

Sheffield Health and Wellbeing Board

Meeting held 26 September 2013

PRESENT: Councillor Julie Dore (Chair), Leader of the Council
Dr Amir Afzal, Clinical Commissioning Group
Dr Margaret Ainger, Clinical Commissioning Group
Ian Atkinson, Clinical Commissioning Group
Pam Enderby - Healthwatch Sheffield
Councillor Jackie Drayton
Councillor Mary Lea
Jayne Ludlam, Executive Director, Children, Young People & Families
Dr Tim Moorhead, Clinical Commissioning Group
John Mothersole, Chief Executive
Richard Webb, Executive Director, Communities
Dr Jeremy Wight, Director of Public Health

IN ATTENDANCE: Jason Bennett – Healthwatch Sheffield
Joe Fowler – Director of Commissioning, Sheffield City Council
Tim Furness – Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group
Carol Lavelle – NHS Sheffield South Yorkshire and Bassetlaw

.....

1. APOLOGIES FOR ABSENCE

- 1.1 Apologies for absence were received from Councillor Harry Harpham, Margaret Kitching and Dr Ted Turner.
- 1.2 Carole Lavelle attended the meeting as deputy for Margaret Kitching.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest.

3. PUBLIC QUESTIONS

(a) Public Question in respect of Care for Vulnerable Adults

Adam Butcher asked how all services would work to ensure that the most vulnerable adults in the City were taken care of?

In response, Councillor Mary Lea reported that within Care and Support people were able to remain safe and independent in their own homes with their needs being met.

There was a Safeguarding Board in Sheffield which also had links across

Yorkshire. At the same time, all agencies had Safeguarding responsibilities. The people and policies were in place to ensure that all those who needed a mental capacity assessment were able to have one.

The Council worked closely with the Police to reduce hate crime and projects such as the Safe Places Project worked to protect the most vulnerable. Although there were signs that domestic violence was on the increase, there was a Strategy in place to ensure that those who needed health and support were reached.

In conclusion, Councillor Lea reported that all agencies were working to get things right as much as they could and dealing with gaps where they became apparent.

Tim Moorhead added that agencies had to try and anticipate problems in respect of vulnerable adults. Strategies were in place to respond to homelessness. The Health and Wellbeing Board provided the opportunity to develop joined-up plans. It was important to remember that there were some groups who may fall between plans and their needs needed to be accommodated.

In thanking Mr Butcher for the work he had done locally and the interest he had shown in protecting vulnerable adults, the Chair, Councillor Julie Dore commented that as a Health and Wellbeing Board it was important that everybody shared responsibility for protecting vulnerable adults across the City.

(b) Public Question in respect of Hospital Trust Representation on the Board

Andrew Hanasse referred to the lack of Hospital Trust Representation on the Board. He understood that the Board had responsibility for joined-up care across Sheffield and therefore asked if the Board believed the lack of a Hospital Trust presence would be a disadvantage?

Councillor Julie Dore responded that it had been agreed as a Board to have representation from the Commissioners across the City and the Trusts were Care Providers. It was appropriate for the Board to hold the providers to account. The Board would constantly engage and involve and may invite bodies to a future meeting when considering a specific theme. In answer to the specific question, for the reasons outlined the Chair did not think it was a disadvantage that the Hospital Trust were not represented on the Board.

Tim Moorhead reported that he Co-Chaired the Right First Time Board with a representative of Sheffield Teaching Hospitals which had the aim of improving urgent care in Sheffield. This Board focussed on taking a partnership approach, with commissioners and providers working together to improve services.

(c) Public Question in respect of the Liverpool Care Pathway

Kathryn Williams referred to recent national publicity in respect of the Liverpool Care Pathway and asked whether following recent severe criticism from the families of elderly dying patients that was acknowledged in the end of life care system review on the Liverpool Care Pathway (LCP) led by Baroness Neuberger which reported in July 2013, how were the hospitals and nursing homes in

Sheffield now ensuring that the LCP was either abandoned, phased out or modified to suit each individual patient with the consent of their relatives?

