

Sheffield Health and Wellbeing Board

Sheffield City Council • Sheffield Clinical Commissioning Group

Thursday 30 January 2020 at 2.00 pm

Town Hall, Sheffield City Council

The Press and Public are Welcome to Attend

Membership

Charlie Adan
Chief Superintendent Stuart
Barton
Dr Nikki Bates

Jayne Brown
Nicki Doherty

Councillor Jackie Drayton
Greg Fell
Jane Ginniver
Phil Holmes
Dr Terry Hudson
David Hughes

Alison Knowles
Councillor George Lindars-
Hammond
John Macilwraith
Laraine Manley
Clare Mappin
Dr Zak McMurray
Alison Metcalfe

Chief Executive, Sheffield City Council
South Yorkshire Police

Governing Body Member, Clinical
Commissioning Group
Sheffield Health & Social Care Trust
Director of Delivery Care out of Hospital, Clinical
Commissioning Group
Cabinet Member for Children and Young People
Director of Public Health, Sheffield City Council

Director of Adult Services, Sheffield City Council
NHS Sheffield CCG
Sheffield Teaching Hospitals NHS Foundation
Trust
Locality Director, NHS England
Cabinet Member for Health and Social Care

Executive Director, People Services
Executive Director, Place
The Burton Street Foundation
Clinical Director, Clinical Commissioning Group

Prof Chris Newman
Judy Robinson
Councillor Paul Wood

University of Sheffield
Chair, Healthwatch Sheffield

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. <http://www.sheffield.gov.uk/home/public-health/health-wellbeing-board>

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 Abby Brownsword on 0114 273 5033 or email abby.brownsword@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

30 JANUARY 2020

Order of Business

- 1. Apologies for Absence**
- 2. Declarations of Interest** (Pages 1 - 4)
Members to declare any interests they have in the business to be considered at the meeting.
- 3. Public Questions**
To receive any questions from members of the public.
- 4. Healthwatch Annual Report** (Pages 5 - 40)
Report of the Chair of Healthwatch Sheffield Strategic Advisory Group.
- 5. Healthwatch Strategy Engagement Report** (Pages 41 - 68)
Report of the Chair of Healthwatch Sheffield Strategic Advisory Group.
- 6. Joint Health and Wellbeing Strategy Update** (Pages 69 - 76)
Report of the Director of Public Health
- 7. Better Care Fund Update** (Pages 77 - 86)
Report of the Executive Director, people Services and the Director of Care Out of Hospital, Delivery
- 8. Minutes of the Previous Meeting** (Pages 87 - 94)
Minutes of a meeting held on 26th September 2019.
- 9. Date and Time of Next Meeting**
The next meeting is on Thursday 26th March 2020 at 3.00pm, at the Town Hall Sheffield.

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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 Audit and Standards Committee in relation to a request for dispensation.

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

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HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Judy Robinson

Date: 21st January 2020

Subject: Healthwatch Annual Presentation

Author of Report: Lucy Davies

Summary:

This is the annual presentation of Healthwatch to the Health and Wellbeing board for information and debate.

Questions for the Health and Wellbeing Board:

1. How are the board considering qualitative data coming from communities, alongside quantitative data when you plan an initiative or develop their work?
2. How can you ensure this happens in a timely way to enable it to have true impact?
3. How does the board make community engagement a consistent part of strategic planning?
4. How will you connect with Healthwatch in each of your own areas of work?

Recommendations for the Health and Wellbeing Board:

1. That the board considers qualitative data alongside quantitative data in all its work; where there is dissonance between the two, the importance of citizen voice and experience should not be put aside.
2. That new systems embed engagement at an early (question formation) stage

3. That the board considers how it can support services to respond to feedback from engagement, and in particular how it can embed ownership of resulting action in strategies and workplans going forward.

Background Papers:

Healthwatch Annual Report 2018/19

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

All of the ambitions

Who has contributed to this paper?

Healthwatch

VAS

REPORT TITLE – *Healthwatch Annual Presentation*

1.0 SUMMARY

1.1 This is the annual presentation of Healthwatch to the Health and Wellbeing Bboard for information and debate.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 Engaging with citizens, especially with those whose voices are not heard, or who are disadvantaged, enables services to better understand and respond appropriately to specific needs.

3.0 MAIN BODY OF THE REPORT

The Healthwatch Annual report 2018/19 which accompanies this paper sets out:

- Our Vision and purpose
- Highlights from our year
- How we've made a difference

The presentation to board will expand on these areas, and describe some of the successes and challenges and the implications for the Health and Wellbeing Board.

4.0 QUESTIONS FOR THE BOARD

4.1 How are the board considering qualitative data coming from communities, alongside quantitative data when you plan an initiative or develop their work?

4.2 How can you ensure this happens in a timely way to enable it to have true impact?

4.3 How does the board make community engagement a consistent part of strategic planning?

4.4 How will you connect with Healthwatch in each of your own areas of work?

5.0 RECOMMENDATIONS

5.1 That the board considers qualitative data alongside quantitative data in all its work; where there is dissonance between the two, the importance of citizen voice and experience should not be put aside.

5.2 That new systems embed engagement at an early (question formation) stage

5.3 That the board considers how it can support services to respond to feedback from engagement, and in particular how it can embed ownership of resulting action in strategies and workplans going forward.

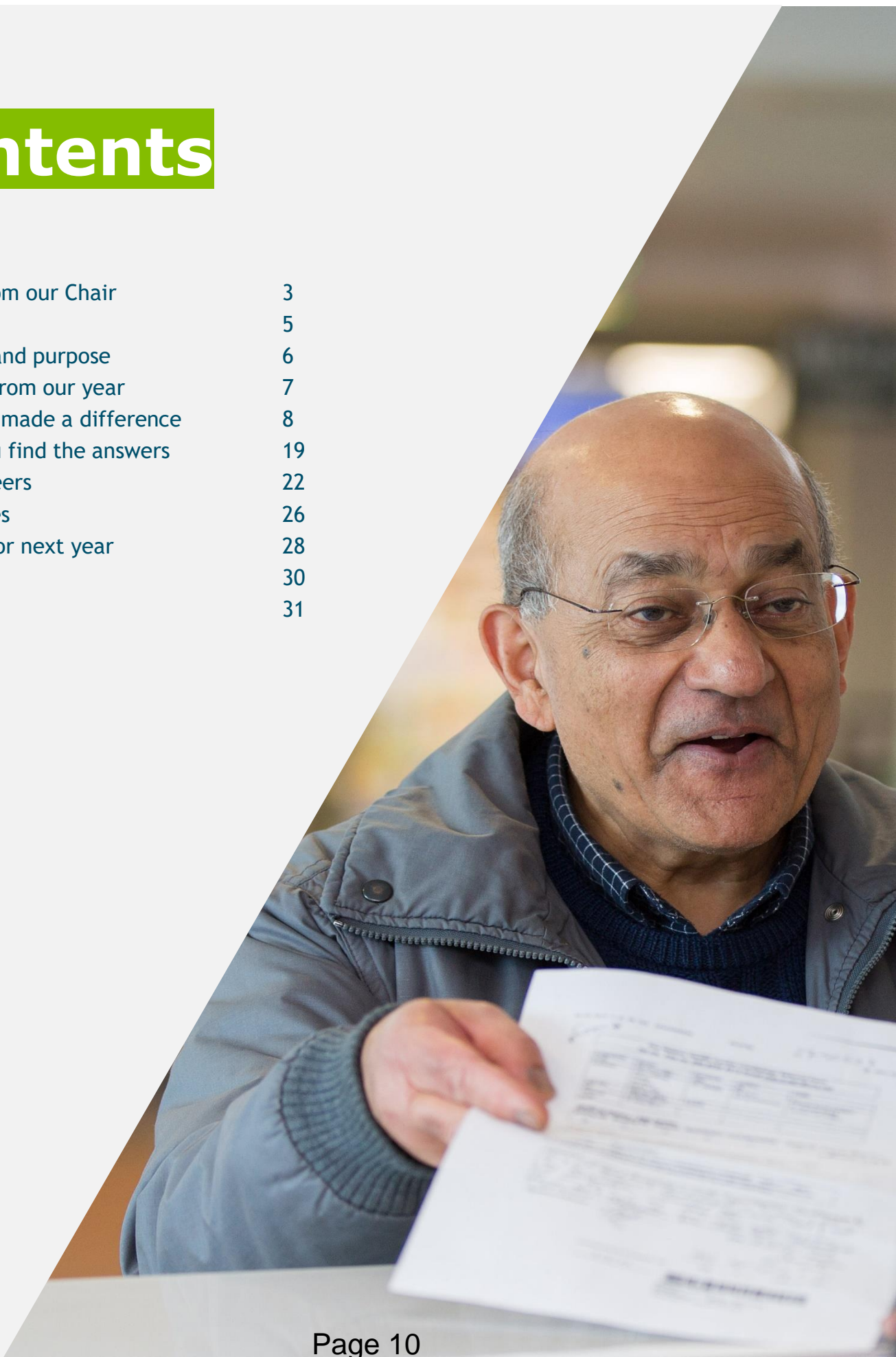
Healthwatch Sheffield

Annual Report 2018-19



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Message from our Chair

Shining a light on experiences: good and bad; contributing to big picture changes in health and social care and finding new ways to help people have a voice are highlights of Healthwatch Sheffield's work in 2018-2019. We've been busy!

We know that when citizens are involved in how services are run, care is better and people are healthier. We are proud to be part of a network across England that makes a positive difference to people's lives in Sheffield and nationally.

Hearing about what people want for their community's health and wellbeing is central to Healthwatch.

This is why the Speak Up project commissioned smaller, voluntary organisations, for example, a Chinese community group, and a group for people with physical disabilities, to find out people's priorities. Better information and communication were high on the list. "Speaking Up" only works, though, if there is someone listening. This is why Healthwatch Sheffield staff and its Strategic Advisory Group are involved with health and social care programmes such as the Test Bed, trialling digital solutions to long term problems, as well as decision making committees and boards where we work with public sector and other partners to ensure that the voice and experience of people is heard. These include the Health and Wellbeing Board, the Primary Care Commissioning Committee and the City Council's Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee. During the year we have done more in depth work on critical issues such as Home Care - for older or disabled people; and on mental health support outside hospital.



Through both of these studies we spoke to many people and helped Healthwatch Sheffield to recommend changes which come from users' and carers' experiences of using a service.

At a time of big changes in health and social care Healthwatch Sheffield is an independent champion and a voice for citizens. I hope you find this report shows just how we have fulfilled this aim and our ambitions for the future.

Many thanks to volunteers; Chief Officer, Margaret Kilner, and all our staff; our accountable organisation - Voluntary Action Sheffield; and partners in different sectors.

Judy Robinson

Judy Robinson, Chair
Healthwatch Sheffield Strategic Advisory Group

Changes you want to see

Last year we heard from 3,270 people who told us about their experience of a number of different areas of health and social care. Here are some examples of the changes that local people want to see.



+ Accessible information should be available to help people make informed choices.



+ Clear and timely communication is really important to people in Sheffield and they want this to be consistently good.



+ People want to be more involved in decisions about the way services are designed and run



+ Across services, people want access to be easier - to be able to see the right person at the right time.

About us

Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

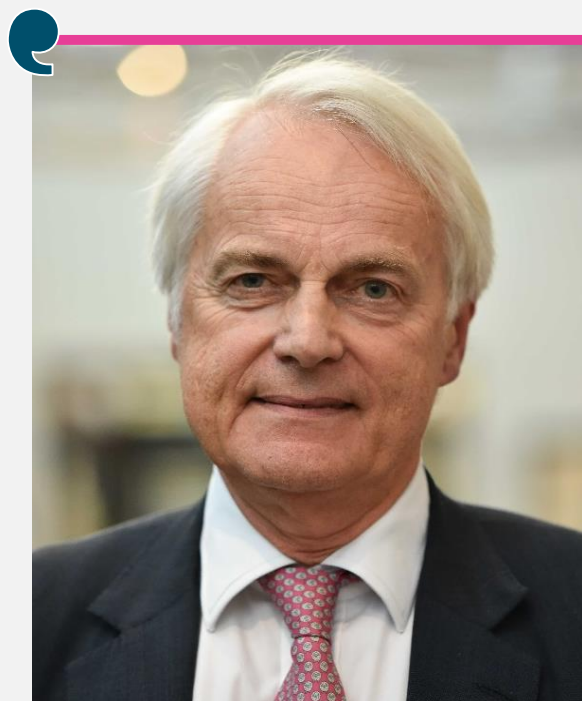
As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.

If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.

If you're part of an organisation that's worked with, supported or responded to Healthwatch Sheffield, thank you too. You've helped to make an even bigger difference.

None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.

If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.



A handwritten signature in black ink, appearing to read 'Robert Francis'.

Sir Robert Francis QC
Healthwatch England Chair

Our vision is simple

Health and care that works for you. People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.



Our purpose

To find out what matters to you and to help make sure your views shape the support you need.

We collate the feedback you give us so we can provide recommendations to the organisations that design, pay for, and run our local services.



Our approach

People's views come first - especially those that find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



People are at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

- + Going out in the community and working with other organisations.
- + Listening to people's views and experiences.
- + Visiting services to see how they work.

Our main job is to raise people's concerns with health and care decision-makers so that they can improve support available locally. The evidence we gather also helps us decide where we should be paying special attention to how policy and practice can change for the better.



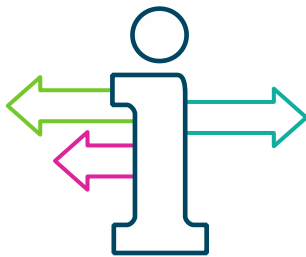
We've engaged and supported more people than ever in 2018-19.



We heard from 3,270 people about health and social care. That's more than double the number from 2017-18.



44 volunteers helped us to carry out our work. In total, they gave 550 hours to Healthwatch Sheffield.



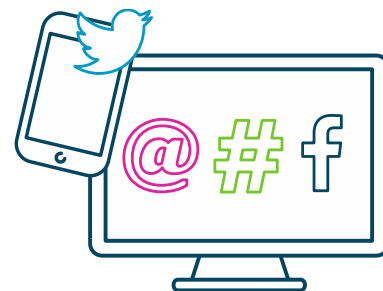
This year we gave advice to 143 people who called, texted, emailed or dropped in to our hub looking for information.



We visited six care homes to understand people's experiences of care. From these visits, we made 15 recommendations for improvement.



We published 20 reports and briefings based on what you told us, including 36 recommendations to providers and commissioners of health and social care.



We kept people up to date through newsletters, blogs, electronic mail outs and social media posts, increasing our social media following by over 22%.



How we've made

a difference

Our Strategy 2018-20: Together for Good

Health and social care is a huge and varied system, so it's important to focus our resources and capacity to best effect. The aims of our current strategy, Together for Good, set out how we will do this:

1. Support local people to have their say.
2. Bring voice and influence to existing health & care commissioners and providers as well as to the emerging local partnerships.
3. Build capability and capacity across local health & care services to effectively involve local people.

1. Support local people to have their say

At Healthwatch Sheffield our aim is to reach large numbers of people whilst making special efforts to hear from people who may experience barriers to accessing services and people whose views are under-represented in healthcare decision making.

Over the following pages you'll read about some of the ways we've worked with Sheffield's communities to gather people's views about health and social care, and how we've used what we've heard to improve care.

Your Voice Counts: Sheffield Autistic Society

In October 2018, we were approached by the Sheffield Autistic Society who asked us to spend some time listening to the experiences of their members.

This led to engagement sessions at three social groups and gave us a better understanding of group members' experiences of mental health services, crisis care, access to services in general, social care and experiences of sensory issues. Participants also made suggestions for how services could be improved for people with Autistic Spectrum Conditions.

Whilst detailed feedback was shared directly with the relevant services, we also produced a short and accessible briefing called 'Your Voice Counts' which gave a snapshot of the key themes and ideas people shared.

