SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of: Councillor Julie Dore and Dr Tim Moorhead

Date: 26 March 2015

Subject: Update on the Joint Health and Wellbeing Strategy: Outcome 4: People get the help and support that they need and feel is right for them Outcome 5: The health and wellbeing system is innovative, affordable and provides good value for money

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Summary: The Joint Health and Wellbeing Strategy is the Health and Wellbeing Board's strategy for Sheffield and as such is Sheffield's overarching city strategy in all matters relating to health and wellbeing. Outcomes 4 and 5 of the Strategy focus on the health and social care system's working and performance. This report sets out what has happened under each action over the past year and any issues and opportunities.

Recommendations: Health and Wellbeing Board members are invited to:

- Actively support the recommendations made under each action in the report.
- Discuss in depth and pay particular attention to the following areas:
  - The greater inclusion of children and young people's issues and mental health in future reports.
  - How affordability and value for money are tested and covered on the Health and Wellbeing Board's agendas and in the Strategy.
  - The alignment of the Joint Health and Wellbeing Strategy with the Integrated Commissioning Programme.
- Support the ongoing programme of needs assessment.
- Request another update on this outcome in March 2016.

Background Papers:

- Work of the Sheffield Safeguarding Boards – appended to this paper.
- Sheffield Joint Health and Wellbeing Strategy 2013-18 – https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/joint-health-and-wellbeing-strategy.html.

Sheffield Health and Wellbeing Board

Update on the Joint Health and Wellbeing Strategy

Outcome 4 – People get the help and support they need and feel is right for them

and

Outcome 5 – The health and wellbeing system is innovative, affordable and provides good value for money

March 2015

1. What are these outcomes about?

Outcome 4 is about how people of all ages should experience services in Sheffield. This is about Sheffield's health and wellbeing system working better based on the needs of people in the city. It is important to focus not only on outcomes for people, but to consider people's knowledge of, access to, and experience of services. Currently, these are not all accurately measured but are important and must be given greater emphasis.

Outcome 5 is about how Sheffield's commissioners and service providers will deliver services. As with outcome 4, it is our intention to make the changes to the way the health and wellbeing system works in Sheffield over the next 5 years to make the system sustainable and affordable in the long-term. The City's population is rising as a result of an increasing birth rate, inward migration and people living longer. Over the next 10 to 20 years there will be an increase in the number of older people in Sheffield alongside increasing numbers of children and working age adults with disabilities and complex needs. We know that this population change is likely to place a significant and increasing demand on health, social care, children's and housing resources.

2. How are we performing? – Indicators for outcomes 4 and 5

Section completed by Louise Brewins

In terms of position relative to the England average, ranking among the core cities and local trend over the last three years, Sheffield is experiencing worse outcomes for the majority of indicators related to how well services are being delivered and meeting need and expectations. The two main exceptions are older people still at home 91 days after transfer to rehabilitation/reablement and the rate of permanent admissions of older people to care homes. This is set within the current context of increasing pressures on A&E, emergency and primary care services.

Further information about these indicators can be found in Appendix A. Please note, the Board agreed that the indicators initially selected for Outcome 4 would also be used for Outcome 5 given that they provided a reasonable summary for the two indicators combined; would limit the total number of indicators included in the Strategy's framework to 30; and mirrored the indicators used by NHS England in its local authority improvement profile.

In addition, the indicators relating to A&E attendance rate and proportion of pregnant women receiving 13 week antenatal assessment have been temporarily dropped because it has not been possible to obtain timely enough national or meaningful comparable data for these indicators. Further work is being undertaken to identify more timely data for these indicators.

3. What do we need to know? – The evidence base for outcomes 4 and 5

Section completed by Louise Brewins

The Joint Strategic Needs Assessment identified a number of topics where more detailed analysis and research would be required to develop the evidence for prevention and early intervention, integrated working, building social capital and improving quality of experience. The following specific areas of work were highlighted:

- **Managing long term conditions**

There are a number of pieces of work being taken forward to provide evidence for achieving better outcomes for people with long term conditions and preventing unnecessary variation in and use of health and social care services. Detailed evaluations are being undertaken, for example, in relation to the care planning approach within the City and the Community Wellbeing Programme, together with a cost benefit analysis of the 'Patient Activation' model. An application to the Health Foundation for funding to test and develop innovative ideas and approaches to improve health care delivery is also under consideration.

- **Children with complex needs**

A detailed Health Needs Assessment (HNA) to understand the health and wellbeing needs of children with complex needs was completed in 2014 and is being used to inform future service planning for this group of children. The HNA covers numbers of children and young people with LDD and other complex health needs within Sheffield and predicts future trends, based upon diagnostic profile and DDA criteria; identifies both current and predicted future needs in order to inform appropriate planning and delivery of services and; identifies health and wellbeing needs across the different groups of children and young people as defined within the agreed scope, and by age range within each condition.

- **Access to and use of services**

A paper is currently being prepared by the SCC Healthcare Public Health Team, as part of the core offer to the CCG, to consider the options for exploring the extent to which health services meet need in the City, and the resources that would be required to support this analytical work.

- **Experience of care services, especially GP practices.**

Utilising and understanding patient, user and carer experience was a high priority for the JSNA. However national data and related initiatives (e.g. Family and Friends Test, GP Patient Survey) need to go further in terms of their ability to deliver more granular intelligence that can be used to improve care quality at a local level. Further work locally

should therefore be undertaken to assess the use and impact of data currently available and where, with relatively modest enhancements, we could improve our understanding of people's experience of services in Sheffield.

- **Urgent and non-elective care**

The Quality Metrics and Intelligence Group of the Integrated Commissioning Programme for Sheffield is focussed on what we need to measure so we can show what is really working for people in the local care system. It includes how the programme overall will be evaluated. A further external evaluation (funded by a Transformation Challenge award) will also be commissioned to support analysis of the 'Keeping People Well' strand of the Integrated Commissioning Programme.

4. Examining outcome 4, action by action

Theme: Person-centred care and support
Sheffield people receiving excellent services which support their unique needs

Action 4.1: Continue to work with providers in the city to integrate the health, social care, education and housing support and care that is available, to establish a person centred approach to care.

