

SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 27 June 2013

PRESENT: Dr Tim Moorhead, Clinical Commissioning Group (Chair)
Councillor Julie Dore, Leader of the Council
Dr Margaret Ainger, Clinical Commissioning Group
Ian Atkinson, Clinical Commissioning Group
Jason Bennett, Healthwatch Sheffield
Councillor Jackie Drayton, Cabinet Member for Children, Young People and Families
Sue Greig, Consultant in Public Health
Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living
John Mothersole, Chief Executive
Dr Ted Turner, Clinical Commissioning Group
Dr Jeremy Wight, Director of Public Health

IN ATTENDANCE: Joe Fowler, Director of Commissioning, Sheffield City Council
Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group
James Henderson, Director of Policy, Performance and Communications, Sheffield City Council

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Harry Harpham, Dr Amir Afzal, Margaret Kitching, Jayne Ludlam and Richard Webb.

Sue Greig attended as an appointed deputy.

2. DECLARATIONS OF INTEREST

There were no declarations of interest by members of the Board.

3. PUBLIC QUESTIONS

(a) Public Question concerning Early Years and the Joint Strategic Needs Assessment

Jo Hemmingfield made reference to the financial cuts to early years provision on the grounds of affordability and stated that there was particular concern about services for families with children aged from 0 to 4 years and that mothers were especially vulnerable when they had recently given birth. The Joint Strategic Needs Assessment (JSNA) made mention of the effect, indeed double negative impact, of welfare reform on the health and wellbeing of families with young

children, more than two children and lone parent families. In this context, she asked about the impact of a reduction of nursery and early years services which have a significant contribution to health and wellbeing outcomes.

Councillor Jackie Drayton, the City Council's Cabinet Member for Children, Young People and Families and Member of the Board responded to the question. She stated that health inequalities started with young children and research had shown that the first 3 years of a child's life can make a real difference to their health, academic achievement and future employment.

Councillor Drayton stated that both she and Dr Margaret Ainger were the Health and Wellbeing Board's leads with a focus on young children under the theme 'a great start in life'. This theme included stages of pre-birth, birth and early years and subjects including breastfeeding attunement and obesity.

The Government had changed the way it funded local authorities to provide early years' services. Previously, Surestart had provided a wrap-around set of services for young families, which encompassed early intervention, prevention and childcare. The present Government cut the Early Intervention Grant (which included funding for Early Years) and had put more money into Free Early Learning for 2, 3 & 4 year olds. The Council had made savings which took into account these changes and had protected areas where funding supported breastfeeding, attunement and attainment for younger families. She stated that she felt that the welfare reform would affect young families and also affected others, including older people.

Councillor Julie Dore, the Leader of the Council and Co-Chair of the Board, added that a priority within the JSNA, which was to be considered at this meeting of the Board, was to limit the negative effects of welfare reform and the JSNA acknowledged the impact of spending cuts. These factors would be fed into the Health and Wellbeing Strategy. The effect of changes to welfare had been identified as an issue and the Board would make sure the Strategy responded by considering how services were commissioned.

(b) Public Questions concerning the Children and Families Bill

Natalie Yarrow made reference to the Children and Families Bill and asked what steps were being taken by the Council, the Clinical Commissioning Group and health bodies in relation to clauses in the Bill concerning children and young people with special educational needs (SEN). She made particular reference to clauses concerning participation in decisions and the duty of health bodies where it is thought that a child may have special educational needs; and joint commissioning arrangements.

Dr Tim Moorhead, Sheffield Clinical Commissioning Group (CCG) and the Chair of the meeting, responded that the Health and Wellbeing Board would need to formalise its response to the Bill and he suggested that a written response was made to the questions.

Councillor Jackie Drayton, the City Council's Cabinet Member for Children, Young People and Families and Member of the Board, stated that the Council had responded to the Green Paper and with regard to children with special educational needs. She had requested that Council officers examine the Children and Families Bill to see whether the comments which the Council had already submitted on the Green Paper had been taken into account within the Bill. Councillor Drayton stated that this issue would be a beneficial future agenda item for the Board to consider.