The briefing was shared with providers and commissioners of health and social care services in Sheffield and, as requested by participants, with the Sheffield Health and Wellbeing Board.



What happened next?

We received responses from Sheffield’s commissioners and providers, and made them available on our website, so that people who shared their views with us could see the difference they have made.

Sheffield City Council said the report would be shared with members of the Autism Board and with elected members working on the city’s Autism Strategy. They recognised the value of the contributions of participants and offered an ongoing role for Healthwatch Sheffield in ensuring improvement for adults with autism.

Sheffield Clinical Commissioning Group told us they had shared the briefing with GPs and other service providers and said they were

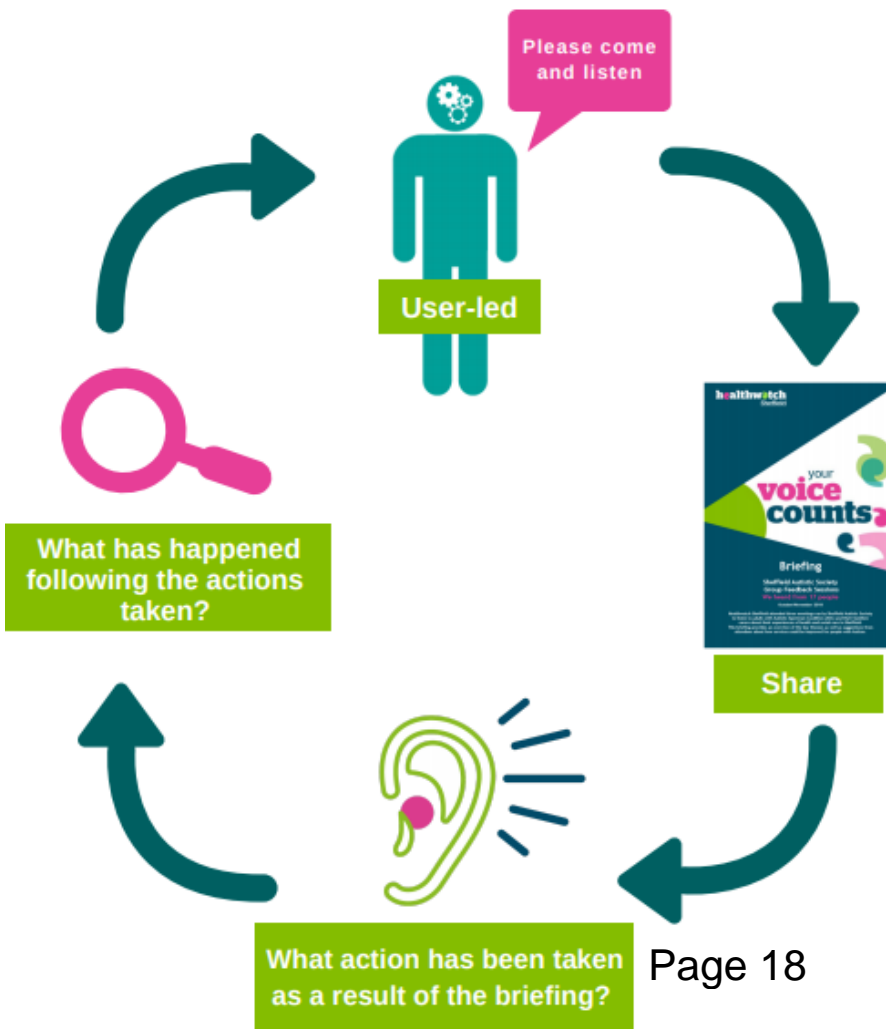
implementing suggestions, including communication tips.

Sheffield Teaching Hospitals NHS Foundation Trust were pleased to hear positive feedback about Heeley Dental Clinic and said they have identified areas of good practice throughout the Trust and were looking at measures they could take to improve environments for patients with autistic spectrum conditions.

Sheffield Health and Social Care NHS Foundation Trust told us they were taking steps related to the suggestions made in the briefing. These included making buildings more autism friendly and recruitment of staff to reduce waiting times.

When we meet with patients and relatives to discuss complaints and individual funding requests we will be aware of the sensory issues that people may face, and provide quiet places to wait and to meet. We are in the process of updating our website to ensure that it is accessible and the helpful tips in the briefing have been incorporated into our project plan.

NHS Sheffield Clinical Commissioning Group



‘Your Voice Counts’ is a great way to quickly and informally make health and social care providers and commissioners aware of some of the key things that matter to people with lived experience. We will continue to use this format in 2019/20.

Perfect Patient Pathway

The Perfect Patient Pathway (PPP) Test Bed programme was one of seven NHS England 'test beds'. The PPP aimed to improve the lives of people with long term conditions by using technology. Healthwatch Sheffield led on patient and public engagement for the programme, which ended in June 2018.

Test Bed Advisory Group

We ran the Test Bed Advisory Group (TAG) so that members of the public could inform the design and delivery of the PPP work and improve the experience of people taking part in the projects. This group of volunteers helped to develop recruitment strategies, communication materials and evaluation approaches.

Digital Care Home Project

The PPP Digital Care Home project continued until the end of December 2018. The TAG worked with the University of Sheffield's School of Health and Related Research (SchARR), and the Programme Manager to inform the new evaluation of the project.

The group advised on overcoming challenges associated with recruiting, consenting and interviewing residents.

As champion for the project, Lee Harker (pictured here with Philippa Hedley-Takhar) worked more closely with the team to ensure residents had a positive experience of taking part, and took part in a multi-stakeholder co-design session.



I was so impressed by the energy and enthusiasm displayed by the TAG group, they are the gold standard for patient engagement.

Inara Khan
NHS England Account Manager



The Testbed Advisory Group (TAG) contributed significantly to the delivery of the Perfect Patient Pathway NHS England Test Bed in Sheffield and we are very grateful for the commitment of the TAG members. The learning and outcomes from the programme were greatly enhanced by TAG's insight, expertise, challenge and feedback.

Philippa Hedley-Takhar

Digital Care Home Programme Manager

Awards Event

On 22nd May 2018 we delivered a patient-led celebration awards event in partnership with the TAG and the PPP. The group chose and judged the award categories, and presented winners trophies and thank you certificates to those involved in the programme. Pictured here is TAG member Peter Askew speaking at the event.



What next for the TAG?

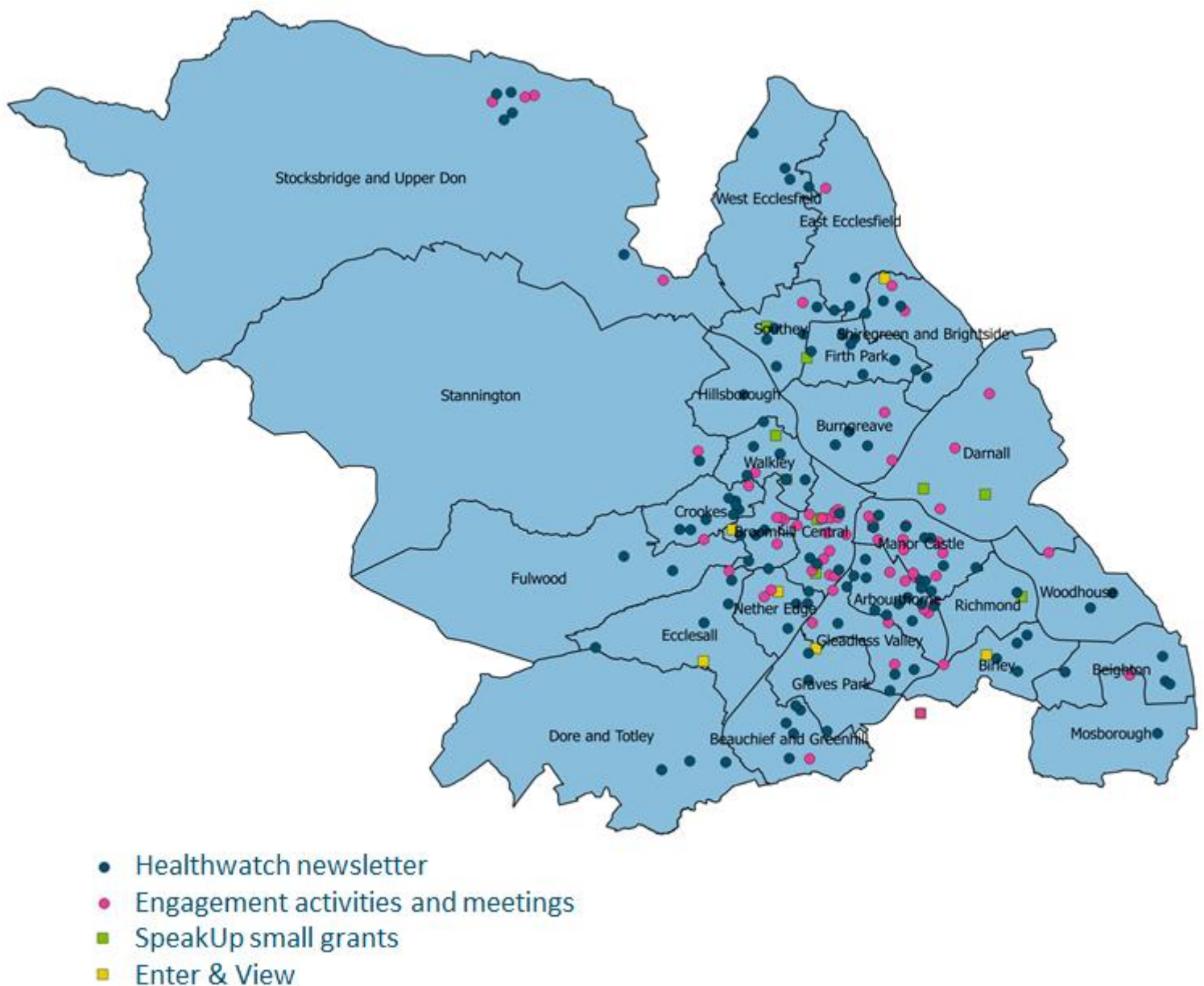
In March 2019 the findings from the Yorkshire and Humber Care Record engagement were considered by the TAG, and their insights were used to enrich the research.

Digital change work programmes in Sheffield, as well as South Yorkshire & Bassetlaw, are both interested in working with the TAG. When possible, we will support the group to work with them so that their valuable knowledge and experience of digital health projects continues to influence changes that will affect people locally.

Out and About

Healthwatch Sheffield aims to hear from people across the city and involve them in identifying ways to improve services as well as hear their experiences of health and social care. This year we participated in a range of activities, events and meetings in order to hear about the issues affecting different communities. This has meant we were able to hear from 3,270 people about health and social care which is more than double the number from the year before.

The map below shows the reach of our engagement activities across Sheffield wards.



Young Healthwatch

Any young person aged 14-25 can be a part of Young Healthwatch. Our young volunteers design and carry out projects which aim to make health and social care services better for children and young people.

This year Young Healthwatch have worked with Sheffield Young Carers' Action Group and the NHS 70 #iwill campaign which champions youth social action in health and social care.

We were grateful for their help recruiting a new member of the Healthwatch Sheffield team with two young people bringing their insights to our interview panel.



#RealMe: Young People's Feelings Towards Self-worth

#RealMe was published in October 2018. This report details the findings of a Young Healthwatch investigation into how Sheffield's young people feel about their own sense of self-worth, and how that impacts on their mental health and wellbeing.

Their investigation involved an arts competition, a survey completed by 151 young people and a series of workshops at local colleges and schools.

Young Healthwatch found that:

- + 51% of young people asked said they think about their self-worth often.
- + Many young people are struggling because of a low sense of self-worth - when asked to self-score their sense of self-worth, the average score was 4 out of a possible 9.
- + Young people understand which activities help them to feel better and worse about themselves.

Young Healthwatch asked the city's key decision makers and all adults working with young people to consider the findings of this investigation, and to work with young people to understand the stresses and pressures that they experience.

The report was circulated widely on social media and amongst health and social care commissioners and providers, schools, colleges, universities and community organisations.

Volunteer Danial and Chief Officer Margaret were interviewed on BBC Radio Sheffield, with the key findings of the report forming part of the morning's news headlines.

Five principles to improve self-worth

1. Raise awareness of the care and support available to help young people with a low sense of self-worth in Sheffield.
2. Improving access to the wellbeing activities that young people have identified as having a positive effect on their sense of self-worth.
3. Engage frequently and meaningfully with young people when designing services aimed at young people.
4. Schools, in particular, have a key role to play in raising awareness and encouraging attention to self-worth and wellbeing to counteract the negative impact of some of the pressures young people face.
5. On an ongoing basis, young people's views need to be heard, to help ensure that services respond in a way that meets young people's needs, particularly if they are not feeling supported at school or college.

2. Bring voice and influence to Sheffield's health and care system

Local people are passionate about the importance of reliable and accessible health and social care but they also recognise that the current fragmented system can be ineffective and difficult to navigate. We know that people with lived experience of services have important insights to share that could transform the way that services work for everyone, but they can be sceptical about getting involved. People are put off by experiences of consultations and engagement exercises that appear to go nowhere.

At Healthwatch Sheffield our role is to challenge the under utilisation of service user and carer experience and to demonstrate the value of involving people. This year we've carried out our own independent investigations into people's experiences, supported by our volunteers, community partners and local people.

We've published detailed reports and used our statutory position to make formal recommendations to providers and commissioners of health and social care services in Sheffield. Two of these reports are detailed on the next few pages, along with our work with Sheffield's Accountable Care Partnership.

Mental Health support in the community

In June 2018 Healthwatch Sheffield published a review of public experiences of mental health support outside of hospital.

We heard from 450 members of the public during the review as well as staff and volunteers involved in the commissioning and provision of services.

We identified the following key themes:

- + People who currently access services are generally positive about their experience, however, an over arching theme was the difficulties people experienced in accessing adequate support. In some cases this led to distress and/or acute crisis.
- + After being discharged, people described difficulties getting the help they feel is needed.
- + There is a desire for more and earlier public involvement in designing services and better communication when changes are taking place.
- + Concerns about the impact of the reorganisation of Community Mental Health Teams were raised by service users, carers and front line staff throughout the course of our review.



I have seen a definite improvement in my anxiety and a significant lift in my mood since attending CBT therapy through Sheffield IAPT.



Once I accessed the mental health help I was able to learn of what other support was available.



When my programme finished I had no place to go. All my contact finished and was told to go back to my GP and get referred. I had just started to get out of the house and then they took everything away.



As well as asking people about their experiences of mental health services, we also asked people about what helps them to maintain good mental health.

The results highlight the important role that friends and family play, as well as wellbeing activities such as getting out into nature.



We very much welcome this report. For us, collaborative accountable care goes well beyond simply bringing providers and commissioners together; it is also about engaging at every opportunity with all interested parties including service users, carers and experts by experience.

Our ambition is to instil genuine co-design principles into every aspect of our work. Reports such as this will therefore help us, in part, to fulfil that ambition; acknowledging of course there is still so much more to do.

Jim Millns

Deputy Director, Mental Health Transformation

Care at Home

In February 2019 we published our Home Care Report. We worked with Sheffield City Council and local voluntary sector organisations to speak to people who use home care services. We found out what they and their family carers think about the experiences they've had, and the changes they would like to see.

Common themes that emerged included:

- + Where users of home care got to know their care workers well, they said they felt listened to. However, many people felt there were too many care workers involved in delivering their care. They couldn't get to know the workers, and found this distressing.
- + Inappropriate visit times caused problems for many users of home care and family carers. There were related concerns about lateness, missed visits, and the feeling that visits were being rushed.
- + Family carers want communication to be improved - both between services, and with people who use the services. They would like to be more involved in decisions about their relatives' care which also affect them.

