S H E F F I E L D   C I T Y   C O U N C I L

Sheffield Health and Wellbeing Board

Meeting held 30 March 2017

PRESENT: Councillor Cate McDonald (Chair), Cabinet Member for Health & Social Care, Sheffield City Council

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

Dr Nikki Bates, Governing Body Member, Sheffield Clinical Commissioning Group

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

Greg Fell, Director of Public Health, Sheffield City Council

Sue James, Healthwatch Sheffield

Alison Knowles, Locality Director, NHS England Yorkshire and the Humber

Jayne Ludlam, Executive Director, Children, Young People and Families, Sheffield City Council

Dr Zak McMurray, Clinical Director, Clinical Commissioning Group

Peter Moore, Director of Strategy and Integration, Sheffield Clinical Commissioning Group

Maddy Ruff, Accountable Officer, Sheffield Clinical Commissioning Group

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from John Mothersole, Sheffield City Council and Judy Robinson, Healthwatch Sheffield.

2. DECLARATIONS OF INTEREST

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

3. PUBLIC QUESTIONS

There were no questions from members of the public.

4. UPDATING THE JOINT STRATEGIC NEEDS ASSESSMENT

The Board considered a report of the Director of Public Health concerning the Joint Strategic Needs Assessment (JSNA). The report outlined the progress made

with the implementation of changes, updating and using the JSNA, as agreed by the Board at its meeting on 31 March 2016.

There were two key actions which had been progressed in 2016-17. Firstly, the inclusion in the Director of Public Health Annual Report 2016 of a chapter relating to intelligence from the JSNA. Secondly, an online resource, using the Council's Open Data platform was created, which covered a range of subjects, including: population, communities of interest, economic, social and environmental determinants of health, child, maternal and reproductive health, disease and disability, mental health and wellbeing; and commercial determinants of health.

The report set out further areas of work which would need to be done relating to the JSNA. The Board was requested to comment or raise questions about the design, usage or content of the JSNA online resource; to identify specific topics for inclusion, in addition to those listed at Appendix A to the report; and suggest changes or improvements to the resource.

Members of the Board asked questions and commented in relation to the JSNA, as summarised below:

There was need for an analytical view of disability in relation to children to enable anticipation and forecasting which would inform such areas as school places, health and social care. There was currently a recommissioning of programmes of work. It was difficult to determine which particular services had the greatest impact on health and population need and the addition of outcome metrics would be welcomed. It was agreed that there should be greater alignment of need with performance and outcomes.

Within the list of topics for inclusion in the online resource contained in the appendix to the report, there was a section on economic, social and environmental determinants of health and specific reference to fuel poverty and it was suggested that this should also refer to poverty in more general terms. There was evidence regarding the numbers of children living in households with material deprivation and those living in poverty and in circumstances where at least one adult in the household was working. Reference was made to the effect of benefit changes on disabled people and those with ill health conditions in later years. It was agreed that the broader issue of poverty and benefits would be included in the online resource.

The resource might also include people receiving social care services and where there was need and the demand was not met. Childhood experiences were also a factor in relation to young people who had been in care and care leavers. In addition, account might be taken of different types of employment, such as zero hours contracts and changes to employment. The Board was informed that the information in the online resource could be broken down onto parts, for example the number and nature of jobs. Whilst it was an important issue, relatively little was known in terms of data, relating to childhood experiences.

Some assurance was needed that services were matched to need and a question was asked about the extent to which the JSNA was the most appropriate

mechanism in relation to which the Board could come to a view about how well services matched need. This was potentially a separate and large piece of work. It was agreed that, whilst the JSNA was a key first step, consideration of services and need would be a separate piece of work to the JSNA and might also include a health equity audit. It was noted that the pharmaceutical needs assessment would be submitted to the Board in the summer.

In relation to health inequality, the issue was how a more equitable spread of resource might be created. The Board should also give consideration to priorities in relation to the JSNA and ask what its plans were addressing within the JSNA. Consideration should also be given, as part of the online resource, to communities of interest. These might include the City's student population. Other areas might include young people, mental health and transitions from childhood, adolescence and to adulthood.

Thought should be given as to how people accessed the JSNA information online if they did not already have the link to the site, including users such as community groups. It was considered that this was a good resource and the information therein should be as accessible as possible.

RESOLVED: That the Health and Wellbeing Board:

1. Endorses that work continues to complete all sections of the JSNA online resource by June 2017, subject to any amendments;

2. Requests that a summary of 'what the (updated) JSNA is telling us' is incorporated into the Director of Public Health Report 2017; and

3. Requests that proposals for further development of the online resource are presented to a meeting of the Board later in the year.

5. BETTER CARE FUND

5.1 The Board considered an update on the Better Care Fund from Peter Moore Director of Strategy and Integration, Clinical Commissioning Group. The presentation included the principles of the Better Care Fund; the achievements of joint work between organisations in the past year and learning during that time. The themes and plans for the forthcoming year were also outlined, as summarized below:

5.2

- Implement a new model of Active Recovery
- Redesign the discharge process and reduce delayed transfers of care
- Optimise the use of the Disabled Facilities Grant
- Integrate care home market management functions
- Join up long-term support adults' assessments
- Join up assessment and review between health and care for children with

complex needs and SEND (Special Educational Needs and Disabilities)
- Implement an assess to admit model to reduce non-elective admissions
- Prepare business cases for key areas of mental health transformation
- Continue to implement our approach to social prescribing
- Improve access to children and young people’s mental health services
- Increase the personalisation of maternity care

5.3 Members of the Board discussed the issues raised in the presentation, as summarised below:

5.4 There were issues to be overcome relating to the use of funding and the relevant framework to enable this and it was not clear whether some of the problems relating to the Better Care Fund were a matter of national policy or local detail. However, there was a partnership approach whereby plans were owned jointly between health and social care. It was hoped that the development of Accountable Care Partnerships would assist the process of delivery of improvement as set out in place based plans. This approach would include commissioners and providers.

5.5 Ambitious plans were in place and there were challenges to overcome, including organisational boundaries and budget cycles. Whilst the involvement of more organisations was something to be welcomed, effective decision making was also required. The internal market which had been introduced in health in the past two decades had resulted in both successes and failures and one problem was that it created a fragmented system with artificial boundaries, which would need to be removed if a more integrated model was to be successful. The links to the JSNA also needed to be recognised.

5.6 **RESOLVED:** that the presentation is noted and to request that the relevant plans relating to the Better Care Fund are submitted for approval to a meeting of the Board in May 2017.

6. HEALTH AND WELLBEING BOARD FORWARD PLAN

6.1 The Board considered a report outlining its work plan for the year and discussed priority areas of work.

6.2 An additional area which might be included in the Board’s priorities was immigration legislation and the implications for health, the voluntary and community sector and the local authority.

6.3 The Primary Care review item, planned for 8 June would be rescheduled. The Board indicated its support for a bespoke development programme for the Board, arranged through the Local Government Association (LGA).

6.4 **RESOLVED:** that the Board agrees the forward plan to the end of August 2017 subject to the addition of issues relating to immigration and refugees and the rescheduling of the Primary Care review item.

7. MINUTES OF THE PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Health and Wellbeing Board held on 29 September 2016 be approved as a correct record.