

**DECIPHER EVALUATION:**

**Sheffield City Council  
5<sup>th</sup> evaluation**

7/6/2010

NP004958

# **DECiPHEr EVALUATION: Sheffield City Council**

## **1. Introduction**

In Sheffield we understand the importance of supporting our city leaders to develop their skills and knowledge on the best practice available for reducing health inequalities and promoting better health across Sheffield's population. Currently we are developing a City Leadership Programme for improving health and wellbeing which includes the work we have undertaken with the DECiPHEr team. This programme will equip our city leaders from different sectors and organisations to be able to maximise the health benefits of policy and strategy development. The programme will support the business case for moving health interventions further up stream, supporting the prevention agenda.

Sheffield City Council Contribution to the DECiPHEr Project has included:

Phase 1: Develop the initial VET Programme

Phase 2: Contribute to the evaluation of the latest version of VET Tool

The evaluation in Sheffield has complemented the elements that have already been evaluated by Udine, Turku and Helsingborg:

The Sheffield evaluation has taken a qualitative approach to engage city leaders in the VET Programme through interviews about the content, style and its potential use as training package in Sheffield. We have focused on how the VET programme engages with city leaders about the SHEFTOOL and the in depth modules that focus on the domains.

The DECiPHEr model and VET programme comes at a time of great change for public health in the UK, where it may find itself opportunely placed to influence the future development of public health in Sheffield.

## 2. National and Local Context

### **NHS White Paper Equity and Excellence: Liberating the NHS**

There have been some significant political changes in the United Kingdom (UK) over the last 4 months including a full leadership change in Central Government from a Labour majority to a Conservative/ Liberal Democratic coalition; and the release of new policy documents outlining the future of the NHS and healthcare provision.

The NHS White Paper 'Equity and Excellence: Liberating the NHS' indicates a new direction for Public Health in the UK with a significant transfer of responsibility and powers to Local Authorities and the abolition of Primary Care Trusts across the UK. This will have implications for how public health interventions are delivered within communities, as public health will be more recognised as a local authority role within the domains highlighted within the DECiPHEr Programme.

A further White Paper is expected in Autumn 2010 to develop the Government thinking around Public Health and we intend Sheffield to be at the forefront of local implementation of this.

### **The Marmot Review**

The recent National Review of Health Inequalities, 'Fair Society, Healthy Lives', led by Sir Michael Marmot, drew on extensive global research into Health inequalities. Reflecting on inequalities in our society and health inequalities in particular, Prof Marmot stated:

*'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. Greater intensity of action is likely to be needed for those with a greater social and economic disadvantage. But focussing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem'*

Sheffield has developed its own Health Inequalities Action Plan, based on the evidence found within the Review that engages Leaders from across the city to actively make a commitment to reducing the gap. The action plan covers elements from each of the Domains identified in the DECiPHEr project.

The DECiPHEr Project has the potential to have impact on the progression of these key developments for Public Health in Sheffield. The Sheffield Evaluation reflects these current issues that are bringing Public Health into the forefront for city leaders.

### **3. Evaluation Methodology**

To provide some balance to the other evaluation methods used in this project, the Sheffield evaluation of the DECiPHEr Programme and VET is taking a qualitative approach.

Senior officers and city leaders have been approached to give their views on the VET, to highlight how it might fit in the local context and to offer recommendations for improvement.

It is a challenge to coordinate diaries of City Leaders and senior officers in order for them to meet at the same time, so it was the preferred option to interview each officer independently, instead of hosting a focus group with them all together.

Also to manage the time most effectively of the City leader and Senior Officers modules of the VET were allocated to each person to ensure a broad spectrum of the VET was included in the evaluation and to avoid repetition of issues. SCC evaluated the comprehensive/longer version the VET.

The interviews were semi-structured, in that the interviewee led the discussion and offered feedback relative to their interests. Those interviewed were briefed beforehand by being asked to think about the following type of issues:

During the interviews, notes were made on the discussions instead of a tape recorder to ensure a relaxed atmosphere for free discussion. Natalie Pugh, Healthy Cities Coordinator in Sheffield conducted the interviews.

### **4. Interview Summaries**

The following interviews have been written up in the following format.

Background on the interviewee and their teams has been provided at the beginning of each interview summary to set the context for each discussion and what role each person plays in the city.

The modules in which the interviews have focused have been highlighted to reflect which section the comments refer to.

The Main themes of discussion have been highlighted and a summary of the discussion points provided.