We emphatically concur with the conclusions of the Report and recognise there is much to be done to ensure people receive support which enables them to live the life that matters to them.... While we acknowledge there is a lot of work to be done, I am excited about the positive outcomes we can achieve systemically, but most particularly for citizens, in Sheffield over the coming months and years. We look forward to working closely with Healthwatch Sheffield as we continue to develop, implement and refine these changes.

Phil Holmes

Director of Adult Services, Sheffield City Council

We received positive feedback from users of home care and their relatives who told us that they identified with the findings of the report. A series of articles were published by The Sheffield Star which highlighted key findings, directing more people to the report and providing a larger platform from which to share people's experiences and wishes for the future.

Representatives from Sheffield City Council and Sheffield Clinical Commissioning Group attended our Strategic Advisory Group meeting in public, contributing to discussions about how the report will influence their decisions and practice.

Sheffield Accountable Care Partnership

In November 2018, we began a 12 month contract, working with the Sheffield Accountable Care Partnership (ACP), to develop an approach to patient and public involvement which can be embedded across the ACP.

The ACP is a partnership of local NHS Foundation Trusts, NHS Sheffield Clinical Commissioning Group, Primary Care Sheffield, Sheffield City Council, and Voluntary Action Sheffield.

These organisations want to work more closely together to bring about major changes in the way services are planned and delivered.

Our overarching aim

Patients, their families & carers to have increased voice and influence so that their health, wellbeing and experiences of care and support are improved.

Our main aims

Ensure that the views and experiences of local people consistently influence the design, delivery & commissioning of health, care and wellbeing services in Sheffield.

Build capability and capacity within the health and care system, and develop improved mechanisms to effectively engage with people.

Increase the voice and influence of people who find it hardest to have their say.

Engagement in the community

To ensure that a diverse range of views were heard in the refresh of the Shaping Sheffield Plan (a plan to improve health and wellbeing in Sheffield), we gathered views across the city.

- + 80 health & wellbeing surveys were completed across 7 different venues.
- + 21 people attended a focus group at the Chinese Community Centre. Staff at the centre translated our written and verbal communications so nobody was excluded.

Opportunities to influence

Local people helped to develop our ACP work plans.

In January 2019 we formed the **Improving Accountable Care Forum**, a group of 19 volunteers who have ongoing oversight and inform the work of the partnership. The Forum will work with the ACP's core work programmes to influence changes in areas like Primary Care & Population Health Management, Pharmacy Transformation and Mental Health & Learning Disabilities.

We have recruited **Champions** from within the Improving Accountable Care Forum to work more closely with each of the core ACP work programmes.

We set up the **Older People Engagement Steering Group** which meets every 3 months to shape our engagement with older people and help the ACP learn how to give older people increased voice and influence. Meetings are attended by members of the public and people who work in statutory and voluntary sector organisations.

So far, our Forum and Steering Group members' views have informed the ACP's Sheffield Workforce Strategy, Chapter 3: Ageing and Dying Well, as well as the refresh of Shaping Sheffield.

Healthwatch have done a great job in supporting us to increase awareness of the role of public engagement in transforming health and care. The passion and commitment of public representatives working through Healthwatch, as members of the Improving Accountable Care Forum has already shown impact in terms of shaping our thinking in critical areas around communication and strategic planning.

Jane Ginniver

Joint Interim ACP Director

3. Build capability and capacity for effective involvement

Our goal is to influence a greater culture of involvement across Sheffield's health and care system. Healthwatch Sheffield can't deliver good engagement in all of the places where it matters. But we can use our position, our networks and expertise to enable a culture where people's experience comes first.

As well as carrying out and publishing our own investigations over the past year, we also support and advise other statutory organisations and community groups to creatively engage with people and to use their skills and experiences to improve health and care.

Amplifying community voices

Last year eleven Sheffield-based voluntary and community groups were awarded #SpeakUp grants to enable them to gather views and experiences of health and social care services.

In total we heard from 540 people through the #Speak Up projects.

We heard the views of a diverse range of people, including:

- + Asylum seekers and refugees
- + People with lived experience of mental health distress
- + People with learning disabilities
- + People with physical disabilities including amputees and wheelchair users
- + Young people
- + Young men from Black, Asian, Minority Ethnic and Refugee (BAMER) communities
- + Women from BAMER communities
- + Members of the Chinese community

The individual reports were published on our website with a summary report which brings together all of the findings.

Cross cutting themes were identified, including good experiences; the provision and accessibility of information; communication challenges; access to services; flexibility of services and the importance of community.

The findings have been shared with providers and commissioners of services and follow up meetings to take forward recommendations have taken place.



This year we've awarded a further eleven grants to the following community groups:

- + South Yorkshire Eating Disorders Association
- + Family Voice Sheffield
- + Sheffield City of Sanctuary
- + SAYiT
- + Foxhill Forum
- + Edukation Solution
- + Sheffield Mencap & Gateway
- + Flowers Estate Family Action Project
- + Reach South Sheffield
- + STAMP (Chilypep)
- + Sheffield ME & Fibromyalgia Group



Helping you to choose a care home

When someone's needs can't be met at home any longer, making the decision to move into care can be stressful.

In 2018 the CQC polled over 1,000 adults who had been responsible for choosing a care home or care at home - 70% of people found it more stressful than choosing their child's nursery or school, or a venue for their wedding or civil partnership.

When people are choosing a care home or care at home service for themselves or a loved one, information such as CQC inspection reports and ratings can help people make an informed decision.

This year we wanted to focus our Enter & View visits on Sheffield care homes to provide a fuller picture of what life is like for residents and their families.

Our trained volunteers visited six care homes and spoke to residents, relatives and staff members about their experiences.

There were common themes across all of our visits, including:

- + The positive impact of staff members, who can make residents feel more comfortable and confident where they live.
- + The importance of communication with residents and relatives when changes are being made at the home.
- + The importance of an environment which suits residents.

After looking around the care homes and listening to residents and their relatives, our volunteers made recommendations to the care home managers about how life in the care home could be improved.

Reports from all of our visits are available on our website.



The visit was a very relaxed and pleasant experience for the customers in the home, the staff in the home and for myself. The feedback was very positive and I took on board what the visit provided. The feedback was around the decoration and the home looking very tired and dated. I always kept that feedback and I have started making Prior Bank look fresh and regenerated again.

Cheryl Schofield
Care Home Manager Prior Bank House



Helping you find

the answers

How we provide people with advice and information

People can find it difficult to know their rights and to navigate the health and social care system, so they come to us for advice. We can help people to understand their options, as well as pointing them in the direction of other organisations who can help. We provide advice and information in a number of ways, including:

- + Over the phone
- + By text
- + By email
- + Through our website
- + At community events and stalls
- + Through our social media channels
- + By dropping into our hub



How do we help people receive the right care?

Mrs Jones called us to talk about her daughter, who has a learning disability and wasn't happy with the treatment she'd received from her dentist.

We helped her to speak to staff at the dental practice to investigate what had gone wrong. Some documentation had not been passed on, meaning the family did not know they had alternative treatment options.

When this was resolved, Mrs Jones's daughter was finally given a referral to a specialist clinic, and the dental practice reassured the family that they had updated their policies and recording methods to ensure this wouldn't happen again.

I would like to add how very helpful you have been with me right from the start, you have listened and [...] have been a great help and comfort to me. I could not have done this without you.

How do we offer advice about complaints?

Mrs Lee emailed us to share her concerns about a local care home. She had already made a complaint, but Mrs Lee wanted to share the information with us as an independent body. We were able to provide advice about the next steps if her complaint wasn't resolved locally, and how we could help by sharing her concerns with the Care Quality Commission.

The complaint was resolved but Mrs Lee still felt concerned about the home, and was reassured that Healthwatch Sheffield were aware of the problems she had faced in case anyone else experienced them. We will be monitoring future feedback in light of her story.



I would like to thank you for your help and support.

Directing people to the right support

Sometimes the people who call us for advice need more specialized support.

This might be from a local health or social care service. We help people to choose the care which is best for them, using NHS Choices, the Care Quality Commission, and our own knowledge of the services which are available locally.

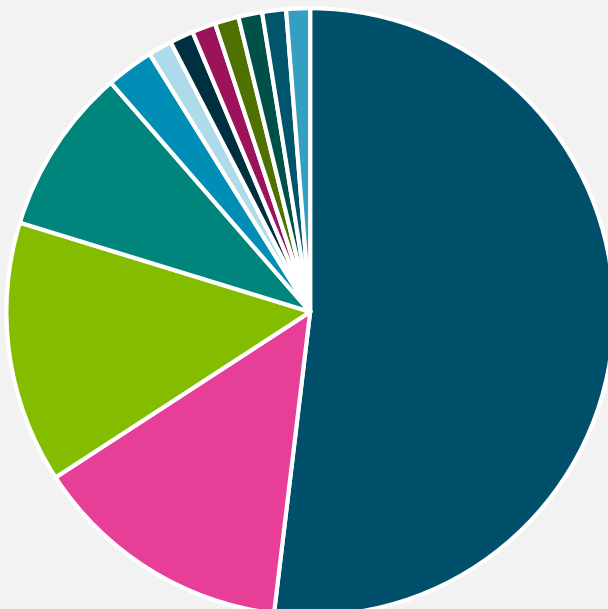
We also work closely with voluntary sector organisations in Sheffield, so we're able to point people in the right direction when we think they would benefit from support from a local or national charity.

We received a call from a local man who had concerns about a couple who live on his road. The husband had suffered a stroke, leaving the already frail wife unexpectedly in a caring role. The neighbour wanted to help, but didn't know where to start.

Using our knowledge of the local and national voluntary network, we gave him details of charities who could help with both practical and emotional support, such as the Stroke Association and Sheffield Carer's Centre.

The neighbour was then able to offer this support to his neighbours, supporting people in his community on a very personal level.

Which voluntary sector organisations did we signpost to this year?



- Sheffield Advocacy Hub (41)
- Citizens Advice Sheffield (11)
- Sheffield Mental Health Guide (11)
- Sheffield Carers Centre (7)
- Volunteer Centre (2)
- Zest (1)
- Stroke Association (1)
- Disability Sheffield (1)
- Vida (1)
- Sheffield Parent Carer Forum (1)
- South Yorkshire Eating Disorders Association (1)
- Sheffield Mind (1)



Are you looking for help?

If you have a query about a health and social care service, or need help accessing further support, get in touch. Don't struggle alone. Healthwatch is here for you.

w: www.healthwatchsheffield.co.uk

t: 0114 253 6688

e: info@healthwatchsheffield.co.uk



Our volunteers

How do our volunteers help us?

At Healthwatch Sheffield we couldn't have such an impact without the support of our skilled and dedicated volunteers who work with us to help make care better for their communities.

In 2018-19, 44 people volunteered with us, contributing 550 hours during the year.

We'd like to thank every volunteer and encourage you to think about getting involved.

What our volunteers do:

- + Raise awareness of the work we do in communities.
- + Visit services to make sure they're meeting people's needs.
- + Support our day to day running.
- + Collect people's views and experiences which we use in our reports.

Volunteers provide an independent view

Early in 2018, concerns were raised about the outcomes of Continuing Health Care (CHC) assessments carried out to determine the amount of funding residents of two dementia care homes would receive towards their care.

NHS Sheffield CCG reviewed whether the assessments were carried out fairly and consistently according to the national guidance for eligibility.

However, due to the strength of negative feeling about the way that assessments were carried out, and in particular, whether people were treated with dignity and respect, the Chief Nurse asked Healthwatch Sheffield to listen independently to residents and their relatives.

Funding for ongoing care is a sensitive and complex topic, which can affect families and individuals when they are sometimes feeling at their most vulnerable. We were extremely proud of the sensitivity shown by our volunteers.

Sadly, it seemed that a breakdown of trust between NHS Sheffield CCG and many relatives of residents was apparent. We made five recommendations to the CCG and advised that rebuilding trust needed to be addressed as a priority.

As a result an action plan has been developed and is being implemented to improve assessments.



We'd like to thank Healthwatch Sheffield for carrying out this invaluable piece of work. We appreciate your staff talking to relatives and representatives to hear about their concerns and issues. This report has helped us focus on where we need to improve.

We are sincerely committed not only to listening to residents but also improving CHC processes, how we communicate with residents and their families, and the care delivered. We understand that CHC assessments and reviews can cause worry and upset, and we want to avoid this.

In light of the concerns and Healthwatch's recommendations, the CCG has developed an action plan. This plan will be presented to a governing body committee in September to ensure governing body members, senior staff, and our partners are able to scrutinise and shape the plan before being finalised.

Mandy Philbin,
Chief Nurse, NHS Sheffield CCG

Meet our volunteers

We caught up with a couple of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.



Les

I got involved with Healthwatch Sheffield in late 2017. I went through a range of training and have attended numerous community events to get feedback from the public about their experiences of using health and social care services in Sheffield and asking for their suggestions for improvements.

This year I was involved in several visits to care homes to assess their effectiveness, obtain feedback from staff, residents and family members.

My reward with volunteering for Healthwatch is knowing that the information gathered will help determine future priorities and improvements for health and social care in the City.

I helped run a couple of feedback sessions in dementia care homes on the issue of Continuing Health Care funding which is very important to many of the residents. I found my involvement most rewarding in every way: I felt valued as a volunteer for my expertise and believe it was helpful for carers to have an independent forum to express their concerns and to be heard.

I have also helped deliver adult safeguarding training for other volunteers which I found interesting, rewarding and motivating in terms of supporting volunteers development. I enjoyed being involved and felt valued.

During Enter and View visits, people wanted to talk to us - staff, residents, carers and again, in terms of supporting people's voices to be heard, I felt useful and it was interesting.



Liz

Volunteer helps Council award Care at Night contract

Thanks for the excellent job you (volunteer David) did in supporting the evaluation and moderation of our new single contracted Care at Night service, which goes live in May 2019.

Gaining your perspective on the tender responses in your role with Healthwatch will help ensure that we award the contract to the right provider.

Your contribution has been very much appreciated by all. Thank you.

Paul Higginbottom
Senior Programme Manager (Ongoing Care)
Sheffield Clinical Commissioning Group

Meet our volunteers



Selvendran

I am delighted to be a volunteer with Healthwatch Sheffield.

First of all, working as a community research volunteer provided me with an opportunity to involve the community and understand health behaviour. Secondly, I had a chance to get involved in research by means of qualitative discussion with different people, thereby gaining the perspective of the community.

Finally, the research and other training provided by the organisation supported me to enhance my research skills and contribute in community-level activities. I really enjoy working with the team of volunteers and helping to improve the health and wellbeing of the community.

Strategic Advisory Group

In June 2018 we recruited volunteers to our new Strategic Advisory Group (SAG).

The SAG supports and guides Healthwatch Sheffield and acts as a mechanism for accountability.

The group is made up of volunteers drawn from local people with experience in health and social care, research, community development and communications.

Current SAG members are James Lock, Dr Patricia Edney, Guy Weston and Simon Duffy. The SAG is chaired by Judy Robinson.

They meet four times a year in public, and four times in development sessions. SAG members also represent Healthwatch Sheffield on external committees and boards, and meet with local stakeholders about specific issues arising in Sheffield.



Thanks so much for the experience, talking to such a broad range of people has really improved my confidence.

Abi Hunter
Healthwatch Volunteer



Volunteer with us

Are you feeling inspired? We're always on the lookout for more volunteers.

