SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 12 December 2013

PRESENT: Dr Tim Moorhead (in the Chair), Clinical Commissioning Group
Councillor Julie Dore (Co-Chair), Leader of the Council
Dr Amir Afzal, Clinical Commissioning Group
Jason Bennett, Healthwatch Sheffield
Councillor Jackie Drayton, Cabinet Member for Children, Young People and Families
Margaret Kitching, South Yorkshire and Bassetlaw Cluster
Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living
Jayne Ludlam, Executive Director, Children, Young People and Families
Dr Zak McMurray, Clinical Commissioning Group
Dr Ted Turner, Clinical Commissioning Group
Richard Webb, Executive Director, Communities
Dr Jeremy Wight, Director of Public Health

IN ATTENDANCE: Rt Hon. Andy Burnham MP
Heather Burns – Senior Commissioning Manager, Clinical Commissioning Group
Joe Fowler – Director of Commissioning, Sheffield City Council
Tim Furness – Director of Business Planning and Partnerships, Clinical Commissioning Group
Professor Alan Walker – Chair of the Sheffield Fairness Commission

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Ian Atkinson (Clinical Commissioning Group), Pam Enderby (Healthwatch Sheffield), Councillor Harry Harpham (Cabinet Member for Homes and Neighbourhoods) and John Mothersole (Chief Executive, Sheffield City Council).

2. DECLARATIONS OF INTEREST

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

3. HEALTH INEQUALITIES IN SHEFFIELD

Councillor Julie Dore, Co-Chair of the Board, introduced a discussion paper entitled *Tackling Health Inequalities in Sheffield*, which set out what each of the constituent organisations on the Health and Wellbeing Board was doing to address health inequalities. She outlined the work of the Fairness Commission in relation to inequalities and the Commission's recommendations to address inequalities.

The Health and Wellbeing Board was asked in this, the first of two discussions on health inequalities, to consider each of its constituent organisations' responses to health inequalities and to identify additional action as appropriate.

Councillor Dore introduced Professor Alan Walker, the Chair of the Fairness Commission, who gave a presentation concerning the first annual review of the impact which the Fairness Commission had made.

Professor Walker stated that the stance which the Commission had taken was particularly bold – to make Sheffield the 'fairest city'. There were 4 targets specific to the remit of the Health and Wellbeing Board and a wider set of targets relating to mental health and wellbeing and carers. He outlined the responses of all the relevant organisations, those matters which were outstanding and the related principles. Professor Walker outlined the challenges to the Health and Wellbeing Board, namely (i) a need to tackle premature deaths of people with learning disabilities and severe disabilities; (ii) to develop a life course strategy, to embed prevention including health care and quality of life. He stated that mental illness was responsible for causing early deaths (of up to 20 years earlier) and also increased the risk of a person suffering from one of the top five health related killers. It was important, he said, to be ambitious about tackling inequalities.

The Board discussed matters raised by Professor Walker and in relation to health inequalities, as summarised below:

A major discussion was required to respond to these challenges and as to how organisations can pull together in taking actions which reduce inequality. Reducing inequalities was a strand which ran through the City Council's strategies, including in the Corporate Plan and the budget and the food and physical activity strategies.

The mental health of adolescents was important as was the impact on children and young people who were living in households which included people with poor mental health or with a mental illness.

The shortened life expectancy for people with a mental illness was particularly stark. There was a role for GPs in providing health checks and for health and social care in the way that personal budgets were applied to a person's recovery or in helping them to manage mental illness and physical health.

The Rt Hon Andy Burnham MP, having attended the meeting for this item of business, stated that it was a privilege to hear the quality of the conversation and the level of challenge in the Board's discussion. He referred to the concept of a social model of support encompassing the whole person and observed that mental health should be moved to the centre of the health and social care system. At present, Child and Adolescent Mental Health Services (CAMHS) received only a small proportion of the total funding available to the NHS and Local Authority and there was a shortage of crisis prevention services. There was a shortened life expectancy of up to 20 years for people with mental illness. He encouraged the Board to make representations with regard to the weighting

of health funding to areas with greatest need and health inequalities. He stated that Labour was developing policy around full integration and commissioning and was beginning discussions in this regard. He referred to the forthcoming report by John Oldham on whole person care, due to be published in February 2014.