## ***Interview 1: Deputy Director of Public Health, NHS Sheffield***

The Deputy Director of Public Health for NHS Sheffield is part of the Senior Public Health Team. NHS Sheffield has the main commissioning role for health and wellbeing services in the city and the prevention agenda through Public Health Services

### **Background**

The Public Health Directorate in NHS Sheffield has a critical role in the commissioning of services through assessing health need and ensuring the right services are available for communities. NHS Sheffield Public Health Team works closely with colleagues in other directorates to define these services, procure them, monitor that they are being provided correctly and that health needs are really being targeted. The Public Health Directorate runs a number of public health programmes to prevent ill health and commissions others from voluntary sector and other providers in the City.

### **Discussion**

This interview included discussion on the overview of the DECiPHEr Programme and VET Package and Sheffield Health Effectiveness Framework (SHEFTOOL) and was not restricted to any particular module.

The following themes emerged during the interview:

1. General Thoughts on DECiPHEr VET
2. How DECiPHEr and the VET fits in the local context
3. The use of CVD as an indicator for health in the VET
4. Confidence in DECiPHEr and the VET as a tool for City Leaders

#### ***1. General Thoughts on DECiPHEr and the VET***

The reaction to the DECiPHEr VET package was very positive. It was suggested that this is something that would be extremely useful to engage the right people to look the prevention agenda and highlight potential cost savings from more up-stream interventions. The potential use of the DECiPHEr VET programme in Sheffield is very exciting.

The programme of modules and curriculum included in the VET were highlighted as appropriate and useful, however it was noted that there is a vast amount of information contained in the VET and City Leaders and senior officers would find it difficult to dedicate their time to all aspects and modules.

## *2. How DECIPHER and the VET fits in the local context*

In light of significant policy changes that are due to impact on Sheffield in the next 12-18 months including public health responsibilities shifting to SCC, it was felt that the VET could be a useful tool in managing change within the City.

It was suggested that the VET could be used to engage the senior teams from SCC and NHS Sheffield and support future planning for health in the city.

There could also be potential for the VET to engage Politicians in a more structured way on public health issues, through their well established leadership programme.

It was also felt that in recent years there has been a national move to understanding the wider determinants of health and that this training is 'cashing in' on that move in policy.

## *3. The use of CVD as an indicator for health in the VET*

Based on previous experience of working with senior officers and politicians, it was felt that the using CVD as a specific indicator to illustrate impact on health was a positive idea. It is easier to understand complex systems by focusing on a key example and this in turn will make the training easier to deliver.

It was felt that using specific examples also gives city leaders a focus for action.

It was suggested however that it would make a stronger argument to city leaders if the VET made a stronger connection to the fact that CVD risk factors also have implications for other non communicable diseases and that this in turn will mean upstream interventions will impact more widely than just CVD.

It was highlighted that throughout the VET there is a lack of reference to mental health problems within populations, which is particularly high on the agenda of city leaders and policy makers and may be seen as a missed opportunity. Discussion around this subject did highlight that some aspects of mental health were covered in the Security Domain of the VET, as stress can be a contributor to CVD, however it was recognised that more broad mental health information is an important priority in promoting health and wellbeing at city level.

#### *4. Confidence in DECiPHEr and the VET as a tool for City Leaders*

It was discussed that one of the key elements to a successful delivery of the DECiPHEr programme and VET was the necessity of instilling confidence in city leaders in the evidence behind the SHEFTOOL and the VET Modules.

It was stated that this level of confidence in the model had been achieved, not only by the evidence behind the model but also by its clear links to other research and best practice.

## ***Interview 2: Director of Health Improvement, Sheffield City Council***

### **Background**

The Health Improvement Team works across the Council, the Sheffield First Partnership, NHS Sheffield and other organisations in the city, leading on work to prevent illness and improve wellbeing.

The team's role includes addressing all the wider determinants of health and embedding health into city policy.

The following themes emerged during the interview:

- General Thoughts on DECIPHER and the VET
- Who are the right people to target the VET
- Delivery of Modules

### **Discussion**

This interview included discussion on the overview of the DECIPHER Programme and VET Package and was not restricted to any particular module.

#### *1. General Thoughts on DECIPHER and the VET*

It was suggested that in the present context of public health and current financial situation spending is unsustainable, the evidence identified in the DECIPHER project and the new SHEFTOOL could be very useful for city planning. The VET therefore is a necessary tool to maximise the benefit from the latest evidence in the city.

It was felt that the DECIPHER Programme and VET could provide some support particularly to the Health Improvement Team and the role it plays in engaging the other portfolio's across the council into looking at the impact on health of their policy. Leadership development is a priority for the team and this could provide a solution.

#### *2. Who are the right people to target the VET at*

Engaging politicians in a programme like DECIPHER is essential for city wide sign up.