If you're interested in volunteering get in touch.

w: www.healthwatchsheffield.co.uk

t: 0114 253 6688

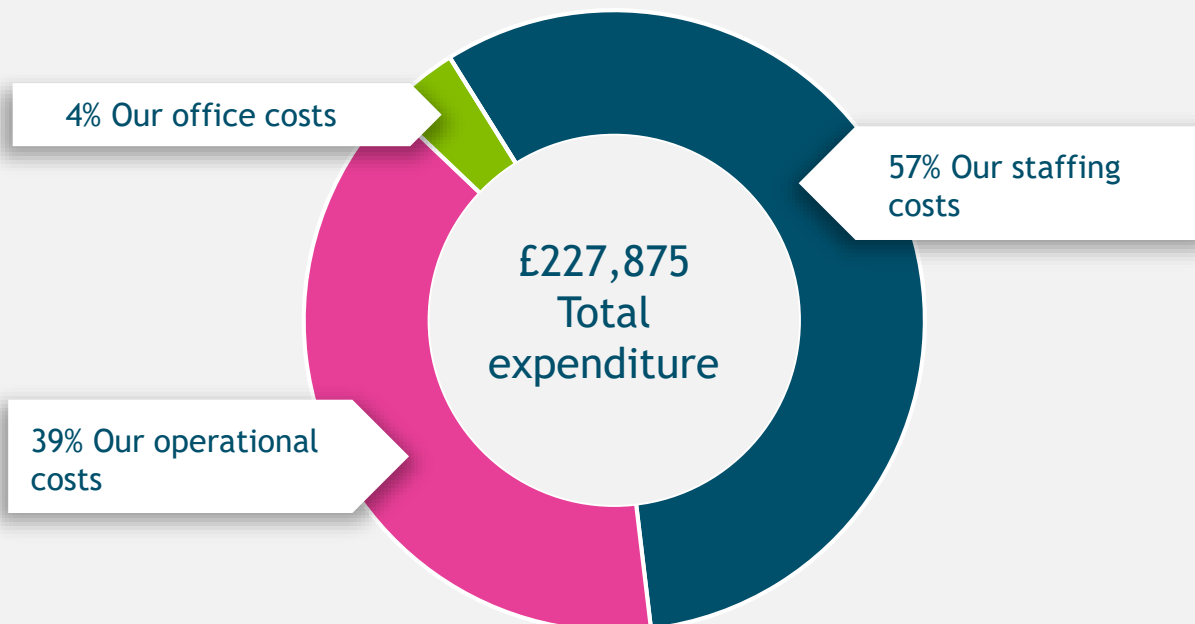
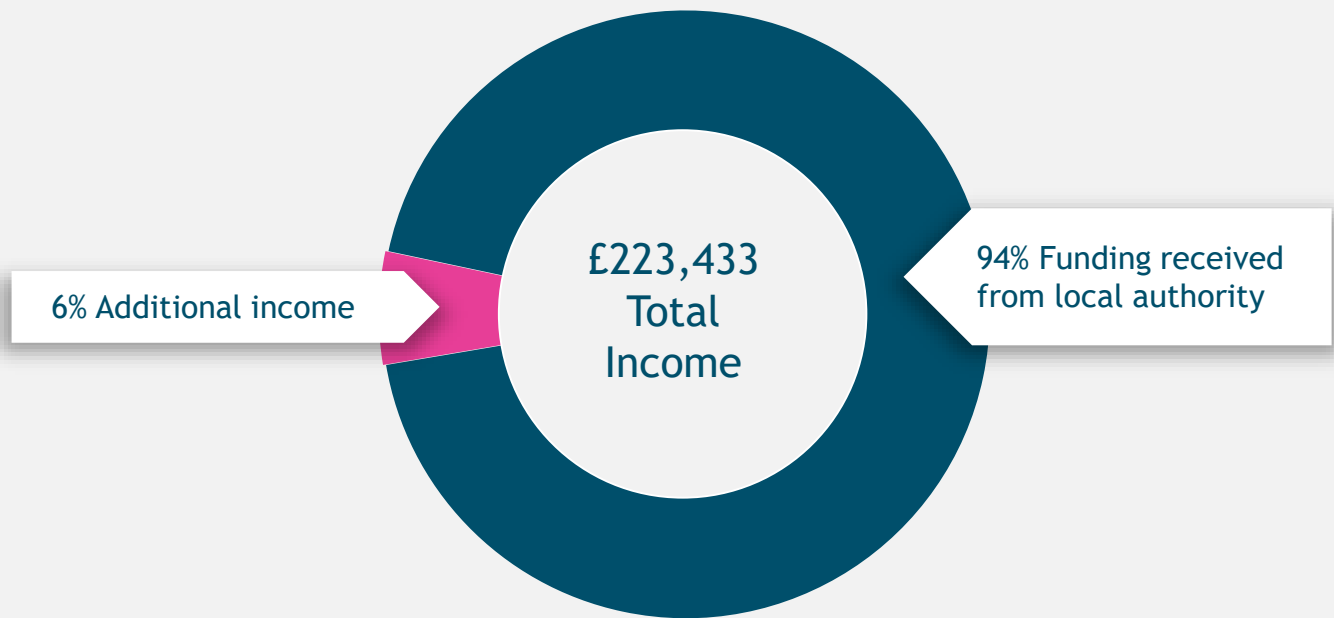
e: info@healthwatchsheffield.co.uk



Our finances

How we use our money

To help us carry out our work, we are funded by our local authority. This year we also secured additional income through our work with the Accountable Care Partnership (see page 16) and other smaller contracts.





**Our plans for
next year**

Message from our CEO

Two years ago I came into post as Chief Officer for Healthwatch Sheffield and described being appointed as an honour - and this still feels like the most appropriate term.

At Healthwatch Sheffield my role has been to create opportunities for people with lived experience to connect with health and social care decision makers.

It's fairly simple to describe in one line, but that does not account for the complexities and barriers that lie in the way. With pressures on our health and social care services, it's easy for the voices of individuals who need and value these services the most to become lost.

Our job is not to speak for people, but to contribute to a culture where people feel empowered to speak up for themselves and be confident that their views will be valued.

Healthwatch Sheffield also plays an important role in challenging those who design and run our services to truly listen and act on what they hear.

This will be my last Annual Report for Healthwatch Sheffield and is a timely opportunity to highlight the achievements of our dedicated volunteers and staff who contributed to Healthwatch in 2018/19, and the important contributions from Sheffield citizens who took the time to share their experiences and views with us.

It's also an opportunity to look to the year ahead and some of the creative ways that we hope to spread the word about Healthwatch.

In the spring we'll be hosting events with Festival of Debate to bring conversations about health and care to a wider audience.

And in the summer you'll have the opportunity to come face to face with some amazing Sheffields as we celebrate them in an exhibition with Archive Sheffield.

This year we intend to shine a light on some of Sheffield's citizens who are using their own experiences of health and care to make life better for other people.

With a change in leadership, you can be assured that Healthwatch Sheffield will remain committed to enabling a culture where people's experience comes first.



Margaret Kilner
Chief Officer, Healthwatch Sheffield

Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

- + Members of the public who shared their views and experience with us.
- + Our amazing team of staff and volunteers.
- + The wider team at Voluntary Action Sheffield.
- + The voluntary and community groups who have been generous with their time and knowledge.
- + The Healthwatch network and Healthwatch England.

What shines through is the representation of different communities in Sheffield. Such as effective focus is really heart warming.

Neil Tester, Deputy Director
Healthwatch England



Left to right: Laura Cook (Policy and Evidence Coordinator), Mark Smith (Volunteer and Engagement Coordinator), Holly Robson (Administrator), Judy Robinson (Chair), Grace Darbyshire (Engagement Officer), Abi Hunter (volunteer), Margaret Kilner (Chief Officer)

Contact us

- + Write to:
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Sheffield, S1 4FW
- + Website: www.healthwatchsheffield.co.uk
- + Telephone: 0114 253 6688
- + Email: info@healthwatchsheffield.co.uk
- + Twitter: @HWSheffield
- + Facebook: /HealthwatchSheffield

Voluntary Action Sheffield holds the contract for Healthwatch Sheffield.

- + Email: info@vas.org.uk
- + Telephone: 0114 253 6600

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Keep up to date by signing up to our mailing list

Our staff

Below is a list of Healthwatch Sheffield staff members in 2018-19:

- + Chief Officer, Margaret Kilner
- + Volunteer and Engagement Coordinator, Mark Smith
- + Policy and Evidence Coordinator, Laura Cook
- + Administrator, Holly Robson
- + Communications Officer, Grace Edwards (until August 2018)
- + Engagement Officer, Grace Darbyshire (until September 2018)
- + Engagement Officer, Rosie Priestnall-Birkett (from September 2018)
- + Policy and Evidence Officer, Ben Christmas (until May 2018)
- + Policy and Evidence Assistant, Matthew Blomefield (from September 2018)
- + Community Outreach Lead, Sarah Fowler (from March 2019)

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you need this in an alternative format please contact us.

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HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of: Judy Robinson and Maddy Desforges

Date: 21st January 2020

Subject: **Health and Wellbeing Engagement Work**

Author of Report: Lucy Davies

Summary:

This paper is to present the findings of the Health and Wellbeing Strategy engagement work undertaken by VAS and Healthwatch. Its purpose is to invite comment and reflection from the board around the content, and how that links to and impacts on the strategy. It is also an opportunity to discuss and agree on direction for next steps of the engagement.

Questions for the Health and Wellbeing Board:

1. What are your reflections on feedback to date?
2. How can the engagement report and findings best be used to shape the next phase of work on the strategy? Specifically, within that;
 - To inform the planned workshops?
 - to link back into the next phase of the engagement work to inform / refine the approach?
3. Are there specific next steps the board would like to see in terms of engagement?
4. How will the board respond to the challenge where key messages don't align with the ambitions as described in the strategy?

Recommendations for the Health and Wellbeing Board:

1. That the information and intelligence gathered is actively used within the next phase of the Strategy development and implementation.
2. That the report is used to inform the discussion and action within the upcoming workshops.
3. That the board notes and reflects on the findings, particularly where the key findings don't align directly to the ambitions as described in the strategy.

Background Papers:

- *Appendix: Engagement report*

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

All the ambitions.

Who has contributed to this paper?

Maddy Desforges

Judy Robinson

Lucy Davies

Health and Wellbeing Engagement Work

1.0 SUMMARY

1.1 This paper is to present the findings of the Health and Wellbeing Strategy engagement work undertaken by VAS and Healthwatch. Its purpose is to invite comment and reflection from the board around the content, and how that links to and impacts on the strategy. It is also an opportunity to discuss and agree on direction for next steps of the

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 The engagement work undertaken sought to ensure that a representative range of voices were heard from. Detailed work was undertaken in parts of the city where health inequalities are prominent, as well as with specific groups – for example adults with learning disabilities. As the work is not yet concluded, part of the next phase will be to identify and fill gaps in terms of voices heard.

2.2 MAIN BODY OF THE REPORT

Healthwatch and VAS were asked to undertake some engagement work to inform the development of Sheffield's Health and Wellbeing strategy. The aim was to understand what people in the city thought of the strategy, and develop a city conversation on "what is health?", recognising that this is more than NHS and care services.

The specific aims within this were:

- Contribute to rebranding and reframing "health" as a collective effort and not something that relies on individual behaviour change;
- Ensure the Board hear the voices of a representative slice of Sheffield, including getting to people who can be "seldom heard";
- Go beyond patients and services users to get the views of citizens on what supports their health;
- Develop deliberative processes to introduce fresh voices into the city's strategic conversation around health and wellbeing;
- And in doing so perhaps provide some challenge to the Board's view.

The report presented with this paper contains the key findings from the first phase of this engagement work. What we heard from people suggests that broadly, people's description of what keeps them well, does align with the ambitions in the strategy. However notably, what we've summarised as the 3 key findings, are related to the ambitions, but with a different focus than that described within the strategy. For example, the importance of being able to travel around the city was reflected, but whilst active travel and cycling were mentioned by some, buses were more widely spoken

about. Physical spaces, including green space, formed another strong theme – the strategy doesn't explicitly mention the importance of green space although we can weave this into the ambitions of:

- Everyone has the level of meaningful social contact that they want
- Everyone has access to a home which supports their health

There is a challenge then of how to ensure that the breadth of these ambitions can include the key themes which have emerged.

3.0 QUESTIONS FOR THE BOARD

- 3.1 What are your reflections on feedback to date?
- 3.2 How can the engagement report and findings best be used to shape the next phase of work on the strategy? Specifically, within that;
 - To inform the planned workshops?
 - to link back into the next phase of the engagement work to inform / refine the approach?
- 3.3 Are there specific next steps the board would like to see in terms of engagement?
- 3.4 How will the board respond to the challenge where key messages don't align with the ambitions as described in the strategy?

4.0 RECOMMENDATIONS

- 4.1 That the information and intelligence gathered is actively used within the next phase of the Strategy development.
- 4.2 That the report is used to inform the discussion and action within the upcoming workshops.
- 4.3 That the board notes and reflects on the findings, particularly where the key findings don't align directly to the ambitions as described in the strategy.

Health and Wellbeing Board Engagement



Background: What we were asked to do

The health and wellbeing board refreshed its strategy in 2019, with a new 5 year strategy for the city being launched in the summer. As part of the process Healthwatch and VAS were asked to undertake some engagement work, to understand what people in the city thought of the strategy, and develop a city conversation on “what is health?”, recognising that this is more than NHS and care services, and means different things to different people.

The aims were to:

- Contribute to rebranding and reframing “health” as a collective effort and not something that relies on individual behaviour change;
- Ensure the Board hear the voices of a representative slice of Sheffield, including getting to people who can be “seldom heard”;
- Go beyond patients and services users to get the views of citizens on what supports their health;
- Develop deliberative processes to introduce fresh voices into the city’s strategic conversation around health and wellbeing;
- And in doing so perhaps provide some challenge to the Board’s view.

What we did

We originally planned to focus on each of the 3 key areas separately (starting well, living well, aging well) but quickly found significant overlap in what people wanted to talk about. We decided to change our approach to ensure we could capture comments from each of the groups which were relevant across the life course.

We used existing events and relationships where possible, to get more detailed and perhaps honest feedback about what matters to people. We structured sessions around three key questions, to avoid leading people and to really get to the heart of what matters, rather than people reacting to priorities given. We focussed on:

What do
you love
most
about
Sheffield?

What
don't you
like?

What
would
you
change?

While we had a framework for the conversations it was important to allow for digression, letting people talk about what matters most.

We had sessions to talk to larger numbers of people at Sheffield by the Sea; the Moor Market and at Sheffield Wellbeing Festival. We also had in-depth sessions with fewer people at the Burton Street project; at a New Beginnings Wish course; at Firvale Community Hub; an Introduction to Community Development and health course (ICDH) in Burngreave, and with a men's suicide group at SOAR. We ran two Healthwatch Health and Wellbeing Forums, one linked to Starting Well (focussing on infant mortality) and one linking to Living Well (focussing on the impact of poverty on health and wellbeing); people attending these forums were a mixture of professionals and members of the public, joining together to focus on a topic. The Living Well forum was run in partnership with the Disability Hub.

In total we recorded feedback from 93 individuals, in a mix of 1:1 and group sessions, in-depth conversations and brief feedback. In addition, we had more conversations, particularly at the wellbeing festival and Sheffield by the Sea. Sessions heard from younger people and families (especially at the seaside event); older people (especially the Moor market); people with learning and physical disabilities; and BAME groups.

This report provides a brief oversight of the main findings, but it is supported by write ups from each piece of work which can be found from page 8.

What we found

The most frequent comments we heard were about 3 things:

Belonging to a Community

Feeling 'held' and connected to a community



Buses

Having access to reliable and affordable bus system transport

Physical Space

Having access to a park which feels safe, streets which feel safe to walk down



These three things were reiterated both as positives – things people appreciate and value about their lives in Sheffield – and negative – things they wish were more apparent. Whether reported as a positive or negative the strength of the initial comments about these three things was striking. Some people related these things to health – including the ability to get to hospital appointments; using space for physical activities; the importance of community for support and to reduce isolation. For others these were things they relate to most as factors which contribute to a healthy life.

The wide range of responses we elicited mean we had to judge which of the 9 aspects of the strategy they best applied to. Any thoughts on community for example were put in section 8, including those around parks and physical space as this seemed the best place to reflect the importance of community. Interestingly parks, open spaces and nature were cited many times, and don't feature overtly in the strategy. Access to healthy food was also mentioned a number of times as being important to people, but doesn't fit neatly into any specific part of the strategy.