The Chair, Dr Tim Moorhead, clarified that the Board had made representations on this issue and had briefed two of the City's local MPs, David Blunkett and Clive Betts in this regard. He stated that the NHS also had a duty to take action with regard health inequalities. In reference to the report on whole person care, Dr Moorhead stated that the Board would like to engage with this work.

Comments were made by other members of the Board as follows:

The City Wide Learning Body was developing a project on young people's mental health and the transition from child to adult services and support which supported the notion of a life-course strategy.

Whilst infant mortality was reducing, there were inequalities within that overall reduction, in such areas as maternal smoking. Breastfeeding was an area in which there had been successful improvement in performance and the question was how improvement could be sustained and problems arising from the widening funding gaps could be mitigated.

The Fairness Commission viewed the Health and Wellbeing Board as the strategic lead on the issue of health inequalities and the translation of strategy into next steps. The tasks were to turn around inequalities and to bring about prevention in future generations, which required a joined-up perspective.

Systemic change would need a long term vision and there were already changes to the role of GPs, for example. Action such as health risk assessments for those people who might not have previously been identified as 'at risk' was being encouraged by GPs as commissioners. However, there was always a time lag in implementing change and seeing its full effect.

Healthwatch Sheffield was in a position to rapidly identify health inequalities by asking people and listening to them.

Health inequalities were the consequence of socio-economic factors and the Board should be realistic about what it could achieve. Much could be done to mitigate the effects of inequalities on health, although these might not equate to a coherent set of actions, a fact of which Professor Walker had reminded the Board. There were short, medium and long term actions necessary. In the short term, action should be taken for people who may die in the next 5 years. In the medium term, things should be done to stop people from developing illnesses, which might include lifestyle and in the longer term, the root causes of ill health needed to be addressed.

We should be mindful of the scale of effort required to bring about health improvement. For example, the prevention of heart disease required a city wide

initiative, encouraging GPs to identify those with a high risk of heart disease. With regard to mental health, it was recognised that many of the actions necessary had not taken place.

It would be helpful to turn the numerous strands of work into a coherent and powerful collection of actions, in relation to which all organisations played a role. Addressing the gap in provision for mental health and learning disabilities should be identified as an objective.

RESOLVED: That the Board (a) thanks Professor Alan Walker for his attendance and contribution; (b) requests the Director of Public Health to produce a Health Inequalities Action Plan; and (c) requests that a further paper on health inequalities be submitted to the Board in Spring 2014.

4. SHEFFIELD HEALTH AND WELLBEING BOARD'S PLANS FOR INTEGRATING HEALTH AND SOCIAL CARE

The Board received a presentation by Joe Fowler (Director of Commissioning, Sheffield City Council) and Tim Furness (Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group) concerning the Board's plans for the integration of health and social care. The presentation made reference to formal and informal integration and the role of commissioners in achieving the best outcomes for citizens. The challenge was to undertake initiatives at the appropriate scale, learning from what happens in one area to inform the implementation of initiatives in other areas. The Joint Commissioning Executive Team had prioritised the development of plans for integrating in the areas of community prevention, intermediate care and re-ablement and long term high support and CAMHS would also be considered. Challenges included how organisations could pool resources and better manage funds both locally and nationally and how greater autonomy might be achieved for Sheffield. A further report would be submitted to the Board in March 2014.

Members of the Board made comments as summarised below:

The priority areas and general direction of travel were supported. The role of NHS England in supporting integration and the role for Healthwatch in engagement and (patient) voice was acknowledged. The focus upon outcomes was in contrast to previous attempts at health and social care integration, which had concentrated on structure.

The Board was responding to consultation on proposals collectively and it needed to make sure its voice was heard by all political parties in relation to integration and what works for the City.