Section completed by Dorne Collinson, Antony Hughes, Joe Fowler and Tim Furness

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

Consultation as part of development of the Joint Health and Wellbeing Strategy and more specifically on integration, has shown general support for the view that services should be more joined up and people not handed over from one professional to another wherever that can be avoided. The CCG and Sheffield City Council have agreed plans for integrated commissioning of a range of services:

Older people and those most at risk of needing hospital care

We have agreed to establish a pooled budget of around £250m for 2015/16, which will establish a shared responsibility to meet needs and commission services in the following areas:

- **Keeping People Well in their Community** – primary care, social care and non-clinical interventions to support people identified as at risk of needing hospital or social care to stay independent, safe and well
- **Active Support and Recovery** – non-hospital clinical and social care services that provide short term interventions that help people maintain or regain their independence and wellbeing - preventing or reducing the use of acute health and care services (including intermediate care and community nursing)
- **Independent Living Solutions** – recommissioning of community equipment services as a genuinely integrated and user focussed service
- **Long Term / High Support** – integration of assessment, care management, and funding streams for people that need significant levels of care and support over a sustained period of time. This includes NHS CHC and SCC funding of residential care.
- **Non-elective (non-surgical) hospital admissions** – because our plans will reduce expenditure mainly in this area, this funding is included to release money, and to share risk.
- We expect to expand the pooled budget in time to include relevant children's service areas, mental health and learning disabilities, and possibly drug and alcohol services.

Integration of commissioning functions and budgets enables us to specify and contract for services that meet health and social care needs together. This will lead to changes to many

health and care services, and we are working with providers of health and social care in Sheffield to support the development of provider partnerships that will support integration and the delivery of more person-centred services. We are building on our current productive partnership with our providers ("Right First Time"), supporting stronger provider alliances so that providers can being together their considerable expertise to design and deliver a truly integrated health and care service for the people of Sheffield.

Children and young people

The Sheffield Children's Joint Commissioning group (CJCG) leads the work to ensure integrated health, social care and education support for children and families. The group includes key representation from Sheffield Clinical Commissioning Group, Sheffield City Council Children and Families Portfolio and Public Health England. There is a work programme which currently is focusing on delivering a joint commissioning approach to the following areas:

- Emotional Wellbeing and Mental Health.
- Early Years (A Great Start in Life).
- Supporting Children with Complex Health Needs.
- Sexual Health Services for adults and young people.
- Vulnerable Children and Young People – including Looked After Children.

The focus of the group is to ensure that service provision is jointly integrated, commissioned and redesigned where necessary. An example of joint commissioning activity currently overseen by the CJCG includes the redesign and review of the Healthy Child Programme 5-19 years in Special Schools.

Specifically partners are engaged in ensuring a person/child centred approach to improve health and wellbeing. The CJCG collectively works to address the needs of vulnerable groups including Looked After Children and Care Leavers.

2. **What can the Health and Wellbeing Board, or its members, do over the next year?**

The Health and Wellbeing Board sponsors the development of integrated commissioning and provides strategic direction and oversight for the work of the two commissioning organisations. The Health and Wellbeing Board should continue to request further updates in the future on progress with both the children's and adults' joint commissioning agendas.

Action 4.2: Commit to implementing the statutory requirements of the Children and Families Act supporting the integration of planning for children with complex needs and disabilities.

Section completed by Tony Tweedy

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

The Children and Families Act 2014 has a focus on improving outcomes for children and young people with special educational needs and/or disabilities (SEND). It extends the Special Educational Needs (SEN) system from birth to 25, giving children, young people and their parents greater control and choice in decisions and ensuring needs are properly met.

Key changes include:

- Replacing statements with a new birth- to-25 education, health and care (EHC) plan.
- Producing an accessible Local Offer of all services.
- Offering families personal budgets.
- Improving cooperation between all the services that support children and their families, particularly requiring local authorities and health authorities to work together (and specifically Clinical Commissioning Groups requirement to comply with health service requirements in EHC plans).

Progress so far:

- Local offer website delivered ahead of plan.
- Six step pathway guide for families for Education, Health and Care (EHC) plans.
- High level pathway process.
- EHC plan template.
- New schools EHC referral process and guidance.
- Personal budgets position statement and service delivery arrangements.
- Conversion plan for SEN statements to EHCs.
- Joint commissioning position statement.
- Communication and engagement plan.
- Resource pack for schools and SENCOs.
- Independent supporters, Independent Mediation and disagreement resolution.
- Multi -agency 0–25 team to co- work on complex cases and develop joined up ways of working.

2. **What are the main challenges and opportunities for this action?**

Our challenges are to implement and next stage of the legislation. With this comes an opportunity for increased joint working across services to improve outcomes for children, young people and their families.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

- Ensure that all Health and Wellbeing services which encompass the 0–25 age range are fully engaged with the legislative changes.
- Commit to representation at the appropriate level to planning, decision making and resource allocation meetings particular around the needs of complex cases.
- Agree to the data sharing requirements to enable a comprehensive and robust commissioning framework.
- Agree to the co-location of the appropriate representation from Children's Commissioning services into the 0–25 team to develop connectivity and consolidate the effective ways of working established through the creation of the 0–25 *Scratch* team.

To note: the Children and Families Act also brings in the following changes:

- Adoption and Contact: the Act will now allow children and grandchildren including descendants, spouses or adoptive relatives to apply to an intermediary agency for help tracing relatives of the adopted person. It brings into force new duties that enable children to be placed earlier with prospective adopters who are already approved foster parents and changes the weight given to consideration of ethnicity, religious persuasion, racial origin and cultural and linguistic background in matching children to perspective adopters. The Act also increases the support given to families who adopt and brings in the concept of 'Staying Put', clarifying the circumstances in which CYPF will support a former fostering arrangement beyond a young person's 18th birthday.
- Family Justice: the Act reduces the time limits on care proceedings to 26 weeks and brings into force new rules on the use of expert witness evidence. The Act also introduces Child Arrangements Orders which replace Residence and Contact Orders.
- Childcare Reforms: the Act introduces a new mechanism for the registration of childminders via childminder agencies and repeals the Section 11 Duty to prepare, at least every three years, an assessment of the sufficiency of the provision of childcare in their area but duty to secure where practicable sufficient childcare remains.