1. Every child achieves a level of development in their early years for the best start in life

Many of the comments or thoughts on this aspect of the strategy were about the importance of readily accessible child care – be that from family or in more formal settings. This tied closely to aspect 5 around fulfilling occupation. There were also comments relating to reduced services and support for families with babies and young children.

2. Every child is included in their education and can access their local school

Perhaps not surprisingly we had many comments at Sheffield by the Sea, an event which attracted children and families. The importance of an absence of bullying was sighted by several people, also a number of comments were made about exam pressures for children in school.

3. Every child has a successful transition to adulthood

We heard about exam pressures, and concerns about young people's mental health. Teenagers also told us they needed safe spaces and activities to support them in being independent.

4. Everyone has access to a home which supports their health

Several people were concerned about a growth in street sleeping, which seemed to reflect a concern for those sleeping on the streets, as well as the appearance and feel of the city. We also heard about the importance of safe, secure housing for example at the men's suicide group – this was also spoken about by a lot by a lot of families at Sheffield by the Sea (verbal comments, not captured in the written responses).

We also heard about a lack of repairs on estates in general, and a degrading of the physical environment including littering.

In the Health and Wellbeing forum we heard how individuals had needed to make choices between heating and eating, and couldn't afford to replace white goods and essential items within the home. Access to good advice and support around benefits was highlighted as important.

5. Everyone has a fulfilling occupation and the resources to support their needs

We had many comments about the importance of occupation, as well for example the opportunity to develop skills.

Several people were concerned about poverty in the city, including concerns about antisocial behaviour and violence.

Volunteering was also mentioned as an important part of several people's lives, as was "looking after the grandkids".

6. Everyone can walk or cycle in their local area regardless of age or ability

We heard many concerns and issues around transport, which are gathered in this heading. These included:

Ability to get around physically with a wheelchair – a lack of drop curbs, steep hills, and blocked pavements were all concerns. Additionally, wheelchair users described significant barriers in accessing taxis in the city, which impacted on their ability to get to appointments and access work and activities.

Buses featured heavily – both as a positive and a negative, with people really valuing an efficient, reliable and affordable bus network. Many felt this wasn't available at the moment, and their movements and activity were restricted as a result. Others appreciated the bus service they have, and recognised how important this was to enable them to access other services or activities or events around the city. We heard from wheelchair users who didn't feel buses were systematically or reliably accessible to them. One person spoke of saving up for a month to get to his hospital appointment.

Some people commented generically on "transport" and the ability to get around as an important factor in their lives.

We had some comments from people specifically on walking and cycling, typically a desire for better infrastructure, including pedestrian crossings and bike lanes.

We also had comments about pollution, with people expressing concerns about high levels of pollution in the city.

7. Everyone has access to care and support shaped around them

We heard from people who were concerned about access to their GP, and felt it difficult to get an appointment.

We also heard from people who struggled to access mental health services, for example one older man who reported waiting 8 years to get mental health support.

We heard from people who described that the quality of social care available was not consistently good. Some individuals also described that their package of support didn't allow them to eat healthily because of the expectation that they would rely on ready meals, with only a short time allowed for meal preparation.

8. Everyone has the level of meaningful social contact that they want

We grouped all aspects of community in this aspect of the strategy, with many people speaking about the importance of both physical space and social contact. It was clearly both the high and the low of living in Sheffield. People want safe open spaces, with investment, which they can get to, as well as a sense of belonging, acceptance and friends. Ref move more?

Some comments were specific to city assets – the animals in Graves Park, ducks in Rivelin. Other reflected a sense of fear or uncertainty – the park at Parson Cross “I haven't been, maybe not great”. On physical space people didn't like littering, and felt there needed to be more toilets and drinking water available.

The importance of a strong community was mentioned several times, though without defining what that meant or might look like. Reading between the lines of a wide range of comments it includes pubs, parks safe spaces; a sense of belonging and relationships; having someone to turn to be that mum, neighbour or some sort of group. Lunch clubs were mentioned several times as important.

9. Everyone lives the end of their life with dignity and in the place of their choice.

Like the start of life, we had very few specific comments on the end of life. Perhaps it is such a specific phase of life that although it happens to all of us, people don't focus on it.

What this tells us

We know that the current debate supports recognition of how social determinants harm health, but not how they create health. Yet what people tell us matters is in the realm of those wider determinants – parks and safe spaces, communities which foster a sense of belonging. This is despite media links consistently to negative outcomes (think smoking) rather than how they foster good health (think exercise). Perhaps the biggest challenge for the Health and Wellbeing Strategy is how to harness this positive sense people have into a compelling narrative, focussing on the positive rather than negative.

People are already thinking beyond health as medical and medicalised. But perhaps wouldn't have articulated that in response to a draft strategy which focusses on ill health rather than health.

Next Steps

We will continue to gather views around the strategy, through a mix of targeted activities, and by drawing out relevant feedback gathered in the course of other Healthwatch work. Targeted activities planned include a stall in Meadowhall, a survey to be circulated to Meadowhall staff, and sessions at the city's Adventure Playgrounds. These different activities reflect a continuation of the approach we have taken so far, using a mix of both smaller groups to gain more detailed qualitative information, and bigger sample groups providing snapshots across a wider audience. We acknowledge the current gap relating to engagement on the 'end of life' part of the strategy, and will consider how to ask our questions differently to try and elicit views on this.

In the work so far, 21 of the people involved in the detailed group discussions have been from BAME communities; we will seek to ensure future work continues capturing BAME voices and experiences. We will also consider some focussed geographical work in organisations in the North and East of the city, and undertake some gap analysis to consider which voices have not been heard.

Additionally, we will take direction from the Health and Wellbeing Board on next steps. We hope that the work done so far, will feed into and help inform the upcoming workshops on each of the life courses; equally, the actions and intentions which come out of those workshops, may highlight a need for some specific engagement focus. We hope that the engagement work will be actively used and embedded in the next steps for the Strategy.

HEALTHWATCH COMMUNITY ENGAGEMENT

Title of event: Sheffield by the Sea

No's reached/spoken to: 24 recorded feedback, plus others verbally / in discussion

Overview of the event

The event was to attract families with young children to the city centre. We used the event to speak to people about the Sheffield Joint Health and Wellbeing strategy and what is important to the health of them and their family, targeting pre-schoolers. We focused on the priority Starting Well.

Consultation Strategy

The Starting Well priority has three area which we focused on:

- Every child achieves a level of development in their early years for the best start in life.
- Every child is included in their education and can access their local school.
- Every child and young person has a successful transition to adulthood

To make these questions accessible to everyone we used the frame work of what do you love? What are your concerns? What's your vision?

The specific questions we asked were:

- What do you love about: having a young child (pre-school)? Your/your child's school?
Being/becoming/having a teenager?
- What concerns you about: having a young child (pre-school)? Your/your child's school?
Being/becoming/having a teenagers?
- Vision: What could be different/better about having a young child? What would you like education to be like in the future? How could being/becoming a teenager be different/better?

Cloud	Heart	Glasses
Don't judge a person by how they look or what they have, look at how they feel and how they can help you	I like to go to school trips	Cheaper bus fares
I am concerned that my child's school does not deal with bullying	Friendly City	More access to toilets in town
I am concerned that my teen is safe at night	Events like the beach. Watching a movie, seeing friends at school, good for families	I'd like a park
A lot of bad press about teens in Sheffield. You're not old enough to do everything yourself but too old to do stuff with parents.	Good teachers, great school, feel safe	Getting more independence
What concerns me about being a teenager is that mental health is mainly overlooked. For the majority, people who need help don't get it.	Feels safe. Communities are connected everyone smiles	Having a space to 'be' in the city centre. Without having to pay. Somewhere you can go and feel safe. Don't want to stay home all the time.
Pre-school care during the summer	It's hard to get lost. Easy to get around. I like that everyone knows each other. Freedom for kids and teens	Cure Downs syndrome
I am concerned about the fact that mental health problems amongst children and teens are overlooked.	Community and warm welcome. Sporty weeks at school. My brother will be at high school with me	Starts after school clubs at year 7 to reduce bullying. From a school governor
Concerned by friend's attitudes changing as they grow up.	Nursery Play parks	Create roles community ambassadors for each community made up of young people from each area
Traffic when its busy	Sheffield Grand Prix and school	Make it harder for people to get knives
Exclusions from school BAME students worry about stereotyping	Watching her develop into a rounded healthy person	The roads could be better
I worry about cyber bullying, social media and my kids not being supported	Graves park is great and has chicks!	Better public transport
The CaMHS service and support is good but there needs to be more support in school	The people and the weather	It would be better if I could spend more time with my child

Splash parks not open when they said they will be (Riverlin)	Children's hospital and A&E	I would like education to be less focussed on SATs and exams and more focused on holistic needs
Graffiti rise in Hillsborough in 4 years.	I love spending day time in the park	Swimming access
No toilets in parks	Shopping and swimming, going walking in Riverlin and Loxley	I want my grandchild to have a safe place to live – my daughter is having a baby and I want be nearer to her
Literacy – don't like writing	Like school – learning, teachers, close to school to can walk and feel safe.	More open information and updates about events on in the city
	Going to Old House School. I have all my friends	Invest in Hillsborough Park play area and update the leisure centre in Hillsborough
	The best thing I like about school is my amazing friends!	Less exam pressure for teenagers!
	Carter Knowle School – its old from Georgian times	
	Playing football in the park	
	Night life hanging out	
	I love being outside at nursery and going to the park and learning Spanish	
	I can walk to school with my child	
	School, maths, friends, food and being safe	

HEALTHWATCH COMMUNITY ENGAGEMENT

Title of event: ICDH Session 1

Date of Meeting: 26/09/2019

No's reached/spoken to: 17

Overview of the event

The ICDH course is designed to teach individuals about the wider determinants of health and build capacity in communities.

The participants are a mix of male and female and speakers of other languages. During this session there were 2 men attending and 15 women. The geographic demographics are:

- White British, 1 male 2 female.
- Female, India
- Female, Yemen
- Male, Sudan
- Female, Libya

Are there any key issues that Healthwatch should be aware of that may impact on public and service users?

The topics covered are discussed in a broad sense and will provide themes for exploration. The group discussed what health means to them, the positive and negative aspects and the wider aspects of health (physical, emotional, mental, social and spiritual)

What are the opportunities for Healthwatch?

The purpose of the sessions is to build awareness in preparation of the wider determinants of health, how these translate on an individual and community level. Participants are encouraged to relate topics to their life experiences.

What do you love? What keeps you healthy?

- The innocence of a baby and being a mother.
- My sister at home in Sudan, she's my best friend, caring and supportive
- Music, it's soothing and a positive reaction on my life. I play the bass guitar.
- Children, keeping them safe and their belief in something make believe like Santa.
- Flowers, happiness, colours, love
- Nature, peace and a holistic view
- Nature

- Sport
- Football, it's a universal language and brings strangers together
- Eat healthy, be active
- Family
- Family and communication, love one another
- Environment, support nature
- Celebrations, relationships with family and the stories behind festivities
- Family history
- Being creative and loving a job
- Playing with kids, it's exercise and away from devices
- Caring for each other, family and everyone
- Having someone who cares about you
- Strength and confidence and survival
- Love cooking, it's my only hobby. It reduces stress and healthy food
- Cooking
- Healthy food
- Having an active mind, I have ADHA. My body can be still but my mind is racing. This means I have to be disciplined to keep my mind busy. Sometimes I can spend hours doing something and not realise.
- Being happy with family and positivity
- Sleep and being relaxed
- Relaxed
- Ice cream, it's the smell of happiness and family.
- Being proud of who you are
- Walking
- Walking with friends and family. Walking and talking, sharing stories and getting out
- History and sharing knowledge
- Friendship and laughter. You can laugh at the good and the bad stuff. Support each other in 'our way' using humour
- Quality time with the kids
- Time with the kids
- Having fun with family, partner, learning about yourself
- Sharing with others
- Happiness, having an open mind that puts you in the right thinking (positive outlook). It makes you a happy person who is productive to community.
- Travelling
- Healthy cooking
- Making new friends
- Having a happy baby who absorbs new things
- Happy, healthy
- Traditional things and new communities
- Patient people
- Nature, gardening and being active

What are you concerned about? What is negative to your health?

- Stress
- Family stress, how to raise teenagers
- Language barrier

- Comparing certificates (comparing to English qualifications)
- Language barriers
- Ice cream, putting on weight and struggled to lose it
- Having a sweet tooth
- Worry – I walk/get out and it relieves this.
- Having an angry mind, it makes the mind closed, your thinking becomes destructive, you're not able to learn something new
- Negative thoughts
- Cats – they are unhealthy in a home with a baby
- Judgement based on the colour of your skin and culture
- Home sick
- Homesick gives me happy and sad feelings
- Disappointment, life is not easy and I need support from my family and friends
- War, it changes lives
- An angry person is isolated, could be depressed and is not adding to community
- Sedentary lifestyle, sitting for a long time lost in a book or crossword
- Unrealistic body image from media pictures and it concerns me about the younger generation
- Migraines
- Abusing people, the strong abusing the weak and I feel useless about this.

What would be good to try? Make things better?

- Kids and dads spending time together, dads don't because they are seen as the 'protectors'; mums or seen as 'nurturers'
- To be in a safe place away from drugs
- Improve my English to go to university
- To be well physically and mentally
- Good images for family and other people (role models)
- More experiences, grow and family and get to know families, friends and job
- Finish my study (PHD)
- Be perfect in English
- To have value in my community to support others and have a healthier family
- I was a doctor in Libya; I'd like to return to medicine
- I'm happy not knowing where life will take me
- To be more confident, I'm quiet in classes and people might think I don't want to talk to them
- To be perfect in English. I lost my English whilst raising kids. I'd like to study (FE)
- To develop my English
- To develop my English, get a career in pharmacy. I have to a qualification to get (undertaking at present)
- Care for my kids, help children with homework and to help children.
- Do everything, more cooking (learn recipes for desserts) and for communities to happy way.
- More healthy lifestyle, secure financially and have a job
- War to end in my city (Syria)
- Time to improve ability
- Experience to do hobbies but family stops this (family demands on time)

HEALTHWATCH COMMUNITY ENGAGEMENT

Title of event: Sheffield Wellbeing Festival

Date of Meeting: 24/07/2019

No's reached/spoken to: 32

Overview of the event

The event was to promote mental health and wellbeing. We used the event to speak to people about the Sheffield Joint Health and Wellbeing strategy. We focused on the priority area Living Well. This was because we anticipated the people attending the festival would be the right age range for this priority.

People spoken to were Older people (50+), People from BME community, People with a disability (e.g. physical, mental, learning).

Consultation Strategy

The Living Well priority has three areas which we focused on:

1. Everyone has access to a home that supports their health
2. Everyone has a fulfilling occupation and the resources to support their needs
3. Everyone can safely walk or cycle in their local area regardless of age or ability

To make these questions accessible to everyone we used the framework of:

What do you love? What are your concerns? What's your vision? For each question we focused on:

- **Your home and community**
- **Your daily life**
- **Travel around the city**

What we learnt

We recognised not everyone is in employment making area 2 difficult to answer hence a broader question was asked, however we discovered this did not provide specific comments relating to occupation and support.

The trails for the Invictus games had taken place the same morning with a cycle event. This influenced some of the comments regarding travel around the city.

