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Sheffield Health and Wellbeing Board

Sheffield City Council • Sheffield Clinical Commissioning Group

Thursday 25 June 2015 at 2.00 pm

Town Hall, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Julie Dore	Leader of the Council
Dr Tim Moorhead	Chair of the Clinical Commissioning Group
Richard Armstrong	Interim Director of Commissioning, NHS England
Ian Atkinson	Accountable Officer, Clinical Commissioning Group
Dr Nikki Bates	Governing Body Member, Clinical Commissioning Group
Councillor Jackie Drayton	Cabinet Member for Children, Young People and Families
Professor Pam Enderby	Chair, Healthwatch Sheffield
Councillor Mazher Iqbal	Cabinet Member for Communities and Public Health
Councillor Mary Lea	Cabinet Member for Health Care and Independent Living
Jayne Ludlam	Executive Director, Children, Young People & Families

Sheffield City Council

Laraine Manley	Executive Director, Communities
Dr Zak McMurray	Clinical Director, Clinical Commissioning Group
John Mothersole	Chief Executive, Sheffield City Council
Dr Ted Turner	Governing Body Member, Clinical Commissioning Group
Dr Jeremy Wight	Director of Public Health

Sheffield City Council

SHEFFIELD'S HEALTH AND WELLBEING BOARD

Sheffield City Council ● Sheffield Clinical Commissioning Group

Sheffield's Health and Wellbeing Board started to meet in shadow form in January 2012 and became a statutory group in April 2013. The Health and Social Care Act 2012 states that every local authority needs a Health and Wellbeing Board. It is a group of local GPs, local councillors, a representative of Sheffield citizens, and senior managers in the NHS and the local authority, all of whom seek to make local government and local health services better for local people. Its terms of reference sets out how it will operate.

Sheffield's Health and Wellbeing Board has a formal public meeting every three months as well as a range of public events held at least once a quarter.

Sheffield's Health and Wellbeing Board has a website which tells you more about what we do. www.sheffield.gov.uk/healthwellbeingboard

PUBLIC ACCESS TO THE MEETING

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Meetings are normally open to the public but sometimes the Board may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information please contact Jason Dietsch on 0114 273 4117 or email jason.dietsch@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

SHEFFIELD HEALTH AND WELLBEING BOARD AGENDA

Sheffield City Council ● Sheffield Clinical Commissioning Group

25 JUNE 2015

Order of Business

1.	**Apologies for Absence**	
2.	**Declarations of Interest** Members to declare any interests they have in the business to be considered at the meeting.	(Pages 1 - 4)
3.	**Public Questions** To receive any questions from members of the public.	
4.	**Sheffield Integrated Commissioning Programme** Joint Report of the Executive Director, Communities, Sheffield City Council and the Director of Business Planning & Partnerships, Sheffield Clinical Commissioning Group	(Pages 5 - 12)
5.	**Update on the Joint Health and Wellbeing Strategy: Outcome 3 - Health Inequalities are Reducing** Report of the Commissioning Officer, Sheffield City Council	(Pages 13 - 26)
6.	**Public Mental Health and Wellbeing: A Strategic Approach** Report of the Public Health Consultant, Sheffield City Council	(Pages 27 - 42)
7.	**Carers Strategy** Report of the Director of Commissioning	(Pages 43 - 50)
8.	**Healthwatch Sheffield Annual Report** Report of the Chair of Healthwatch, Sheffield	(Pages 51 - 94)
9.	**Minutes of the Previous Meeting** Minutes of the Meeting of the board held on 26 March 2015	(Pages 95 - 106)
10.	**Date and Time of Next Meeting** The next meeting is on 24 September at 2.00pm, at the Town Hall Sheffield	

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Interim Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of:	Laraine Manley, Executive Director Communities, Sheffield City Council and Tim Furness, Director of Business Planning and Partnerships
Date:	25th June 2015
Subject:	Sheffield Integrated Commissioning Programme
Author of Report:	Liz Howarth, 0114 305 1575

Summary:

The purpose of this report is to provide the Health and Wellbeing Board with an overview of progress on the Integrated Commissioning Programme (ICP). This is a joint commissioning programme between Sheffield Clinical Commissioning Group and Sheffield City Council and supports the delivery of the Sheffield joint Better Care Fund of £270 million. The ambition and commissioning projects outlined in the Better Care Fund were supported by the Health and Wellbeing Board in March 2014.

The ambition is for joint decision making and the commissioning of integrated services and care, resulting in better health outcomes, whilst still allowing both parties to discharge their statutory duty to provide both free NHS care and appropriately means-tested social care.

The report highlights the key progress to date and future milestones and asks the Health and Wellbeing Board to consider some of the challenges and risks to the programme to support the achievement of change for the benefit of the people of Sheffield.

Questions for the Health and Wellbeing Board:

Would the Board be supportive of a wider review of system governance arrangements, to ensure that the ICP is properly aligned with other major pieces of work such as the Prime Minister's Challenge Fund?

Recommendations:

It is recommended that the Health and Wellbeing Board:

- Notes the progress made to date with the ICP
- Recognises the continued ambition for joint working across health and social care
- Recognises the scale and pace of change required in challenging financial climate
- Supports further work to be carried out on the partnership governance arrangements.

Reasons for Recommendations:

- The ICP is a 3 year programme which is a very ambitious joint programme and requires system leadership and change across organisations
- The starting point for the ICP and joint commissioning will evolve and the supporting system and partnership governance needs to enable the change to take place.

Background Papers:

- Sheffield Better Care Fund submission: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/priorities/integration.html.

SHEFFIELD INTEGRATED COMMISSIONING PROGRAMME

1.0 SUMMARY

The purpose of this report is to provide the Health and Wellbeing Board with an overview of progress on the Integrated Commissioning Programme (ICP). This is a joint commissioning programme between Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council and supports the delivery of the Sheffield joint Better Care Fund of £270 million. The ambition and commissioning projects outlined in the Better Care Fund were supported by the Health and Wellbeing Board in April 2014.

The ambition is for joint decision making and the commissioning of integrated services and care, resulting in better health outcomes, whilst still allowing both parties to discharge their statutory duty to provide both free NHS care and appropriately means-tested social care.

The report highlights the key progress to date and future milestones and asks the Health and Wellbeing Board to consider some of the challenges and risks to the programme to support the achievement of change for the benefit of the people of Sheffield.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

The ICP has set out its aims to:

- Achieve better outcomes for local people
- Ensure service users have a seamless, integrated experience of care, recognising that separate commissioning can be a block to providers establishing integrated services
- Achieve greater efficiency in the delivery of care by removing duplication in current services and evidenced based value for money services
- Be able to redesign the health and social care system, reducing reliance on hospital and long term care so that we can continue to provide the support people need within a reduced total budget for health and social care.

This programme is a significant vehicle for change across health and social care and is designed to provide more care outside hospital and supports the direction of travel to more integrated care between health and social care, more self-care and promotion of greater interdependence. The programme is being designed and delivered in a very challenging financial environment, and both the Council and CCG have agreed to and committed to the principle that acting as “one virtual organisation” will provide greater opportunity and benefits for local people within the financial and economic climate.

3.0 MAIN BODY OF THE REPORT

Sheffield City Council and Sheffield CCG have established an ambitious integrated commissioning programme to be delivered over a 3 year period which supports the delivery of the £270m Better Care Fund. Last year the ICP was a shadow year of design and

programme development and this year the programme is moving into joint commissioning at scale and programme delivery.

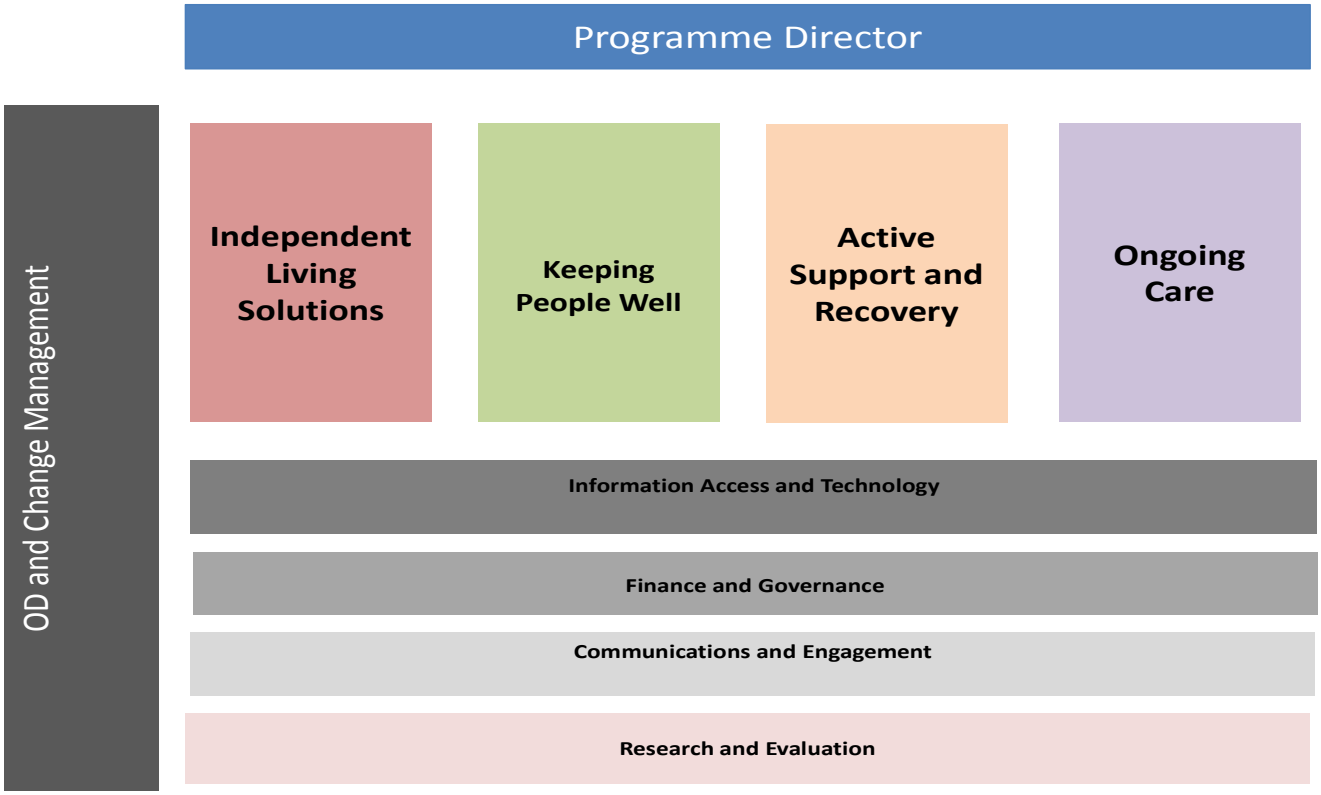
At this stage of the programme the focus is on support for adults in recognition of the scale and ability to manage such a large programme of change. Whilst the link and interdependencies with Children's services, especially Transitions, is recognised, the programme has needed to focus on adult services in the first instance in order to manage the programme of work.

As part of the programme development, the CCG and Council commissioned a strategic review, carried out by Deloitte, to confirm and challenge the scale and ambition of the programme which is now being incorporated into a joint commissioning plan and Medium Term Financial Strategy.

One of the key recommendations from the Deloitte report was to develop the involvement of provider input into the programme which has been addressed in the design of solutions and governance. A co-design approach has now been established and the programme governance has been reviewed and evolved to involve providers onto the revised programme board. There is the opportunity for further work on the system governance to support partnership working into the future which is highlighted in this report.

3.1 Progress to date

The programme has established four work streams, which will be developed, and further work streams may be established to meet the aims the programme. The programme work streams are outlined below with some work streams acting as enabling work streams across the programme areas.



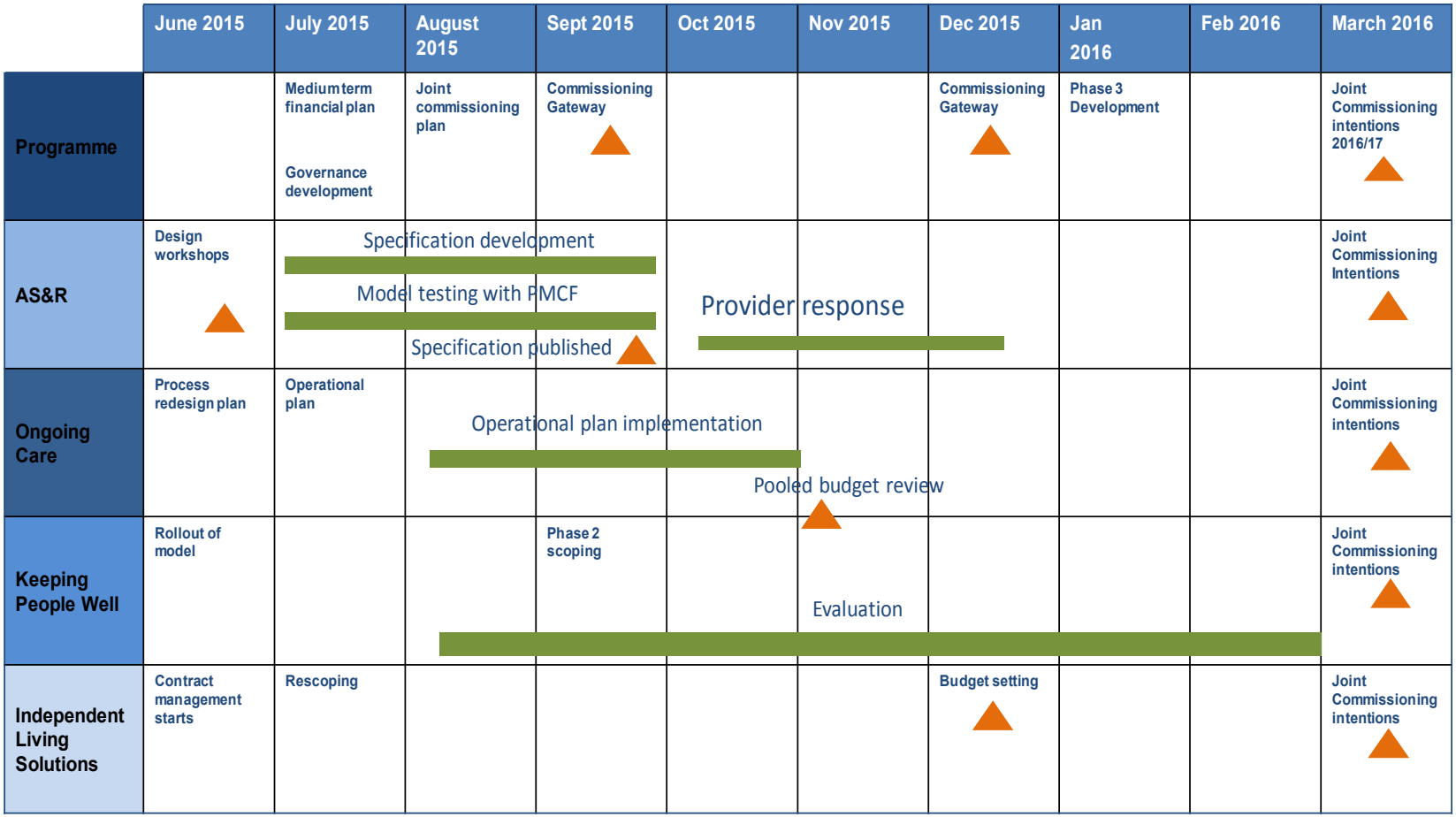
The workstreams are at different stages of design and delivery, which reflects the phasing of the programme and the scale of some of the workstreams, such as the need for some of workstreams to redesign and agree future models of support and care across the city which are significant tasks to undertake.