Action 4.3: Ensure the experience of transition from child to adult services supports and promotes health and wellbeing.

Section completed by Kevin Clifford, Sue Fiennes, Tony Tweedy and Moira Wilson

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

The transition point between children's and adult services for those with complex SEND has been recognised as the most stressful and confusing period in the lives of families and carers. It is acknowledged as an extremely difficult phase for both parents/carers, children and young people. Thresholds for the movement between age determined services and for funding eligibility vary across education, health and social care. Services are complex to navigate.

- The recent parent carers forum State of Sheffield report declared that Transition from child to adult services was slammed as a 'drawn-out, faceless and fragmented process punctuated by long delays'.
- The Sheffield Complex Child Health Needs Assessment 2014 provides insight into the changing nature of and Special Educational Needs and Disability in the city. This will help to inform the longer term model which may include prevention activity as well as assessment of need support.
- Both the Children and Families Act 2014 and the Care Act 2014 place new responsibilities on children and adult social care to improve the transition to adulthood for young people with ongoing care and support needs. Adults and Children's services have been involved in working groups to develop improved pathways and this work will continue throughout the coming year.
- The recent assessment of Child Sexual Exploitation arrangements and practice highlighted the need to improve access and provision for ongoing support for young people in relation to counselling and mental health needs. In addition, the recent CDOP report on suicides in Sheffield gives cause for concern.

In order to deliver on our vision to *smooth the progression* of young people with Special Educational Needs (SEND) into adulthood we must bring together all the transition elements into a coherent and cohesive single service. Within the last year there has been some progress, specifically within the area of CAHMS, where the transfer of provision of most secondary care for 16/17 year olds from the Sheffield Health and Social Care Trust to Sheffield Children's Hospital is currently being piloted.

2. **What are the main challenges and opportunities for this action?**

It is clear that the complexities of young people's needs in transition are not fully understood, and that despite efforts, the understanding of mental capacity legislation, working across clinical boundaries and the focus on the young person is not robust. Unfortunately, we have also had some examples of less than ideal transitions, including a case which is currently subject to a case review by the Children's Safeguarding Board.

The main challenges facing the transition to adulthood are:

- Different eligibility thresholds and funding between Children's and Adult services, both in health and social care.
- A range of transition points across different legislation – 16, 18, 19 and 25 years – which can create barriers between services and/or eligibility rules.
- Fragmented commissioning within the NHS, with some inadequate communication between the CCG and NHS England at key points in the young people's journey.
- Poor communication and handover between both services and commissioners of services.
- Ensuring involvement with adult services at an earlier stage in planning for a young person's future beyond school and further education.
- Managing expectations during a period of ongoing local authority budget reductions and changes in welfare reform.
- Developing a more consistent approach to promoting independence and personalisation so that young people and their families experience a better outcome and are fully involved in planning across social care, health and education or life-long learning.
- Capacity and conflicting priorities, meaning transition planning does not always begin early enough.

The Children and Families Act and the Care Act provides us with the legislative driver and an opportunity to move quickly to address these issues. Education, social care and health services must commit to the creation of the single service.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

- The Health and Wellbeing Board should refresh and strengthen its commit to high quality transition to adulthood for Sheffield Young People to include:
    - Redesigning the customer pathway in line with the Children and Families Act and the Care Act.
    - Redesign of processes to remove duplication and make them efficient.
    - Joining Safeguarding Boards in making transitions a key objective within its business plan, so that mental health outcomes are improved for young people in Sheffield.
- The Board should also support a cultural and systemic change which will potentially include:
    - Changes to roles and responsibilities.
    - Maximisation of use of ICT to enable efficient practice and robust data for performance monitoring and to support joint commissioning.
    - Understanding usage of and cost of SEND provision and developing a financial model which includes pooled budgets.
    - Alignment with the Better Care Fund and Care Act programmes.
    - The consolidation of the key health functions impacting on transitions.

Action 4.4: Work with GP practices to improve the ways people can access their services.

Section completed by Katrina Cleary

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

- GP practices have been encouraged to look at how, within the current workforce constrains, access might be improved, and many have put in place such initiatives as phone triage, increased access to allied health professionals and nurse practitioners, and the ability for patients to book appointments/order prescriptions on line.
- The Care Planning Approach is now in its second year of implementation and encourages practices to focus on proactively managing the needs of those in the practice who without such an approach would most likely end up accessing urgent care.
- Via System Resilience funding, further resource has been allocated to general practices to enable extra appointments to be put in place by the end of March 2015.
- The emerging GP Provider Board has developed a Prime Minister's Challenge Fund (PMCF) bid which aims to increase on an ongoing basis the availability of GP appointments, provide a more seamless transition between in- and out-of hours services and promote technological advances to support access and self-care more effectively.
- The Children's Health and Wellbeing Board is working with primary care to ensure that families are supported to ensure that they are registered with a GP. There is also a specific focus to ensure 'early booking' for pregnant women so that individuals receive support and services as soon as possible once pregnancy is confirmed.

2. **What are the main challenges and opportunities for this action?**

- Workforce pressures pose a challenge. More experienced clinicians (GPs and Nurses) are taking retirement. Recruitment to key clinical posts is proving difficult, particularly in some of the more deprived areas in particular. At the same time practices are starting to feel the impact of the national policy imperative to equalise the finances available to practices for the delivery of core primary care services.
- The PMCF bid provides a significant opportunity to put in place locally-based and consistent levels of access to primary care in a way which includes health and social care providers across the whole system. If the bid is not successful we will have to consider across the whole system how much of the bid's ambition (albeit toned down) might be realised within existing resources.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

- The Integrated Commissioning Programme is integral to enabling primary care to offer increased access.
- Recognising the workforce and financial pressures facing General Practice it would be helpful if the whole system encouraged Sheffield patients to manage their own health as far as possible and to use services (including primary care) responsibly, promoting the use of appropriate alternatives (community pharmacy, NHS Choices, 111 etc).

Action 4.5: Ensure equality of access to services.