Tim Furness reported that there was currently a Working Group meeting which focused on End of Life Care. That had recognised the outcome of the review and its recommendations and taken them into account in recommending improvements to local care and support.. Work was undertaken locally alongside national work to meet individuals and families needs at the end of life stage.

Councillor Julie Dore commented that she shared Mrs Williams concerns and was astonished that the problems highlighted by families in Liverpool had been allowed to occur. Within Sheffield every approach was a customer focused approach which centred around the customers needs.

Tim Moorhead commented that he believed it was a useful approach to attempt to define the standards that should be expected which was what the LCP had attempted to do. The issue in this instance however was the implementation across the country where the standards were often paid lip service to and not adhered to correctly.

(e) Public Question in respect of the Work Programmes for the Joint Health and Wellbeing Board Strategy

Fiona Goudie referred to the Joint Health and Wellbeing Strategy 2013-18 on the agenda for the meeting and asked, in relation to the Work Programmes included within the report, had the Board established who the Chair's for each Programme would be and who the members would be?

Councillor Julie Dore reported that the following would lead on each specific work programme:-

- A Good Start in Life – Councillor Jackie Drayton and Dr Margaret Ainger
- Building Mental Wellbeing and Emotional Resilience – Councillor Mary Lea and Dr Ted Turner
- Food, Physical Activity and Active Lifestyles – Councillor Julie Dore and Dr Tim Moorhead
- Health, Disability and Employment – Councillor Julie Dore and Dr Tim Moorhead
- Supporting People at or Closer to Home – Councillor Harry Harpham and Dr Tim Moorhead

Tim Furness commented that Work Programmes had a lot of connection with work already underway and the aim was to enhance this work rather than duplicate it. Councillor Julie Dore further commented that the aim was not to reinvent the wheel but at the same time the Board could not absolve overall responsibility for delivering the Work Programmes.

4. JOINT HEALTH AND WELLBEING STRATEGY 2013-18 APPROVAL

4.1 The Board considered a report of the Co-Chairs of the Board, Dr Tim Moorhead

and Councillor Julie Dore, outlining the draft Joint Health and Wellbeing Strategy for 2013-18 and seeking the Board's approval for the Strategy.

4.2 The Board considered a number of issues in relation to the Strategy as follows:-

- The Strategy was a development from the Strategy which had been agreed the previous year.
- Extensive consultation had been undertaken in the development of the Strategy.
- The Strategy set out the principles and five outcomes representing the aims for the City.
- The action plans would be implemented through the Commissioning Plans of both the Clinical Commissioning Group and the City Council.
- Healthwatch Sheffield extended their thanks for the engagement the Board had with Healthwatch Sheffield in the development of the Strategy.
- The responsibility for the delivery of the actions would be dispersed across a number of organisations.
- The Strategy was a Strategy for the medium term and the Board was not looking to revise it on a yearly basis although a review of how the Board was responding to the Strategy would be undertaken.

RESOLVED: That:-

1. the Health and Wellbeing Board approves the Joint Health and Wellbeing Strategy for 2013-18.
2. the Health and Wellbeing Board's partner organisations commit to delivering the Strategy.

4.3 **REASONS FOR THE DECISION**

1. Following the publishing of its draft Strategy in autumn 2012, the Health and Wellbeing Board had heard from over 1,500 people who had fed into the process of delivering the final Strategy for 2013-18. The Board can be confident that this was an evidence-based Strategy based on the views and perspectives of Sheffield people.
2. It was important to approve this Strategy at this stage so that it can be used to inform the plans for the 2014-15 financial year.

5. **HEALTH AND WELLBEING OUTCOME INDICATORS FOR SHEFFIELD**

5.1 The Board considered a report of the Director of Public Health detailing an outcome indicator framework providing an overview of how the Joint Health and Wellbeing Strategy outcome areas were progressing.

