

# SHEFFIELD CITY COUNCIL

## South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

Meeting held 20 March 2023

**PRESENT:** Councillors Ruth Milsom (Chair), Sheffield City Council, Jeff Ennis, Barnsley Metropolitan Borough Council and Sarah Smith, City of Doncaster Council.

### **1. APOLOGIES FOR ABSENCE**

1.1 Apologies for absence were received from Councillor Jean Wharmby, Derbyshire County Council and Councillor Taiba Yasseem, Rotherham Metropolitan Borough Council.

### **2. EXCLUSION OF PUBLIC AND PRESS**

2.1 There were no items identified that required the exclusion of the press and public.

### **3. DECLARATIONS OF INTEREST**

3.1 There were no declarations of interest from members of the committee.

### **4. PUBLIC QUESTIONS AND PETITIONS**

4.1 There were no questions or petitions received from the public. The Chair advised that it was important that the public interacted with us, so she would encourage public questions at future meetings.

### **5. DEVELOPING OUR INITIAL INTEGRATED CARE STRATEGY FOR SOUTH YORKSHIRE**

5.1 The Committee received a presentation on 'Developing our initial Integrated Care Strategy in South Yorkshire' and consider the NHS Five Year Joint Forward Plan for South Yorkshire report from Andrew Ashcroft – Director of Communications and Engagement – NHS South Yorkshire Marianna Hargreaves, Strategy and Transformation Lead, NHS South Yorkshire and Katy Davison, Deputy Director of Communications and Engagement, NHS South Yorkshire.

The presentation covered what the asks were in South Yorkshire.

August 2022 – The initial planning framework was set out and discussed with system leaders. Four early inputs to the strategy development were agreed including refreshing population health needs.

December 2022 – How the health, social care and wellbeing needs of the local population were being met through the Integrated Care Strategy and this addressed the integration of health, social care and health related services.

June 2023 – 5year forward plan described the NHS contribution to meeting the health needs of the local population and reflecting local priorities and addressing the four core purposes of the ICSs. The plan had to be coherent with detailed planning returns and jointly developed across NHS Trusts and ICB.

The committee were advised that two phases were run to ensure that the Integrated Care Strategy for South Yorkshire was informed by the views of the public.

Phase 1 reviewed the existing citizen insight collected over recent years. All the partners were invited to contribute and around 284 documents were reviewed.

Phase 2 asked the public – “What matters to you about your health and wellbeing?”

A survey was launched to reach as many of our South Yorkshire citizens as possible by free, digital means. The survey was promoted on social media accounts to the ICB membership and by word of mouth to partners from the NHS trusts, Healthwatch, VCSE umbrella organisations, local authorities, elected members, and the South Yorkshire combined Mayoral Authority who shared it on all of their networks. It received 465 responses. Healthwatch ran two Zoom focus group sessions. There was also a social media advertising campaign targeted at the hard to reach through organic posts and post in community languages.

Alongside that, work was going on with partners from VCSE and Healthwatch through face-to-face engagement.

The committee were advised of the number of respondents who lived in each of the four places in South Yorkshire –

Barnsley – 25%

Doncaster – 30%

Rotherham – 15%

Sheffield – 26%

Other – 5% (typically said they worked or lived on the border or accessed services in South Yorkshire).

The majority of respondents were female (72%), with some male and a small number of non-binary respondents. 10% of respondents described their sexual orientation as gay, lesbian, bisexual or other, 86% heterosexual and 4% preferred not to say.

1% of respondents were pregnant, 67% of respondents had children and 30% had caring responsibilities. A small number of military veterans completed the survey and around 25 of these were at the Rotherham event. 63% of respondents were currently working. 33% unemployed or retired and 1% were students.

In terms of demographics in the insight work people were invited to write their ethnicity rather than tick a box, this led to a large variation in descriptors.