Section completed by Tim Furness and Adele Robinson

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

NHS Sheffield CCG

Ensuring equality of access to services is one of the key elements of addressing health inequalities. There is evidence that some sections of the population of Sheffield do not access health services in the same way as the general population, as described in the CCG's publication of equality monitoring information. Collection of demographic information to enable us to fully understand how people access services is weak in some areas, and improvement in that is a priority. To supplement our understanding of equality issues provided by data the NHS runs an Equalities Engagement Group, where CCG and Foundation Trust representatives meet representatives of people with each of the protected characteristics set out in equality legislation to understand and address issues with access to service that they experience.

The CCG has an equality action plan, with five key objectives:

1. Ensuring equality is core commissioning business
2. Improve the range of activity information we have about patients in protected groups and how this is being used
3. Improve our understanding of patient experience of services, re E&D, and act upon instances of potential discrimination
4. Developing strong and consistent leadership on equality issues
5. Improving access to services i.e. contracting

Progress on the actions is reported to the CCG Governing Body on a six monthly basis. Consideration of equality issues, including health inequalities, is now embedded in our approach to managing our programmes of work.

A paper has recently been approved by the SCC Health and Wellbeing Strategic Outcomes Board and NHSS CCG CET which outlines actions to improve access to services, reduce inequalities in access and promote health literacy. Actions are outlined to reduce inequalities in the demand on and supply of services; they include immediate actions, further investigation of the issues and how to measure impact.

Sheffield City Council

Ensuring the Council's services are fair and accessible and customer experiences are positive is one of our Equality and Fairness Objectives 2014-18 as outlined in the Annual Equality reports 2013/14 and 2014/15. The objectives are overseen by the Strategic Equality and Inclusion Board and reported on the Annual Equality Report.

In the past year in line with the objectives on accessible services and advancing health and wellbeing we have updated our monitoring form and Adult Social Care customers are now asked about their sexual orientation alongside other equality monitoring questions. To help supplement our monitoring we have updated and expanded our suite of Community

Knowledge Profiles These profiles now cover a range of the different communities of identity in Sheffield including Lesbian Gay Bisexual and Transgender (LGBT), disability, women, lone parents, carers, as well as Black and Minority Ethnic (BME) communities. The profiles help inform services that we both provide or commission, though supporting a better understanding of our diverse customers.

Another way we have tried to understand issues identified by different communities is through the newly developed a city-wide Equality Hub Network to strengthen the voice and influence of communities of identity (COIs) in Sheffield. These are specifically identified as a protected characteristic within the Equality Act 2010. We chose to focus on people with protected characteristics, because we know that these particular groups face additional barriers and therefore have difficulties accessing services and engagement routes. The Network enables the Council engage with these COIs to help shape policy and services in the city. The aim is to provide more effective and efficient routes for people to have a say on the issues that affect them and influence the decisions that are made.

We are also working collaboratively and in partnership with non for profit organisations Disabled Go, Disability Sheffield and CredAbility to support the ambitions of Sheffield to become an accessible and fairer city for all. The partnership is supporting the development and delivery of a new city access guide in 2015. The new city wide access guide is an empowering tool that enables people to make informed choices about the services they want to access.

2. **What are the main challenges and opportunities for this action?**

The main challenges are inconsistent monitoring across protected characteristics. Without reliable consistent data it is difficult to ensure that services are fair and accessible. To this end a task and finish group of the Strategic Equality and Inclusion Board has recently been set up to look at this issue and suggest priority improvements to be made across the Council's services. In addition, the new Equality Hub Network that we have developed is providing an opportunity for groups to come together to identify and discuss relevant issues.

There is an opportunity to include health venues as part of future Accessible Sheffield access guide.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

The Health and Wellbeing Board can continue to support the objectives of the Fairness Commission and its Health Inequalities Action Plan. The Health and Wellbeing Board are requested to support actions to improve access as it will require a system-level response.

In addition, the Board can work with the new Equality Hub Network and support the work of the Accessible Sheffield Project.

Action 4.6: Commit to reducing waiting times to at least national standards/averages for health and social care.

Section completed by Dorne Collinson, Tim Furness, Idris Griffiths and Moira Wilson

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

There are a set of national waiting time targets that the CCG is committed to ensuring its providers achieve.[1] As at December 2014, 12 of the 17 NHS Constitution core rights and pledges were being successfully delivered, with challenges in achieving the pledge for 95% of patients to be treated and discharged within 4 hours in A&E and the pledge for at least 90% of patients to start treatment within 18 weeks of referral by a GP. With respect to cancer waiting times our local providers continue to meet all the relevant standards.

Adult social care assessment times have reduced significantly over the last 2 years from an average of 90 days in 2012/13 to 31 days in quarter 3 14/15. Although there is no national target, Sheffield has set an internal target of 28 days and we are now very close to achieving this. Further performance information relating to Adult Social care can be found within the 2014 Local Account. Adult social care will continue to benchmark Sheffield's performance against the national Adult Social Care Outcomes Framework (ASCOF) and regional or core city comparators.

Children's Social Care are committed to ensuring the right level of support to families is provided at the right time. The deliverable outcomes are to provide services that are timely, high quality and responsive to need. Recent increases in demand for both services have however created pressure in being able to allocate all work for more in depth work after cases after been subject to initial screening. Local procedures (based upon statutory guidance) determine that a decision should be taken by Social Care in respect of what action is required within 24 hours of receipt of the referral. As an authority we are compliant with this requirement. Following this decision, the local authority then has up to 45 days to complete an assessment. Performance shows that we are only achieving this in 70% of cases. A number of actions have been put in place to improve this performance, these include:

- Developing community hubs
- Streamlining social care referrals and allocation
- Realignment of Social Care staffing
- 'Back to Basics' Training for all front-line staff

Children's social care is currently experiencing pressures in respect of the allocation of lower priority cases within our Early Intervention and Prevention Service. All of these cases have been subject to initial screening and priority work has continued to be allocated. These delays have been created by a combination of increases in demand and difficulties in recruiting to vacant positions.

[1] These are set out in the CCG's monthly quality and outcomes report to its Governing Body each month, available here.