Highlights of progress made are outlined below:

Work stream	Key Progress	Key Actions
Independent Living Solutions	• Completed tender process for equipment • Awarded contract to British Red Cross • Rollout underway	• Revising scope for the work to link to telehealth/care
Keeping People Well	• Recruitment of new staff completed • Evaluation tender published and awarded • Roll out of model underway	• Consideration of evaluation and future commissioning strategy
Active Support & Recovery	• Agreed approach with providers and workshop sessions underway to agree the future model for AS&R	• Clarify commissioning approach
Ongoing Care	• Agreed process redesign approach • Developing operational plan	• Operational plan to be agreed
Information	• Agreed system principles • Agreed design authority function	• Link to new AS&R model and potential for technology as part of new solutions
Finance and Governance	• Agreed and signed off Section 75 • Working on system incentives, pricing and payment	• Work on system incentives, pricing and payments • Medium term financial strategy
Communications and Engagement	• Agreed design concept and developing communication materials • Developed joint communications plan	• Roll out communications plan

3.2 Milestones for 2015

The high level milestones below indicate some of the key areas of work this year and decision points that need to be made. In particular, the joint approach to commissioning will need to evolve and be reviewed in light of the provider market and strategic direction of providers in Sheffield.



3.3 Challenges and Risks

3.3.1 Financial Challenges

The ICP is being delivered in a time of immense financial pressure, particularly for the City Council. Both the Council and the CCG have affirmed their commitment to work as “one virtual organisation” to achieve the change required and to maximise the benefits for the people of Sheffield.

Due to the scale and complexity of change involved, and due to the commissioning cycle involved for the range of services, there are shorter term financial decisions that will be need to be made this year to achieve financial balance in 2015/16 and 2016/17. For example, Adult Social Care has a £9m saving to be found this financial year which will need to be addressed either jointly as a health and social care system or on an organisational basis.

The partners are committed to working as a system and making decisions that support the joint direction of travel which needs to be understood and supported by partner organisations and the Health and Wellbeing Board.

3.3.2 Approach to Commissioning

The ICP marks the start of new commissioning arrangements that are being developed and tested as the programme moves forward.

The Executive Management Group has agreed a number of principles to guide the approach to commissioning recognising the complexity and evolving nature of the programme. There is a need to adopt a flexible approach to joint commissioning starting from a collaborative approach with local providers as the foundation for co-design and supporting local provider market.

3.3.3 System Governance

In support of evolving partnership working there is a need to reconsider the governance arrangements and this work has started:

- Established Executive Management Group for commissioners to oversee the joint commissioning plan and section 75 agreement
- Revising the ICP Board to include providers
- Established collaborative arrangements with providers for the co-design of future models.

These developments are a step in an evolving governance framework, and there is further work required to clarify the accountability and to align a number of key programmes that exist across the city.

4.0 QUESTIONS FOR THE BOARD

Would the Board be supportive of a wider review of system governance arrangements, to ensure that the ICP is properly aligned with other major pieces of work such as the Prime Minister's Challenge Fund?

5.0 RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board:

- Notes the progress made to date with the ICP
- Recognises the continued ambition for joint working across health and social care
- Recognises the scale and pace of change required in challenging financial climate
- Supports further work to be carried out on the partnership governance arrangements.

6.0 REASONS FOR THE RECOMMENDATIONS

- The ICP is a 3 year programme which is a very ambitious joint programme and requires system leadership and change across organisations
- The starting point for the ICP will need to evolve and the supporting system and partnership governance needs to enable the change to take place.

SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of: Dr Stephen Horsley, Director of Public Health

Date: 25 June 2015

Subject: Update on the Joint Health and Wellbeing Strategy:

Outcome 3 – Health inequalities are reducing

Report compiled by: Louisa Willoughby, 0114 205 7143

Summary:

The Health and Wellbeing Board's Joint Health and Wellbeing Strategy is the overarching city strategy in all matters relating to health and wellbeing. Outcome 3 of the Strategy focuses on what the Health and Wellbeing Board can do to help reduce health inequalities.

This report sets out progress under each action over the past year and things the Health and Wellbeing Board can do to ensure progress continues.

Recommendations:

Health and Wellbeing Board members are invited to:

- Actively support the recommendations made under each action in the report.
- Discuss in depth and pay particular attention to:
  - How to maximise other opportunities to target work on tackling health inequalities, such as Ageing Better, Prime Minister's Challenge Fund, Integrated Commissioning Programme.
  - How to better coordinate the work done to develop community resilience (see information on action 3.2).
  - How to support services in areas with high numbers of new arrivals (see information on action 3.6).
- Support the ongoing programme of needs assessment.
- Request another update on this outcome in June 2016.

Background Papers:

- Sheffield Joint Health and Wellbeing Strategy 2013-18: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/joint-health-and-wellbeing-strategy.html.
- Report to the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee in February 2015 on the Health Inequalities Plan: http://sheffielddemocracy.moderngov.co.uk/ieListDocuments.aspx?CId=137&MId=5668&Ver=4.
- Report to the Health and Wellbeing Board in June 2014 about the Health Inequalities Plan and engagement event on the topic in May 2014: http://sheffielddemocracy.moderngov.co.uk/ieListDocuments.aspx?CId=366&MId=5547&Ver=4.
- Report to the Health and Wellbeing Board in June 2013 about its response to the Fairness Commission's recommendations: http://sheffielddemocracy.moderngov.co.uk/ieListDocuments.aspx?CId=366&MId=5088&Ver=4.

Sheffield Health and Wellbeing Board
Update on the Joint Health and Wellbeing Strategy
Outcome 3 – Tackling health inequalities
June 2015

1. What is this outcome about?

Outcome 3 is focussed on those people and communities who experience the poorest health and wellbeing. We need to address those communities who experience the worst health and wellbeing inequalities.

Sheffield is characterised by stark inequalities between different groups of people and between different geographical communities. People in the most deprived parts of the City still experience a greater burden of ill-health and early death than people in less deprived areas, demonstrating that inequalities in health and wellbeing are linked to wider social, cultural and economic issues.

It is acknowledged that putting additional support into the most disadvantaged areas and raising standards there will have a beneficial effect on the whole community. Groups such as 'Looked After Children', children with learning difficulties and disabilities, some Black and Minority Ethnic (BME) communities, migrant and asylum communities, homeless people, victims of domestic and sexual abuse, carers and lesbian, gay, bisexual and transgender people, are all reported nationally to have below average health.

The focus for this outcome is over the next 10 years.

2. How are we performing? – Indicators for outcome 3

The over-arching indicator for this outcome is the slope index of inequality in life expectancy at birth. This measures the gap (in years) in life expectancy between the most and least deprived people in the City (reported separately for males and females). Although the figures fluctuate from year to year, longer term trends show that: the gap is little changed for both men and women; the gap for women (6.9 years) is consistently smaller than that for men (9.7 years) and: remains worse than the national gap for men (9.1 years) and on a par with England for women (6.9 years). Efforts to reduce premature and preventable mortality from cardiovascular disease, cancer, liver disease and respiratory disease remain essential alongside wider work on poverty, income and employment.

There are similar fluctuations from year to year for the winter deaths indicator, although this has remained consistently better than the England average. Nevertheless, the most recent figure indicates that there were almost 240 excess winter deaths in Sheffield in 2012-13 of which around two thirds were in people aged 85 years and over. Reducing fuel poverty is a key factor in tackling this health inequality, alongside reducing social isolation for older vulnerable people.

The third indicator included under this outcome is excess premature mortality in people with a serious mental illness. The Disability Rights Commission has reported on serious inequalities experienced, in terms of reduced life expectancy, by those with severe mental

illness and there is extensive published evidence that people with severe mental illness, such as schizophrenia, die between 15 and 25 years earlier than the average for the general population. People with mental illness in Sheffield experience similar levels of inequality as people nationally but the actual local gap (based on 2012-13) is around 200 more premature deaths than people of a similar age without mental illness. Focussing on the physical health needs of people with mental illness is of paramount importance in terms of tackling this aspect of health inequality, reducing social exclusion for this group within our population is also important.

3. What do we need to know? – Developing the evidence base for outcome 3

Although the Joint Strategic Needs Assessment contained detailed information on health inequalities and socio-economic deprivation at small area level, it recognised that further evidence was required in relation to other drivers of health inequalities. Specifically this related to personal characteristics such as gender, ethnicity or disability. The need for this type of evidence was reinforced in the Board's Health Inequalities Plan where it was identified that a programme of health needs assessments (HNAs) be undertaken for an agreed number of communities of interest. In addition, as part of signing up to St Mungo's Broadway Homeless Health Charter,[1] the Board committed to measure and understand homeless people's health needs and to use this information to help with future planning; this has been incorporated into the HNA programme for 2015-16.

The HNA programme being taken forward in 2015-16 is as follows:

April to September 2015	October 2015 – March 2016
Mental Health (adults) Learning Disabilities (all ages) Carers (all ages) Homeless (all ages) Roma Slovak (all ages)	Lesbian, Gay, Bi-Sexual & Transgender (all ages) Asylum Seekers and Refugees (all ages) Cognitive Impairment (Adults) Physical Disability (Adults)

HNAs of older people in care homes, people with sensory impairment, children and young people with complex needs, and children and young people's mental and emotional wellbeing were completed in 2014. Two further HNAs of communities of interest are being considered; veterans and offenders. All completed HNAs are published as supplements to the JSNA and are available on the Health and Wellbeing Board's website.[2]

[1] http://www.mungosbroadway.org.uk/homelessness/publications/latest_publications_and_research/2069_charter-for-homeless-health.
[2] https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/JSNA.html.

4. Examining outcome 3, action by action

The following table sets out a summary of progress under each outcome set out in the Joint Health and Wellbeing Strategy. It does not set out everything that is happening across Sheffield to tackle health inequalities, but is simply a snapshot of progress under each of the specific actions.

	Theme	Action	Progress	What one thing can the Health and Wellbeing Board do to make a difference?
3.1	**Data about health inequalities in Sheffield to be excellent so that commissioners can be well-informed in tackling the issues.**	Promote appropriate gathering of data to better understand the health inequalities in Sheffield and inform approaches to tackling them.	• To date a number of Community Knowledge Profiles have been produced and published, in the main using Census 2011 data. These are available on the Council's website.[3] • There are profiles covering various minority ethnic communities, people with disability, carers and sexuality as well as a number of other categories. The profiles set out the basic demographics of the community of interest and some of the key issues faced. • They provide a useful baseline for the JSNA which, as noted in Section 3, is being supplemented with a series of community specific Health Needs Assessments (HNAs) to provide more detailed information on health inequalities in Sheffield and approaches for tackling them.	*It should be noted that this programme of HNA work is particularly time-consuming and resource intensive, especially for the Communities Portfolio of the Council and the Public Health Intelligence Team. One of the issues that the Board may wish to consider therefore is the extent to which additional research resources could be secured to support this work.*
3.2	**Sheffield's communities to be strong, connected and resilient, able to withstand crises and to support members of**	Work with partners to agree a coherent approach to strengthening community resilience and social capital, which has a shared understanding of building communities	• Sheffield First has led a collaborative process aimed at understanding how organisations in Sheffield work in relation to communities. This process has resulted in the production of a set of principles guiding the development of resilient communities, referred to as the Fuzzy Framework. These principles are being considered by Sheffield Executive Board, in response to the Fairness Commission recommendations of a single city approach to community empowerment.[4] • The Community Wellbeing Programme, the Health Trainers and	*Enable the Sheffield community resilience approach to be embedded in mainstream services and new programmes. This approach recognises the value of mobilising communities and builds on skills and capabilities and resources the community have to offer.*

[3] https://www.sheffield.gov.uk/your-city-council/sheffield-profile/community-knowledge-profiles.html.
[4] https://www.sheffieldfirst.com/dms/sf/management/corporate-communications/documents/SFP/SEB-Papers/March-2015/Item-7---Resilient-Communities-and-Citizen-Led-Design/Item%207%20-%20Resilient%20Communities%20and%20Citizen%20Led%20Design.ppt.

	Theme	Action	Progress	What one thing can the Health and Wellbeing Board do to make a difference?
	the community to live whole and healthy lives.	and exploiting community assets, and which supports community-based organisations.	Health Champions Programmes have continued to develop resilience by mobilising the community, building on individual and community assets and skills. The Practice Champions have been successful in embedding this approach in GP Practices. These programmes work with the most deprived communities in Sheffield to develop social capital and resilience and aim to reduce health inequalities. • Developing social capital and building community capacity will improve health and wellbeing and reduce the escalation of demand on health and social care services. This whole community approach can make a significant contribution to Integrated Health and Social Care and the Keeping People Well in their Community work stream. • The Strategy for Best Start Sheffield, Early Support and Intervention focuses on a whole family approach which builds family resilience and in turn will engage local communities to develop streamlined services. This will be achieved through the continued development of our MAST services, key worker model and achieving the outcomes of our Building Successful Families Programme. • The 7 Local Area Partnerships are now well established and have identified key priorities to develop resilience in each area. These priorities include tackling social isolation and tackling financial inclusion. • In the past year the Thriving VCF Leadership Group has worked with public sector partners to consider complex issues that require a cross-sector response. They have identified new ways of working collaboratively to help communities grow and develop. • Libraries, Archives and Information have eleven 'Hub' libraries across the city which all work with local community group. They employ a Volunteer Co-ordinator to develop and support volunteering through the community groups who now run ten 'Associate' and five 'Co-	

	Theme	Action	Progress	What one thing can the Health and Wellbeing Board do to make a difference?
			delivered' Libraries.	
3.3		Work with partners including planning, transport, education, businesses, community groups, and health and wellbeing services to support coherent, joined-up city localities.	• Through Streets Ahead the Council engages with communities to see if there are any opportunities that can be aligned with the work to deliver something more than just the core renewal of roads, lighting and footpaths. We have aligned wider transport investment in things like dropped crossings, highway safety improvements, cycling improvements and small measures which can make a big difference. • We are supporting a few communities to develop Neighbourhood Plans – these are community led and will often pick up a wide range of key planning issues but also issues such as access, movement, and local community facilities. We are also working with communities through our New Homes Bonus funded projects to support more resilient communities. • We are working to ensure our long term land-use and transport plans promote 'active city' and 'healthy city' agendas, including a long term transport strategy and rolling out 20mph zones across the city. • Transport Capital Programme investment focuses on major priorities around road safety, accident reduction, creating better pedestrian and cycle access and improving the access to and quality of public transport provision. • We are supporting the provision of new sport and leisure facilities to encourage more active and healthy lifestyles and link to wider regeneration plans where possible e.g. the NCSEM centre at Graves, North Active, the support for new FA playing pitches initiative, and the promotion of new sports and leisure facilities at the Olympic Legacy Park.	*Consider how wider public health funding is aligned with other funding to achieve benefits greater than the sum of the individual parts. For example, in some cities public health funding is used to support/match fund cycling (training and infrastructure), safe travel to school, 20mph zones, private sector housing standards improvement work, etc. on the basis that these initiatives can have a positive impact on health, safety and therefore have a beneficial impact on primary health spend.*

