

Sheffield Health and Wellbeing Board

Meeting held 25 September 2014

PRESENT: Councillor Julie Dore (Chair), Dr Tim Moorhead (Co-Chair), Ian Atkinson, Jackie Drayton, Pam Enderby, Mazher Iqbal, Mary Lea, Jayne Ludlam, Dr Zak McMurray, John Mothersole and Dr Jeremy Wight, Director of Public Health

In Attendance

Fiona McCaul, Programme Director, Programme for Integrated Commissioning

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Richard Armstrong, Laraine Manley and Ted Turner.

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where it was proposed to exclude the public and press.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. PUBLIC QUESTIONS

4.1 Public Question in respect of Personal Healthcare Budgets

Mike Simpkin commented that NHS England was actively encouraging the introduction of personal healthcare budgets. He therefore asked what effect did the Board think this was likely to have on health and social care services in Sheffield?

Tim Moorhead commented that the issue had been debated at the Clinical Commissioning Group. Sheffield was required to implement personal healthcare budgets as their introduction was in national legislation. There had been pilots in the City over the last 2-3 years. Success had been mixed and the use of personal budgets had not been shown to reduce service costs. There was still a lot to learn and the impact on the social care system had not yet been understood.

Councillor Julie Dore added that there was a wish to see assessments integrated as having separate assessments for health and social care did not make sense.

Councillor Mary Lea commented that personal budgets within social care had been used for a number of years. There had been issues which had arisen. It was

important to closely monitor budgets. There is evidence to suggest the system can work better if budgets were integrated. Further discussions would be held on the issue.

Pam Enderby commented that the issue had also been discussed at Healthwatch Sheffield where concern had been expressed about the changes to social care budgets. She stated that it would be useful to have some information on the Council's website as a lack of information about the changes was causing concern about the impact.

5. UPDATE ON THE JOINT HEALTH AND WELLBEING STRATEGY: OUTCOME 1 - SHEFFIELD IS A HEALTHY AND SUCCESSFUL CITY

5.1 The Co-Chairs of the Board submitted a report in relation to the Joint Health and Wellbeing Strategy. It had been agreed that each progress on each outcome would be examined one by one. Outcome 1 of the Strategy was about the wider determinants of health, including employment, housing and poverty. Board Members were invited to discuss the report in depth and pay particular attention to the Living Wage, Fuel Poverty and Worklessness.

5.2 Members of the Board made comments on the matters contained in the report summarised as follows:-

- The Council was moving towards becoming a Living Wage employer. Sheffield University had made the same commitment and the Chamber of Commerce had agreed to support the principle of the Living Wage where companies could afford it. There were concerns about viability for some companies.
- The Sheffield Executive Board was tasked with overseeing the implementation of the recommendations from the Fairness Commission. The role of this Board was to identify things where the Board felt it could make a difference.
- The health and care sector were working towards the implementation of the Living Wage by 2019. The sector was looking at minimising the impact of austerity measures putting pressure on staff.
- Within the health and care sector the introduction of the Living Wage would increase costs and reduce demand. Poverty was a driver of ill health.
- The Clinical Commissioning Group paid above the Living Wage. Sheffield Children's Hospital and the Health and Social Care Trust also paid the living wage. Sheffield Teaching Hospitals supported the Living Wage in principle and were looking into its implementation.
- The introduction of the Living Wage across the City was an ambition for the Fairness Commission but could not be considered a target. It was about winning the hearts and minds of employers and continuing to influence their decisions.
- The implication for welfare costs of the implementation of the Living Wage

should not be forgotten. This would move some of the burden onto the employer where it should be and would result in more money being available to invest in health services.

- There had recently been a Board established to look at the social and equality impact of future investments of the Local Enterprise Partnership (LEP). The Health and Wellbeing Board could help by feeding in the health and social impacts which needed to be achieved.
- When the Regional Growth Fund had been established it was understood that a lot of the economy was based around small businesses. The bid was therefore for a lot of money to be managed on a small scale. It was not just about the creation of a large number of jobs but also the importance of the type and quality of those jobs. There was no wish to create jobs which were low skilled with no prospect of progression.
- The Sheffield Executive Board would examine progress towards the creation and implementation of a city-wide fuel poverty strategy. The Council had established a Green Commission to look at how the cost of energy could be reduced.
- The Director of Public Health would investigate progress with the Warm Homes and Healthy People project and report back to the Cabinet Member for Communities and Public Health.

Resolved that the Board:

1. Accepts the Living Wage, Fuel Poverty and Worklessness as key areas of focus arising from the Fairness Commission and that progress on Outcome 1 of the Joint Health and Wellbeing Strategy will be reported to this Board and the Sheffield Executive Board;
2. Supports the ongoing programme of needs assessment and requests that a report be submitted to a future Board meeting on tackling air quality; and
3. Requests another update on this outcome in September 2015.