2. **What are the main challenges and opportunities for this action?**

- The CCG and local authority continually review the achievement of the standards and where there are challenges, as above, we work with providers to address problems and ensure compliance. This includes the enforcement of contractual action, including requirement for remedial action plans and penalties for failure to achieve standards, and targeted investment, for example the use of System Resilience funding to increase capacity at the busiest times of the year.
- The 2015/16 planning guidance includes new waiting time and access standards for mental health care, as part of the NHS's commitment to achieving parity of esteem for mental health. These cover waiting time for treatment for first episodes of psychosis (i.e. early intervention services), and for IAPT, together with expectations about availability of liaison psychiatry and implementation of the Crisis Care Concordat.
- Achievement of NHS waiting time standards is continually challenging, mainly due to increasing demand for services, as demonstrated in the national issues on A&E waiting times before Christmas, which affected Sheffield. Simply increasing activity levels in contracts to achieve targets is neither affordable not practical for providers and this challenge is a key driver for our plans to redesign services.
- Pressures in children's social care mean that the early help mechanism is not as effective as we would help in a minority of cases. We are consequently undertaking an analysis of the recruitment and retention strategy and some immediate plans have been put in place to recruit temporary staff to fill staffing gaps. Longer-term, thresholds of intervention into targeted services will be reviewed as part of the redesign of prevention and early intervention services, bringing clarity about the universal offer and consequently reducing cases from escalating within the system.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

- Health and Wellbeing Board members should continue to receive relevant performance management information to review progress against agreed targets.
- The Board could continue to recognise the challenge of maintaining and improving access to services in the context of the difficult financial position and support the redesign of service delivery necessary to achieve this.

Action 4.7: Commit to: providing care closer to home; keeping hospital and short term care as effective as possible; and providing rehabilitation to help people stay independent for as long as possible.

Section completed by Joe Fowler and Tim Furness

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

- Our integrated commissioning plans set out our commitment to providing care closer to home. In particular, the Keeping People Well in Their Communities strand of the integrated commissioning programme sets out a clear aim to provide more care and support to people closer to home. It consists of:
  - Working in partnership with primary care and local communities to identify people at risk of declining wellbeing.
  - Frontline workers reaching out to people at risk.
  - People being supported to do or get things that help them achieve their goals and reduce the risk of declining wellbeing / increased use of formal health and care services.
- This includes better provision of information to help people to stay well, promoting the availability of community resources activities to maintain physical and mental health, commissioning a "sort and support" local services that helps people find the information they need and connects them to community and statutory services to resolve problems and "life navigators" to provide more intensive support for people at the highest risk, care planning with GPs and other health services to help people manage their health conditions, and integrated local services.
- The Active Support and Recovery workstream of the integrated commissioning programme will lead to an integrated service that brings together health and social care services in patients' homes, providing, where possible, an alternative to hospital care and supporting people to get home and retain their independence after a hospital stay.
- The Community Wellbeing Programme contributes to this work by empowering local people in the poorest areas to improve their health and wellbeing.
- For children and young people there is a commitment across Sheffield City Council and NHS Sheffield CCG to ensure that children and young people are cared for in Sheffield and that the number of 'out of city' placements are reduced.

2. **What are the main challenges and opportunities for this action?**

Elements of this have already been implemented. Using funding obtained through the Government's Transformation Challenge Award the approach of Keeping People Well will be fully tested in around half of the city's communities, where the existing community assets and relationship between local services and voluntary organisations is the strongest.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

Continue to support the integrated commissioning programme.

Theme: Self-help

Clear availability of information and support about health and wellbeing so that Sheffield people are able to help themselves

Action 4.8: Encourage an integrated 'Sheffield offer' on the help, care and support available to people so that they can access guidance, advice, signposting, advocacy and self-assessment tools themselves.

Section filled out by Dorne Collinson, Joe Fowler, Tim Furness and Phil Reid

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

Information and advice is fundamental to enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how they fund it. Not only does information and advice help to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support.

Sheffield's health and care economy is typical in that it has a fragmented offer on information and advice – with a bewildering array of leaflets, posters, and web-based material. In the last 12 months the Government has issued Guidance about the duties contained within the Care Act for Local Authorities about the delivery of a City-wide information and advice service. In addition, as part of the 0-25 SEND reforms the city was charged with creating a single website for information for parents, cares and young people. Identifying gaps in provision and services will help inform joint commissioning strategies. The information required by the Care Act can sit on the same IT platform as the 0 – 25 local offer thus maximising resources and presenting a comprehensive view of services.

2. **What are the main challenges and opportunities for this action?**

It is both a challenge and an opportunity to create maintain an information and advice service for people in Sheffield. The service must cover the needs of all our population, not just those who are in receipt of local authority funded care or support. The service will address prevention of care and support needs, finances, health, housing, employment, what to do in cases of abuse or neglect of an adult and other areas where required. The duty extends beyond the direct provision of information and advice to ensuring the coherence, sufficiency and availability of information and advice across Sheffield and facilitating access to it.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

The Health and Wellbeing Board can ensure that it participates in the Advice & Information Work stream established to oversee the delivery of the practical and strategic advice and information for the City.

Action 4.9: Commit to working with partners on a model of active citizenship that promotes health literacy and supports people to look after themselves as well as possible.

Section completed by Chris Nield

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

Citizenship that promotes health literacy is more than being able to read leaflets and make appointments. It is about being able to decide whether information is relevant and how it can be used to improve health and the ability communicate health needs. People from the most deprived areas have low expectations about health services and low aspirations about their own health. This can lead to poor access to services and reluctance to make demands on services regarding their own needs.

Research shows that community-based peer support is likely to improve health literacy, and in the last year significant progress has been made in the development of community programmes. For example:

- The Community Wellbeing Programme empowers local people in the poorest areas to improve their health and wellbeing by developing social capital and building on community assets. The new contract focuses on building social capital asset based community development.
- A new Evaluation Framework is being developed by Sheffield and Sheffield Hallam University. It is anticipated that a new commissioning strategy will be developed as part of the wider work around the Integrated Health and Social Care Strategy.
- Health trainers support people to improve their health and wellbeing by increasing confidence and skills. They take referrals from GP Practices.
- Health Champions and Practice Champions are mainly recruited from disadvantaged communities and draw on their own knowledge and life experience to undertake community interventions to improve health, wellbeing and social connectedness.
- The Sheffield Executive Board has led an initiative to develop resilient communities. A task and finish group gathered evidence from a range of agencies working with communities. A Fuzzy Framework for building community resilience was developed and SEB members will be asked to consider how they could support the work.