(c) Public Questions concerning the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy

Adam Butcher referred to the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy. He asked how it was intended to engage with other sectors and especially those people with more severe disabilities in respect of the two documents by producing alternative formats, which were easy to read or used pictorial presentation, so people could more easily understand issues presented within them.

Dr Tim Moorhead, Sheffield Clinical Commissioning Group (CCG) and the Chair of the meeting, responded that Board would need to consider the best way of producing the JSNA and the Health and Wellbeing Strategy in a form that properly represents the full versions of these documents. The necessary work would be likely to be finished in September or October 2013.

Councillor Mary Lea, the Council's Cabinet Member for Health, Care and Independent Living and Member of the Board, stated that easy to read versions of documents had been produced, for example, the Council's budget documents. The JSNA and Health and Wellbeing Strategy could also be submitted to the Learning Disabilities Partnership Board.

Jason Bennett, Healthwatch Sheffield and Member of the Board, stated that part of the role of Healthwatch was to make sure there is engagement and that people understand what the issues are, so they can reach informed conclusions. He stated that Healthwatch Sheffield would work on this issue in conjunction with other colleagues on the Board.

4. JOINT STRATEGIC NEEDS ASSESSMENT FOR SHEFFIELD 2013

The Board considered a report of the Director of Public Health, which presented the final version of the Joint Strategic Needs Assessment (JSNA) for Sheffield. The Board were asked to identify any corrections or amendments prior to the publication of the JSNA on the Council website. The JSNA provided an evidence base for the City's Joint Health and Wellbeing Strategy.

James Henderson, Director of Policy, Performance and Communications, gave a presentation concerning the JSNA and which summarised the main points in the document and the priorities which it identified.

Members of the Board discussed a number of issues relating to the JSNA.

- The Board thanked the team who had worked on producing the JSNA, which was a straightforward and honest document that presented a picture of the main needs in the City and focussed on the problems.
- It should be recognised that people were living longer and many older people were living healthy and independent lives, a fact which should be celebrated.
- However, there were also areas of concern, including the effects of rising youth unemployment. A strategy concerning mental health and low level mental health problems was near completion. It was thought that people in employment were less likely to suffer from poor mental health.
- Paragraph 2.13 of the JSNA indicated that Sheffield had a comparatively high number of people with learning disabilities and greater understanding was needed as to the explanation, whether it be more effective detection and recording of cases in the City or that the number of people with a learning disability is actually comparatively higher.
- Infant mortality was a continuing problem, although there was a strategy in place and a stakeholder event was due to take place in July. The level of infant mortality in Asian groups was also highlighted and work would need to be done with the communities affected. Reference was made to drawing parents' attention to the issue of infant mortality and to the fact that things could be done to reduce it. A campaign in New Zealand, to use a specially designed cot, which could be placed in a parent's bed, had been found to reduce the incidence of child deaths connected with parents sleeping with a young child.
- Whilst Sheffield had a low number of looked after children compared to other Core Cities, these were children with the most complex needs and challenging behaviours and there was a need to support them. The Government had decided that any young person who is on remand would become a looked after child in the care of the local authority. The number of looked after children was therefore likely to increase and there was also concern that young people in care may become stigmatised as a result of this change.
- Whilst attainment in Sheffield had improved in two Key Stages, it was an issue which still needed attention and outcomes for every young person should be improved by raising both attainment and expectations through great schools and healthy and safe families.
- There were many areas upon which Healthwatch Sheffield and the partners on the Board might work together, utilising Healthwatch to develop the JSNA document and influence outcomes and involving communities including Lesbian, Gay, Bisexual and Transgender (LGBT) and Black and Minority Ethnic (BME) groups. Healthwatch Sheffield could

help with engagement and the communication of messages to the public and concerning decisions affecting them. Particular issues included mental health and wellbeing.