### 3. *Delivery of Modules*

It was felt that the modules covered in the VET were appropriate when looking at city wide health improvement and correlated with the teams networks and areas of work.

It was suggested that the diagrams highlighting the pathways to CHD are useful and city leaders can relate to the information in them and could identify what areas of work are being focused on locally already. This could lead to a form of options appraisal for city wide interventions.

It was felt that some direction on the flexibility of the modules would be useful to show how cities could adapt to local structures and local priorities, this may help to manage issues of cross over between different departments across the council.

It was highlighted that because the VET is directed at different levels of leadership (Politicians, Directors and Senior Managers) and SHEFTOOL is the new 'hook' to bring policy makers and leaders to the this type of training. It was indicated that what DECiPHEr delivers is a useful way of utilising the evidence.

## ***Interview 3: Director of Strategy and Research and the Senior Research Analyst, Sheffield City Council***

### **Background**

The Strategy and Research Team supports the Chief Executive and the Executive Management Team in policy development and plays a key role in, developing corporate policy and strategy across SCC services. They provide economic and social information and policy analysis that influence and guide the development of key initiatives.

### **Discussion**

This interview primarily discussed Modules 7 and 8 and general thoughts on the DECiPHEr Programme

The following themes emerged during the interview:

- General Thoughts on DECiPHEr and the VET
- The use of CVD as an indicator for health in the VET
- Who are the right people to target the VET at

#### ***1. General Thoughts on DECiPHEr and the VET***

It was felt that the evidence behind the DECiPHEr Model and the SHEFTOOL was very exciting; particularly for information analysts to dig further into and become more involved in the evidence.

It was highlighted that the relationships between the proximal determinants and distal determinants are very complex and that the VET programme ensures the confidence in the model.

It was also acknowledged that confidence ratings are presented to inform the city level decision makers of realistic projections of cost savings.

## *2. The use of CVD as an indicator for health in the VET*

The use of CVD as the primary health topic was discussed. It was felt that the CVD is used as an indicator for population health and allows a cost to be derived for ill health.

## *3. Who are the right people to target the VET at*

It was felt that with the right quality assurance, the VET would be useful to senior staff and heads of service.

Also that having the opportunity to interact with the SHEFTOOL in the training or on the internet would be useful for analysts to see how they might benefit from the data.

It was discussed that there was quite a lot of in depth knowledge on the model in Modules 7 and 8 that may not be as interesting to city leaders but would be very interesting to information analysts, researchers, city planners and policy officers. It was suggested that the VET could be separated into shorter and longer version; one to engage senior people and the other to go deeper into the use of the tool for analysts.

## ***Interview 4: Senior Economic Policy Officer for the Economic Strategy and Skills Team, Sheffield City Council***

### **Background**

The Economic Strategy and Skills Team plays a lead role in the development, monitoring and evaluation of the Council's Economic Strategy. They provide economic policy advice and support to the Chief Executive, Council Members and Senior Council Officers.

They lead, coordinate and contribute to economic development initiatives and prepare action of strategic documents, economic appraisals and project management.

### **Discussion**

This discussion has focused on the Module 6a, Economy and Health. The following themes emerged during the interview:

- The four key areas of economic policy that impact on health
- Evidence Based Examples
- General thoughts on DECiPHEr and the VET

#### *1. The four key areas of economic policy that impact on health*

It was felt that the four key areas highlighted as policy that my influence health were accurate.

**Municipal Employment:** It was felt that although municipal employment can have a great impact on the opportunities for people to get into work, it was highlighted that the private sector was equally important and was important not to forget their role in bringing people out of worklessness, especially if they are to be engaged through the DECiPHEr Programme. It was reiterated that simply providing jobs without an infrastructure to move people away from worklessness will not be as successful as providing jobs alongside other interventions, such as employment programmes that focus on skilling up people in different ways to ensure they feel they could apply for the available jobs.

It was also felt that to role of the state to support people to have enough money by giving subsidies was only one part of financial support. This section could highlight the role the state can have in ensuring that people are financially literate. This might include helping people understand financial management, support with debt relief, access to banks and bank accounts etc.

### *Evidence Based Examples*

It was felt that the section that gave evidence based examples from the different partner cities was a useful part of the VET.

#### 2. General Thoughts on DEiPHEr and the VET

It was felt that the DEiPHEr and the VET programme could offer support to city decision makers to help them understand their role in improving health.

It was felt that when specifically looking at the economic development sections of the VET and the Strategic Aim of the VET (to highlight the relationship between policy and health), Sheffield was already quite well versed with the information but would still benefit from the programme.