2. **What are the main challenges and opportunities for this action?**

- There are opportunities to integrate this work with GP Personal Centred Care.
- The resilience work led by the Strategic Executive Board is to be developed in localities.
- A community development strategy is currently being developed.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

The Health and Wellbeing Board and its members can continue to recognise the value of a health literacy and empowerment approach to self-management of health and long term conditions. It is also important to recognise the value of a neighbourhood approach when developing citizenship, resilience and health literacy.

Theme: Engagement and Participation

Patients and service users involved in decisions and their opinions valued

Action 4.10: Require both commissioners and providers to have effective engagement processes in place that take what service users think into account in all decisions.

Section completed by Dorne Collinson, Tim Furness, Kate Register and Maggie Campbell

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

- The CCG has strengthened its engagement with patients and public over the last year and has increased its capacity to do this. Primarily this has been through the establishment of the CCG "Involve Me" network – a means of people registering their interest in being informed about, and contributing to, the CCG's work.
- The CCG has also run specific engagement exercises on development of plans for musculoskeletal services and the development of a strategy for mental health in the city, and have tested our commissioning plans with the public. Some of this work has been carried out in partnership with Healthwatch Sheffield who will continue to assist the CCG with data collection and contract monitoring of musculoskeletal services going forward.
- NHS providers have strong mechanisms to gain patient views and understand service users' experience. The CCG is working with the Foundation Trusts to align our engagement work and wherever possible to speak with one voice in communicating with the public. We will be running a joint engagement exercise to discuss our views about how healthcare should be delivered in the future.
- Sheffield City Council has a range of regular involvement mechanisms for users of adult social care and their carers. These provide a rich, ongoing source of customer perspective and an opportunity to coproduce plans, specifications and agree priorities together. The involvement work has been reviewed and evaluated, and some proposed changes are being consulted on. In addition to regular routine involvement, throughout the year emphasis has been placed on increasing contact with those who are seldom heard, and specific consultations have been run during the year, such as on the Learning Disability Commissioning Strategy.
- Right First Time involvement has seen the continuation of a citizens' reference group. This has increased in membership and representatives have joined the board and project groups of Right First Time. In addition specific consultations under Right first Time have included consultation with those with a Serious Mental Illness around their physical health needs, patient feedback from the new Care Planning approach.
- The voice and influence of Children, Young People and families is a priority. In conjunction with Young Healthwatch (part of Healthwatch Sheffield) and CHILYPEP, the Young Commissioners pilot has been developed. These young people have then worked alongside commissioning staff within the NHS and Local Authority to commission 4 new local services. In addition, the Sheffield Children's Health and Wellbeing Partnership Board and the Sheffield Children's Joint Commissioning Group both have recognised work streams focusing upon engagement and participation.

- Healthwatch Sheffield is developing an 'assurance mechanism' where Healthwatch Sheffield could advise about and/or offer external assurance to support in-house engagement work.

2. **What are the main challenges and opportunities for this action?**

- One challenge is to continue to work closely with the different teams who run engagement to ensure joint working and that resources are best used, including running engagement exercises jointly wherever appropriate. An opportunity therefore is that increasingly the health and care system will work as one on public communication and engagement, and that therefore duplication is avoided and information already gathered is used effectively.
- It is a continued priority and challenge to reach those citizens (including vulnerable children and young people) whose views are seldom heard, particularly those who do not have access to online information. Priorities for the coming year include those living in Care Homes, Looked After Children and Young People, children and young people experiencing mental health issues, adult self-funders and members of Black and Minority Ethnic groups. Healthwatch Sheffield was set up to support the Health and Wellbeing Board in fulfilling the priority to engage with those hard to reach.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

- Continue its own engagement work, continuing particularly to seek the views of children, young people and families, and to work with Healthwatch Sheffield in doing so.
- Work with Healthwatch Sheffield's growing 'network of networks' to continue reach those who are seldom heard.

Action 4.11: Use patient/service user experience as a significant measure of quality.

Section completed by Dorne Collinson, Tim Furness and Kate Register

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

The Health and Wellbeing Board's partners puts patient and service user experience very high on their quality agenda reports and have a number of measures of experience including:

- Provider-generated Patient Experience data. In addition, there is an annual Department of Health Survey for users and carers of adult social care services.
- Friends and Family Test (FFT) implementation in A&E, in-patient care and Maternity at STH. FFT is now being role out to other services over 2015/16, including primary and community care.
- Work with Healthwatch Sheffield to encourage people to share their experiences of services.
- Utilising online patient experience via Patient Opinion, Care Opinion and NHS Choices. The CCG is working with Patient Opinion to develop further new and innovative ways of collecting and collating experiences of services to help assess the quality they provide.
- Including service users to help inform how our services are commissioned in future.
- The Right First Time involvement project developed and consulted on a set of patient satisfaction measures.
- Adult Social Care in the Council has a Service Improvement Forum with a quality assurance brief for services to older people and disabled adults. There is a proposal to develop a similar Service Improvement Forum for adults with a learning disability.
- The Children and Families Service in the Council have embedded service user feedback into much of their routine casework activity. In addition to routine activity, they also incorporate service user consultations into key service reviews.

2. **What are the main challenges and opportunities for this action?**

The challenges are many and varied in collecting and interpreting good patient experience information. This can only be achieved by using a variety of means to collect experiences and collate this with the other intelligence we have around servicesAs a result high quality robust patient experience information can be very labour intensive to collect. In addition, due to the varied range of services delivered it is difficult to capture views across all activity whilst still ensuring that the wishes and feelings of the most vulnerable and hard to reach groups are appropriately represented.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

The Health and Wellbeing Board can help by ensuring the patient/service user is encouraged and seen as essential to the city's decision making processes and by continuing to raise the profile and value of patient or user experiences of our services.

6. Examining outcome 5, action by action

Theme: Joint commissioning and whole-system transformation
Sheffield people at the centre of the Sheffield health and wellbeing system, underpinned by strong working relationships between commissioners with a clear methodology for joint working and pooled budgets underpinned by an innovative and affordable health and wellbeing system fit for the twenty-first century

Action 5.1: Build on existing joint working to establish a clear joint commissioning methodology, including the consideration of pooled budgets in areas such as the health and social care budget for older people with long term conditions and children with complex needs. The joint commissioning methodology will include a commitment to the co-production of strategic plans to ensure services are delivered in the most effective way for the benefit of all.