	Theme	Action	Progress	What one thing can the Health and Wellbeing Board do to make a difference?
3.4	**Those groups especially impacted by health inequalities to have early support and sensitive and appropriate services that meet their needs and improve their health and wellbeing.**	Identify which groups are least able to access services and establish reasons for difficulties and the health consequences of this. Work to improve access, prioritise those areas where the difficulties in access have significant health consequences, and simplify how people access care.	• Although we don't have robust baseline data, elected members and others felt we already knew a lot about which groups of people are least able to access services. Therefore it was agreed we should move forward with identifying interventions/actions to improve access, rather than focusing on more data collection. An outline plan to develop actions was approved by the CCG and Council in March 2015. A stakeholder workshop was held in April 2015 to test and further refine recommendations, and get wider stakeholder buy-in to the plan. Stakeholders were supportive of the approach. An action plan has been produced, incorporating stakeholder views and advice. • This plan acknowledges that there is already much work underway (through statutory and voluntary organisations) that is improving access but isn't labelled as such. The next step will be to use local knowledge and successes around improving access alongside other evidence to develop practical guidance/principles (taking a quality improvement approach) for services, organisations and the Sheffield system on how to improve access. 'Improving access to services' needs to be an integral part of all the big transformational programmes in the city including the Integrated Commissioning Programme and the Prime Minister's Challenge Fund.	*Make sure that 'improving access to services' is an explicit and monitored part of transformational plans for the city such as the Integrated Commissioning Programme and the Prime Minister's Challenge Fund.* *The CCG Governing Body agreed an action in March 2015 to 'measure how well services are meeting needs in the city'. This substantially overlaps with the 'improving access to services' action. The H&WBB could agree to broaden the 'improving access to services' action to include the CCG Governing Body action.*
3.5		Ensure every child has the best possible start in life, including: focused action with the most deprived areas and groups, reducing infant mortality, developing strategies that	• Best Start Sheffield, a joint early years' strategy for a great start in life 2015-17, has been developed which outlines the commitment to redesign services and a focus to address health inequalities in early years for families living in the most deprived areas of the city. The strategy has jointly been developed by Sheffield City Council and Sheffield CCG and prepared in partnership with a range of other stakeholders including schools, health, private, voluntary, community and faith sectors. • Key to the strategy are priorities which include:	*Ensure that partners/organisations signed up to the Best Start Strategy implement the changes required and prioritise service delivery to ensure that every child has the best start in life.*

	Theme	Action	Progress	What one thing can the Health and Wellbeing Board do to make a difference?
		improve parent/child attunement in early years, increasing the uptake of childhood immunisations, reducing the number of under 5s A&E attendances, reducing smoking rates in expectant mothers, improving children's dental health, increasing the rate of breastfeeding, reducing teenage conceptions, reducing obesity in children and young people.	○ Empowering parents, families and carer to provide health, stable and nurturing family environments. ○ Improving access to and co-ordination of health and wellbeing initiatives for children and families. ○ Improving prevention, early identification and early intervention. ○ Providing accessible and flexible high quality child care. • Best Start Sheffield describes priorities for future action to increase breastfeeding rates, reducing smoking rates and A&E attendances. These are also addressed as strategic objectives in Sheffield's Reducing Infant Mortality Delivery Plan. Alongside this the Children's Health and Wellbeing Partnership Board has been monitoring uptake of childhood immunisations. Sheffield has been successful in receiving resources from NHS England to focus activity on increasing vaccination and improving dental health in children living in care. • The National Child Measurement Programme provides robust data to monitor the prevalence of childhood obesity in Sheffield.	
3.6		Recognising that the city has growing numbers of new arrivals, including Roma, develop appropriate strategies to ensure families are appropriately accessing health, social care and education services.	• New arrivals and Roma immigration in the city continues to have an impact on key services including education and health services. Multi-agency plans and a range of interventions are in place. Further long term plans are being developed, and the Public Service Transformation Network is working with us to develop a long-term invest to service business plan for the areas concerned. • The New Arrivals Health Needs group has worked together to implement a range of interventions to address need in relation to health services and also with regard to public health community interventions. This is a partnership including Public Health, local GP practices, the CCG, Health Protection, and the hospitals. A health	*Services in the areas with high numbers of new arrivals require sustained additional resources. The Wellbeing Board should consider how this can be achieved, how services can work well and effectively together, and also continue to raise this issue at a national level.*

	Theme	Action	Progress	What one thing can the Health and Wellbeing Board do to make a difference?
			needs assessment has been commissioned so that we understand the health needs of this group but also how CCG, NHS England and Public Health monies in the city are being deployed. • There has been Infectious Disease training delivered to over 80 schools to date, delivered in partnership with Public Health England. Those Roma Classroom assistants working in Sheffield schools have been provided with a bespoke Public Health training module focusing on communicable disease, sexual health, use and access of NHS Services, and input on vaccination and immunisations. The aim is for these staff to use this information to provide support, guidance and information to Roma families. • Additional resources have also been made available to manage environmental issues. Selective licensing is also well underway and where over 89% of landlords have applied for licences and are improving homes to a reasonable standard. • A detailed schools and young people plan is in place to provide a targeted language and learning programme both in schools and in the community to increase appropriate access to services. • A range of interventions are being undertaken in the local community to tackle inequality and build cohesion. The new cohesion strategy will address some of the inequalities and the impact immigration has in the city. Funding has been secured from CLG for community development and language support.	
3.7		Commission disease-specific interventions to tackle poor health in population groups that have worse health, including a	• The CCG is continuing to increase action to reduce health inequalities through the services it commissions. The commissioning plan for 2015/16 includes a health inequalities plan, which embeds action to reduce health inequalities in each of the CCG's clinical portfolios. • The commissioning plan includes: an aim to achieve parity of esteem	*Ensure that reducing health inequalities is explicitly embedded in transformational programmes such as the Integrated Commissioning Programme and the Prime Minister's Challenge*

	Theme	Action	Progress	What one thing can the Health and Wellbeing Board do to make a difference?
		programme to improve the physical health of the severely mentally ill or those with a learning disability.	for mental health and learning disability (including showing a real terms increase in mental health spending in 2015/16); the pilot of a community 'tier 3.5' for Child and Adolescent Mental Health Services; development of strategies to reduce inequalities in respiratory, cardiovascular and cancer outcomes; and improving TB services in line with the national TB strategy.	*Fund.*
2.8		Support quality and dignity champions to ensure services meet needs and provide support.	• Healthwatch Sheffield met regularly with the former Director of Public Health to discuss how to investigate the issue of dignity, the role of dignity champions and the dignity network, and how best to highlight good and bad practice citywide. • A mapping exercise was conducted with local care settings around dignity champions, but received a very poor response. Some organisations said they didn't like the idea of dignity champions as they felt dignity should be everyone's business. We thought it was not a good thing to wholeheartedly support dignity champions unless we are clear that they add value and are the best way of ensuring dignity remains high on the agenda. • Further work will be carried out to investigate the wider issues of dignity, how Sheffield might remodel how dignity is represented, and how good practice can be better disseminated.	*Take forward the recommendations Healthwatch Sheffield will be making in August/September 2015 about how dignity should be dealt with. This may mean altering the relevant section of the health inequalities plan.*

	Theme	Action	Progress	What one thing can the Health and Wellbeing Board do to make a difference?
3.9		Work to remove health barriers to employment through the Health, Disability and Employment Plan.	This topic was looked at closely at March's Health and Wellbeing Board meeting.[5] Progress includes: • Existing commissioned supported employment provision across SCC and CCG was reviewed. A proposal was produced with the Public Sector Transformation Network for changes to the City system which currently results in poor employment outcomes for those with health conditions and disabilities. • The Sheffield Occupational Health Advisory Service was commissioned to deliver the Occupational Health Service and Workplace Wellbeing Charter, which supported 300 people to remain in work in 2014/15. • A pilot project for ESA Clients was commissioned (with Job Centre Plus and SCC Lifelong Learning and Skills), with the aim of creating a clear referral pathway from Primary Care into Employment. There were 16 referrals in first month from JCP and GPs, and 1 self-referral. • Work with Macmillan was carried out on a vocational rehabilitation pilot to improve employment outcomes for people living with and recovering from Cancer.	*Bring the supported employment commissions across LA and NHS and the LEP under one banner and ensure the single pathway from Health to employment balances supply and demand and covers referral into intervention and referral out of intervention and into employment.* *The Board may also wish to consider encouraging the Government not to remove Access to Work support.*

[5] http://sheffielddemocracy.moderngov.co.uk/ieListDocuments.aspx?CId=366&MId=5651 and http://www.slideshare.net/SheffieldHWB/health-disability-and-employment-update-for-the-health-and-wellbeing-board-march-2015.

5. Appendix – outcome indicators for outcome 3

Indicator: Slope index of inequality in life expectancy (Men)

Definition: Gap (in years) in life expectancy at birth between the most and least deprived men in the City

	2009-11	2010-12	2011-13
Sheffield	9.6	10.0	9.7
England	9.4	9.2	9.1
Core City Rank (1 is best)	4	6	5

Indicator: Slope index of inequality in life expectancy (Women)

Definition: Gap (in years) in life expectancy at birth between the most and least deprived women in the City

	2009-11	2010-12	2011-13
Sheffield	7.4	7.2	6.9
England	6.9	6.8	6.9
Core City Rank (1 is best)	3	3	3

Indicator: Excess winter deaths

Definition: Percentage of expected deaths based on non-winter deaths. Single years, all ages.

	2010-11	2011-12	2012-13
Sheffield	15.6	10.0	15.6
England	17.0	16.1	20.1
Core City Rank (1 is best)	4	1	3

Indicator: Excess premature mortality in people with a serious mental illness

Definition: Directly age standardised mortality rate per 100,000 population aged 18-74 years.

	2010-11	2011-12	2012-13
Sheffield	384.7	365.9	380.8
England	335.3	337.4	347.2
Core City Rank (1 is best)	5	2	5

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SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of:	Councillor Mary Lea and Dr Ted Turner
Date:	25th June 2015
Subject:	Public mental health and wellbeing: strategic approach *A discussion with Public Health England*
Author of Report:	Chris Nield, 0114 293 0440

Summary:

The Joint Health and Wellbeing Strategy for Sheffield includes work programme 2, Building Mental Wellbeing and Emotional Resilience. The attached report builds on the update to the March 2015 meeting, providing the Board with the background and a copy of our developing work plan.

This item, which offers the Board the opportunity to hear from the National Lead from Public Health England, aims to promote discussion and support the Board towards its strategic objectives as reflected in this programme. This discussion will be supported by a presentation at the meeting.

Key points for the Health and Wellbeing Board:

We have adopted the following principles in developing our plans:

- Action is required across the life course.
- Mental and physical wellbeing are interconnected.
- Mental wellbeing is enhanced the more people, families and communities have a sense of control over the things that matter to them.
- A wide range of factors e.g. creative, cultural, lifelong learning, leisure and physical activities, housing and jobs, play a key role in protecting and promoting mental

wellbeing. A number of plans are already in action across the city to influence these factors. This programme intends to support these and identify gaps where this programme can make a difference.

- We start from an asset-based approach which focuses on the skills, talents, strengths and aspirations of individuals and communities, not only their needs; recognises and builds on work already underway in the City.
- The plan will continue to develop as we learn from good practice and the developing evidence base, and in response to opportunities as local and national policy develop.

Our key messages are:

- Emotional wellbeing is a valuable resource for individuals, communities and the city; this is an opportunity to promote this narrative.
- Good emotional wellbeing improves quality of life, life expectancy, educational achievement, economic outcomes and reduces violence, antisocial behaviour and crime.
- Further engagement of stakeholders, partners and communities is needed in strengthening this approach within mainstream activity.
- 5 Ways to wellbeing is a key message in understanding how individuals can develop and protect their own wellbeing, (connect; give; take notice; be active; keep learning).
- Emotional wellbeing and resilience are key assets for us all and in particular for individuals and communities adversely affected by the social determinants of heath and at increased risk of poor health and wellbeing.
- To achieve emotional wellbeing, Sheffield recognises the need for early help, intervention and support, including diagnosis.

Some areas of progress and work underway

- Delivery of pilot work in 3 families of schools to deliver emotional wellbeing services through a locality hub model.
- Building ‘5 ways to wellbeing’ into commissioning.
- Delivery and growth of Mental Health First Aid training – collaboration between SCC, SHSC, Hallam University and the voluntary sector.
- SCC includes 5 ways in the Corporate Plan.
- Developing work with the Community learning Sector to normalise learning about emotional wellbeing.
- Increasing number of ‘dementia friends’ in the city.

Recommendations for the Health and Wellbeing Board:

- This approach presents an opportunity to realise significant change and improvement. The leadership of this Board and the organisations represented is key. The Board is

asked to support this preventative upstream approach, both at a strategic and operational level.

- The Board is asked to note the progress and action plan (attached).
- Improved mental wellbeing is associated with better physical and mental health, reduced inequalities, improved social relationships and healthier lifestyles. It can help people achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society. Its strategic significance can be better understood. The Board is asked to promote this narrative.

Appendix:

- An update on the Building Mental Wellbeing and Emotional Resilience work programme: included in the report pack.

Background papers:

- March 2015's update on the Joint Health and Wellbeing Strategy's work programmes: http://sheffielddemocracy.moderngov.co.uk/documents/s17487/Update%20on%20the%20Joint%20Health%20and%20Wellbeing%20Strategy%20Work%20Programmes.pdf.
- Sheffield Joint Health and Wellbeing Strategy 2013-18: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/joint-health-and-wellbeing-strategy.html.

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Work programme 2; Building Mental Wellbeing and Emotional Resilience

Sheffield's Joint Health and Wellbeing Strategy 2013-2018

What do we mean by emotional wellbeing and resilience?

The term 'emotional' wellbeing is often used interchangeably with 'mental' wellbeing. Some people prefer this use of language as the term 'mental' often makes people think of psychiatric conditions. To experience emotional wellbeing is to feel positive about today and to have hope about the future, to feel reasonably confident about being able to manage life's stresses and problems, and that mostly life is fulfilled and rewarding.

Resilience refers to an individual's or a community's ability to cope with the ups and downs of life, with challenging circumstances, and to recover from difficulties. We can help develop resilience by: promoting wellbeing; building social capital; and developing individual psychological coping strategies. Resilience is strongly connected with mental wellbeing. Both are significant factors to protect and increase.

Why are emotional wellbeing and resilience important for Sheffield?

Emotional wellbeing is a valuable resource for individuals, families, communities and the City as a whole. Improved mental wellbeing is associated with better physical and mental health, reduced inequalities, improved social relationships and healthier lifestyles. It can help people achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society. Therefore this work is important in the context of the health inequalities evident in the city, including those in respect of mental illness.

The foundations of emotional wellbeing develop in early childhood, and multiple social, psychological, health, material and situational factors determine a person's mental health and wellbeing at any point in time. Risk, vulnerability and protective factors all impact on emotional wellbeing. The adverse impact is most significant in more unequal societies, when people are made to feel of no account, and the stark inequalities undermine social cohesion and the quality of civic society. It is also acknowledged that we are currently living through difficult economic times which pose additional challenges to people's health and wellbeing.

There is strong evidence that investment in the protection and promotion of mental wellbeing, including early intervention and prevention improves quality of life, life expectancy, educational achievement, productivity and economic outcomes, and reduces violence, antisocial behaviour and crime.

Governance

Building Mental Wellbeing and Emotional Resilience is a work programme within the Joint Health and Wellbeing Strategy 2013. The Mental Health Partnership Board (MHPB) has

been asked to lead on this programme; and the plan has been developed for the Board by a steering group.