Members of the report discussed the report as summarised below:-

- The indicators were welcomed and were a good series of proxies for key issues that could be refined and developed if required.
- The information was routinely available and the only officer time was taken in representing the information in the format seen in the report.
- There was not an indicator in relation to adult obesity as the only information available was from GP data which was not systematic.
- The Cabinet Member for Children, Young People and Families welcomed the indicator in relation to Childhood obesity.
- Reducing infant mortality was a priority issue as figures had begun to slightly increase in Sheffield. Although numbers were still small this would be monitored closely.
- Figures may change for the better or worse depending on changing national definitions. Although this couldn't be influenced, where this occurred the reason for this would be highlighted.
- Councillor Julie Dore commented that she welcomed this and the Board had felt it important to publish the information and it would be closely monitored by the Board.

RESOLVED: That the Health and Wellbeing Board agrees the indicators as a key means by which progress on the Joint Health and Wellbeing Strategy outcomes will be reviewed and reported.

5.2 REASONS FOR THE DECISIONS

1. The Board had requested such a framework be developed.

6. PRESENTATION ON HEALTHWATCH AND THE HEALTH AND WELLBEING BOARD

- 6.1 Pam Enderby and Jason Bennett, representing Healthwatch Sheffield, gave a presentation on the work of Healthwatch Sheffield and how the organisation could work together with the Health and Wellbeing Board to deliver the right outcomes for the people of Sheffield.

The following comments were made in the presentation:-

- There was now a legal requirement to involve patients and the public in influencing policy.
- Sheffield LINK had been the precursor to Healthwatch Sheffield. Although LINK had worked well in Sheffield, this had not necessarily been the case nationally. Healthwatch Sheffield was keen to develop the good work done

by LINK in Sheffield.

- Healthwatch Sheffield had a consortium approach to delivery with 3 main organisations at the centre of the work in Sheffield. Voluntary Action Sheffield (VAS) would work on engagement and communication issues. Sheffield Citizens Advice and Law Centre had a remit to signpost and co-ordinate information and Sheffield Cubed would undertake engagement in communities through the health champions and there were health champions who were members of Healthwatch Sheffield's Governing Body.
- Healthwatch Sheffield had a 'Network of Networks' approach and had identified good areas of collaboration and intention to work together across Sheffield.
- There was a big reliance on volunteers who often undertook work which only they could do.
- The priority areas of work for Healthwatch Sheffield were Children and Young People, examining volunteering roles and infrastructure and the development of the Governing Body. Although a Governing Body had been established, there were a number of gaps and there was also a need to pay attention to culturally diverse groups such as Black, Minority and Ethnic (BME) groups.
- Access to G.Ps had been raised as a key area of concern by the public and Healthwatch Sheffield was working to see how they could assist people in improving access.
- Other key areas of work included mental health and the transition between child and adult services, home care and concerns in relation to the responsibilities of staff, Accident and Emergency and the NHS 111 number.
- There was evidence that people still did not know how to complain or compliment in relation to services and there remained a continued problem of access to information.
- Healthwatch Sheffield wished to be involved in the budget consultation which would take place in respect of adult social care.
- In conclusion, Jason Bennett asked the Board how they believed Healthwatch Sheffield could make a unique contribution in Sheffield, how they could add value and how they could be involved in influencing decision making in the City.
- LINK had produced a legacy document which would be used as the basis for Healthwatch Sheffield's priorities. The challenge now was to develop these further.

In response to the presentation, the Board made a number of comments as

summarised below:-

- Thanks were extended to Sheffield LINK for their work over the last few years and it was hoped that there would be a seamless follow on from this.
- Service users needed to appreciate that change was sometimes a positive step and Healthwatch Sheffield would play an important part in making the case for change.
- The Cabinet Member for Children, Young People and Families welcomed children and young people being one of the priorities for Healthwatch Sheffield as she believed that was a gap in LINK. Healthwatch Sheffield would play an important part in consultations around children and young people. The role of young carers also needed to be emphasised.
- Healthwatch Sheffield's involvement in the newly established Council Local Action Partnerships would be welcomed.
- A discussion on home care and residential care would be welcomed.
- Healthwatch Sheffield would be vital in encouraging people to seek self-help.
- Work needed to be undertaken with children with specific needs and disabilities.
- The priority around young people's mental health was welcomed.
- Healthwatch Sheffield should give consideration to people's willingness to share information.

RESOLVED: That Jason Bennett and Pam Enderby be thanked for their presentation and the information be noted.