Please see the report under action 4.1, which covers this action too.

Action 5.2: Address city-wide causes of high hospital use by promoting innovative ideas and models for whole system change. This will include working with providers to find the best way to redesign systems upstream, and engagement to build awareness of appropriate access to services.

Section completed by Joe Fowler and Tim Furness

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

Sheffield, in common with the national picture, continues to have increasing levels of demand for hospital services, particularly urgent care (both for adults and children and young people), as was seen in the high demand for A&E services in December 2014 and the impact that had on waiting times and on the consequent demand for inpatient care and rehabilitation services.

The health and social care system is addressing this through the Integrated Commissioning Programme and the Right First Time Partnership. Through Right First Time the NHS and social care in Sheffield has reduced the average length of stay in hospital, primarily by developing and investing in services to enable people to be discharged from hospital more quickly, including expanded rehabilitation services and greater availability of intermediate care beds out of hospital. We have also been able to reduce the growth in ambulatory care sensitive admissions (those considered most avoidable) compared to total urgent admissions. The Integrated Commissioning Programme will build on these successes to establish services that reduce demand for hospital care by supporting people to keep well at home and providing alternatives to hospital care in response to health crises. In addition, the CCG is instigating a review of urgent care services in the city to ensure that when people do need hospital care, those services are as efficient and high quality as possible.

2. **What are the main challenges and opportunities for this action?**

We need to make much more progress to achieve our stated aim of reducing urgent care admissions by 20% over the next five years. This is the key impact, in service terms, of the Integrated Commissioning Programme. Through the Keeping People Well in Their Communities work we aim to help people avoid health crises and manage crises better, so that, where it is best for that person, they can stay at home and be treated there. This work includes and further develops the established Community Wellbeing Programme. Through the Active Support and Recovery work, we will be commissioning out of hospital services differently so that there is increased support to provide alternatives to hospital admission and to support a quick discharge from hospital where a period of hospital care is needed.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

Continue to support the Integrated Commissioning Programme.

Theme: Prevention and early intervention

A preventative system that seeks to help and identify people before they are really sick, enabling Sheffield people to stay health and well for longer

Action 5.3: Establish more preventative and targeted approaches to the provision of health and social care by extending the application of population risk profiling (predicted risk of future health crisis) to enable a closer alignment between services and people's needs. This should inform the development of integrated care and reablement services to help people stay at home, be healthy for longer and avoid hospital and long-term care.

Section completed by Lorraine Jubb

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

Sheffield Clinical Commissioning Group has identified that 40%-60% of "ambulatory care sensitive" hospital admissions are avoidable. Within this target cohort there are about 12,000 avoidable admissions per year – costing more than £20m every year. Admission and discharge to hospital is also in itself an expensive process with significant knock on costs over and above this headline figure.

The risk stratification tool (Combined Predictive Model – CPM) used by health to determine the risk of hospital admission was the basis for targeted preventative work undertaken in Lowedges, Batemoor and Jordanthorpe and subsequently by Community Support Workers in other areas. These pilots demonstrated small but significant net reductions in the number of people requiring formal social care and considerable success in reducing the number of A&E attendances by those with a history of four or more attendances in the previous year.

Significant consultation with stakeholders has taken place to both develop and promote the Keeping People Well outcomes framework. A key element of this has been to explain the importance of risk stratification in targeting resources and shifting to more proactive systems and processes based on the needs of people rather than organisations.

This approach has also led to the development of a Winter Planning protocol for ensuring those identified as vulnerable with no formal or family support receive a wellbeing call at times of severe weather to make sure they have sufficient food and medication to prevent the need for them to venture out and risk falling etc. Essential supplies are delivered by a bank of over 150 volunteers who are predominantly council employees.

The CPM is also used in Care Planning by GPs to target patients over the age of 75 for holistic health and wellbeing interventions.

2. **What are the main challenges and opportunities for this action?**

Challenges are:

- Obtaining and sharing reliable baseline data across health and social care remains a challenge, without this effective evaluation will be difficult.
- Significant consultation with stakeholders has taken place to both develop and promote the Keeping People Well outcomes framework. A key element of this has been to explain the importance of risk stratification in targeting resources and shifting to more proactive systems and processes based on the needs of people rather than organisations. The majority of systems and processes across health and social care are reactive rather than proactive.
- Work still needs to be done to develop the awareness and understanding of targeting resources and services at particular cohorts of people. It is seen by some as "case finding" rather than a proactive attempt to prevent or delay people from needing formal care and support. Some feel it could put additional strain on an already over stretched health and social care system; however, analysis of the use of health and social care by those targeted does not reflect this perception; in fact the opposite is true.
- Investing in preventative interventions where the benefit might not be realised for several years is a challenge. Reliable quantitative evidence is hard to come by both locally and nationally and could hinder progress.
- Effective use of risk stratification varies dramatically in GP practices and some have reported difficulty in getting updated information.

Opportunities are:

- The links and dependencies between re-ablement and prevention present us with an opportunity to develop a more proactive approach with people coming out of services as well as preventing or delaying people entering.
- Funding from the TCA presents us with an opportunity to measure the impact of preventative approaches over the next year as we scale up the approach.
- Currently the CPM is based solely on health data, we have an opportunity to develop the model to include social risk factors that we know can impact severely on an individual's ability to cope, for example bereavement, caring responsibilities and loneliness and isolation.
- The Housing Plus model currently being piloted by Sheffield Council Housing presents an opportunity to target tenancy support at vulnerable people thereby acknowledging the role they can play in reducing the need for formal social care services and improving the quality of life of tenants.
- Work is underway to identify those children, young people and families who could be vulnerable and 'at risk'. One tool developed identifies those children at risk of becoming NEET those 'not in employment, education or training'.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

The Health and Wellbeing Board have a big role to play in promoting proactive approaches like risk stratification to ensure resources are targeted efficiently and effectively and by supporting the shift in culture to embrace proactivity.

Action 5.4: Make best use of available and emerging technology to support early and local intervention.