- Approx 85% of respondents identified as White, White-British or White-English;
- The next largest groups were Pakistani (4%), British - but no reference to heritage (4%), and South Asian (2%).
- Other people who took part in the insight identified as follows: Middle-Eastern-Asian-British; Albanian; Moroccan; Sudanese; Catholic; Black-Caribbean; White Anglo-Saxon; Caucasian; White-mixed; Indian; Mixed-black-Caribbean-white; Black; White-Arab; Scottish; White-Yorkshire; British-Irish; Mixed; Black-African; Yemeni; British-Pakistani; Roma; Gypsy; Kurdish; White-Irish; Asian; Roma-Gypsy; Middle-Eastern; Yorkshire; English; White-European.

As well as UK Citizens a small number of EU nationals, Refugees and Asylum seekers also responded. The majority of respondents were Christian or no religion (mirroring the recent census) but the survey also identified Hindus, Muslims and Pagans.

The survey also heard from people of all ages with the highest number of respondents being in the 55-64 age bracket (21%) and the lowest being 85+ age bracket (1%).

The key themes to be identified through the survey was Access to care, Quality of care, improving mental health and wellbeing, support to live well, wider determinants of health and affordability – cost of living challenges.

The committee were advised that the next steps would be the launch of the initial strategy, commitment to ongoing engagement and commencing with the delivery planning including the NHS Five year joint plan.

The Integrated Care Board and NHS Trusts has a duty to prepare their first Joint Forward Plan (JFP) and it needed to be used to develop a shared delivery plan for the Integrated Care Strategy, the strategy needed to cover how services were arranged and delivered by the NHS to meet the populations needs and to align to the Joint Strategic Needs Assessment and Health and Wellbeing Strategies. A draft of the plan was to be shared with the Health and Wellbeing Boards and the final plan would be ready by the 30<sup>th</sup> June 2023 with engagement completing end of March.

A three-pronged approach would be taken in terms of the continuing the conversation with citizens.

- Working with Healthwatch to hear from more underserved communities;
- Supporting programmes to tap into citizen involvement mechanisms to ensure patient voice shapes parts of the plan and;
- Campaign to understand more from the wider population on the key themes identified within the strategy involvement.

Following questions from members of the committee, the key points to note were: -

- A huge amount of work had gone into gathering responses from the public and were thankful of the minimum responses received. The team would be doing further work to achieve a larger response from the public and was working with Healthwatch to build up relationships, Healthwatch were a key partner, who were held in high regard.
- It would be built into the future plan around how the team would engage the public and where in South Yorkshire engagement groups would be held. It was advised that Barnsley already had established groups and Doncaster residents were much harder to engage with.
- It was advised that a lot of mechanisms and existing relationships, for example with Healthwatch, helped to engage with the harder to reach people. The team regularly worked with South Yorkshire Charities and had regular discussions with the ICB to assist with engagement.
- The committee were advised that the plan would be refreshed up to 1<sup>st</sup> July, after which it would be adopted. The team wanted ongoing dialogue with the public to ensure the plan was as up to date as possible. Assurances were given that this was taken very seriously, and governance processes were embedded in the ICB. A clear commitment was given to listen to communities to help the ICB deliver services.
- The plan would be reviewed regularly to ensure it lined up with what mattered.
- The committee were advised that the Health and Wellbeing Boards already monitored the outcomes and had developed an outcomes framework. There was still a lot of work to be done on Children's readiness for school and work on stop smoking, so it was felt this would need some scrutiny.
- Member felt it was a great opportunity for the Local authorities and NHS to work together, especially in a time of budget constraints. Partnership working was the best way forward and to begin solving problems.

The committee thanked the team for their hard work in pulling the information together.

## 5.2 **RESOLVED:** that the Committee

- notes the work undertaken to develop the initial Integrated Care Strategy for South Yorkshire including the engagement work within the challenging timeline set nationally and the committee would like to hear more on the engagement and requests that they be part of that engagement;
- notes the plans for ongoing engagement; and
- notes the work underway to develop the NHS Five Year Joint Forward Plan for South Yorkshire and consider how to approach scrutiny. The Committee requests to be a full part of the process.

## 6. **NHS FIVE YEAR JOINT FORWARD PLAN FOR SOUTH YORKSHIRE**

6.1 This report was considered within the previous agenda item.

## 7. **DATE OF NEXT MEETING**

7.1 The next meeting of the committee would take place on a date to be confirmed in

May/June 2023.