6. MENTAL HEALTH IN SHEFFIELD: A SNAPSHOT

- 6.1 Pam Enderby, Chair of Healthwatch Sheffield, submitted a report detailing the Health and Wellbeing Board's Engagement Event of the 24th July, facilitated by Healthwatch Sheffield, on Mental Health. The report contained a write up of findings, recommendations, methodology and a full set of responses.
- 6.2 Pam Enderby commented that the event was very successful with more than 80 people in attendance, 60% of which had been service users either at present or in the near past. Discussions were held on ten areas that had been highlighted via other routes as causing a concern in Sheffield and these were highlighted in the report.

- 6.3 The comments at the event were reported in full in the report. Some people who were not able to attend in person were linked into the event through the web or Twitter.
- 6.4 It should be possible for some of the issues raised to be addressed in the short term. It was important to ensure services were joined up.
- 6.5 Not many carers who attended the event. Of those who did, many had said that they often felt excluded and found it difficult to access information and support.
- 6.6 Members of the Board made comments on the matters contained in the report and accompanying presentation, summarised as follows:-
- More detailed analysis would be welcomed and information on how comments received could influence policy decisions in the future.
 - The Local Authority did invest in care and support. It was not clear whether something different needed to be done in respect of mental health care and support. Sheffield was at the forefront of this work a number of years ago and this should be checked to see how it related to current practice.
 - A report summarising the event and lessons learned should be circulated to providers and commissioners. It would be helpful to synthesise the information to establish what 'quick wins' could be achieved.
 - Mental health was still seen as a 'cinderella' service and treated as such. The joining up of health and social care services should help prevent this. Work needed to be done to ensure G.Ps talked to psychiatrists and other mental health professionals.
 - The ten key issues discussed at the event had been informed by evidence collected prior to the event. Not all the comments made were negative and comments were invited by those not able to attend the meeting through social media and the internet.
 - The difference between the reality of the service provided and people's perception of a service should not be forgotten. People needed to feel that a service was right for them.
 - Those involved needed to look at how stakeholders could be influenced to make people feel well and priority should be given to assessing how employers treated and understood mental health issues.
 - Children did not always recognise where they were suffering mental health issues. The help and support needed to be in place as soon as possible and crisis treatment should be available immediately.
 - A pilot was taking place between the City Council and the Clinical Commissioning Group promoting a good environment for mental health and early support and diagnosis. The outcomes of which could be reported to the

Health and Wellbeing Board.

6.7 **Resolved** that:

1. The Board notes the points of the report and will work proactively to translate people's views into action, and requests that all actions are communicated back to the people who attended this event;
2. All future engagement events should include an appropriate number of service users to ensure sufficient representation from members of the public;
3. An update on the actions contained in the event's report to be submitted to the Board within 12 months and Healthwatch Sheffield be requested to hold another engagement event (although not necessarily on the topic of mental health); and
4. The Board work with Healthwatch Sheffield to ensure that people remain involved and their views and experiences are used to help shape and improve services in the City.

7. **REPORT ON HEALTH AND WELLBEING BOARD ENGAGEMENT APRIL-SEPTEMBER 2014**

7.1 The Co-Chair's of the Board submitted a report providing the Board with a snapshot of its engagement from the last six months. It focused on Health and Wellbeing Board-specific engagement and therefore did not cover the engagement carried out in their own right by the organisations that were represented on the Board. It also provided some suggestions for how that engagement could be improved.

7.2 Members of the Board made comments on the matters contained in the report summarised as follows:-

- It was important to have good engagement which needed to lead to a change in services commissioned which leads to an improvement in outcomes.
- More analysis was needed of what made a difference. The next stage was to think about whether the Board could get more valuable information from people's comments at engagement events.

7.3 **Resolved** that the Board focus its engagement from October 2014-March 2015 on a range of areas specified in the report.

8. **DUE NORTH: REPORT OF THE INQUIRY ON HEALTH EQUITY FOR THE NORTH**

8.1 The Director of Public Health in relation to Due North: A Report of the Inquiry on Health Equity for the North. This was commissioned by Public Health England from the Centre for Local Economic Strategies (CLES) at the University of Liverpool, and written by a panel led by Professor Margaret Whitehead. The brief was to examine health inequalities in the North of England – both within the North

and between the North and the rest of the country, to 'provide fresh insight into policy and actions'.

