need is fundamental to tackling the injustice of health inequalities.

As part of establishing our arrangements across the Sheffield Health and Care Partnership throughout 2022/23 we have highlighted the key priority of the reduction in health inequalities and improving population health, aligning our work with the development of the Integrated Care Strategy and the Sheffield Joint Health and Wellbeing Strategy.

The Integrated Care Partnership, the joint committee of the Integrated Care Board and Local Authorities in South Yorkshire have over the course of this year, developed the Integrated Care Strategy where collectively we have agreed a set of goals, bold ambitions, and joint commitments. This builds on our Health and Wellbeing Strategies in each of the four Places.

South Yorkshire Integrated Care Partnership's (ICP) vision is for "everyone in our diverse communities to live a happy, healthier life for longer." The goals are:

- Healthier and longer life
- Fairer outcomes for all
- Access to quality health and wellbeing support and care.

We have been part of developing the vision, goals, bold ambitions and joint commitments, which provides us with a key opportunity to drive forwards our vision for the people of Sheffield.

3. Sheffield Health and Care Partnership – Focus on reducing health inequalities

Sheffield is ranked as the 57th (out of 317) most deprived local authority in England, with five (out of 345) lower super output areas in Sheffield are within the 1% most deprived in England, an increase from three in 2015. Demonstrating the increasing levels of deprivation being experienced across the city.



People in Sheffield have an average life expectancy that is similar to the national average, however, people in Sheffield are living a greater proportion of their lives in poorer health, with healthy life expectancy for men at 60.8 years and for women at 60.3 years.

Across the North-East of the city, we have the highest levels of deprivation, this is impacting on healthy life expectancy, educational attainment, skill-level and the overall health and wellbeing of our communities, including, but not limited to the following: ¹

- Higher levels of poor reported health;
- Young population (25.7% aged 0-15 years);
- Lower household income of £33,456 average (£40,688 for Sheffield and national average of £43,966);
- Less than 50% of the population own their own homes;
- Higher levels of digital exclusion (38%);
- 13.7% estimated levels of obesity prevalence.

We have an ambition to support communities to lead happy and healthier lives, and we understand that this will mean we need to be innovative in our approach to tackle this and focus our priorities in addressing the needs of our communities experiencing health inequalities in the North-East of the city as well as a core focus on the needs of inclusion groups and those experiencing poorer outcomes across our city.

Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home, and community² we will need to embed this throughout our work through joint working with our communities.

To support us to do this, the Community Development and Inclusion Group has developed proposed principles, building on the joint commitments (included in appendix 1).

3.1 Proposed Principles

We have developed the following principles to support us to tackle health inequalities:

- We will focus our work to **target those most in need**, those with the greatest health needs and those experiencing the widest health inequalities;
- We will work alongside and **empower communities** in the most deprived parts of the city and those from ethnic minority backgrounds, **embedding co-production**, listening exercises, and jointly developing our desired outcomes;
- We will ensure a **focus on inclusion health** involving wrap around support for the most vulnerable and excluded individuals and groups in the city. This includes the homeless, sex workers, asylum seekers/refugees/undocumented migrants, ex-offenders and veterans;
- We will harness our roles as **anchor institutions** to support our communities and focus on identifying opportunities to drive **social value**;
- We will **allocate resources**, to **areas of greatest need**, and ensure that we embed a **financial framework** that drives the **reduction in health inequalities**, this includes ensuring we ringfence investment and identify sustainable funding models for the voluntary and community sector and interventions aligned to supporting our communities;

¹ [Local Insight \(communityinsight.org\)](http://communityinsight.org) – North-East Local Area Committee Indicators

² HEALTH EQUITY IN ENGLAND: THE MARMOT REVIEW 10 YEARS ON



- We will **draw on evidence** and **ensure we drive innovative** in our approach, designing solutions to **long standing challenges** with our communities, that supports us to **improve health outcomes**.

The following sections set out areas of focus for the group, to deliver on the key principles.

3.2 Building a model neighbourhood across North-East Sheffield

Alongside this paper, the Partnership Board will receive an overview of the priority areas of focus across Sheffield. This includes the proposed priority to focus on building a model neighbourhood across North-East Sheffield.

As set out above, we recognise that there are increased levels of health inequalities experienced by communities in the North-East of the City, we want to be ambitious in our approach to support these communities, by embedding a model of co-production, which enables us to empower local communities to work in partnership to design a neighbourhood model which spans across the wider determinants of health, and creates an environment of community power – where local communities have the influence to design services to best meet their needs.

3.2.1 Outline approach to co-design

We recognise that we will need to approach this differently, aligned to our joint commitments, and embed a model of co-design that has community power at the centre. Elinor Ostrom³, has notably set out an evidence-based design concept, which could be adopted to support our design and development of the model neighbourhood, including:

- **A focus on the needs of the locality:** Systems should be designed for specific places. This includes the way that resources are managed, and decisions are taken. This makes it more likely that people will collaborate and cooperate with each other, and that overall outcomes can be improved this way. We should embed a model of decision making with clear resource allocation that enables decisions to be taken in partnership;
- **Enabling autonomy:** Communities will have few incentives to come together without a basic expectation that their decisions and participation will have meaning and impact, that their decisions will be respected by partners;
- **Diversity:** Each community is different. Taking different approaches in different places means people have a range of opportunities to get involved, enriching civil society. This diversity should be promoted and will support us to embed a model of personalisation.

As part of the next steps of the programme, the community development and inclusion group will further develop a framework and PID which sets out the approach in more detail for review and approval by the board. It is important that this reflects the needs to think differently, learn from evidence base and embed a model to enable true co-design with our communities.

To support delivery and aligned to both the integrated care strategy and the principles set out above, we will need to set out how resources will be allocated to support delivery.

³ Think Big, Act Small: Elinor Ostrom's radical vision for community power



3.3 Resource Allocation

To support the reduction in health inequalities the ICB has committed a ringfenced budget for health inequalities. We recognise that we will need to build on this to deliver our priorities, including how we explore new funding, align resources across agencies (both health and care) and redistribute existing funding to each of the key areas of work.

We have a number of examples of how we have responded to the needs of communities by allocating resources including support to the VCSE, taking these decisions in a way that enables rapid support to reach local people.

It is recommended that we develop a framework for distributing resources, that builds on our statutory duties and supports us to deliver our vision as a partnership, embedding sustainability and rapid decision making to ensure we can address needs as they arise.

4. Recommendations

The partnership board is being asked to consider and agree:

- The proposed principles for supporting the reduction in health inequalities;
- To the focus on building a model neighbourhood across North-East Sheffield, to enable the group to further develop the PID and Framework;
- The development of an outline financial framework focussed on reduction in health inequalities, to ensure we are able to distribute resources to areas of greatest need.



APPENDIX 1

SOUTH YORKSHIRE INTEGRATED CARE STRATEGY – PLAN ON A PAGE

Summary Plan on a Page

Our Shared Outcomes, Bold Ambitions and Joint Commitments