There were developments with regard to opportunities within the Children and Families Bill, for example, in relation to special needs.

RESOLVED: That (a) the presentation concerning the integration of health and social care is noted; (b) the Board be kept regularly appraised of progress in relation to the integration of health and social care; and (c) a further report on the

integration of health and social care is submitted to the Board at its meeting in March 2014.

5. THE CONFIDENTIAL INQUIRY INTO PREMATURE DEATHS OF PEOPLE WITH LEARNING DISABILITIES (2013): ITS CRITICAL IMPLICATIONS FOR HEALTH AND HEALTH INEQUALITIES IN SHEFFIELD

The Board considered a report concerning the findings and recommendations of the national confidential inquiry into premature deaths of people with learning disabilities (2013). Heather Burns, Senior Commissioning Manager, NHS Sheffield Clinical Commissioning Group presented the report. The inquiry had made a number of findings, including that people with learning disabilities died much earlier than the general population of preventable causes and most commonly through problems and delays with health investigations and treatments.

There were inadequate reasonable adjustments made, a failure to follow the Mental Capacity Act, end of life care pathways and do not attempt cardiopulmonary resuscitation orders. There was a lack of proactive healthcare and planning in the cases reviewed.

The local responses to the Inquiry's various recommendations were summarised in the report.

Members of the Board made comments and asked questions to which responses were given, as summarised below:

The recommendations of the Confidential Inquiry should be embedded in practice and in the treatment of people with learning disabilities.

Was there a comparison or cross reference of the policies which protect and safeguard children with those for people with learning disabilities? There was concern that young people with learning disabilities were being pushed into independent living.

The law applying to children and to adults (e.g. people with disabilities) was different. The framework for people with learning disabilities was the Mental Capacity Act. The integration of services and the provision of holistic care were challenging issues involving hospitals and GPs. A whole-age approach needed to be taken for people with learning disabilities to provide a life pathway. It was noted that, at present, safeguarding was the responsibility of two separate bodies, namely the Children and Adult Safeguarding Boards respectively.

The recommendations of the Inquiry did not make specific reference to support for carers and this was an area that should be included in the Board's plans.

From a public health perspective, more could be done to improve matters for people with learning disabilities. In terms of public health intelligence, there should be an amount of caution exercised regarding expectations as it may be difficult to obtain data, which might not have been systematically recorded or may not be linked.

The framework was different for children and adult safeguarding. There needed to be work to improve awareness through the Mental Capacity Act and thought should be given to expectations regarding the standard of care and support for people with learning disabilities. There had been change in public policy with regard to equitable rights and citizenship, and whilst there was some good practice, the existence of choice allows for certain things not to be done. 'Reasonable adjustment' was partly dependent upon culture and attitude of service providers.

The health and social care self-assessment process mapped out the gaps in provision for people with learning disabilities.

There was a prioritisation process and the associated resource and expenditure implications were considered within that process. As such, was the Board expected to endorse the recommendations simply as principles? There was a notion that, if the right process was adopted for people with learning disabilities, then similarly, this would equally apply to other groups, including, for example, people suffering with dementia. The recommendations could be applied more widely and be linked to the action planning for health and social care assessments.

RESOLVED: That (a) the Board notes the recommendations of the Inquiry, and seeks assurance that local partners are taking all reasonable steps to ensure equal access to healthcare for people with learning disabilities in Sheffield.

(b) the Public Health Intelligence Team is invited through their core offer to Sheffield City Council and the Clinical Commissioning Group, to analyse and research outcomes for people with learning disabilities in Sheffield in respect of:

i. Recommendation 7 of the Inquiry *(People with learning disabilities to have access to the same investigations and treatments as anyone else, but acknowledging and accommodating that they may need to be delivered differently to achieve the same outcome);* and

ii. Recommendation 17 of the Inquiry (*Systems in place to ensure that local learning disability mortality data is analysed and published on population profiles and Joint Strategic Needs Assessments*).