- Investment had been made in speech and language therapy services and it was hoped that this would have a positive effect on children with speech, language and communication needs.
- It was confirmed that the JSNA had previously been considered when the Board was meeting in shadow form and some of the issues contained within the JSNA were the already the subject of attention.
- How the Board and other stakeholders responded to the JSNA was an important matter, with the relevant strategy and initiatives being linked to other evidence, including the State of Sheffield report. It was suggested that the JSNA was published in July, once it was signed-off by the Board.
- In the NHS, the effects of demographic change and increasing demand, together with the efficiency challenge meant that it felt as though budgets were being reduced, despite the fact that the NHS budget had not been reduced. It was important not to lose sight of ambitions for the City.
- Health, social care and community services should be as integrated as possible to make sure every available pound was spent and used so as to ensure real outcomes for people.
- There was already a considerable amount of evidence relating to user experience, be it through GPs, providers or the third sector. There was an issue of how this evidence might be aggregated
- It was suggested that the order of the executive summary of the JSNA be changed to reflect what were considered to be the more important points.

4.1 RESOLVED: that the Health and Wellbeing Board:

1. agrees the final version of the JSNA for Sheffield (2013) subject to any final corrections or minor amendments being approved by the Co-chairs of the Board.
2. requests an update on the JSNA forward work plan to be submitted to a future meeting of the Board.

4.2 **REASONS FOR THE RECOMMENDATIONS**

The production, publication and maintenance of a JSNA complies with the requirements of the Health and Social Care Act (2012).

5. **SHEFFIELD HEALTH AND WELLBEING BOARD RESPONSE TO THE FAIRNESS COMMISSION**

Joe Fowler, Director of Commissioning, Sheffield City Council, introduced a

report of the Leader of Sheffield City Council and Co-Chair of the Health and Wellbeing Board, concerning the Board's response to the City's Fairness Commission. The report of the Fairness Commission was published in January 2013 and it included a framework of principles and a range of recommendations, four of which were specifically directed to the Health and Wellbeing Board. The report now submitted recommended ways in which the Board could support the work of the Fairness Commission.

Members of the Board discussed the report as summarised below:

- The response of Sheffield City Council to the recommendations of the Fairness Commission would be considered by Cabinet at its meeting on 17 July 2013.
- The work outlined in paragraph 4.1 of the report concerning more fairly utilising health spending and the initial analysis of the equity of health spending would be resourced in 2013/14. It was noted that this was a complex issue. The NHS was largely demand-led and it was difficult to ensure equitable spend. Analysis as to the equity of health spending should therefore be undertaken as far as possible.
- There was a correlation between a successful outcome for cancer patients and ensuring that people presented to their doctor as soon as possible and therefore received treatment in time.
- There were a large number of organisations, other than the CCG and the Council, which would contribute to fairness in relation to health in Sheffield. Members of the Board were asked to address issues raised in the Fairness Commission's recommendations both as part of the Board and in other places.
- In addressing the wider determinants of health, the Commission recognised, through its recommendations, a need to improve access to services for people who under-use them, through education and awareness and to build people's confidence to access services.
- The Board wished to examine health inequalities and their scale; explore the reasons why health inequalities exist; and undertake a policy discussion concerning what can be done about health inequalities.
- The analysis of the equity of health spend in the City, which was an action detailed at paragraph 3.3 of the report now submitted, should be carried out as far as possible. The Board should then oversee the fair utilisation of spend, which also achieved the best outcomes.

5.1 RESOLVED: that the Health and Wellbeing Board:

1. Endorses in full the Fairness Commission principles and that Health and Wellbeing Board members commit, if they have not done so already, as part of their respective organisations, to supporting and promoting

- fairness across Sheffield.
2. Supports the actions detailed in section 3.3 of the report, which pertain to specific Fairness Commission recommendations for the Health and Wellbeing Board.
 3. Supports the actions detailed in section 3.4 of the report, which suggest ways the Health and Wellbeing Board can support recommendations not directly aimed at the Board.
 4. Undertakes to discuss further the respective responses of Sheffield City Council and NHS Sheffield Clinical Commissioning Group.