The plan has been endorsed at the MHPB in May 2015. This plan also supports the delivery of the City Wide Mental Health Strategy 2015 (adults) and the health inequalities agenda. Children and young people are a priority within the programme and this work is led by the Children's Health and Wellbeing Partnership Board.

The remit of this work programme

As noted above, emotional wellbeing is influenced by an extremely broad range of factors, and this programme does not attempt to capture all of these here. The task would be impossible. We have focussed on actions which are evidence based and demonstrating effective outcomes. There are some current programmes to support and further develop, and some new priorities have been identified. We want to keep growing and developing the plan.

The key actions for delivery under this plan will affect children and young people and young and older adults. It aims to support a number of strategic objectives, including those of the Sheffield Strategy for Mental Health and the drive to be an age-friendly city. These actions will also support forthcoming work to develop the suicide prevention plan.

The plan acknowledges key actions for children, young people and families'. Children's emotional wellbeing and mental health is led by the Children's Health and Wellbeing Partnership Board. The CYP's plan reflects how Sheffield will implement the national "Future in Minds Guidance" (2015). Each objective will have a detailed implementation plan to describe key activities for national submission in September 2015.

Principles

This work programme is underpinned by the following principles and approaches:

- Mental and physical wellbeing are interconnected.
- Mental wellbeing is enhanced the more people, families and communities have a sense of control over the things that matter to them
- A wide range of factors e.g. creative, cultural, lifelong learning, leisure and physical activities, housing and jobs, play a key role in protecting and promoting mental wellbeing. A number of plans are already in action across the city to influence these factors.
- This programme intends to support these and identify gaps where this programme can make a difference.
- We start from an asset-based approach which focuses on the skills, talents, strengths and aspirations of individuals and communities, not only their needs; recognises and builds on work already underway in the City.
- Encourage the engagement of a range of partners to promote the importance of this agenda, and to identify ways they can contribute to taking it forward.

- The plan will continue to develop as we learn from good practice and the developing evidence base, and in response to opportunities as local and national policy develop.

The plan is grouped around two themes: promoting wellbeing for all, population wide; and more focussed interventions to improve equality or target certain communities.

Some actions are under development (*).

What can the Health and Wellbeing Board do to help?

The Board is asked to note the progress in developing this work programme.

Further engagement of stakeholders and communities is needed to strengthen this approach within mainstream activity. So we ask the Board to be mindful of their important role in promoting the narrative across our Health and Social Care community, and wider; that emotional wellbeing is of key significance in supporting a wide range of health and social outcomes, and engage with our plan in terms of connecting their organisations with this agenda.

We also request that the Board endorses our Sheffield Future in Mind implementation plan and holds the Children's Health and Wellbeing Board to account for its delivery.

Our key messages

- Emotional wellbeing is a valuable resource for individuals, communities and the city; this is an opportunity to promote this narrative.
- Good emotional wellbeing improves quality of life, life expectancy, educational achievement, economic outcomes and reduces violence, antisocial behaviour and crime.
- Further engagement of stakeholders and communities is needed in strengthening this approach within mainstream activity.
- 5 Ways to wellbeing is a key message in understanding how individuals can develop and protect their own wellbeing, (connect; give; take notice; be active; keep learning).
- Emotional wellbeing and resilience are key assets for us all and in particular for individuals and communities adversely affected by the social determinants of heath and at increased risk of poor health and wellbeing.
- To achieve emotional wellbeing, Sheffield recognises the need for early help, intervention and support, including diagnosis.

Work programme 2: Building Mental Wellbeing and Emotional Resilience

Objectives	Wellbeing for All Actions	Timescale and Lead
Increased understanding of the value and potential for improving emotional wellbeing	- ***Engage a range of stakeholders and communities in strengthening this approach and adopting it within their mainstream activity.*** - ***Encourage strategic drive to promote 'the narrative' around wellbeing***	***EWB Steering Group/ongoing*** ***Health and Wellbeing Board/ ongoing***
To increase the number of people who understand emotional wellbeing and how to improve it.	- SCC follow up 5 ways to wellbeing campaign for workforce - Wellbeing festival and publicity - 5 ways included in Commissioning plans/specifications - Sheffield Mental Health Week events - Increase capacity to deliver Mental Health First Aid (MHFA) in the city and increase the reach - Link to 'healthy chat' training/ wider workforce capacity/ SCC as a PH organisation	Feb 2015 JS July 2015 JS/JH Ongoing (SCC) Annual JS/JH Dec 2015 JS April 2015 JS/IH

	- *Wider public sector 5 ways campaign (PHE social marketing support likely to be available 2015)** - *Promote 5 ways within VCF sector including with Health Champions and community based workers ** - *Use CCG 'learning lunches'** - *Develop '5 ways' training resource within SCC ** - *Make '5 ways' training available to providers**	*2015 JS* *2015 LB* *2015 JS* *2015 JS*
Increased knowledge and understanding of mental health and the interventions available	- Ongoing development and promotion of the MH information service- promote awareness of this resource. - Sheffield Mental Health week events - Annual wellbeing festival- evaluate and develop	Ongoing MH /S Mind Annual JS/JH Annual JS/JH
	- *Develop use of social media** - *Develop work with libraries as a resource for improving mental health literacy and 5 ways**	*2015 JS* *2015 JS*

To reduce the stigma around mental health	- Develop local 'Time to Change' campaign activity (commissioned Feb 2015)	June 2015 S Mind
	- *Encourage sign up to Time to Change campaign **	*JS*
And……		
Objective	**Improving Equality and Empowering Communities** **Actions**	**Timescale and Lead**
Strategic- Improved understanding of the importance of the community development approach	- ***Strategic drive to develop and understand the narrative around community development***	***JHWB ongoing***
To support the development of the Resilient communities work	- Links to the Resilient Communities Fuzzy Frame work	SS/ CN
Engage more people in local activity to improve health and wellbeing.	- Develop emotional wellbeing interventions and training in the Community Wellbeing Programme (CWP) - promoting 5 Ways	CN

	- *Further develop social prescribing across CWP areas** - *Improved knowledge within primary care of local routes to social prescribing.**	*2015* *2015*
Support interventions to reduce isolation	- *Develop links with South Yorkshire Housing Association (syha) lottery funded wellbeing programme-targeted areas** - *Link with the work of the Local Area Partnerships**	*JS* *JS*
Increase opportunities and support for volunteering	- *Develop and support mental health role of health champions and other volunteers through CWP**	*2015*
increase opportunities to develop peer support	- Support development of groups and peer support e.g. from Springboard Cafes	June 2015 S Mind/ Springboard providers
Support progress towards being a Dementia Friendly city	- Increase the number of dementia friends; including work with the VCF, Fire Service, libraries and the private sector.	Ongoing to 2020 KH
Develop psychological coping skills	- Promote healthy living workshops and stress control workshops (part of IAPT- Improving Access to Psychological Therapies service)	ongoing

	- Build on links with Community Learning Sector to increase access to mental health promoting courses	March 2016 *JS*
Recognise the key impact of debt and advice services and further develop links and support.	- *Support Advice Services in MH awareness training**	*2015 JS*
Improve mental wellbeing within workplaces	- *Support the health and work programme 4 (JHWS)- including other employers in activity above as appropriate e.g. TTC; 5 ways; promotion of MH information service, IAPT and self help*.*	*Link with Chris Shaw* *JS*
…..	-	

Children and Young people **Objective**	This work is progressed through the Emotional Wellbeing and Mental Health FSCH workstream **Actions:**	Children's Health and Wellbeing Partnership Board **Timescale and Lead;**
Strategic- Improved understanding of the importance of 'getting it right' for		

children and young people ***Develop Positive Mental Health and Resilience***		
Promoting Positive Mental Health & Resilience: We will ensure children have the best in start in life, focusing on maternal mental health and promoting attunement and attachment between mother/carer and baby.	• Improve mental health support for women in the perinatal period (-9 months to 12 months) • Give Children a Great Start in Life (Best Start) 0-4 years • Develop primary mental health interventions through a school and community based hub model (4 – 19 years)	**CYP EHWB Executive Group**
Improving access to effective support – a system without tiers: We will develop a pathway for specialist support, enhancing community provision to bring care closer to home.	• Improve access, aspire to reduce waiting times, develop community specialist services and ensure that care is delivered closer to the young person's home. • Develop co-commissioning arrangements and services between NHSE and Sheffield CCG in relation to the pathway between community and inpatient CAMHS. • Develop and deliver intensive intervention services to prevent children with mental health needs being placed away from home (tier 3.5). • Develop and deliver a revised education offer to meet the needs of inpatients and children living in Sheffield with EWBMH needs. • Improve the crisis response (place of safety) and liaison services. • Improve the transition between children and adult mental health services • Implement an assessment and review process for children	**CYP EHWB Executive Group**

	and young people placed in residential care, particularly those with a learning disability and challenging behaviour. • Investigate new ways of supporting C&YP through peer support and technology	
Care for the Most Vulnerable: We will improve the experience and outcomes for the most vulnerable children and young people by removing the barriers to accessing services and developing bespoke care pathways.	• Focus on looked after and adopted C&YP and those young people who are the hardest to reach and engage in mental health services. • Ensure multi-agency teams operate flexible and appropriate care pathways that incorporate effective, evidence-based interventions for vulnerable children and young people. • Improve outcomes through trauma focused care for children and young people who have experienced abuse or neglect.	**CYP EHWB Executive Group**
Accountability and Transparency: We will develop pathways across all EWBMH services with standards for access, waiting and outcomes reported in a clear and transparent way. We will implement clear governance roles and reporting structures with aligned or pooled budgets.	• Establish lead commissioner arrangements and a robust Governance Structure led by the Sheffield Children's Joint Commissioning Group. • Through the Sheffield C&YP's Joint Commissioning Group oversee the commissioning delivery plan and the development of co-commissioning arrangements. • Establish an equal voice for service users, families and carers within our governance structure and regular and meaningful engagement opportunities throughout the redesign process. • Aim to create a pooled budget for children and young	**CYP EHWB Executive Group**

	people's EWBMH services in the city.	
Developing the Workforce: We will support all our universal, specialised and paediatric services and commissioners to develop their skills and knowledge in EWBMH needs of children and young people.	• Undertake a skills gap analysis and develop a CYP EWBMH training programme for universal staff including the impact of mental ill-health on physical health, education attainment and social skills. • Improve the promotion, signposting and use of EWBMH support toolkits for services and staff.	**CYP EHWB Executive Group**

Key

*- Actions being developed

Initials: CN Chris Nield; JS Janet Southworth; JH Jo Henderson; MH Mel Hall; IH Isobel Howie; KH Kath Horner; LB Lyn Brandon

(EWB) Emotional Wellbeing Steering Group members:- Chris Nield; Janet Southworth; Tim Furness; Robert Carter; Mel Hall; Helen Robinson; Sara Gowen; Bethan Plant; Dr Ted Turner; Cllr Mary Lea; Chris Hood; Debbie Matthews; Maxine Stavrianakos; Mark Gamsu; Beth Longstaff.

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SHEFFIELD HEALTH AND WELLBEING FRONT SHEET

Report of:	Joe Fowler
Date:	15 June 2015
Subject:	Carers Strategy
Author of Report:	Emma Dickinson 0114 273 4746

Summary:

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

Carers Trust

This presentation sets out the consultation approach for the new Carers Strategy and emerging messages.

Questions for the Health and Wellbeing Board:

1. **Does the Board recognise the emerging messages?**
2. **When does the Board want to hear back about the work to improve support for carers?**

Background Papers: None

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Carers Strategy

Approach and Initial Findings

Joe Fowler

Who is a Carer?

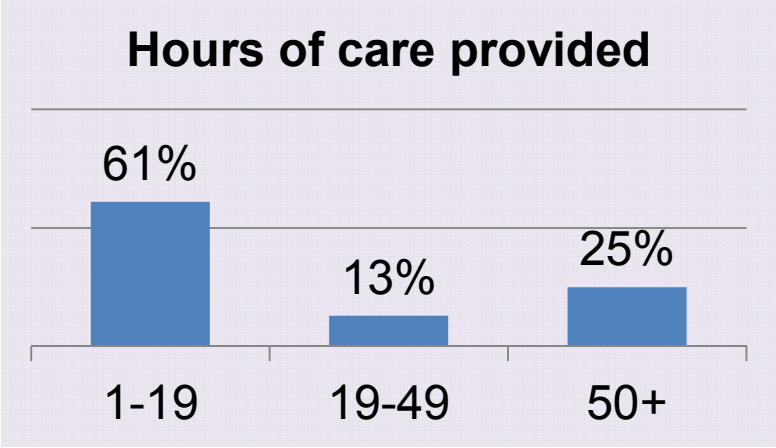
A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

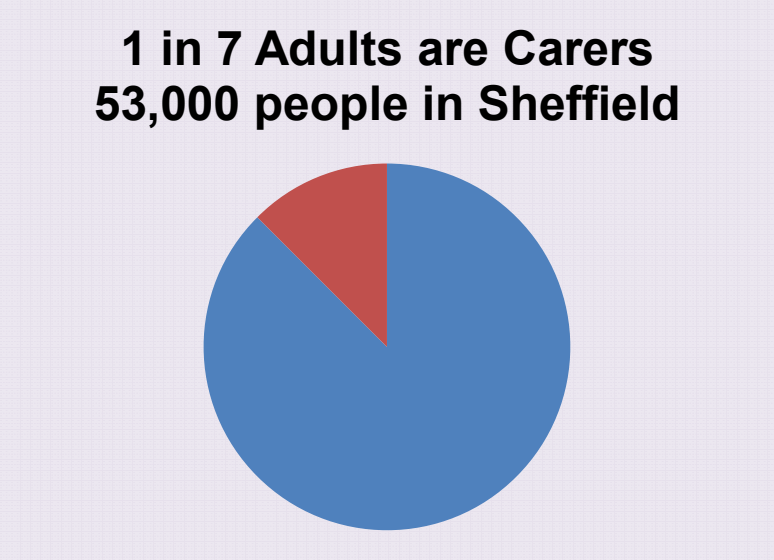
Carers Trust

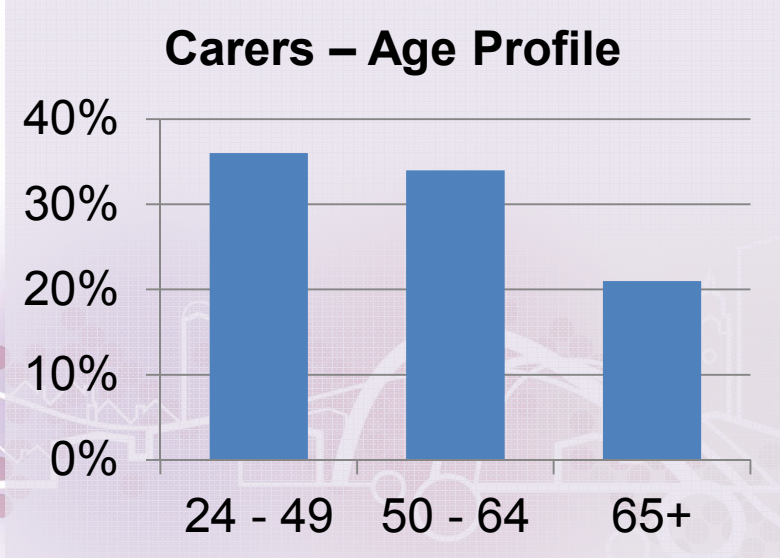
There were 57,373 people (children and adults) reported in the census in Sheffield as providing unpaid care

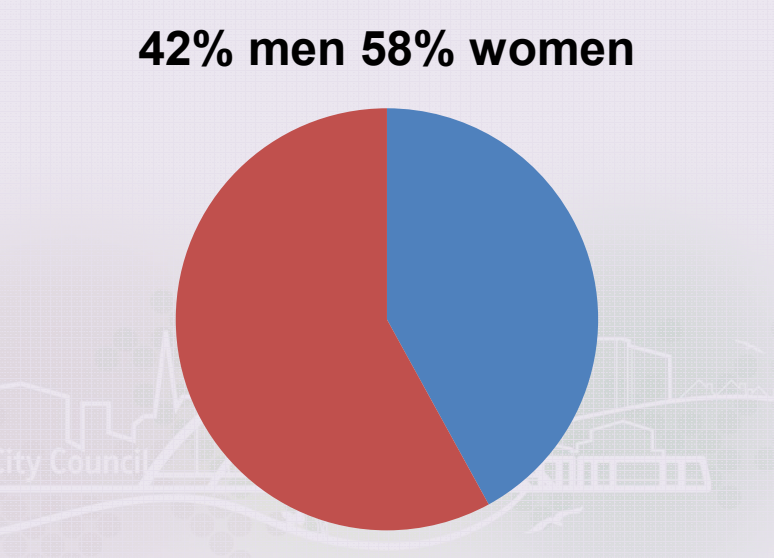
Key Facts

4,500 children are caring









Economic savings of carers

- Unpaid carers are thought to achieve significant savings in replacement care costs
- Most recent Dept Health assessment suggests (as a ratio) that each pound spent (*well)* on supporting carers would save councils £1.47 on replacement care costs…
- … and benefit the wider health system by £7.88

Carers Strategy – emerging messages

- The need for good information and advice at diagnosis and discharge – *carers population is dynamic*
- Advocacy and 'navigator role' required to support choices / options and the health and social care system
- GPs to recognise carers and be more flexible
- Help to have a social life and a break
- Support to stay in work

Questions for the Board

1. Does the Board recognise the emerging messages?
2. When does the Board want to hear back about the work to improve support for carers?

SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of:	Maggie Campbell, Chair of Healthwatch Sheffield
Date:	25th June 2015
Subject:	Healthwatch Sheffield Annual Report 2014/15
Author of Report:	Bev Webb, 0114 253 6688

Summary:

The Healthwatch Sheffield Annual Report 2014/15 provides an overview of the work and statutory activities completed by Healthwatch Sheffield during 2014/15. It demonstrates the use and impact of citizens' voice to influence and improve health and social care services. It includes information about gathering hidden voices, Young Healthwatch, the Virtual Advisory Network, volunteers, information and advice provided, and reports written.

Questions for the Health and Wellbeing Board:

How can the Board best utilise the voice of citizens and the work of Healthwatch Sheffield?

Recommendations:

1. That the Board recognises and endorses the value of the work of Healthwatch Sheffield in using citizens' voices to improve health and care services
2. The Board considers how best it can utilise the voices of citizens in its programme of work for the forthcoming year.

Reasons for Recommendations:

As a statutory body, Healthwatch Sheffield has to fulfil statutory activities to enable adults, children and young people to have a say in health and social care. We present our work to the Health and Wellbeing Board in this Annual Report to demonstrate the use of citizens voice, and the impact it has on health and care in the city.

Appendix:

- Healthwatch Sheffield Annual Report 2014/15 included in the report pack.

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healthwatch Sheffield

Annual Report 2014/15

Annual Report 2014/15

Contents

Foreword

By
Maggie Campbell
Chair, Healthwatch Sheffield

Welcome to our Annual Report, covering the second full year of activities for Healthwatch Sheffield.

We have continued to work on our systems and infrastructure to maximise the amount of work we can do with, and on behalf of, the people of Sheffield.

The Advisory Board is now fully established and meets regularly in public. We have taken the opportunity of adding information giving and discussion events to the formal meetings, so we can offer more to the public observers who take the time to attend and have proven popular.

Our most recent event focussed on issues raised by young people (see page 14) and was a Question & Answer session run in partnership with our fantastic Young Healthwatch group. Do let us know of any topics you think would be useful to include in the future.

As a mainly volunteer organisation, much of this report refers to the work of our volunteers as, of course, our volunteers are crucial to our ability to reach further and wider in order to reflect the wishes of the people of Sheffield, and ensure that developments in health and social care in Sheffield are shaped by citizens' needs and by their good ideas! A **huge** thanks goes to all our volunteers.

I would also like to take this opportunity, however, to highlight the work and dedication of our small core team who hold it all together and provide much of the passion and impetus for our increasingly diverse work. Many, many thanks for all you do.

As a statutory organisation - there has to be a Local Healthwatch by law!- we have a defined role in the City's infrastructure. This is demonstrated most visibly by having a seat on the Health and Wellbeing Board, where councillors and health and social care commissioners come together to plan and put in place actions to improve the health and wellbeing of the city.

Using this role to best effect and ensuring that systems and approaches are adapted to make it all work in practice takes time and positive collaboration. I am pleased to report that all the relevant organisations in the city are engaging with us to make this happen.

I think we have made great progress over the last year with our key partners: in having our role as critical friend recognised and valued, and in working through what needs to happen to accommodate that role in organisational and wider city systems. I have been fortunate to build on the leadership of my predecessor Professor Pam Enderby and to be assisted by a group of very able Advisory Board members.

Having said all of that – and looking forward – our success in the future will be governed by YOU, the people of Sheffield.

From day one we have tried to ensure that we reach out to and hear from as many and varied ordinary folk as we have the resources to do.

We seek the views of those who need or use health and social care services, who have a caring role or who want to know what they can do to keep well or manage their own health issues.

You need to keep us informed about what you experience in finding or using services, what you think might be missing or what you have found useful that you think could benefit others.

We are always keen to use any time or skills you can offer and you will see in this report many different volunteer roles that you might consider.

Please do have a think about making a contribution and if you come up with an idea that you don't see here, let us know!

You said, we did...

Annual Report 2014/15

Overview of Healthwatch Sheffield

Introduction

Healthwatch Sheffield began on 1st April 2013 and works to help people get the best out of their local health and social care services, and to assist the services to meet the needs of service users.

We are one of over 150 local Healthwatch organisations set up by the Health and Social Care Act 2012 to give adults, children and young people a greater say on their health and social care services.

Local Healthwatch is all about local voices being able to influence the delivery and design of local services, whether it's improving them today or helping to shape them for tomorrow.

It's not just about the people who use them at the moment, but also for anyone who might need to use them in the future.

We help people by:

- getting their views on health and social care heard in the city, so they can help to make improvements
- ensuring that everybody in the city is able to be involved by building a wide range of networks and activities
- providing advice and information about local services that might be useful for them, their families and friends.

The Structure of Healthwatch Sheffield

The way in which Healthwatch is delivered differs across the country. In Sheffield we are making the most of the many networks and partnerships that exist in the city, by building up a Network of Networks.

The city has a strong history of working in partnership and we are continuing to build upon this.

Through this Network of Networks we are enabling people's voices to be heard by the formal structures that are responsible for health and social care in Sheffield including:

- Sheffield Health and Wellbeing Board
- Sheffield NHS Clinical Commissioning Group
- Sheffield City Council
- NHS England
- Organisations which provide publicly funded health and social care services.

This Network of Networks approach is a vital part of the delivery structure of Healthwatch Sheffield, which includes 4 voluntary sector organisations:

- Voluntary Action Sheffield (Healthwatch contract holder)
- Sheffield Citizens Advice and Law Centre
- Children and Young People's Empowerment Project (Chilypep)
- Sheffield Cubed.

We also work closely with VoiceAbility, which provides the NHS Complaints Advocacy Service, and other voluntary and community sector groups which form part of our network of networks.

Statutory Activities

The government has put in place legislation that places duties and obligations on each local Healthwatch.

What does the government say local Healthwatch should do?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities including:

1. Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local care services.

2. Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.

3. Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.

4. Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services, and shared with Healthwatch England.

5. Providing advice and information about access to local care services so choices can be made about local care services.

6. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved, and to share these views with Healthwatch England.

7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.

8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

2,289 people

have spoken with us at community events

51 events

festivals and community roadshows attended

8 volunteer roles

Engaging with People

14,500
leaflets distributed

19,414
page views of the website

948
people on our mailing list

1,021
followers on Twitter

Raising Awareness

We have continued to raise awareness of Healthwatch across the city, through a combination of our Engagement and Communication activities.

We have been busy distributing leaflets and posters, sending out newsletters, giving interviews on local radio, and having features published in local newspapers and newsletters.

Leaflets in Community Languages

We have revised and refreshed our leaflet which is now available in 6 community languages: Arabic, Chinese (Traditional and simplified), Farsi, Slovak, Somali and Urdu.

Radio

We have had several slots on local radio: BBC Radio Sheffield, Sheffield Live! (including the Chinese community show Luisheng) and Radio Iman (community language radio station).

Videos

We have created 2 videos: "What happens to my comments?" and "Get it right with your GP: A guide for young people". We were approached by Healthwatch North Tyneside with a request to rebrand and use our comments video, and we helped them to customise it.

Commissioners and Providers

We've worked to raise awareness of Healthwatch Sheffield to service providers and commissioners so they can best make use of Healthwatch and the services we provide. This includes the publication of a '5 Key Things Commissioners Need to Know" factsheet.

Other Publications

We have been included in some city-wide publications such as "The Guide to Independent Living" and the NHS booklet "Your Guide to Health in Sheffield".

All of our leaflets, posters and videos are available free on our website.

2,289 people
have talked to us at events

Gathering Views

We want to listen to the views of as many people as possible and we have been using lots of different ways to do this including:-

Surveys and Questionnaires
426 responses to our 'Have your Say' baseline survey, which we have used to feed into a number of citywide strategic documents. We use this benchmarking tool to 'take the temperature' of patient experience annually, allowing us to identify trends and areas where practice is improving or deteriorating.

Other surveys we have undertaken include work on:
- Musculoskeletal Conditions
- End of Life Care
- Oral Health Needs

Out and About
Getting out and about is an important way of reaching people, especially those who may not attend meetings or discussion forums, in a relaxed and informal atmosphere.

Healthwatch Sheffield has been to **51 events, festivals and community roadshows** during 2014/15 including:- Weston Park Fayre, Firth Park Festival, Chapeltown Festival, Moor Market, libraries, supermarkets and community centres.

Discussion Forums and Consultations
We held 7 open events and nearly 300 people came along to have their say on issues and strategies. These included:-
- Allied Health Professional's Impact on Public Health
- Primary Care (two sessions: GPs and pharmacies, dentists and opticians)
- The Care Act 2014
- Health Inequalities Event
- Mental Health Event (in partnership with the Health and Wellbeing Board)
- Young People's Question Time

Talks to Groups and Organisations
We went out to talk to groups and organisations about Healthwatch, and to ask their views on the health and social care services which they use.

Engaging people who volunteer or work in Sheffield, but who don't live here
We have spoken to many people from outside Sheffield at our community roadshows and events. We have signposted them to their our neighbouring Healthwatches if they have wanted further information or to get involved.

Hidden Voices

Healthwatch Sheffield gives everyone an opportunity to have their voice heard on health and social care. This is especially important for people who are generally unable to access those making decisions or delivering services - 'hidden voices'.

We use a Network of Networks approach, working with key voice and influence organisations.

Community Partners
We have reciprocal relationships with key Voluntary, Community and Faith (VCF) organisations to share information, intelligence and experience to give those with seldom heard voices an opportunity to be heard.

Children and Young People (CYP)
We have worked with Chilypep (Children and Young People's Empowerment Project) to run Young Healthwatch, specifically aimed at children and young people under 25 years. We continue to work with other organisations too including Sheffield Young Carers and Sheffield Parent Carer Forum.

Older People
We have gathered the views of older people through articles in newsletters, including the Sheffield 50+ newsletter, Enter and View visits to care homes and our non-emergency patient transport research.

Disabled People
We continue to work with groups who represent disabled people and have jointly hosted events and discussion forums with Disability Sheffield and Partners for Inclusion (PfI).

Black and Minority Ethnic (BME) Communities
We have attended events in BME communities across the city, such as International Women's Day, Mosque Open Days, Iraqi Men's Group and New Arrivals event. We also have leaflets in community languages and a phone interpretation service.

Disadvantaged Communities
We have reached some of the most disadvantaged and vulnerable people through our network. This includes work with MESH (mental health self-help group) and Sun:Rise (mental health), The Big Issue and The Archer Project (homelessness) and St Wilfrid's Centre (alcohol, addictions, homelessness, learning disabilities and social exclusion).

Working with Equality Groups
We work closely with the recently established Equality Hub Network and provide an independent view on the Sheffield Equality Engagement Group.

Young Healthwatch

We've set up Young Healthwatch especially for children and young people under 25 years.

We're working with Chilypep (Children and Young People's Empowerment Project) to deliver activities and engagement opportunities appropriate to younger age groups.

Governance of Young Healthwatch

Young Healthwatch meet on a monthly basis in the early evening and actively encourage new members to join.

Priority Work Areas

18 young people form the Healthwatch Group who were responsible for setting the priorities of Young Healthwatch for 2014-2016.

The priorities are: Mental Health, Health Inequalities and Substance Misuse.

Giving Children and Young People a Voice

We held 3 Focus Groups especially for young people during 2014/15 for:

- Mental Health
- Young Carers
- Young Muslim women

Children and Young People's Question Time Event

We held a Question Time event after the Healthwatch Sheffield Board meeting in March 2015. Children and young people were invited to put their questions to a panel of senior commissioners and service providers in the city.

We were delighted to see 30 young people attending, whose ages ranged from 10 to 25 years.

Enter and View Training

12 Young Healthwatch members have completed the 2 day training programme, which means they can undertake visits to health and social care providers. As part of the training, they carried out a 'mock' Enter and View visit to Sheffield Children's Hospital.

Improving young people's skills

6 members participated in a 'Creative Consultation' skills course and received an ASDAN Qualification for 'Completion of developing self for personal and social development'.

Young Healthwatch-ers have also taken part in focus group, and power and influence training.

Young Healthwatch: Making a Difference

Parliamentary CAMHS Debate

At the Parliamentary debate on Child and Adolescent Mental Health Services, Paul Blomfield (MP for Sheffield Central) raised the issues put forward by Sheffield young people, including members of Young Healthwatch Sheffield, regarding funding cuts and particularly the needs of 16/17 year olds.

Health Minister Norman Lamb said that 'it was great that young people were given a voice directly in this place'.

Get it Right With Your GP: A Guide for Young People

We worked in partnership with Interchange (a counselling service) to create a leaflet and video designed by young people, for young people about their rights when they visit their GP. We have already received enquiries from GP practices about running the video on the screens in their waiting rooms.

Substance Misuse Report

Young Healthwatch have spoken to 62 young people about access to services around substance misuse and produced a report which highlighted the poor levels of knowledge around where to go for help and support.

Sheffield's Dignity Code

Members provided feedback and suggestions on making the Dignity Code more young person friendly and have taken the lead on the Health and Wellbeing Board's Dignity Review (part of the Health Inequalities Plan).

Young Healthwatch have also supported the Health and Wellbeing Board's event which focused on children and young people's mental health.

Key Children and Young People's networks Healthwatch has representation on include:

- City wide Children and Young People (CYP) Multi Agency Partnership Involvement and Engagement Group
- Emotional Health and Wellbeing and CYP Carers Voice Partnership Group (working to involve children and young people in the future Commissioning of Mental Health Services)
- Sheffield Children's Hospital – Patient Experience Committee.