<p>Your home and community</p>	<p>LOVES</p> <ul style="list-style-type: none"> • Multi-cultural • Friends, for the young, enjoy! • Have my health, nice friends. Happy with life. • I love the general togetherness of Millhouses. • Hillsborough has everything I need. • Sense of community, cultural mix. • I love how all of the neighbours all know each other, S2. • I have a girlfriend • Sheffield always feels local • Friendly people • I love the friendly people • I love how safe it is, my school, how many buses go everywhere. • Sense of community and friendliness • Sheffield is cheap to live, I moved from Oxfordshire. I have a brother here. • My house, how friendly everyone is • Friendly and good sense of community, parks and cafes. • Clean, nice neighbours, good park, shops. I love where I live. • I love the countryside. Nature. • Fresh air, memories of animals. • Lots of trees, friendly neighbours, lots of cafes. • Friendly city, countryside • Love: greenness in and around the city. • The views are brill and the parks are nice. • Everyone worked in steel, there was a community feel – Local History • Quiet where I live – no cars and speeding, nice polite people, friendly (Swallownest) <p>CONCERNS</p> <ul style="list-style-type: none"> • Poverty in our communities • Rubbish on the streets • Stabbing in Southey • Manor Park doesn't feel safe at night – intimidating motorbikes • Your safety in the neighbourhood • Amount of drug users in the city centre • Safety, drug dealers, police not acting on information, not supported by services • Drug dealers, screaming kids and bad language • Doesn't feel safe at night • Lack of police, Meadowhall is naff • The smokers. • Filthy, rubbish shops, council has monopoly, harassment • People don't talk, less of a community. Expectation of computer literacy • Kids throwing stuff at my door, S9 • Getting mugged/homophobic attacks • Kids on street, it's not quiet
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	<ul style="list-style-type: none"> • Lack of freedom. Homophobia/transphobia • Wouldn't like nasty neighbours (violent, snatch bags, speeding) <p>VISION</p> <ul style="list-style-type: none"> • That we don't ever lose that sense of community • A supportive city • Decisions about the city being made by all councillors, not a few. • More festivals to bring people closer together • More youth services • Feel safe in our city • A new home that is safe and a nice place to live • Having a sense of community – Gleadless • To get married • A house that I own with my husband but in this economy it's not too likely • I'd like to see more homeless people off the street e.g. shelter/with hope • Would like to move and have my own flat. Kids off streets and doing something • Nice world, no stealing.
Your daily life	<p>LOVES</p> <ul style="list-style-type: none"> • I enjoy my job • Walking through the park to work (in the daytime). <p>CONCERNS</p> <ul style="list-style-type: none"> • Can't get doctor appointment for 3 weeks • The GP not effective at treating patients, Sky Edge • Long waits for GP Greystones Medical Centre (for before and after work). High numbers of homeless people • Matthews Practice – Can't get appointment, can't get through for urgent appointment that's Dr asked for. • Handsworth medical centre – tried to book appointment, they said 3 weeks or could phone after 8:30 to see if they could see me. • Pharmacist changing supplier – confuses with changing look. Colour coded tablets would be better • Lacking respect for authority. Handing down skills person to person. • Waiting time for mental health services, people on streets. • Money cut from voluntary sector support services • Health service and Doctors notes – patient should be able to see and agree to avoid miss management • Universal credit. Job Centre bringing me in every month for an appointment and give me nothing. Makes me feel like an idiot • I'm worried about discrimination based on my appearance e.g. scars, clothes and weight. <p>VISION</p> <ul style="list-style-type: none"> • A good job I enjoy

	<ul style="list-style-type: none"> • More accessible public toilets and drinking water in the city centre • Better support for teachers, instilling manners, better youth services, better support for older people
<p>Travel around the city</p>	<p>LOVES</p> <ul style="list-style-type: none"> • Good buses • How often the buses arrive • Good transport (Arbourthorne) trams and buses • Love Sheffield, vibrant and up and coming. Great and easy access from railway station. • I love walking • Countryside on the doorstep! • The bike ride event was great • Bus gets me out of the house • Ride bike on railway lines • Bus drivers wait for you to sit down before driving. • Feel safe on crossings, drivers stop (Swallownest) <p>CONCERNS</p> <ul style="list-style-type: none"> • Bus services • The buses not arriving at 10pm • Public transport variable – geared towards student areas more • Cuts to buses • I hate bus 51 it's not on time • Run down buses • Bus cuts, less pollution from buses • The buses are on strike, not reliable • Transport not joined up • Pollution, littering. Lack of pride • Pollution • Climate change is always a problem. • The hills are an issue. The bus fares are very expensive. It takes too long to get to places. Tramlines on roads (with cars) slows trams down. Manchester has a better system. • Can't get a bus, too expensive to pass driving <p>VISION</p> <ul style="list-style-type: none"> • Suitable buses for older people • Transport links could be better to Outibridge • Better, cost effective travel • Better buses • I would change the parking because there's not any spaces, S2 • More cycle lanes • More pedestrian crossing and pelican crossings which reliably work (so many don't) • More cycle/vehicle free zones and better buses and cycle lanes outer path of Sheffield • More cycle routes everywhere and traffic free areas

	<ul style="list-style-type: none">• Bus stops with up to date info on it• A cycle route that is safe and free of obstruction throughout the city• Easy bus system• More accessible and cheaper public transport
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HEALTHWATCH COMMUNITY ENGAGEMENT

Title of event: Listening hub – What is health - Session 1

Date of Meeting: 18/09/2019

No's reached/spoken to: 6

Overview of the event

This session was to introduce the following 8 sessions to the participants, team building and hopes and fears of working together. All of the participants are female and speakers of other languages. English is not their first language. The majority are accessing services through New Beginnings. The geographic demographics are:

- Pakistan
- India
- Ethiopia
- Zanzibar
- Nigeria

What are your hopes ? (aspirations, expectations)	What are your fears ? (concerns, barriers)
<ul style="list-style-type: none"> • Explore my potential – strengths, weaknesses • Increase my confidence in learning and coping • To work on my abilities • To know my career, strengths, to further studies • To learn how to deal with difficult situations • To know about general health and wellbeing • Build my skills and knowledge • Will know more people and make friends 	<ul style="list-style-type: none"> • English not being good • Childcare – sickness, creche • If I miss a session or 2 what will happen? • If I am unable to finish the course how am I going to catch up or finish the course? • Feeling confusion • Speaking too fast and confusing people • Make sure you look at the person you are talking to • Losing concentration • Bad spelling – ordering sentences that are written • Confidentiality – what is said in the room stays in the room

<ul style="list-style-type: none">• To communicate better with people in my community• To know my how to overcome my anxieties• A purpose to get out of the house and new hobbies• To know how to help myself to be healthy• To learn and how to use in community, to help others• Learn more skill to communicate with different people in the course• Become more confident in my physical look, appearance.	<ul style="list-style-type: none">• Confidence in speaking in front of people and how to keep people engaged• Respect other people's ideas – no idea is too small• Problem to start speaking at first in front of people• If my knowledge is not enough or related to the course• If I can get transportation• Lack of confidence with conflict – shouting, aggressive, when people don't understand me well.
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HEALTHWATCH COMMUNITY ENGAGEMENT

Title of event: Moor Market

Date of Meeting: 11/09/2019

No's reached/spoken to: 6

Overview of the event

Burton Street Foundation is a day centre that provides activities for adults with physical and/or learning disabilities. We spoke to a group of 10 adults of 8 women and 2 men, 3 of the women were support workers who were present to facilitate communication. The group meet weekly to discuss topics of their choosing.

Present from Healthwatch Sarah Fowler and Rosie Priestnall-Birkett

People spoken to were older people (50+) and people with a disability (e.g. physical, mental, learning).

What we learnt

We only spoke to a handful of people. This was mainly due to the length of time people wanted to speak to us. Often conversation was at length and not always about the questions we asked. A number of people digressed which we used as an opportunity to ask about other questions on the H and WB Strategy.

White lady aged 76

I go to the doctor but spend so long on the phone; they won't let you make appointments face to face so I try to keep healthy. I keep going and my son says, "mum will you slow down", but I won't while I can. I've been on my own for 30 years. My husband died at 52, the house was paid for so I quit my job, sold the house and bought a bungalow, cash. It was what we were going to do. I was left well enough off.

I can now look after my grandchildren. I've looked after all my grandchildren and now my great grandchildren. They all live local. I do my own shopping and decorating.

I look after 8 grandchildren I don't have enough free time. I come out to see my friends on a Monday, Wednesday, Friday and Saturday morning

The buses feel like a young person who sits behind a desk and drives a car has designed the service and doesn't understand older people.

White Gentleman, middle aged +

I have mental health problems. It's taken 8 years to get some support. I was in Northland, Southey. They said they didn't want me. I first went to the GP and they couldn't offer another option for support for 6 years. I still feel rocky (shows scars from self-harming) I've just got a support worker from Rethink.

When asked about community groups: I go to SAGE Green fingers. I go once a week all year round. I don't cook, the volunteers do.

White lady aged 80 and a resident on the Sutton Estate

There's nothing on the estate for older people anymore. The community meal on Fridays is now £7 it used to be £2.

I don't see my grandchildren because my daughter hasn't spoken to me for 9 years. There are no repairs happening on the Sutton Estate or help happening (there used to be a handyman on site).

I use the bus to travel. The bus stop is close to me.

White man aged 50+

I think there needs to be more support for carers such as respite. They often have to give up work and care full time which causes stress and anxiety. They could do 3-4 days caring and then alternative support the other days.

White man 70+ with learning disability (individual specified as having learning difficulties due to Chronic Hyperthyroid)

I walk, I used to run as a kid but I walk now. I feel safe to be able to walk but my friends have had trouble with jobs on the Manor, throwing things. Neighbours destroy things (Heeley Bank flats) and there's problems with music and littering. There was a stabbing. It doesn't stop me walking around. There's no discipline, that's what they need. I was raised as a Catholic but I don't go to church anymore, it's for hypocrites.

I talk to homeless people and buy them food and a drink. I believe it how you're raised, to respect and help people.

My talent is playing the piano, it calms me down. I can play for hours. My friend runs a CD stall and prints rock and roll memorabilia for me. I make the covers for tape cases. I volunteer at the book shop on Shoreham Street, have so for 24 years, 6 days a week.

My sister comes and does my washing and comes on Sunday, invites me for dinner.

White lady 80+ uses a walker

I like to sleep. I go to TLC at St Pauls Church (Norton Lees). I don't go to church I just go for tea and a chat. I use the Door to Door service which costs about the same as bus fare. I use this to help with the shopping when my daughter can't take me. I go where it's easy to get around (Morrisons and Moor Market) I feel safe doing journeys I need to but can't walk long distances.

I don't have a Post Office near enough to get to. I rely on my daughters for help. It's easy to get around on buses but I don't want to use public transport in case they set off before I sit down and I fall. I have a fall medallion and know who to call.

My family bought me a mobile phone but I get annoyed by it. I can't use it. I 'throw' it to one side and call my son on the land line. My son comes once a week, I give him his tea and he asks if anything needs fixing/doing. My daughters come once a week to take me shopping and bathe me.

I go to chair aerobics at St Pauls too. I get out as much as I can. I have a cleaner to help as I couldn't do the cleaning anymore.

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HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell

Date: 17th January 2020

Subject: Health & Wellbeing Strategy - Update

Author of Report: Dan Spicer – 27 34554

Summary:

This paper briefs the Board on progress made towards implementation of the Joint Health & Wellbeing Strategy, and asks the Board to agree to a programme of discussions during 2020, focused on each of the ambitions set out in the Strategy, led by specific relevant individuals and supported by a relevant Board member in each case.

Questions for the Health and Wellbeing Board:

1. Do they support the approach set out in this paper?
2. Do they agree with the named leads and sponsors identified?
3. Do they support the broad approach to developing a Strategy performance framework?
4. How would they like to prioritise the ambitions in terms of Board agendas?

Background Papers:

- [Joint Health & Wellbeing Strategy](#)
-

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This paper applies to all of the ambitions set out in the Strategy.

Who has contributed to this paper?

- Cllr George Lindars-Hammond – Co-Chair, Health & Wellbeing Board
- Dr Terry Hudson – Co-Chair, Health & Wellbeing Board

- Judy Robinson – Chair, Healthwatch Sheffield
- Nicki Doherty – Director of Care Outside of Hospital, NHS Sheffield CCG
- Mark Tuckett – ACP Director, Sheffield ACP

Health & Wellbeing Strategy Update

1. Introduction

1.1. This paper briefs the Board on progress made towards implementation of the Joint Health & Wellbeing Strategy, and asks the Board to agree to a programme of discussions during 2020, focused on each of the ambitions set out in the Strategy, led by specific relevant individuals and supported by a relevant Board member in each case.

2. The story so far

2.1. At the Health & Wellbeing Board's July Strategy Development meeting, the Board received a short paper setting out clearly the proposed approach to implementing the Health & Wellbeing Strategy.

2.2. In summary, the key points of this paper were as follows:

- There should be a specific named lead for each of the ambitions in the Strategy to act as a point of contact and accountability for the Board;
- This individual should be responsible for overseeing action-focused discussions (such as a workshop, or some other process), exploring the relevant ambition with a wide range of stakeholders, agreeing practical aims and a set of actions that partners across the city commit to as part of delivering the ambition;
- The purpose of these workshops would be to build support for the Strategy and its ambitions beyond the Board's membership, develop a collective approach to implementation that all feel they have had the opportunity to shape, and tie in the whole city to taking action;
- The Board's role would then be to use its democratic position to hold those who have made commitments to account;
- It would be likely that this would require partners to provide some capacity to support and deliver the workshops.

2.3. The Board's discussion of this paper covered the following points:

- Delivering nine workshops on this scale is a major task with implications for organisational capacity;
- There is a risk of duplicating work being undertaken by other boards or in other places;
- Agreement on the need to engage beyond "the usual suspects";
- Concern that some areas (such as learning disabilities) that cut across the Strategy could risk not being reflected in ambition-specific workshops.

2.4. Following this the Board discussed the following:

- Rather than a workshop for each ambition, the starting point could be a workshop for each life course stage, with a fourth workshop looking at cross cutting issues;
- This might identify a need to have further "deep dives" into specific ambition areas;
- An update report should be brought to the December Board meeting, and the Board should reflect on capacity at that point.

2.5. The Board's Steering Group have reflected at length on this discussion, with the following key points in mind:

- Health & Wellbeing Board is the publicly accountable body for improving the health and wellbeing of Sheffield residents;
- The Strategy has been developed in consultation with a range of stakeholders in the city beyond the Board and is seen as commanding broad support;
- It is a high level Strategy, and does not contain detail on what should be done to achieve the ambitions it sets out;
- Some of the individual ambitions cover extremely broad areas requiring input from a wide range of stakeholders: the life course stages even more so;
- Delivery will require action by the full range of partners in the city, including many not at the Board table and over whom the Board cannot exercise direct influence through its statutory powers;
- A major question for a number of board members has been how to get from high level ambitions to specific action plans for delivery;
- The Board's role in delivery is not about the operation detail: it is to find out what's happening in Sheffield, to build broad partnerships that agree on what needs to happen in the city and commit to taking action, and then to hold the system to account for those commitments made, provide support and unblock issues to help things happen.

2.6. These discussions have led the Steering Group to agree the following firm plan for Strategy implementation.

3. Identifying "the plan" specific to the broad ambitions

3.1. Given the breadth of the strategy, it remains the proposal there will **not** be a "single plan" for implementation. The approach it is proposed to take is that the strategy sets out a set of challenges and a range of institutions and partnerships need to consider how best to respond.

3.2. With the points above in mind, in particular the breadth of the territory involved in each of the life course stages, the Steering Group are concerned that taking the approach proposed in July risks not moving discussions forward as quickly as possible, and failing to develop the specificity of action the Board desire. Equally, concerns over capacity are not unfounded, and there are also valid concerns about the potential for duplication in running workshops for each ambition.

3.3. In addressing this, the following points are important:

- There remains a need for an action plan against each ambition against which the Board can hold the city to account;
- This might be developed through a bespoke workshop, or through existing work already underway in the topic area, using existing boards, processes and mechanisms where they are in place, not creating a new parallel structure;
- What is critical is that whatever process is followed produces a clearly articulated plan of action, that is signed up to (and ideally created) by a broad range of stakeholders, and that satisfies the Board as to the process through which this was developed.