## ***Interview 5: Senior Sustainable Development Officers, SCC***

### **Background**

The sustainable Development Team sits within the Strategic Projects area of the Chief Executives Portfolio in SCC. It has responsibility to ensure strategic policy is developed to promote the development of the City whilst protecting its natural assets, reducing the City's carbon emissions and becoming a sustainability community.

### **Discussion**

This discussion has focused on the Module 6c Environment and Health, the following themes emerged during the interview:

- General Thoughts on DECiPHEr and the VET
- Who are the right people to target the VET at
- Environment and health in the VET

#### *1. General Thoughts on DECiPHEr and the VET*

It was felt that something like the DeciPHEr Programme and VET was needed in policy making. If the leaders could be brought into the programme it would have a great impact for the environment domain, which often goes head to head with issues of city economy and development.

#### *2. Who are the right people to target the VET at*

It was felt that it is right to focus on City leaders through the VET. Sign up of politicians and policy makers is essential, but this in itself will be a challenge. Providing a role for leaders such as becoming a 'Champion' might engage other leaders.

Getting large private bodies on board with DECiPHEr will also ensure that politicians are engaged. Private sector corporations have great influence over the way environmental policies are achieved.

#### *3. Environment and health in the VET*

It was agreed that the diagram mapping the pathways from environmental issues to health was correct, and largely what Sheffield was working towards.

It was highlighted that the policy area was very large and that transport alone had a great influence on health outcomes and could be a whole section on its own.

It was suggested that the VET could support a form of options appraisal for the city, to guide city leaders into discussions about the best interventions in the city.

It was felt that Sheffield has a lot of data that it collects and could supply its own evidence into the DECIPHER programme, and highlighting as part of the VET how to 'plug in' this information would be a good idea.

## ***Interview 6: Healthy Urban Planner, Sheffield City Council***

### **Background**

The key role of the Healthy Urban Planner in Sheffield is to ensure health is embedded into the Sheffield Development Framework (LDF) and make sure that Sheffield is a healthy place to live and work. The LDF is a strategic plan that sets out how Sheffield will develop and look in the future and includes planning issues related to transport, housing and waste management.

### **Discussion**

This interview primarily discussed Modules 6a (environment) 6c (Housing) and 6e (Security) and general thoughts on local implementation DECiPHEr Programme

The following themes emerged during the interview:

- Sign up of city leaders to VET
- Local implementation of the VET
- Best practice examples used in the VET

#### *1. Sign up of city leaders to VET*

It was discussed that the two key things that ensure initiatives have sign up are political pressure to take it on board and/ or a 'hook' such as financial gain to show that it is worth investing time in. DECiPHEr aims to deliver both of these issues.

It was felt that there may be resistance to delivering the programme city wide as in the present financial climate Heads of Service are reluctant to pick up new areas of work such as the VET as there is increasing pressure to deliver more outcomes with less investment and the VET may seem to be an extensive investment. Targeting Politicians with the DECiPHEr concept is vital to further role out in the City.

#### *2. Local implementation of the VET*

It was felt that the DECiPHEr Project and VET could be very useful locally. It was suggested that that local delivery would need to be flexible to the structures in place across the city to maximise the benefit.

It was also suggested that UK Core Cities who represent the biggest 8 cities in the England, might be very interested in the VET Programme and this could engage city leaders.

### 3. Asset Based Approach

It was suggested that the VET Programme could be an example of Asset Based Planning- the concept that in the current financial climate it is no longer possible to be constantly plugging gaps in policy and thinking about deficit, but a stronger position is to look at what you have in place (the city's assets) and how to build on it. The VET Programme could support and help city leaders to identify their strong points and weaker areas to build on.

### 4. *Best practice examples used in the VET*

It was felt that the use of international examples in each of the modules was a good way of introducing best practice through the VET. It is important however to include local examples as well as this can feel more 'achievable' when discussing aspirations and managing change.

Examples of Core Cities may also engage Heads of Service as Core Cities is a Local Priority.

## **6. Conclusion**

It was apparent from each of the interviews that the new research behind the DECiPHER and the SHEFTOOL highlighted in the VET is of great interest to city leaders and could be very useful as a tool in developing city policy in the future.

Public Health as a topic in the UK in the last 2 months has risen up the agenda following the recent UK White paper recommending that Local Authorities have much greater involvement in the delivery of Health promoting interventions. This has engaged city leaders much more into thinking about how the city delivers public health measures, and although there is still much to be decided on a national level, there could be a great shift in how money is distributed within cities for health. This potential shift could influence how leaders spend as there will be less concern with investment in one organisation creating savings in another.

With these issues in mind, the DECiPHER Programme and VET may provide a solution to the future of city planning for health, using evidence based methodologies to identify more efficient resource allocation across the city and increased numbers of deaths avoided.