199 people

were engaged with by Sheffield Cubed

Sheffield Cubed

Sheffield Cubed was contracted to provide engagement events and activities with the public on behalf of Healthwatch Sheffield, as one of Healthwatch's statutory activities.

Cubed used its extensive network of members, carers and Community Health Champions to gather people's views about particular services and issues that affect them.

Targeted Questionnaires

As part of our work in Quarter 1 of 2014/15, Sheffield Cubed completed 199 questionnaires through their network which includes:

- ZEST
- Yemeni Community Association
- Manor and Castle Development Trust
- Sheffield Carers.

Briefing for Sheffield Cubed members

We gave a presentation to Cubed's member organisations, raising awareness of Healthwatch so they can help promote it through their groups and organisations:

- Darnall Wellbeing Centre
- Sharrow Shipshape
- Heeley City Farm
- Pakistan Advice and Community Association
- Sheffield Carers Centre (including the Carers Cafe events)
- Sheffield Mencap and Gateway
- SOAR
- MIND
- Roshni

The Virtual Advisory Network (VAN)

The Virtual Advisory Network (VAN) provides a way for Healthwatch Sheffield to seek advice and opinions from a wide range of organisations on particular topics and issues.

There are 124 organisations currently in the VAN covering voluntary, community and faith organisations, the public sector, the Clinical Commissioning Group and universities in Sheffield.

The network is virtual, with all information being sent by email.

The VAN gives organisations working in health and social care a voice through Healthwatch Sheffield.

It enables us to gather intelligence from charitable and third sector organisations, clinicians, commissioners, service users, the general public and families about their experiences.

This information is collated and we use the evidence to provide feedback and make recommendations to the organisations responsible for designing, commissioning and running health and social care services.

Increasing Involvement

Increasing the involvement of local people is vitally important to the work of Healthwatch.

We encourage and support lay people and volunteers to be involved in the commissioning, provision and management of local health and social care services.

Here are a few examples of the work they have undertaken.

Commissioning

Healthwatch Representatives attend key boards and partnerships in the city, including the Health and Wellbeing Board and Sheffield Clinical Commissioning Group (CCG).

We currently attend 14 regular meetings and contribute to pieces of work going through these meetings and boards such as the Mental Health Crisis Care Concordat, the Mental Health Strategy and the Oral Health Needs Assessment.

Provision

Enter and View visits carried out by Healthwatch Sheffield's Authorised Representative volunteers, are a key way in which we can get the views of service users and make improvements.

Currently 24 volunteers are trained in how to conduct Enter and Views visits. (More information about Enter and View on page 28.) We also oversee service provision through our involvement in Patient-led Assessments of the Care Environment (PLACE).

Scrutiny

Fourteen people have received training on being a Healthwatch Meeting Representative, which includes providing representation on Sheffield City Council's Scrutiny Board.

We have an active role at Scrutiny and ensure that proper consideration is given to the role of the public in health and social care services.

We have also supplied Healthwatch volunteers to work on particular projects relating to provision and commissioning, such as the Urgent Care Review, and the future commissioning of elective care.

Volunteering

Recruiting and Training Volunteers

Healthwatch Sheffield would be unable to have such a wide reach without a team of dedicated volunteers to support our work.

We have a variety of volunteering roles available including:-

Healthwatch Meeting Representatives
Volunteers who attend meetings and events across the city to represent Healthwatch and the views of local people.

Readers' Panel members
Volunteers who read and provide responses to key strategy documents.

Enter and View Authorised Representatives
Volunteers who are trained to do Enter and View assessments of health and social care services that are funded by the NHS or Sheffield City Council.

Quality Accounts Volunteers
Volunteers who link with the NHS Trusts and support them with their Quality Accounts reports, which show the quality of service and help identify areas for improvement.

Community Researchers
Volunteers who help us devise questionnaires and actively go out in the community to collect people's views.

Healthwatch Ambassadors
Volunteers who spread the word about Healthwatch, collect people's views and help us with our work.

13

Healthwatch Meeting Representatives

15

Readers' Panel Members

24

Enter & View Authorised Representatives

8

Quality Accounts volunteers

11

Community Researchers

13

Healthwatch Sheffield Advisory Board members

14

Healthwatch Ambassadors

Supporting our Volunteers

Healthwatch Sheffield provides full expenses, training and support for all our volunteers.

The training we offer volunteers reflects and responds to the role they will be fulfilling.

Specialist training has been provided for Healthwatch Meeting Representatives, with a full day's training on 'Being a Healthwatch Representative' designed specifically for us by the National Association for Voluntary and Community Action (NAVCA).

A comprehensive three day training programme, developed by Healthwatch Sheffield in accordance with Healthwatch England guidance, has been delivered for Enter and View Authorised Representatives.

2,255 hours

have been logged by our volunteers

This is equivalent to at least £25,162 in salaries.

Volunteer Impact

Enter and View Authorised Representatives

We continued to train a team of volunteer Enter and View Authorised Representatives. In January 2015 our volunteers worked with the CCG to carry out visits to Health Living Pharmacies in Sheffield.

We are also carrying out a programme of Enter and View visits to care homes across the city. We undertook our first official Enter and View visit in March 2015 and copies of our reports are available on our website.

Meeting Representatives

We have 13 volunteer Meeting Representatives on 18 networks and partnerships across the city. These include the Health and Wellbeing Board, CCG Governing Body, Integrated Commissioning Board, Strategic Boards including Mental Health, Disability, Learning Disability, and Carers Boards.

Advisory Board

Ten volunteers currently make up the Healthwatch Sheffield Advisory Board, that shapes the strategic direction of Healthwatch Sheffield. (See page 39 for more information on the Advisory Board.)

Healthwatch Ambassadors

Our Ambassadors have been out and about across the city to raise awareness of Healthwatch Sheffield. Activity has included handing out leaflets and posters at community venues across the city and helping out with stalls at community events and telling people about Healthwatch.

PLACE Assessors

Healthwatch Sheffield volunteers have been actively involved in PLACE Assessments over the past 12 months. (See page 29 for more information about PLACE.)

Readers Panel

The Readers Panel worked on 13 documents this year. These have included Strategy documents from Sheffield City Council, training packs for Social Workers, NHS documents on “How to Complain” and leaflets from Sheffield Teaching Hospitals.

Community Researchers

Carried out some on Patient Transport and produced a report, which we shared with Commissioners. (See case study on pages 34-35.)

What do our volunteers think?

I'm still a newbie, but I already feel part of a group that is making positive (and much needed) change to the delivery of services...

I enjoy visiting homes and being able to speak to service users and carers about their experience, and being able to make suggestions that can improve services.

A feeling of being of use and an opportunity to use skills I have gained throughout my life for the benefit of the local community.

There is a strong network of staff, who are enthusiastic, easy to approach and provide a lot of support, advice and guidance.

Information and Advice on Health and Social Care

Information and Advice

Sheffield Citizens Advice and Law Centre provides the information and advice activity of Healthwatch Sheffield.

Access to advice and information on local health and social care services is through a variety of routes:-

- the Adviceline telephone helpline, which can provide initial information, or arrange a telephone or face-to-face appointment at one of five different outlets across the city
- the drop-in service available across the city
- self-help information on the Advice Sheffield website: **www.advicesheffield.org.uk**

Case Study

Sheffield Citizens Advice were contacted by a family who were unable to pay what they felt to be an unfair contribution to their care and had stopped payments.

We checked how the assessment of care needs and finances had been done, and ascertained that some contribution was necessary, but that the care package was not in danger while the client withheld funds.

We successfully brokered an agreement between Sheffield City Council and the family, who are now contributing a smaller amount in the short term while a

551 people
provided with information or advice

You said, we did...

Influencing and Improving Services

Sheffield Health and Wellbeing Board

The Health and Wellbeing Board (HWB) became a statutory group in April 2013 with the implementation of the Health and Social Care Act 2012.

Healthwatch Sheffield has had a place on the Board since its inception and has been represented by our Chair at all of its meetings, where we play an important role in representing the people of Sheffield.

The aim of the members of this Board is to ensure that the local authority and health services in Sheffield meet the needs of the population. This is a difficult task given the financial pressures and increasing demands on public health, social care and health services.

We have been involved in the refresh of the Joint Health and Wellbeing Strategy (published in September 2013). This included feeding in people's views from our activities, and participating in public engagement events.

Our representative has received training on voice and representation delivered by NAVCA. We check the meeting agendas and papers in advance so we can offer our representative up-to-date evidence and information which we have collated from the public.

We have been involved in :-

- integrating health and social care by ensuring the discussions do not concentrate solely on financial and management issues, but focus on the needs of service users and shaping services around the individual.
- contributing to the Board's understanding of the barriers to improving public health and healthy lifestyles, and supporting activities related to reducing health inequalities.
- supporting the delivery of the Health Inequalities Plan and leading on the delivery of Priority 5: Dignity.
- Delivering an engagement event on Mental Health on behalf of the Health and Wellbeing Board.

We have established a positive and productive relationship with the Sheffield Health and Wellbeing Board, which is important to ensure that the voices of Sheffield people are not only heard, but are also taken into account, in the changes to, and development of, local services.

Visiting Providers: Enter and View

One of Healthwatch's statutory powers is to carry out 'Enter and View' visits of health and social care premises, either announced or unannounced.

A key part of our work is to enable local people to monitor the standard of provision of local care services, and gather views on how those services could be improved.

The visits are to observe the nature and quality of services, to see and hear how the consumer experiences the service, and to collect the views of patients, residents, their relatives and carers.

Findings from Enter and View visits are collated as evidence-based feedback and reported to the service provider, Care Quality Commission (CQC), the local authority, NHS commissioners and quality assurers, Healthwatch England and any other relevant organisations.

It is essential that those undertaking this important activity are well trained and supported. Our team of 24 Authorised Enter and View Representative volunteers receive 4 days training in order to be able to carry out the Enter and View process.

During 2014/15 we carried out 3 Enter and View visits:-

- Croft Acres Residential Care Home
- Balmoral Care Home
- Haythorne Place Care Home

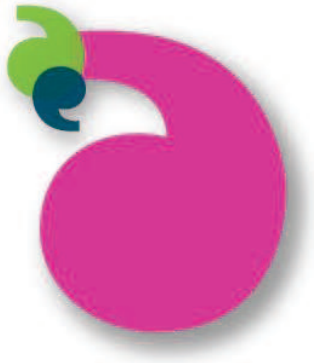
We chose these from the CQC's provider list based on the following criteria:

- neither LINk nor Healthwatch had visited them for at least 3 years
- to ensure variety in terms of provider/ facility size, geographic location and type of services offered (e.g. nursing, residential, dementia care etc.)

The visits have a particular focus around dignity, oral health and dementia, which link to our work on the Health Inequalities Plan.

We have made recommendations and will revisit the providers in 6 months to see what they have done in response to these. Our volunteers also visited 2 'Healthy Living' Pharmacies in Sheffield.

Copies of the Enter and View reports are available on our website.



Visiting Providers: PLACE Assessments

Patient-Led Assessments of the Care Environment (PLACE) apply to all hospitals delivering NHS-funded care, including day treatment centres and hospices.

PLACE puts patients' views at the centre of the assessment process, and uses information gained directly from patient assessors, to report how well a hospital is performing in privacy and dignity, cleanliness, food and general building maintenance.

It focuses entirely on the care environment and does not cover clinical care provision or staffing.

We promote opportunities to be involved in PLACE assessments, and include information on it as part of our Enter and View training programme.

In 2014/15 we recruited five volunteers for PLACE assessments.

Of these, two volunteers undertook the assessments at the Hallamshire Hospital, two at Becton Children's Centre, and one each at St Luke's Hospice and Weston Park Hospital.

The Healthwatch team also took part in PLACE assessments at the Hallamshire Hospital and Sheffield Children's Hospital.

The results from these assessment visits are due to be published in September 2015.

Healthwatch Sheffield look forward to working with the providers involved to improve services as a result of the findings.

Influencing Commissioning

This year, Healthwatch Sheffield was invited to be a part of two tendering processes.

We sat on the panels that evaluated applications and interviewed potential providers for:

- Out of Hours Pharmacies
- Patient Feedback for Sheffield Teaching Hospitals

This work demonstrates the influence Healthwatch can have as an independent representative of the public voice in commissioning decisions.

Influencing Strategies

We have also been involved in influencing the following:-

Mental Health Crisis Care Concordat

This strategy helps plan how the police, health care services and others should work in partnership to respond most appropriately to individuals who are experiencing a mental health crisis.

The Sheffield Crisis Care Concordat was adopted on 31st March 2015 and implementation will take place throughout 2015/16. Healthwatch Sheffield is the nominated lead for User Engagement and Voice.

Mental Health Strategy Refresh

Healthwatch Sheffield was invited by the CCG to feed into refresh of the Mental Health Strategy for the city. We provided all the service user feedback we'd received from various surveys, events and focus groups as part of the consultation.

Health and Wellbeing Board's Health Inequalities Plan

We lead on the delivery of the Dignity strand of the Health Inequalities Plan.

Quality Accounts

Quality Accounts are reports about the quality of the services of an NHS healthcare provider.

The reports are published annually by each provider, including the independent sector, and are available to the public.

They are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

As part of our statutory duties, Healthwatch is asked to comment on the reports produced by the hospital trusts and Sheffield City Council. For 2014/15 we provided official responses to the Quality Accounts for:

- Yorkshire Ambulance Service
- Sheffield Teaching Hospitals
- Sheffield Health and Social Care Trust
- Sheffield Children's Hospital
- St Luke's Hospice
- Claremont Hospital

Patient and Public Involvement (PPI)

Healthwatch Sheffield has representation on the Patient and Public Involvement groups of all the Trusts in the city and the Clinical Commissioning Group.

The following provide examples of how we are supporting patient and public involvement in the shaping of health and care services.

Child & Adolescent Mental Health Service (CAMHS) Working Group

The CAMHS Working Group was set up by the Healthier Communities & Adult Social Care Scrutiny Committee in September 2012. There are six members of the group, including three Healthwatch representatives.

Sheffield Citywiddc dc dc e Engagement Summit

We are an active partner in the summit which is designed to lead to better integration of PPI networks in Sheffield.

Other Patient and Public Involvement Activities

Healthwatch Sheffield has also been involved in PPI activities such as the Sheffield Oral Health Advisory Group and supporting the Health and Wellbeing Board's engagement events.

Recommendations and Reports

Recommendations

One of Healthwatch Sheffield's statutory obligations is to make recommendations about how local care services could or ought to be improved.

These recommendations are directed to commissioners and providers of care services, and the people responsible for managing or scrutinising local care services, and are shared with Healthwatch England.

Access to Dental Care for People with Learning Disabilities

We discovered that there is an issue with access to dental care for people with a learning disability. There is also evidence of lower than average dental health amongst this patient group. We have escalated the issue to Healthwatch England to look at the national situation.

Healthwatch England and Care Quality Commission (CQC)

We fed into the Healthwatch England national inquiry into unsafe discharge in July 2014, focussing specifically on discharge from services for people with a mental health condition and people who are homeless or in short term accommodation.

Following our Enter and View visit to a care home, we raised a concern with the CQC over a potential fire risk. The CQC then visited the premises, and agreed with our concerns, and asked the provider to take action to remove the risk. This has now been done.

Mental Health Report

In July 2014 we ran an engagement event for people who have an interest in Mental Health. This led to a report on Mental Health Services in Sheffield which went to the Health and Wellbeing Board for information and discussion.