5.2 REASONS FOR THE DECISION

1. The Fairness Commission is an important city-wide commission that received a vast range of information about fairness across the City. Both NHS Sheffield Clinical Commissioning Group and Sheffield City Council have signed up to the principles of the Fairness Commission, and it is important that the Health and Wellbeing Board, as a system leader for health and wellbeing in Sheffield, supports the principles and recommendations of the Commission.
2. Four of the recommendations in the Fairness Commission's report are directed specifically at the Health and Wellbeing Board. It is important, therefore, that the Board provides a public response to the recommendations and works to bring about fairness across Sheffield.

6. QUALITY IN THE NEW HEALTH SYSTEM - A REVIEW OF RECOMMENDATIONS FROM RECENT NATIONAL REVIEWS AND THE IMPLICATIONS FOR SHEFFIELD CLINICAL COMMISSIONING GROUP

Tim Furness, Director of Business Planning and Partnership, Sheffield Clinical Commissioning Group, introduced a report concerning quality in the new health system. The report provided an update from the Clinical Commissioning Group of March 2013 relating to the second inquiry by Robert Francis concerning the Mid Staffordshire Hospital review.

The report included a review of recommendations and implications for commissioners and actions for the CCG. It also set out the implications, for the CCG, of the Government response. The report also outlined the National Nursing Strategy *Compassion in Practice* implementation plan and local actions from the Care Quality Commission (CQC) Winterbourne View recommendations. The CCG would develop an action plan, following the Government's final response in September 2013.

The report had also been presented to the CCG governing body and was submitted to the Health and Wellbeing Board for information.

The Board discussed issues arising from the report, as summarised below:

- The reports had implications for the NHS and providers and strengthened providers' duty in relation to quality.
- The Francis report included the themes of openness, transparency and accountability in relation to public bodies.
- Children and young people and developing management and leadership were two cross cutting themes emerging from the action plan. The experience of transition from child to adult services was problematic and more continuous services should be developed, with children and young people included on related working groups. This issue could be brought to the Board for the purpose of establishing how best to co-ordinate transition.
- In reference to the review of Winterbourne View, it was important that carers were able to have confidence in others to provide care when they themselves could not and shared values were needed, which would underpin this approach. The Safeguarding Board had considered the report concerning Winterbourne View and a joint response was due to be submitted to the Health and Wellbeing Board in September 2013.
- The reviews highlighted that people were identifying problems with care and there was a need for the health services and the local authority to make sure such voices were heard and that difficulties were not ignored in the early stages.
- Healthwatch Sheffield had a role in ensuring that issues of concern were identified before they begin to escalate further, using, for example, enter and view, focus groups and volunteers.
- There was a role for the Health and Wellbeing Board in making sure organisations are not duplicating effort or wasting resources in response to the reviews and with a view to streamlining.
- There was a need to co-ordinate joint work on quality, between the CCG and both adults and children's care.

6.1 RESOLVED: that the Health and Wellbeing Board, having considered the recommendations of all four reports:

1. Notes the current actions for commissioners to take forward the Francis (2) recommendations and the current position.
2. Supports the development of a Commissioning for Quality

Strategy for Sheffield CCG.

3. Requests that reports be submitted to future meetings of the Board upon the following:-

- (i) the response to the CQC Winterbourne View recommendations (September 2013); and
- (ii) the Commissioning for Quality Strategy for Sheffield CCG (December 2013).

6.2 **REASONS FOR THE DECISION**

To ensure that the Clinical Commissioning Group (CCG) is commissioning and implementing national recommendations in relation to safe and effective health care.

7. **MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting of the Health and Wellbeing Board held on 25 April 2013 were approved as a correct record, subject to the addition of the title "Dr", in reference to Jeremy Wight, in the record of those present.