Reasons for Decision:

The Confidential Inquiry is based on intensive research in the South-West of England. We do not really know if the situation is the same, better or worse in Sheffield. Understanding more about the health, healthcare, morbidity and deaths of people with learning disabilities in the City would enable us to take targeted action to improve access to healthcare and address serious health inequalities experienced by this population.

6. DIRECTOR OF PUBLIC HEALTH REPORT FOR SHEFFIELD 2013

The Board received a presentation concerning *New Opportunities*, the Director of Public Health Annual Report for Sheffield 2013 by Dr Jeremy Wight, the Director of Public Health. He outlined statistical information regarding life expectancy and the effect on life expectancy of factors including disability and inequality. The presentation also summarised the 11 recommendations for public health, which corresponded with the Health and Wellbeing Strategy.

In terms of the process by which the recommendations could be incorporated within the Health and Wellbeing Strategy, there was a fit with the Joint Strategic Needs Assessment (JSNA). The new aspects in the Director of Public Health's report could be included in the JSNA and the Health and Wellbeing Strategy adapted accordingly.

The recommendations in the report were focussed upon public health in the Council. It was noted that a presentation on the Annual Report had also been made to the City Council and the Clinical Commissioning Group.

RESOLVED: that the information contained in the Director of Public Health Report for Sheffield 2013 and, in particular, the eleven recommendations for improving public health, which are based on an analysis of the new opportunities that now exist as a result of the transfer of public health leadership to the Council, be noted.

Reasons for the decision:

1. It is good practice for Director of Public Health reports to contain recommendations aimed at improving the health of the population.
2. Recommendations have been made in areas where there is particular scope to improve the health of the people of Sheffield through combining public health expertise with the scale and outreach of the City Council.

7. BETTER OUTCOMES FOR CHILDREN AND YOUNG PEOPLE'S PLEDGE

The Board considered a report requesting that it sign up to the Better Health Outcomes for Children and Young People Pledge. The Children's Health and Wellbeing Partnership Board had committed to sign-up to working to achieve the ambitions outlined in the Pledge and requested that this Board also gives its endorsement.

Members of the Board commented, as follows:

The Looked After Children Pledge and the Better Health Outcomes for Children and Young People Pledge would benefit from being joined together.

That, whilst the ambitions and commitment sought might be supported, some consideration should also be given to the resource implications and performance metrics.

RESOLVED: that (i) the Executive Director, Children, Young People and Families is requested to produce a revised report concerning the Better Outcomes for Children and Young People Pledge and the Looked After Children Pledge to be submitted to the next meeting of the Board on 27th March 2014.

8. PUBLIC QUESTIONS

Public Question Concerning Care Planning

Mike Simpson referred to his local doctor's surgery patient participation group at which he was told that the Clinical Commissioning Group (CCG) had commissioned some form of care planning exercise from all practices. He stated that at that brief discussion, it was not clear what was meant by care planning. He asked what is the relationship of this exercise to the integration work described to the Health and Wellbeing Board?

In response, Dr Tim Moorhead, the Co-Chair of the Board, stated that the CCG had asked GP practices to implement a care planning approach, which describe an individual's range of illnesses and produced a plan, possibly with the involvement of a multi-disciplinary team, to support a person to self-care and address what should be done if there is an escalation in their health needs. For long-term conditions, the plan was subject to regular review.

Practices were asked to look at cases of moderate risk. If there was a care plan it was thought that this may reduce the likelihood of a patient's escalation to urgent care. It was not yet known how effective the approach will prove to be. Investment had been made into the care planning approach in this year and was intended for the next financial year. All of the GP practices in Sheffield had taken up the approach.

Tim Furness, the Director of Business, Planning and Partnerships, NHS Sheffield Clinical Commissioning Group, explained that in relation to integration, care planning was also part of the health and social care commissioning picture. It was acknowledged that care planning did have different meaning, depending upon the context.

9. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Board held on 26th September 2013, were approved as a correct record.