Voicing concerns of the seldom heard

Healthwatch went to speak to service users of the Archer Project, who work with people who are homeless or in temporary accommodation.

People told us that they found it very difficult to get suitable eye care, including eye tests and glasses, and we raised this with Sheffield CCG, who took our case forward to NHS England who commission primary optical care.

NHS England were not aware of the issue and are now looking into how best this service can be provided.

Patient Transport Report

In February 2015 we published a report into non-emergency patient transport services in Sheffield.

Non-emergency patient transport services (PTS), are typified by the non-urgent, planned, transportation of patients with a medical need for transport to and from a premises providing NHS healthcare.

The report deals only with PTS for the purposes of health, and not journeys made as part of social care provision. This is because people had told us that health was the area they had experienced some difficulties in.

Methodology

In addition to circulating questionnaires, volunteers from Healthwatch Sheffield spent a week at the Northern General Hospital speaking to patients about the service they receive.

Our report was forwarded to the service commissioner and providers, with an invitation to respond. Several of our recommendations are being explored, including the ring back/text in advance of arrival.

Patient Transport: Key Findings

People who need help getting to hospital appointments, just want to know how long they have to wait for patient transport.

We discovered that most people were happy with the general level of service, but were frustrated at not knowing when they were going to be collected, or how long they were going to be kept waiting.

Several of the people we spoke to who use Patient Transport Services (PTS) are confused about what is or isn't classed as PTS, and they may not necessarily know which firm is responsible for transporting them.

Many of the people we spoke to, especially those waiting in the discharge lounge, thought they were experiencing a long wait for transport, when actually they may have been waiting for something else, such as medicines to arrive from the hospital pharmacy.

Satisfaction with information and communication varies depending on the company used to provide transport. In Sheffield there are 4 providers of patient transport: Arriva, City Taxis, UK Event Medical and Yorkshire Ambulance Service.

Patient Transport: Recommendations

1) All staff providing PTS should wear a name badge and introduce themselves to the patient. They should ensure they directly address the patient at all times.

2) When moving patients in wheelchairs, they should routinely let the patient know that they are about to start moving, especially when travelling backwards.

3) Transport providers and commissioners should explore the possibility of a central assessment system to establish whether an individual should be provided with transport. People told us strongly that this is something they would want, and not everyone who is using transport necessarily needs to use it.

4) Transport providers and commissioners should explore the possibility of implementing a 10 minute ring-back or text to let people know when they are near (collection from home only).

5) Sheffield Teaching Hospitals and transport providers should be encouraged to work together to provide eye-catching information on patient transport in areas where people are waiting.

6) Healthwatch Sheffield to convene a meeting between transport providers and Sheffield Teaching Hospitals to discuss simple ways of partnership working to improve information to patients about reasons for waiting and waiting times.

Our report was highlighted as 'Story of the Week' in Healthwatch England's newsletter.

Requests for Information

Healthwatch Sheffield can ask for information from any publicly funded local commissioner or provider of health or social care services.

By law, this information should be provided within 20 working days.

Sheffield Healthwatch has not needed to request information via the Freedom of Information (FOI) route during 2014/15.

As a statutory body, we have been actively fostering good working relationships with service providers and statutory bodies.

During this year we have received positive responses to all our informal requests for information, and have not therefore submitted any Freedom of Information requests.

Next Steps

The Year Ahead

Focusing on Making a Difference

We will be spending 2015/16 delivering on our work priorities and ensuring that a wider section of people than ever get to have their say.

We will be working to ensure that what you have already told us gets to the people who need to hear it, and we will make sure that we can influence services to change for the better.

Plans for the year

Healthwatch Sheffield will be taking forward existing work priorities which include:

1) Adult social care,
2) Mental health
3) Access to primary care services for excluded groups.

We will listen to, gather and act upon people's opinions about other priority services which need to be improved.

Patient & Public Participation (PPI)

We will continue to be an active partner in the city-wide engagement summit work, bringing together the city's health and social care services to ensure that people's views are brought together to build a full picture.

We will be out and about in hospitals, care settings and community settings gathering views and finding out what providers of services need to know from the people of Sheffield.

Enter and View

We will continue to make checks on services to ensure that the people using them receive good quality care and have a positive experience.

We will be working closely with the Care Quality Commission to share information on services to make sure those who need to improve, do so.

And finally....

We will be working hard as we have done this year to provide the best service we can for the people of Sheffield. We encourage everyone in Sheffield to have their say, and will actively promote this throughout the forthcoming year.

Financial Review

Financial Summary 2014/15

Voluntary Action Sheffield (VAS), the Healthwatch contract holder, has been responsible for the financial management and accountancy for Healthwatch Sheffield.

The funding for Healthwatch, which comes from the Department of Health through Sheffield City Council, has been used to deliver Healthwatch statutory activities, within the budget allocated. Below is the income and expenditure for Healthwatch Sheffield for 2014/15, with a summary of how the money was spent.

Income 2014/15	£
Sheffield City Council	£232,388
Sheffield Clinical Commissioning Group (MSK)	£5,000
Carry forward 2013/14	£14,134
TOTAL	**£251,522**

Expenditure 2014/15	£
Staff Costs	£117,679
Management, Overheads & ICT	£39,520
Premises	£10,870
Volunteer Development & Expenses	£4,138
Advice & Information	£45,000
Engagement & Consultation	£17,413
Marketing & Communications	£9,319
TOTAL	**£243,939**

As part of the statutory activities, three sub-contracts were issued:-

£45,000 to Sheffield Citizens Advice and Law Centre for provision of advice and information service.

£10,200 to Chilypep for the work on Young Healthwatch engaging with children and young people.

£600 to Sheffield Cubed for the provision of public engagement activities.

Governance and Staffing

Governance

Our Advisory Board is made up of volunteers who advise on the strategic direction and work of Healthwatch Sheffield. Board members bring a variety of experience with them, and include patients, service users, Health Champions and former clinical professionals.

We hold our Board Meetings in public and everyone is welcome to come along. We vary the time of day (including holding evening meetings) and the day of the week of each meeting to enable it to be accessible to as many people as possible.

The public are invited to submit questions in advance and to propose areas of work for Healthwatch Sheffield to undertake.

Decision Making Process

We have a clear and transparent process for making decisions about which pieces of work we take on. We score each potential work area against a set of criteria which includes:

- the number of people affected
- whether we are likely to be able to achieve an outcome or provide influence
- staff and volunteer capacity
- whether other local or national organisations are already working on this work area (i.e. avoiding duplication and working in a joined up way)

All major decisions on the work that we do are made in public at Board meetings.

Advisory Board

Chair:

Maggie Campbell
Pam Enderby (retired)

Vice-Chairs:

Helen Rowe
Sue Kirkman (retired)
Tony Whiting (retired)

Members:

Hazel Blackbourn
Tony Blackbourn
Eleni Chambers
Tony Clark
Pam Enderby
Susan Hare (retired)
Philippa Hedley-Takhar
Anne-Marie Hutchinson (retired)
Nighat Khan
Alice Riddell

Staff Team

Policy & Engagement Co-ordinator:
Carrie McKenzie

Research & Evidence Co-ordinator:
Vicky Cooper

Communications Officer:
Bev Webb

Administrator:
Myrtle O'Connor

Administration Assistant:
Pauline Hartley

Legal Information

Contract Holder

The Healthwatch Sheffield contract is held by:

Voluntary Action Sheffield (VAS) Ltd

The Circle, 33 Rockingham Lane, Sheffield, S1 4FW
Tel: (0114) 253 6600
Charity no: 223007
Company no: 215695

We are using the Healthwatch trademark in the delivery of Healthwatch Sheffield's statutory activities.

Sub-Contract Holders 2014/15

Sheffield Citizens Advice and Law Centre Ltd

The Old Dairy, Broadfield Road, Sheffield, S8 0XQ
Tel: (0114) 253 6762
Charity no: 1153277
Company no: 08616847

Sheffield Cubed Ltd

18 Upperthorpe, Sheffield, S6 3NA
Tel: (0114) 270 2046
Charity no: 1126157
Company no: 6600533

Chilypep (Children & Young People's Empowerment Project)

11 Southey Hill, Sheffield S5 8BB
Tel: (0114) 234 8846
Charity no: 1114027
Company no: 5317925

Preparation of this report

This report has been prepared in accordance with the directions published by the Department of Health (The Matters to be Addressed in Local Healthwatch Annual Reports 2013) and the requirements under the Local Government and Involvement in Health Act 2007.

Distribution of this report

Printed and digital copies of this report are available on request from Healthwatch Sheffield and a digital version can also be downloaded from our website: **www.healthwatchsheffield.co.uk/resources/docs**

Please let us know if you would like a copy in large print or an alternative format.

Any enquiries regarding this publication should be sent to us at info@healthwatchsheffield.co.uk

You can download this publication from **www.healthwatchsheffield.co.uk**

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www.healthwatchsheffield.co.uk

SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 26 March 2015

PRESENT: Councillor Julie Dore (in the Chair),

Dr Tim Moorhead (Co- Chair), Clinical Commissioning Group

Ian Atkinson, Clinical Commissioning Group (CCG)

Dr Nikki Bates, Governing Body Member, Sheffield CCG

Maggie Campbell, Healthwatch Sheffield

Councillor Jackie Drayton, Cabinet Member for Children, Young People and Families

Alison Knowles, NHS England

Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living

John Mothersole, Chief Executive, Sheffield City Council

Dr Ted Turner, Governing Body Member, Clinical Commissioning Group

Dr Jeremy Wight, Director of Public Health, Sheffield City Council

Moira Wilson, Interim Director of Care and Support, Sheffield City Council

IN ATTENDANCE:

John Doyle, Director of Business Strategy, Children, Young People and Families, Sheffield City Council

Joe Fowler, Director of Commissioning, Sheffield City Council

Tim Furness, Director of Business Planning & Partnerships, Sheffield Clinical Commissioning Group

Chris Shaw, Head of Health Improvement, Sheffield City Council

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Mazher Iqbal, Jayne Ludlam, Laraine Manley and Dr Zak McMurray.

2. DECLARATIONS OF INTEREST

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

3. PUBLIC QUESTIONS

3.1 Public Question Concerning Child and Adolescent Mental Health Services

Adam Butcher asked what the Health and Wellbeing Board can do to make sure that the National Reports into Child and adolescent Mental Health Services are acted to in Sheffield.

Councillor Jackie Drayton, the Cabinet Member for Children, Young People and Families responded by referring to the "Future in Mind" document launched by NHS England, which concerned children and young people's mental wellbeing. The Board was also considering, at this meeting, an update on the building mental wellbeing and emotional resilience work programme. It was also examining the response and progress update concerning the Emotional Wellbeing and Mental Health Engagement Event with Chilypep, Sheffield Futures and Young Healthwatch in November 2014. This report included progress relating to actions made through the CAMHS (Child and Adolescent Mental Health Services) scrutiny process. This included the pathways, emergency support and provision of information. There were gaps identified in relation to transition. The scrutiny process involved the Council, the Children's Trust and the CCG and resulted in a number of recommendations.

John Doyle, Director of Business Strategy, Children, Young People and Families, stated that it was useful that national frameworks reflected local issues and the promotion of resilience for young people. The Executive Group had been established, led by the NHS and the City Council, to work on issues which had been raised by children and young people at the Emotional Wellbeing and Engagement Event in November 2014.

Councillor Jackie Drayton added that a successful mental health intervention pilot would be expanded to other schools in Sheffield. Such early intervention and preventative models could help to stop people from needing support from CAMHS or at a higher level.

Maggie Campbell, Healthwatch Sheffield stated that Young Healthwatch was working on the issues relating to child and adolescent mental health services. Ian Atkinson stated that the CCG was working with colleagues in the Council with regard to mental health services for young people.

Councillor Julie Dore explained that, in terms of the Board's role in relation to national reports, when such reports made recommendations, the Board responded immediately and this was also the case for high profile local reports. National reports were examined to determine how their findings might apply to Sheffield and to replicate best practice and ensure that poor practice was not taking place in the City. Councillor Dore asked that Mr Butcher inform the Board of future reports which might inform the work of the Board.

3.2 Public Question Concerning Providers of Social and Community Based Care

Mike Simpkin stated that at the March meeting of the CCG Governing Body, he had asked for and was given assurances that within the Better Care Fund, NHS Clinical Services, under a broad definition, would be commissioned under NHS contracts and not made subject to local authority procurement rules. There was

some evidence of social care client dissatisfaction concerning the inaccessibility of services commissioned by the Council from out of Sheffield providers, although the extent of this was not known. He also said that there was a series of unexplained impasses between the Council and Sheffield Health and Social Care NHS Trust over renewable or new contracts as most recently instanced by the Council's decision to put dementia services at Hurlfield View out to tender.

Mr Simpkin asked what steps the Health and Wellbeing Board was taking to ensure that there is an active, viable and sustainable network of locally based providers of social and community based care, with particular reference to development of the publicly funded and Voluntary, Community and Faith (VCF) sectors. He stated that this would be of added importance if personal budgets got more traction.

Councillor Mary Lea, the Cabinet Member for Health, Care and Independent Living, stated that consultation on Dementia services had taken place in 2012, which included provision for the future. The consultation results included that day care should be less centralised and building-based. With regard to the contract relating to Hurlfield View, it was proposed that there would be further discussions with people. Services would be developed in accordance with best practice. Emergency and respite services would remain in place.

Joe Fowler, Director of Commissioning, Sheffield City Council, stated that whilst clinical services were mainly provided by the NHS, a high proportion of social care services were provided by the voluntary, charitable and independent sector. Supported Living settings were also often provided by the voluntary and charity sectors. The fact of other sectors providing social care services was a continuation of what was already happening. There was a need to create sustainable services and Hurlfield View was a locally provided facility which included day care provision. The Council had to use the resources available to best effect for the greatest number of people and to this end it had to continue to work with local providers. He stated that he would be pleased to speak further with people about the issues.

4. UPDATE ON THE JOINT HEALTH AND WELLBEING STRATEGY: OUTCOMES 4 AND 5

The Board considered a report of the Joint Chairs of the Board concerning Outcomes 4 and 5 of the Joint Health and Wellbeing Strategy:

- People get the help and support that they need and feel is right for them; and
- The health and wellbeing system is innovative, affordable and provides good value for money.

Tim Furness, the Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group (CCG), gave a presentation introducing the main aspects of the report.

Members of the Board discussed the two main themes of the outcome areas, which were, for outcome 4: Person-centred care and support; Self-help; and Engagement and Participation; and for outcome 5: Joint commissioning and whole-system transformation; Prevention and early intervention; and Health and wellbeing workforce.

In discussing particular actions under each theme, the Board considered what progress had been made in the past year; the main issues and opportunities for the action and what the Board/ Members of the Board could do over the next year in relation to that action. A summary of the discussion is as follows:-

Sheffield appears to perform poorly on delayed transfers of care from hospital. This is largely because the Sheffield Teaching Hospital Foundation Trust changed how it defines delayed transfers of care and reported delays in a way which was more accurate but resulted in an increase in the number of delays identified and data which was not comparable with previous years or other areas of the country. The level of performance in relation to transfers was not acceptable and there was a wish to ensure that, where there were alternatives, these were offered, so that people were transferred back home as quickly as possible and were able to be more independent.

In a response to a question, it was noted that there was not a transitions work stream for young people within the integrated care programme, although the work on improving transfers was beginning with a focus on older people and discussions were being held between the Chief Nurse and the Executive Director, Children, Young People and Families and this also formed part of the brief for the Executive Group in relation to mental health. Work on joint commissioning and integration of children's services was currently outside the integrated commissioning programme.