3.4. It is suggested the criteria for satisfying the Board should be as follows:

- The process must ensure voices and players from outside the immediate constituency of public services have an opportunity for their view to be considered, to shape the action plan and to make offers. This should include the opportunity to suggest where statutory services could do things differently;
- The process must consider what we are hearing from engagement exercises, in and outside the sector concerned;
- The process should consider who are non-engaged stakeholders, and make efforts to engage them;
- It should also link to the engagement work on the Strategy being led by Healthwatch;
- The process **must** address inequalities;
- The process should consider the state of play in the sector in Sheffield, the state of the art, the evidence base, the current trajectory of the key indicators, and agree how to shift the trajectory positively;
- It should be open to radical thinking;
- It should ensure proper reflection on cross cutting issues affecting that ambition;
- It should recognise that in each ambition area there is a lot of work going on, but that we collectively want to accelerate trajectory of improvement;
- It should agree across all stakeholders what measures or indicators will tell us if we are being successful.

3.5. The Steering Group agree with the Board's view that without additional capacity, running nine workshops to satisfy these criteria may take longer than originally anticipated. Therefore, to reduce the additional demands on organisations but ensure the Board can be confident that action is taking place in support of the Strategy, it is suggested that a named lead for each ambition area be identified and asked to attend a Board meeting to set out the current state of play in the area of work, and how they will put the required process in place to deliver a city-wide action plan on behalf of the Board. These will be scheduled into the Board's Forward Plan, and it will be for the Board to determine whether they are satisfied with what is proposed, or whether they wish to see more done, allowing for targeting of resources.

3.6. The named lead would be supported by a Board member as sponsor, as a first point of contact and for signing off any papers that are put to the Board.

3.7. Named leads and sponsors for each ambition are set out below, with the following criteria used to identify appropriate people:

- Responsibility for the Strategy must be **seen** to be not just the preserve of just one or two organisations;
- Reflecting the above concerns about capacity, no individual should be responsible for more than one ambition area;
- Where ambition areas cut across more than one area of work (such as age boundaries, or multiple service areas), selection of the Board sponsor would attempt to reflect this.

Ambition	Suggested Board Sponsor	Suggested Lead	Potential Timescale
Every child achieves a level of development in their early years for the best start in life	Cllr Jackie Drayton	Bethan Plant	February 2020 onwards
Every child is included in their education and can access their local school	John Macilwraith	Stephen Betts	April 2020 onwards
Every child and young person has a successful transition to adulthood	Cllr George Lindars-Hammond	Dawn Walton	February 2020 onwards
Everyone has access to a home that supports their health	Cllr Paul Wood	Janet Sharpe	April 2020 onwards
Everyone has a fulfilling occupation and resources to support their needs	Greg Fell	Laura Hayfield	April 2020 onwards – ideally by July 2020
Everyone can safely walk or cycle in their local area regardless of age or ability	Laraine Manley	Tom Finnegan-Smith	TBD
Everyone has equitable access to care and support shaped around them	Nicki Doherty	Mark Tuckett	April 2020 onwards
Everyone has the level of meaningful social contact that they want	Maddy Desforges	Emma Dickinson	February 2020 onwards
Everyone lives the end of their life with dignity in the place of their choice	David Hughes	Tracy Standerline	March update scheduled

3.8. The initial ask of each of the named leads will be:

- To curate a Board discussion setting out the current state of play in Sheffield in relation to the ambition in question, reflecting the criteria set out in para 3.4 above (informal discussions have taken place with potential named leads, and possible timescales for this initial discussion are indicated above);
- Through this session, work with the Board to identify the best process for developing a plan against which the Board can hold the city to account to identify when they would be prepared to present that to the Board identifying the current mix of interventions, the rate limiting steps and the 1, 5, and 10 year aspirations.

3.9. There is no desire to establish new mechanisms or boards: the ambitions should be owned within structures we already have. The Board’s forward plan and agendas will reflect what is in the strategy, and the balance of topics covered. To oversee this we will create a light touch oversight group.

4. Wellbeing built more explicitly into decision making processes

4.1. In addition to the nine ambitions the Strategy commits us to building considerations around health and wellbeing and inequality in as a core element of decision making and policy

development. There is some further work needed on this, but it is recommended the Welsh Future Generations Act provides a template and some practical guidance documents.

5. Linking Strategy to outcomes

- 5.1. The broad overarching metrics are established within the strategy. These are based on a version of the PHE Local Government Area Health Profiles. This is nationally produced and matches well with three quarters of the ambitions. Mostly these are high level population health metrics and there is a legitimate question of how to link service level performance & outcome metrics to high level whole population.
- 5.2. Each of the ambition areas will need to have its own outcome framework that needs to be developed and owned by the stakeholders in that space, with the Board holding the ring across all ambitions. There may be some merit in peer review of such frameworks. Those remain the responsibility of stakeholders in that space, overseen by an appropriate partnership or single agency.
- 5.3. The Board should seek an annual assurance on outcomes. This should include outcomes or other metrics within specific ambitions, and more general high level population outcomes. The review should also include a test on what changes have been implemented in a year toward getting the right machinery in place both within outcomes and more overarching.
- 5.4. The review should also test:
 - whether there is visibility being given to the areas of the strategy that aren't visible to the whole of the board;
 - whether new stakeholders have been engaged beyond the usual constituencies;
 - whether any workshops or other processes set up fulfil the criteria we have set;
 - the actions individual members of the board, and the constituencies & agencies they represent have implemented towards the aims of the strategy;
 - What are we hearing from engagement exercises, in and not in the sector concerned, and whether the insight from that engagement match the service delivery view and the data
- 5.5. In totality this should provide a bridge from high level, long term strategy to short and medium term actions. The role of the board remains holding to account (including itself), and being publicly accountable for health and wellbeing.
- 5.6. We should aim to build implementation into the standard operating processes of constituent organisations, in a way where health and wellbeing outcomes (and inequalities in these) are considered with the same gravity as financial balance. This will need embedding within our management processes and discussions at key meetings such as EMT, CMT, PLTs, etc.

6. Questions for the Health & Wellbeing Board

1. Do they support the approach set out above?
2. Do they agree with the named leads and sponsors identified?
3. Do they support the broad approach to developing a Strategy performance framework?
4. How would they like to prioritise the ambitions in terms of Board agendas?

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HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: John Macilwraith, Executive Director of People & Nicki Doherty,
Director of Care out of Hospital, Delivery

Date: 30/1/2020

Subject: Better Care Fund Quarter 3 update and submission

Author of Report: Jennie Milner, Head of Integrated Commissioning, Better Care
Fund Manager

Summary:

The Better Care Fund (BCF) is a programme spanning both the NHS and local government that seeks to join up health and care services; empowering people to manage their own health and wellbeing and to live independently in their communities for as long as possible.

This update builds upon the information shared with the board on the 26th September 2019, providing an update at the end of quarter 3, providing an update on actual spend to Month 8 and Better Care Fund key performance indicators where an update is available.

The current agreed pooled budget arrangements state that each organisation is responsible for any financial variances on their individual budget areas, with the exception of mental health and community equipment, where the figures reported reflect the agreed risk sharing arrangements. The forecast outturn at Month 8 is an overspend of £1.564m (CCG £0.184m overspent, SCC £1.380 overspent).

Questions for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. How does the Health and Wellbeing Board wish to influence and support the Joint Commissioning Plan for 2020/21?
2. What additional assurance would Health and Wellbeing Board like to receive to be reassured that the financial position for each of the Better Care Fund themes is understood and being managed by the Commissioning organisations?
3. Are there any particular Better Care Fund themes which the Board would like to be prioritised in future updates?

Recommendations for the Health and Wellbeing Board:

- Approve the Quarter 3 submission to NHSE and LGA.
- Note the actual financial position to Month 8 of £0.959m overspent
- Note the forecast outturn position as calculated at Month 8 of £1.564m overspent
- Note the KPI information available at the time of writing this report
- Note the approval of the 2019/20 plan and actions to be taken to sign off section 75
- Consider actions required to seek assurance on financial balance at the end of the year

Background Papers:

- *Health and Wellbeing Board Paper 26th September 2019, Sheffield Better Care Fund 2019/20*
- *Joint approach to winter planning Appendix A*

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

Who has contributed to this paper?

Sheffield Better Care Fund 2019/20 Quarter 3 update

1.0 SUMMARY

1.1 The Better Care Fund (BCF) is a programme spanning both NHS and local government which seeks to join-up health and care services around a person, so that people are better equipped to manage their own health and wellbeing, and live independently in their communities for as long as possible.

2.0 In accordance with the Better Care Fund Operating Guidance published in June 2019, Sheffield Health and Wellbeing Board submitted their plan in September 2019. Approval was received on the 10TH January 2020. This allows the transfer of pooled funds and requires approval of the section 75 agreement by the end of January 2020.

3.0 The operating guidance requires regular submission to NHSE on the progress against the plan. Qtr2 provided an update on the financial position. Qtr 3 submission, requires an update on the key performance indicators, progress against the High Impact Changes and an integration success story. Details of the progress Sheffield has made at quarter 3 is summarised in this report, copies of the submission will be available on request.

4.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

4.1 Our shared aspiration is to improve health outcomes and inequalities for Sheffield people. The benefits for Sheffield people include:

- 4.1.1 More seamless, integrated care and preventions services, improving patient experience and reducing handovers
- 4.1.2 A more holistic approach to health and wellbeing
- 4.1.3 More care and support provided for patients at home, enabling people to remain independent for longer
- 4.1.4 A single approach to long term care that focusses on maintaining independence and providing cost effective care, not assessing to determine who pays
- 4.1.5 Better health of those most at risk of health crises requiring hospital admissions, eg, through care planning, better management of long term conditions and reduction of clinical and social risk factors such as loneliness and isolation.
- 4.1.6 Reduced admissions to hospital and care homes
- 4.1.7 An improvement in patient outcomes and an increase in positive patient experiences of care
- 4.1.8 Better use of financial resources for the CCG and council

5.0 Quarter 3 position

The table below shows an overview of the financial positions by theme and organisations as at Month 8.

Better Care Fund – 2019/20 Summary of Budgets by Theme as at Month 08									
	Annual CCG Budget	Annual SCC Budget	Annual BCF Budget	Year to Date Total Budget	Year to Date Total Budget	Year to Date Total Actuals	Year to Date Total Variance	Forecast Total Outturn Position	Forecast Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Theme 1 - People Keeping Well	1,517	6,494	8,011	5,551	5,562	5,562	11	7,820	(191)
Theme 2 - Active Support and Recovery	45,045	10,592	55,637	37,143	37,169	37,169	26	55,339	(299)
Theme 3 - Independent Living Solutions	1,805	2,182	3,987	2,693	2,774	2,774	82	4,180	194
Theme 4 - Ongoing Care	45,795	99,355	145,150	97,865	98,621	98,621	755	146,113	963
Theme 5 Adult inpatient Emergency Admissions	68,622	0	68,622	45,748	45,748	45,748	0	68,622	(0)
Theme 6 - Mental Health	103,053	6,483	109,536	73,024	73,812	73,812	788	110,563	1,027
Sub Total Revenue Expenditure	265,837	125,106	390,943	262,025	263,686	263,686	1,661	392,637	1,694
Theme 7 - Capital Grants	0	3,881	3,881	2,106	1,404	1,404	(702)	3,751	(130)
Total as at Month 08	265,837	128,987	394,824	264,131	265,090	265,090	959	396,388	1,564

The position within this report has been adjusted post ledger close to report the most accurate position calculated in month with regards to the year to date position within SCC for Public Health within People Keeping Well, the ICES contract within Independent Living Solutions and purchasing budgets.

It should be noted that the BCF is a subset of budgets and as a result doesn't report the full financial position of each organisation. Sheffield City Council People portfolio has an underlying pressure of £13m which is being non-recurrently mitigated by central reserves.

Activity and KPI data:

At the time of reporting the only core national metric which has an available update is:

Admissions to care homes:

On a rolling 12 month basis to the end of October 2019, there were 718 admissions compared to the target of 729. This equates to 756 admissions per 100,000 of the population compared to the target of 768. The measure is therefore green and on track to achieve the target.

The following targets are unchanged since the last report but are included for information.

Non- Elective Admissions

The Non- Elective Admissions targets have been confirmed by NHSE as

Non Elective Admissions Quarterly Targets			
Q1	Q2	Q3	Q4
14,066	14,223	13,871	13,905

The actuals compared to the indicative quarterly target show an overachievement due to the increased weighting to the target in Quarter 2.

NEL Admissions	Q1	Q2
2019/20 Target	14,066	14,223
2019/20 Actual	14,288	13,945
Cumulative Target	14,066	28,289
Cumulative Actual	14,288	28,233
% Cumulative Difference	1.58%	(0.20%)

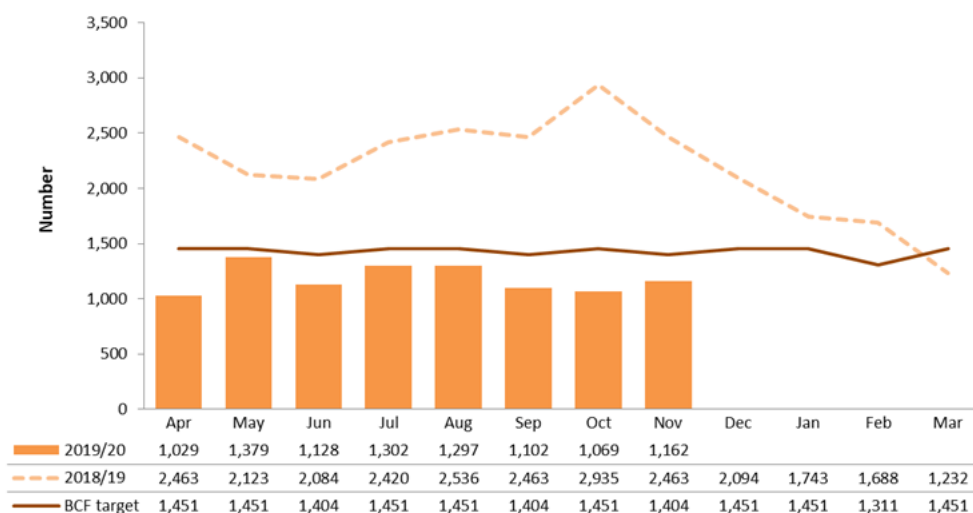
Delayed Transfers of Care:

As at the end of September, there were 7,237 delayed days recorded, 48.6% fewer than at this point last year.

The Better Care Fund Submission File shows delayed discharges per day as the target. The assumption has been made that this is averaged across the year giving a target 46.7 delayed discharges per day. On this basis the Sheffield position to September would be:

DTOC	April	May	June	July	August	September
2019/20 Actuals	34.30	44.50	37.60	42.00	41.80	36.70
BCF Target	46.70	46.70	46.70	46.70	46.70	46.70
Movement from Target	(12.40)	(2.20)	(9.10)	(4.70)	(4.90)	(10.00)
% Movement from Target	(26.55%)	(4.71%)	(19.49%)	(10.06%)	(10.49%)	(21.41%)

Delayed Transfers Of Care (Monthly)



Reablement - Proportion of people still at home 91 days after discharge:

Reablement is a quarterly target. For information the performance in Q2 2019/20 was 82.2% compared to the target of 80%. The measure is therefore green and on track to achieve the target.

6.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

- 6.1 System wide planning is essential to supporting the integration of health and social care, improving peoples experience and providing high quality care at a sustainable cost.
- 6.2 Winter Planning in 2019/20 provided a great example of the success that can be achieved when partners work together. We have provided details of the approach in the quarter 3 submission, summary included in Appendix A.
- 6.3 Joint Commissioning Committee will further build on this approach to establish a Joint Commissioning Plan for 2020/21, that further supports integration, removing duplication, improving care pathways and ensuring sustainability of services.