- 8.2 The report made a very clear link with the need for economic development in the North and the need to invest in the development of people and places. Equally, the need for devolution and democratic renewal (to give local people more power over the conditions in which they live) was emphasised. There were recommendations for actions in the areas of tackling poverty, actions in early childhood, democratic renewal and strengthening the role of the health sector. Many, but not all of the recommendations were already being implemented in Sheffield and were included in the Health Inequalities Plan.
- 8.3 The Director of Public Health then gave a presentation on the report. He stated that the north of England generally did worse than the south in terms of life expectancy. However, Sheffield had one of the highest life expectancies in the North of England for those living in deprived areas.
- 8.4 Health inequalities were seen as a deep rooted issue and there was a concern that the gap could widen. Public Health England did not accept that the gaps were inevitable and couldn't change.
- 8.5 It was important to look at the causes of health inequalities which was often a result of economic drivers. The north needed to examine what agencies could do to reduce inequalities.
- 8.6 The report outlined a number of recommendations, some of which the Board could play a role in implementing and some where work was already in place which would assist with implementation and some where it would require close working between agencies across the north.
- 8.7 The report did not mention a role for NHS England. Public Health England had issued an interim response and a more detailed response was expected in Spring 2015.
- 8.8 The Board commented on issues arising from the report and presentation, as follows:-
- Recommendations for National Government and 'Agencies in the North' should not be considered as separate issues. In many cases complementary action is needed from both sides.
 - Historical factors should be taken into consideration as it was not easy to change things in one generation.
 - The City was in a good position to work together to change if the system would allow. There needed to be a lot of freedom granted to try new solutions.
 - There could be a role for the Health and Wellbeing Board to play as advocates. Members could attend other Health and Wellbeing meetings across the north and Boards could collectively make representations nationally.

- The north needed to be proactive and not wait for the Government to give permission. There was a need for further learning on how to attract investment and how to co-ordinate to generate investment.
- The Sheffield City region did not do enough to promote the good work being undertaken in the region and this should be promoted on the national agenda. The key was to determine how to influence on the local as well as the national stage.
- It would be more appropriate for Public Health England to respond in time to influence the next commissioning round rather than in the Spring. It may be a different allocation was needed which took into account health inequalities.
- The proposition based approach was supported. There was a need to be bold and outline what could be done if the north and the City region had more control over resources and policy.
- Political points could be made without being party political. Whenever a new policy was announced the region should outline the impact on Sheffield regardless of party politics.
- The Health and Wellbeing Board should not just seek to influence policy matters specifically relating to health. Every decision made had an impact on the health and wellbeing of the City.

Resolved: that the Board:-

1. Requests that the Chief Executive, SCC and the Director of Public Health should discuss the report further, and in particular how best to bring it to the attention of the Sheffield Executive Board and the Local Enterprise Partnership; and
2. The Director of Public Health be requested to feed back to Public Health England the need for a more timely response to the report in line with the next commissioning round.

9. THE INTEGRATION OF HEALTH AND SOCIAL CARE

- 9.1 Fiona McCaul, Programme Director, Programme for Integrated Commissioning gave a presentation on the programme for integrated commissioning. She commented that she was looking at the programme as more than the pooling of budgets and more about redesigning services.
- 9.2 She further reported that Sheffield had made its submission to the Better Care Fund on 19th September. This may be subject to a review and if so the Board would be informed as soon as possible.
- 9.3 There were a number of care model options being explored and those involved

were looking at how services could be co-ordinated in a more effective way.

- 9.4 There were a number of workstreams in place, developing care model options and estimating their benefits prior to submitting their business cases to the Programme Board. The first meeting of the Programme Board had been held on 3rd September and a number of Health and Wellbeing Board members also sat on the Programme Board. A project structure had now been established to support ownership and decision making.
- 9.5 Budgets had been agreed but were subject to review as the case was developed for integration and change. Sheffield had a strong ambition to integrate health and social care in the City.
- 9.6 The project plan had clear dates and activities proposed. There was a need for the business case to show quantifiable evidence to say how public health in the City would be better and save money from the public purse.
- 9.7 Fiona would be working closely with the Director of Public Health on the outcomes framework. In respect of involvement and engagement advice would be sought from Healthwatch Sheffield. It was planned to hold a series of workshops and it was the aim to create a vision which everyone could share in.
- 9.8 Access to information was a key issue. Nothing could be done if the information wasn't shared. The Programme Board should not work in isolation and keep ties to other Boards in the City.
- 9.9 There was a need to strengthen analysis and work out the key impacts of the proposals. Relationships should be built up such as with Children's Services.
- 9.10 Members of the Board made comments on the issues raised by the presentation, as follows:-
- It was right and proper to integrate health and social care. However, at this stage the impact could not yet be seen. There had to be a positive difference for those who used the services.
 - Success could be seen when all agencies and services were working together towards a common model. Children's services could be brought into this. There was a lot of good practice work that could be shared.
 - The integration was a key reputational risk for the City and it was crucial to achieve successful outcomes.

Resolved: that the Board extends its appreciation to all those involved in the work towards integration of health and social care in the City.

10. FUNDING TRANSFER FROM NHS ENGLAND TO SOCIAL CARE

- 10.1 The Director of Commissioning, Sheffield City Council, submitted a report providing an update to the Board of details of the Section 256 transfer from the

NHS to fund adult social care services.

10.2 Members agreed that the date at the end of paragraph 3.5 should read 2015/16 rather than 2014/15.

10.3 **Resolved:** that the Board notes the report and approves the funding transfer.

11. BETTER CARE FUND

11. It was noted that this had been discussed earlier in the meeting under item 9 'The Integration of Health and Social Care'.

12. MINUTES OF THE PREVIOUS MEETING

12.1 The minutes of the meeting of the Board held on 26 June 2014 were approved as a correct record.

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