7. WINTERBOURNE VIEW - SHEFFIELD'S ACTIONS IN RESPONSE TO THE NATIONAL PROGRAMME OF ACTION

7.1 The Interim Head of the Learning Disabilities Service and the Chief Nurse, Sheffield Clinical Commissioning Group submitted a joint report in relation to Winterbourne View and Sheffield's actions in response to the National Programme of Action and seeking the Board's approval for the approach described in the report. Heather Burns, Senior Commissioning Manager, NHS Sheffield CCG, and Anita Winter, Head of Service Sheffield Health and Social Care NHS Foundation Trust attended the meeting to present the report.

7.2 Members of the report discussed the report as summarised below:-

- The issue had been discussed at the Board and Shadow Board on a number of occasions and Members were shocked at the issues highlighted at

Winterbourne View and it was clear that something needed to be done in response.

- In response to a question from a Member, it was stated that the funding body had responsibility for monitoring those placed outside the City. There was a review of homes on a yearly basis and a review every 3 months if an individual was placed elsewhere.
- Where an individual was placed in a home there should be a three way safeguard of which the Care Quality Commission inspection was one element. The review had highlighted deficiencies in all three areas.
- In reference to recommendation 4.2 which aimed to ensure warning signs were not missed, the review had shown that warning signs had been missed with both family members not being heard and the Care Quality Commission not listening to concerns expressed.
- In Sheffield a Peace of Mind Group had been established from the Learning Disabilities Partnership Board. The situation at Winterbourne View was the biggest nightmare any authority could imagine and all agencies needed to work hard to implement the recommendations and ensure that it did not happen again.
- Families of those in the homes were engaged in the reviews and where there were no family members an independent outlook was needed.
- The report and recommendations were welcomed. It was now the responsibility of the Board to ensure the recommendations were actioned effectively. It was questioned whether the Board should have monitoring responsibility for ensuring the recommendations were implemented but it was agreed that the Board should be kept informed.

7.3 RESOLVED: That:-

1. The approach outlined in the report be approved and further updates from the Winterbourne Steering Group be welcomed.
2. The Board seeks assurance that organisations have information-sharing arrangements in their plans to support the need for greater multi-agency working and communication, and to ensure warning signs were not missed.
3. Sheffield City Council committed to work with Sheffield CCG as a priority to find suitable accommodation that meets the needs of people with challenging behaviour, including those currently out of the City.
4. The CCG committed to work with community health services and GP practices so that they were ready to provide suitable health support to this group of people on their return to the City.
5. The CCG committed to work with acute psychiatric and mainstream hospital services to accommodate people with a learning disability who had a crisis in either their mental or physical health.

7.4 REASONS FOR THE DECISION

1. The Department of Health recommends the involvement of local Health and Wellbeing Boards in the development of joint action plans.
2. The recommendations will help to mitigate the risks of Sheffield not meeting its Winterbourne obligations.

8. PRESENTATION ON THE HEALTH AND WELLBEING BOARD'S PROGRESS WITH INTEGRATION

- 8.1 Joe Fowler, Director of Commissioning, Sheffield Council gave a presentation on Integration of Health and Social Care in Sheffield.
- 8.2 He stated that customers in Sheffield had said that more joined-up care and services was what they wanted and would improve their experience.
- 8.3 A Joint Commissioning Executive was being established to oversee current business and the development of the integration proposal. The aim was for continued engagement with the public and others.
- 8.4 Moving forward there was a need to agree the vision for the proposal and to establish governance procedures and establish how better joined-up work could be undertaken with partners.
- 8.5 The detailed proposal would be submitted to a future meeting of the Board and the decision making bodies at the Council and the CCG.
- 8.6 Councillor Dore thanked Joe Fowler for the presentation and commented that she looked forward to the Board receiving the detailed proposal at a future meeting.
- 8.7 RESOLVED: That Joe Fowler be thanked for the presentation and the information be noted.

9. MINUTES OF THE PREVIOUS MEETING

- 9.1 The minutes of the meeting of the Board held on 27th June 2013 were approved as a correct record.

This page is intentionally left blank