7.0 QUESTIONS FOR THE BOARD

- 7.1 How does the Health and Wellbeing Board wish to influence and support the Joint Commissioning Plan for 2020/21
- 7.2 What additional assurance would Health and Wellbeing Board like to receive to be reassured that the financial position for each of the Better Care Fund themes is understood and being managed by the Commissioning organisations?
- 7.3 Are there any particular Better Care Fund themes which the Board would like to be prioritised in future updates?

8.0 RECOMMENDATIONS

- Approve the Quarter 3 submission to NHSE and LGA.
- Note the actual financial position to Month 8 of £0.959m overspent
- Note the forecast outturn position as calculated at Month 8 of £1.564m overspent
- Note the KPI information available at the time of writing this report
- Note the approval of the 2019/20 plan and actions to be taken to sign off section 75
- Consider actions required to seek assurance on financial balance at the end of the year

Joint approach to winter planning

Providers and Commissioners across the Sheffield health and social care system develop individual winter plans on an annual basis. Sheffield's Clinical Commissioning Group coordinates the development of an overarching plan for the city. The overarching plan is formally signed off on behalf of the health and social care system by the Urgent and Emergency Care Transformation Delivery Board (see below).

The overarching plan builds on individual partner's plans and lessons learned from previous winters (with actions to address). It ensures timely additional focus and support from city wide partners at times of increased demand and system pressure by additional ongoing improvements and developments over the year to support system resilience, system wide communication over the period, capacity planning, risk management, and escalation processes (along with system leads).

Governance

Governance is provided through the Urgent and Emergency Care Transformation Delivery Board (UECTDB). The board is chaired by the Chief Executive of Sheffield Teaching Hospitals with senior representation from health and social care partners from across the Sheffield system.

The board is supported by two formal sub-groups providing additional operational focus and opportunity for joint working. These provide scrutiny of, and support to, partners across the local system especially at times of high demand and pressure.

The first of the sub-groups Sheffield Transfer of care Improvement Programme, supported by system executive directors focusses on ensuring timely discharge of patients. This group enables timely and formal discussions between partners in order to ensure continuation of patient flow, especially at times of high demand and by doing so avoiding high local levels of Delayed Transfers of Care seen in previous years. The executive sponsors, have oversight of programmes that ensure the transfer of care for all patients is effectively managed. Currently this is effectively managed through a daily Multi disciplinary TASK meeting, weekly Delay Transfers of Care weekly report, that is discussed in a weekly Flow meeting attended by all partners, and weekly director level call, with escalation to CEO's if needed.

The second sub-group the Operational Resilience Group (ORG) focusses throughout the year on supporting performance with regard to the timely flow of patients potentially requiring acute care both through traditional care pathways accessed via Accident and Emergency departments and by ambulance. In addition, the group focusses on the development and consistent use of appropriate alternative care pathways and direct admission into hospital specialties to ensure patients receive the right care at the right time, reducing pressure on key elements of local urgent care pathways and services such as the emergency department at the Northern General Hospital.

During the winter period the ORG's primary focus is to provide a forum for operational discussions of emerging pressures across the whole patient pathway (including patient flow and discharge) between system wide partners and the agreement of mitigating operational actions with escalation to the UECTDB as appropriate.

In addition to the formal structures outlined above the developing relationships and trust between peers across the health and social care system ensure timely additional support at times of system pressure.

Delayed Transfers of Care

Delayed Transfers of Care have been historically been a challenge for the Sheffield System particularly during the winter period. However, there have been notable improvements which have built on successful partnership working and development of relationships over a number of years. Key developments and actions to support resilience over the winter are detailed below.

Throughout the winter period governance and scrutiny will continue to be provided by the Executive Directors, STOCIP board, ORG and UECTDB (detailed above). The additional winter pressure funding provided to Sheffield City Council is allowing for resilience and sustainability to be built into services and ensure that seasonal capacity added during 2018/19 can be maintained and effectively utilised flexibly as required.

The system has identified that additional secondary care capacity is not a solution and that investment needs to be embedded within the prevention services before urgent care services are required. Allocations have included increasing capacity within the Community Equipment and Adaptation Team to ensure people are safe and independent within their own homes and assessed in a timely manner to avoid transfer. Additional social workers, allied health professionals and prevention workers have been recruited to ensure active admission avoidance is in place. Last year Sheffield CCG

invested additional funding in the Voluntary and community sector to strengthen the range of alternative provision available to people upon discharge and to prevent admission. During this year these schemes have been evaluated along with existing schemes with recommendations going forward for continuing these services in future years. The voluntary sector have embraced the opportunity and established strong relationships with the Acute provider and SCC Homefirst provision to provide a range of support to ensure individuals are supported.

Where admissions are unavoidable the Community Equipment and Adaptation Team's additional capacity will be used to enable pace of discharge and ensure that facilities meet the needs of the patients on return to home. The Hospital to Home team has been enhanced and integrated with the Trusted Assessor Scheme to ensure people can return to their usual place of residence as quickly as possible if admitted from a care home.

During winter of 2018 the system supported the commissioning of step down beds to support flow for patients not requiring long term residential care but unable to return home immediately. This resource has been integrated for 2019 with the At Risk of Admission Front Door Response Team and GP Collaboration to prevent readmissions wherever possible. During 2019, this will continue with funding for the beds agreed outside of the Better Care Fund, however the social care support to assess individuals in the beds will be funded through funding provided by the Secretary of State for Health.

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SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 26 September 2019

PRESENT: BOARD MEMBERS:

Councillor George Lindars-Hammond (Chair) – Cabinet Member for Health and Social Care, SCC
Dr Terry Hudson – GP Governing Body Chair, Sheffield CCG
Maddy Desforges - VAS
Councillor Jackie Drayton – Cabinet Member for Children and Families, SCC
Nicki Doherty – Sheffield CCG
Greg Fell – Director of Public Health, SCC
Jane Ginniver, Sheffield ACP
Brian Hughes – Sheffield CCG
David Hughes – Sheffield Teaching Hospitals
John Macilwraith – Executive Director of People Services, SCC
Clare Mappin – Burton Street Foundation
Zak McMurray – Medical Director, Sheffield CCG
Judy Robinson – Healthwatch Sheffield
Sara Storey – Interim Director of Adult Services, SCC

SUBSTITUTES IN ATTENDANCE:

Councillor Dawn Dale, SCC
James Henderson – Director of Policy and Performance, SCC
Delphine Waring – South Yorkshire Police

ALSO IN ATTENDANCE:

Dan Spicer – Policy and Improvement Officer, SCC
Kay Kirk – Business Support to the Sheffield City Council Health and Wellbeing Board
Abby Brownsword – Principal Committee Secretary

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1. APOLOGIES FOR ABSENCE

- 1.1 Apologies for absence were received from Karen Curran, Mike Hunter, Laraine Manley, Alison Knowles, Alison Metcalfe, John Mothersole, Chris Newman, Lesley Smith and Councillor Paul Wood.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest.

3. PUBLIC QUESTIONS

- 3.1 There were no questions from members of the public.
- 3.2 Greg Fell informed the Board of a follow up email received regarding a Blue Badge complaint that had been discussed at a previous meeting of the Health and Wellbeing Board and noted that the issue was now progressing through the Council's complaints procedure.
- 3.3 The Board agreed that there should be no follow up from the Board outside the established complaints procedure, unless there was a clearly defined strategic question to address.

4. TOWARDS AN INTELLIGENCE-LED END OF LIFE STRATEGY FOR SHEFFIELD

- 4.1 The Board received a report regarding an intelligence-led End of Life Strategy for Sheffield.
- 4.2 In attendance for this item were Dr. Eleanor Rutter, Dr. Sam Kyeremateng, Dr. Anthony Gore, Louise Brewins and Chris Gibbons.
- 4.3 Eleanor Rutter explained that the paper discussed end of life, not end of life care. It was important to understand the needs of people approaching end of life and how best to meet them. How, as a city, could we support people, and their families, at the end of life.
- 4.4 There was a need to look at the role of the city and possibly create a Compassionate City Charter. It was acknowledged that modern healthcare had greatly advanced life expectancy, but had also medicalised the end of life, but not always with optimal quality of life. The wider impact of bereavement also needed to be recognised.
- 4.5 Anthony Gore stated that end of life care was good in Sheffield and a lot of data was collected by different bodies, but had not yet been looked at as a whole. There were 6 national ambitions for end of life which formed a framework for local action which formed part of the Health and Wellbeing Board's strategy.
- 4.6 Sam Kyeremateng said that the 6 ambitions were cross cutting and familiar in terms of ageing well. However, there was a need to think about different kinds of deaths e.g. perinatal, those with learning difficulties, etc. There was a need to understand how death can feel chaotic for some families.
- 4.7 Members of the Health and Wellbeing Board asked questions and the following answers and comments were provided:-
 - Sudden, shocking, planned and early death would be covered by the Strategy. It was not just about those who were expected to die.

- The leadership around end of life was mainly medical professionals. This wasn't inappropriate but a wider constituency of voices was needed to ensure a broad approach.
- There was no consensus regarding what a good death entailed. Sheffield was a multi-cultural city and expectations were different in different communities. There was a need to be culturally sensitive. A good death was different for everyone. This work would be undertaken.
- It was already established that minority groups accessed a range of end of life services less easily and there was a need to give all groups access to a platform to discuss end of life.
- Much of the data available was health service based in its orientation. All the data needed to be brought together to see where the gaps in knowledge lay. Resources may need to be made available to achieve this.
- The data from different sources needed to be brought together along with wider socio-economic data in order to look for patterns.
- A clear statement of strategy was required and it was felt that the Health and Wellbeing Board was mainly medically based, but that the City Council was much broader. Representatives from the VCF sector also needed to be included in the discussions.
- There was a need to make end of life an acceptable conversation.
- Work needed to be done to see how end of life fit with the Sheffield City Partnership Board. End of life needed to be brought together across the full breadth of programmes.

4.8 **RESOLVED:** That, in considering the questions set out in the report in relation to End of Life, the Board's answers be as follows:

- (1) *Does the Health and Wellbeing Board accept that a comprehensive end of life approach, including community and civic elements is most likely to deliver best outcomes for Sheffield? **Yes.** If so, would the Board sponsor a workshop to consider whether Sheffield should become a 'Compassionate City' and how best to progress that? **Yes.***
- (2) *How will the Board help to engage and enable leaders from within communities and neighbourhoods? **The Board had no objections to engaging with communities and neighbourhoods, but would need a clearer steer.***
- (3) *Can Board members give their individual organisational commitment to an integrated intelligence function to deliver this work? **A commitment from the Board Members was given that member agencies would support this.***

(4) *Does the Board support further development of a strategy based on the six national ambitions with the addition of a dynamic intelligence core? **The Board would encourage the return of a Strategy and would like to see how many of the national ambitions could be addressed.***

5. AUTISM STRATEGY UPDATE

5.1 The Board received a report giving an update on the Autism Strategy.

5.2 In attendance for this item was Joel Hardwick (Head of Commissioning – Inclusion and Schools Services).

5.3 Joel Hardwick explained that it was currently an adult focused conversation which was looking at how to include autism within the Inclusion and SEND Strategies. There was a need to focus on what was already in place.

5.4 There was a need to look at effective coordinated links with the teams who deal with learning difficulties and mental health to ensure that there was a smooth transition to adult care. Social Care and Crisis Care also needed to be looked at.

5.5 Greg Fell said that the three step plan outlined in the report felt right and the strategy would encompass skills, training and employment.

5.6 There was a need to understand all the issues and make sure that the Council listens to those with autism and their families to make sure their views were taken into account.

5.7 **RESOLVED:** That:-

(1) In considering the questions set out in the report in relation to the Autism Strategy Update, the Board's answers be as follows:

(i) *Is this proposed plan appropriate? **Yes.***

(ii) *Are there any areas of autism support that the Board wishes to flag to be considered as part of the action plan and spring review? **None specified.***

(iii) *Are there any key changes the Board would like to see in Autism support over the next five years? **None specified.***

(2) The proposed three step plan be approved by the Board;

- (3) A further update on this work area be presented to the Health and Wellbeing Board in September 2020; and
- (4) A Member of the Board be nominated as the key link for the Autism Partnership Board.

6. SHEFFIELD ACCOUNTABLE CARE PARTNERSHIP (ACP) WORKFORCE STRATEGY

- 6.1 The Board received a report regarding the Sheffield Accountable Care Partnership Workforce Strategy.
- 6.2 Jane Ginniver presented the report and explained that the ACP workforce was complex and multi-faceted. Each organisation within the ACP should have its own workforce strategy which should be integrated with the ACP strategy. Unpaid carers and volunteers should also be included.
- 6.3 The ACP Workforce Strategy had been consulted on with groups throughout the city and changes had been made following feedback received. On the whole there had been a positive response. The overview had been signed off by the ACP and the detail needed to be developed.
- 6.4 Greg Fell commented that he was pleased to see the prominence given to carers and asked whether smaller organisations without the infrastructure of big organisations were at a disadvantage.
- 6.5 Jane Ginniver responded that how the ACP could support smaller organisations would be part of the considerations.
- 6.6 Judy Robinson asked how better feedback could be obtained by staff and noted that it was pleasing to see the unpaid workforce being valued. Resilient communities created healthy communities.
- 6.7 Jane Ginniver explained that the voluntary service was included and there was a separate conversation needed regarding capacity issues.
- 6.8 Councillor Jackie Drayton said that recruitment and retention needed to be included, as well as links to universities and colleges, in-work training and career progression.
- 6.9 Jane Ginniver agreed and explained that more detail needed to be worked into the Strategy. A discussion took place regarding retirement and drop-out rates later in careers and the need to ensure that leavers could return if the opportunity was there. There was also an amount of turnover amongst the lowest paid workers and work should be done in schools to make jobs in the NHS attractive to school leavers as there was a range of jobs and careers available.

6.10 The Chair (Councillor George Lindars-Hammond) said that Sheffield had a smaller high end sector than other cities. Health and social care represented the highest and lowest reward in the city. There was a need to address payment at the lower end of the scale and create an empowered workforce who were proud to work in health and social care. It would be nice to see more in the future to address the need to skill up and reward frontline staff. The organisations involved also had a duty to address this need.

6.11 **RESOLVED:** That:-

(1) In considering the question set out in the report in relation to the Sheffield Accountable Care Partnership Workforce Strategy, the Board's answer be as follows:

Does the Sheffield ACP Workforce Strategy cover all the most critical considerations around workforce for the city, either directly or through work with other bodies (e.g. the South Yorkshire and Bassetlaw ICS) Yes

(2) The Health and Wellbeing Board supports the system workforce strategy.

7. CARE QUALITY COMMISSION (CQC) LOCAL SYSTEM REVIEW ACTION PLAN - QUARTERLY UPDATE

7.1 The Board received a report regarding the Care Quality Commission (CQC) Local System Review Action Plan – Quarterly Update.

7.2 Jane Ginniver informed the Board that a review of the action plan had begun to assess its impact and whether the plan was addressing the original recommendations of the review. A more thorough report would be submitted to the next meeting of the Health and Wellbeing Board.

7.3 The Shaping Sheffield plan had been endorsed by the ACP and would appear on the ACP website.

7.4 Areas of concern were the same as previously and more work needed to be done on the relationship with the voluntary, community and faith sector.

7.5 Nikki Doherty felt that it was a good time to review the action plan and reflect on the changing environment. Integration of specific programmes needed to be encouraged and the challenge was to get the system to recognise the work done.

7.6 **RESOLVED:** That the areas of good practice be noted by the Board.

8. MINUTES OF THE PREVIOUS MEETING

- 8.1 **RESOLVED:** That subject to the addition of Councillor Dawn Dale and Brian Hughes as present, the minutes of the meeting of the Board held on 27th June 2019, be approved as a correct record.

9. DATE AND TIME OF NEXT MEETING

- 9.1 It was noted that the next meeting of the Health and Wellbeing Board would be held on Thursday 12th December 2019 at 3pm, in the Town Hall, Sheffield.

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