The volumes of people requiring care was high and increasing and there should be concern with the quality of available care, for example in GP Practices where satisfaction rates may be low. People with long term conditions also needed to be helped to navigate the system.

The issue of delayed transfers of care was a priority for improvement, so that the path for people to return to their home was smooth as possible with a range of services to support them. The formation of the Health and Wellbeing Board represented an opportunity to bring approaches together and to make change. Transition was an area requiring significant change be it through working together or commissioning. It was acknowledged that such change required time to overcome barriers, but there were opportunities to build on good practice.

A key objective was to tackle health inequalities and Action 4.9, to "Commit to working with partners on a model of active citizenship that promotes health literacy and supports people to look after themselves as well as

possible" included ensuring that people had access to services. When there was so much pressure on services (including children's services and those for older people and mental health), how might we make sure that access and reducing inequality was included in the work on active citizenship? There was also a similar action in the Health Inequalities Action Plan and active citizenship was part of the keeping people well in communities programme and taking a holistic approach. It was about identifying risk and taking appropriate action. The Best Start Strategy would pick up such issues relating to young people.

Action 4.10: (to "Require both commissioners and providers to have effective engagement processes in place that take what service users think into account in all decisions.") was an area which was improving. However, people sometimes say that although we consult with them, they did not think that what they said was taken on board. It was therefore important to explain to people the reasons why we were unable to include their particular idea. Healthwatch Sheffield would be able to help in this regard and there was more engagement with people. It needed to be demonstrated that what people had said had been heard and, in some cases, there was an explanation of why we hadn't done what they had asked.

In respect of Action 5.7 (to "Continue to seek greater efficiency from providers, without putting service users' safety or experience at risk."), the financial context would be increasingly difficult over the forthcoming year. However, there was some optimism that partnerships would help identify solutions for Sheffield and there were ongoing conversations between commissioners and dialogue was needed with providers and the public (the latter in particular relation to promoting awareness and in helping with conclusions as to potential solutions.)

Clarity was sought regarding Action 5.3: (to "Establish more preventative and targeted approaches to the provision of health and social care by extending the application of population risk profiling (predicted risk of future health crisis) to enable a closer alignment between services and people's needs. This should inform the development of integrated care and reablement services to help people stay at home, be healthy for longer and avoid hospital and long-term care.") as although this was under the prevention theme, the progress outlined in the report as submitted concentrated upon avoidable admissions. It was explained however, that the actions were wider than reducing admissions and the strategy was being considered piece by piece. The focus in the report was on admissions as financial resources needed to be released to achieve financial balance by reducing the demand for hospital care and long term social care. Whereas, in other parts of the Strategy, such as wellbeing, there was a wider focus on prevention. The issue of finance was the subject of the forthcoming engagement meeting in May 2015.

The Strategy outcomes were not considered in isolation of one another and issues of need, expectations and affordability were apparent in every

outcome area, together with cross cutting themes including inequalities, innovation and affordability. Each outcome was interdependent and there was a wider interdependency between the outcomes of each organisation represented on the Board, such as those within the City Council's Corporate Plan. Outcome 4 of the Health and Wellbeing Strategy (that "People get the help and support that they need and feel is right for them.") was reflected in an aspect of the Council's Corporate Plan which sought to deliver Council Services on behalf of people that they need and at the right place and time. Other themes in the Council's plan concerned financial security and sustainability. The very fact that organisations in the City have come together, helps each to think about such interdependency and not to take decisions in isolation. Prevention was most important and inevitably impacted upon issues of affordability.

It was recommended that the Board should also consider how in reporting on outcomes, the interdependencies could be seen clearly.

Resolved: that the Board:

(1) Having discussed the outcome areas in depth, actively supports the recommendations made under each action detailed in the report as submitted.

(2) Supports the ongoing programme of needs assessment.

(3) Requests another update on these outcomes in March 2016.

(4) Requests that consideration is given to how in reporting on all of the outcomes in the Joint Health and Wellbeing Strategy, interdependencies could be clearly identified.

5. HEALTH, DISABILITY AND EMPLOYMENT IN SHEFFIELD

The Board considered a report of the Head of Health Improvement, Sheffield City Council, concerning health, disability and employment in Sheffield. Chris Shaw, Head of Health Improvement, Sheffield City Council, gave a presentation outlining the main issues in seeking to improve employment opportunities for people experiencing health or disability barriers to employment and to reducing the impact of poor health upon employment.

The Board made comments and asked questions on matters contained in the report or included in the presentation, as summarised below:-

The sickness absence rate in Sheffield was significantly higher than in other places in England. The economy in the City comprised a high proportion of public sector employment and one observation was that people remaining in the public sector were often in stressful areas of work. It would be necessary to look at the best performing places in the country, to see what else was being done to reduce and manage sickness absence.

Citizens had been involved with the development of the Sheffield Working Well

programme and in the project with Macmillan to develop vocational rehabilitation for people recovering from and living with cancer.

Questions were asked as to how work to get people more resilient and back to work might fit with other initiatives in communities such as debt advice, delivering through communities and the degree of GP participation. The Board was informed that the Sheffield Working Well Programme was coterminous with the wellbeing programme. Local providers were relied upon to contact GPs and there were connections between the health and welfare systems, although contact between the two was not sufficient.

Large employers, including public sector ones, should be encouraged to lead by example. The "Works Well" project sought to provide employment opportunities for people with health and disability barriers to employment and was being delivered by SOAR, ZEST and Manor and Castle Development Trust.

It was important to bring together expertise in this regard and not to lose it in any process of change such as the creation of a single commissioning body and it should be made certain that small providers delivered outcomes.

It was considered that devolution may be the key in developing what is being asked of Government in terms of system change regarding health and disability related employment provision.

Resolved: that the Board seeks to undertake the following actions to support work relating to health, disability and employment in Sheffield:

(1) Requests GPs to refer into the Well To Do Pilot (ESA referral).

(2) Supports the 'Workplace Wellbeing/Good Employer' award; including a joint endorsement with Chamber of Commerce and/or Local Enterprise Partnership.

(3) Actively participates in the Local Enterprise Partnership Social Inclusion and Equalities Advisory Board and seeks to influence investment regarding support funding (ESIF) for the employment of those with health conditions or disabilities.

(4) Sets a target for the partners in terms of increasing employment outcomes (upper quartile by 2016).

(5) Actively participates in PSTN (public service transformation network) group to develop the devolution 'ask' back to Government in terms of health and disability related employment provision.

(6) Arrange further discussion by Health and Wellbeing Board representatives to develop the City's approach, including the possible development of a Sheffield City Council/Clinical Commissioning Group shared/integrated Commissioning Strategy for Supported Employment to steer related commissioning intentions over next 3 to 4 years.

(7) Encourage larger employers to lead by example.

6. UPDATE ON THE JOINT HEALTH AND WELLBEING STRATEGY WORK

PROGRAMMES

The Board considered a joint report of the Director of Business Planning and Partnerships, NHS Sheffield CCG and the Director of Commissioning, Sheffield City Council, which provided an update on three of the five Joint Health and Wellbeing Strategy Work Programmes, including:

(1) A Good Start in life
(2) Building Mental Wellbeing and Emotional Resilience
(3) Food and Physical Activity

Consultation on the Best Start Early Years Strategy had commenced on 16 March 2015. It was intended that the CCG was a joint signatory to the Strategy.

The Sheffield Food Strategy was approved by Cabinet in June 2014 and year one of the implementation plan was almost complete and the implementation plan for 2015/16 was under review. Progress had been made in implementing some areas of the Move More Plan.

In relation to Mental Health and Emotional Resilience, a working group had been established to co-ordinate a plan for the delivery of a programme of work to help achieve the aims of the work programme 2. Whilst the remit was challenging, the group was close to agreement on a draft plan.

Resolved: that the Health and Wellbeing Board:

(1) Supports the progress made with each of the following work programmes: A Good Start in life; Building Mental Wellbeing and Emotional Resilience; and Food and Physical Activity.

(2) Requests a further update be submitted to the Board on the work programmes in March 2016, if not before.

7. CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH

The Executive Director, Children, Young People and Families, Sheffield City Council, submitted a report concerning a response and progress update from the Health and Wellbeing Board to its Emotional Wellbeing and Mental Health Engagement Event with Chilypep, Sheffield Futures and Young Healthwatch in November 2014. The report included an update on progress relating to actions and service redesign following recommendations made through the CAMHS (Child and Adolescent Mental Health Services) scrutiny process.

John Doyle, Director of Business Strategy, Children, Young People and Families, Sheffield City Council, presented the report and outlined progress, including the completion of an Emotional Wellbeing and Mental Health school pilot in 2014 to help test and define a model for Emotional Wellbeing provision and staff support. This had informed future services to support children and young people's emotional wellbeing and mental health. Funding had been identified to expand the pilot to 3 families of schools during 2015.

The Action Plan relating to the CAMHS scrutiny process was appended to the report submitted to the Board and summarised progress in areas including transitions, the role of schools and co-production.

Councillor Jackie Drayton informed the Board of key points arising from the workshop event, based on young people's experiences. These included the development of clear pathways, emergency support and the development of a holistic service for young people aged 16-25. Whilst there was much to do, there had been progressive work with the CCG and NHS Trust on the recommendations.

Resolved: that the Board

(1) Requests that a further review on progress and implementation be submitted to the Board during autumn 2015.

(2) Notes actions and service redesign being taken forward as an outcome of the CAMHS Scrutiny process.

(3) Thanks the Healthier Communities & Adult Social Care Scrutiny and Policy Development Committee and the Child and Adolescent Mental Health Working Group for its work in relation to the review of emotional wellbeing and mental health provision.

8. HEALTH AND WELLBEING PLANS FOR SHEFFIELD IN 2015/16: SHEFFIELD CITY COUNCIL AND NHS SHEFFIELD CLINICAL COMMISSIONING GROUP

The Board considered a report of the Director of Business Planning and Partnerships, NHS Sheffield CCG and the Director of Commissioning, Sheffield City Council, concerning Health and Wellbeing Plans for Sheffield in 2015/16 and the Plans from Sheffield City Council and NHS Sheffield Clinical Commissioning Group in particular. Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield CCG presented the report noting that the CCG had previously published a plan for the period 2014/16 and stating that the plan comprised both continuing and new priorities. Among the new priorities was a review of Urgent Care leading to a new Urgent Care Strategy and the development of a view as to what health and social care should look like in five years' time. The forthcoming Engagement Event in May 2015 would be the starting point for such discussions.

The Board was asked to consider the following questions:

- Does the Health and Wellbeing Board support the priorities proposed by the commissioning organisations?
- Are there areas for greater joint working between the organisations on the Health and Wellbeing Board (and others) in 2015/16?
- What role is there for Healthwatch Sheffield over the coming year in assisting with the implementation of these plans?

Members of the Board discussed the issues raised by the report, a summary of which follows:

The next Board Strategy meeting would consider key issues which the Board should be concentrating upon, including further work with providers of health and social care and exploring what health and social care should look like in the future. In relation to devolution, the Board needed to be prepared to make a bid to the Secretary of State in the next Parliament as regards how health and social care should be governed in Sheffield and to present a preferred solution to Government.

It was noted that the CCG would bring forward a discussion concerning devolution. The breadth of the report now submitted was also welcomed.

There was a role for Healthwatch Sheffield in the implementation of the Health and Wellbeing Plans and this would be a welcome discussion at a future Strategy Meeting.

Resolved: that:-

(1) the Health and Wellbeing Board supports and endorses the commissioning plans set out in the report now submitted;

(2) Board Members and the Board's organisations commit to working together in an integrated way over the coming year; and

(3) The next Strategy meeting of the Board considers the following questions in depth:

(i) Are there areas for greater joint working between the organisations on the Health and Wellbeing Board (and others) in 2015/16?

(ii) What role is there for Healthwatch Sheffield over the coming year in assisting with the implementation of these plans?

9. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2014

The Board considered the Director of Public Health Annual Report 2013/14 entitled *Climate Change and Health.* Dr Jeremy Wight, the Director of Public Health introduced the report, which had also been submitted to meetings of both the City Council and the CCG. The report's focus was the impact of climate change on health, describing the scale of the challenge and setting out the actions which could be taken to mitigate or adapt to the effects of climate change.

The Board discussed the report, as summarised below:

There were examples of good practice in relation to actions to mitigate or adapt to climate change although in many cases the City would need to develop its own approach. There might be tensions between the need for economic growth and improvements in environmental conditions such as air quality. Such decisions should not be made in isolation and the implications needed to be considered as part of a wider conversation.

A sustainability policy might be an enabling device rather than being able to ensure that Sheffield meets its carbon reduction obligations by 2020. Air Quality was an issue for the City as a whole and it was not appropriate for the City Council and CCG to produce separate policy. This issue could best be considered initially by the Sheffield Executive Board, to determine how policy can be developed and to identify resource for the production of the policy. The matter could then be submitted to the Health and Wellbeing Board for consideration.

If a system of carbon accounting was introduced, the Board would need to make sure that it still did the right things for patients and the public. A carbon accounting system would make explicit how decisions on health and social care would affect carbon emissions and identify the necessary trade-offs.

Resolved: that the Board:

1. Notes and welcomes the Director of Public Health Annual Report 2014;
2. Considers the recommendations as submitted in the Annual Report and identifies those recommendations in the Report in relation to which the Board can collectively respond and take action; and
3. Requests that a further report is submitted to the Board in 3 to 6 months' time, setting out the Board's responses to those recommendations.

10. AIR QUALITY AND HEALTH IN SHEFFIELD

The Director of Public Health submitted a report concerning air quality and health in Sheffield, which informed the Board about air quality as a public health priority and drew attention to the level of air pollution in the City, particularly with respect to nitrogen dioxide (NO_2) gas and PM_{10} fine dust particles. In presenting the report, Dr Jeremy Wight, the Director of Public Health, provided an update concerning progress towards achieving a reduction in pollutants; a measurable improvement in air quality; and a reduction in mortality attributable to air quality.

The Board asked questions and discussed issues raised in the report, as summarised below:

There was a problem in terms of linking action to reducing air pollution as it was not certain how effective any one action or a set of interventions would be, for example the introduction of low emission zones. At present, this made judgements difficult and therefore, metrics had to be developed to enable explicit action based on firm evidence.

There was a lot of evidence to say that poor air quality leads to increased mortality and there was an association for respiratory and cardiovascular causes of death. However, the evidence regarding the impact of interventions was not strong.

Resolved: that the Board:

1. Receives and notes the report of the Director of Public Health now submitted concerning Air Quality and Health in Sheffield;
2. Supports the ongoing investment in the work relating to air quality;
3. Supports the Director of Public Health in further work to assess (a) the likely impact of the implementation of the Air Quality Action Plan (AQAP) on air pollution and (b) the impact of any reduction in air pollution on health; and
4. Requests that a further report concerning air quality be submitted to the Board, which includes an update on the review and refresh of the AQAP in 2015.

11. THANKS TO BOARD MEMBERS

Councillor Julie Dore and Dr Tim Moorhead, as Co-chairs and on behalf of the Board, thanked Ian Atkinson and Dr Jeremy Wight as it would be their last Board meeting. They wished both of them well and acknowledged the expertise that they had brought to the Health and Wellbeing Board and their respective organisations.

12. MINUTES OF THE PREVIOUS MEETING

Resolved: that the minutes of the meeting of the Board held on 11th December 2014 be approved as a correct record.