Section completed by Dorne Collinson and Tim Ellis

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

Our world has been radically transformed by digital technology – smart phones, tablets, and web-enabled services have transformed the way we communicate and how many of us go about our daily lives. Technology and IT can provide the capability to help health and care providers provide better access to care, better communicate with the users of our services, improve the experience of care, and enhance teamwork and efficiency.

In order to make best use of technologies we need to keep abreast of the latest developments and also to understand the barriers to adopting these innovations. The Health and Wellbeing Board facilitated an event with industry to build an understanding of how we can engage with them to capitalise on the great expertise housed within the city council, NHS, universities and research centres so that they can create innovative digital products that align with our needs.

In addition the Right First Time and Integrated Commissioning Programme have been investigating how new technologies can help achieve their ambitions for integrated care closer to home. This has included examining how we can improve access to services, share information across organisations, enable collaboration, use digital information to improve services and automate routine tasks. Consideration has also been given to how services users can be more involved in their care, whether this is by monitoring their own health, booking appointments online or finding relevant information on services online.

Aligned with these programmes many of the main health and care commissioners and providers in the region have been refreshing their overarching digital strategies to reflect the need for greater integration across providers and the need to enable a connected mobile workforce. Sheffield Teaching Hospitals have announced the procurement of an electronic patient record system that will deliver on their objective of transforming services through technology over the next 5 years. STH has also invested in a technology that enables people to monitor their own health at home using their own mobile phone to communicate with healthcare staff. Sheffield City Council has also reviewed how it contracts for informatics and ensures it is getting the best from its suppliers.

Social media and the use of new technology is an important theme in the development of services for children and young people. The Children’s Health and Wellbeing Partnership Board is exploring ways to improve service delivery through the use of new technology. This is particularly important for priority issues such as improving children and young people’s emotional wellbeing and mental health. There is recognition that providers have to engage more innovatively and safely with children and young people through web based technology and provide up to date service information via text and email.

2. **What are the main challenges and opportunities for this action?**

A key risk of introducing technology is that those with lower levels of digital literacy will be left behind. Some of this can be mitigated by making sure the technologies are designed with users and are intuitive to use. We must also ensure that we put in appropriate training and support to enable people to get the most out of new technologies and recognise that digital inequality has several dimensions including equipment, autonomy of use, skill, social support, and the purposes for which the technology is employed. Some people will not want to interact digitally even if they have the capability. There are a number of national and local initiatives around digital participation that we can access.

There are challenges with adopting emerging technologies because the evidence base for their effectiveness is often weak. The close links developed with the Academic Health Science Network (AHSN), Collaboration for Leadership in Applied Health Research and Care (CLAHRC) and Devices for Dignity (D4D) in the region, together with detailed analysis of opportunities by Public Health colleagues, help minimise these risks but it has to be expected that not all innovations will be successful. To that end the way in which new technologies can be tested safely and rapidly is being explored in the region.

Another key challenge is that individual organisations may well have well developed digital strategies but together they do not support our vision for how seamless services should be provided by organisations working in close partnership. From April 2016 CCGs and Local Authorities will have to produce a digital roadmap that highlights how all the plans coordinate to deliver benefit. This should ensure that we have a coordinated regional approach to digitising our processes and information and that any risks arising from mismatches in timing or functionality can be mitigated.

A final challenge relates to the sharing and access of patient identifiable information. Organisations need to work closely together to minimise risk and to improve data sharing.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

- The development of a city wide digital strategy that embraces the intentions of all the providers of health and care in the region should be encouraged. The Board should ensure that the digital strategy supports its wider aims and is kept up to date.
- The Board and its members need to address digital literacy in the recipients of digital services. A coordinated effort to identify needs and find solutions for them will help to ensure that people are not left behind as more services become available digitally.
- The relationship with the Yorkshire and Humber AHSN, CLAHRC and D4D should strengthen.
- The way in which the innovations that encourage integration and cooperation can be developed and tested without negative impact upon core business needs to be explored. The concept of Sheffield as an innovation hub or test bed for new innovations, as outlined in the NHS 5 Year Forward View, should be considered. The ambition would be that innovators from the UK and internationally would be attracted, and pay, to have their proposed discovery or innovation deployed and tested in these sites.
- The Health and Wellbeing Board has a role in ensuring that all the commissioners and providers in the region continue to seek out and deploy technologies to improve our care in a safe and secure manner.

Theme: Health and wellbeing workforce

Frontline workers aware of health and wellbeing needs and able to signpost and support service users in obtaining the help they need

Action 5.5: Commission a basic training programme for all frontline workers that raises the profile of public health, mental health and safeguarding issues and ensures an understanding of services and tools available to make 'Every Contact Count'.

Section completed by Victoria Horsefield and Chris Nield

1. What are the needs identified under this action and what progress has been made in the past year to meet these needs?

To enable the Council and its partner organisations to maximize opportunities of day to day contact with service users, there is a need to build the competence, confidence and commitment of front-line staff and their managers. There is also the opportunity to influence Providers to ensure public health considerations inform their practice and opportunities for positive health and wellbeing interventions are maximized. 'Making Every Contact Count' (MECC) encourages conversations about health and wellbeing including consideration of social needs which influence health.

In the last year this work has:

- Put together a multi-disciplinary, cross-organisation and cross-departmental project team to deliver this project.
- Looked at what is needed to transform the Council in to a public health organization.
- Public Health have recruited two experienced training and development consultants. One post funded through Sheffield Teaching Hospital's Charitable Trust, will work in partnership with ScHARR to carry out a four year piece of work implementing the MECC model in identified teams within SCC. The second post, also working on MECC delivery, has a wider remit to address the development of Public Health competence, working across Portfolios within SCC, to support the MECC work.
- Developed and action plan and it is anticipated the first training cohort will be trained in summer.

Sheffield Safeguarding Children Board (SSCB) has an established multi-agency training programme that includes opportunities for frontline workers and their managers to increase their knowledge, understanding and skills in relation to a number of these issues. The SSCB Learning and Improvement framework is informed by practice reviews and audits conducted by the SSCB to ensure it is able to respond quickly and efficiently to emerging issues and themes. The Sheffield Safeguarding Adults Strategic Partnership ensures that training and development on safeguarding issues is made available for staff across the multiagency partnership.

2. What are the main challenges and opportunities for this action?

- Releasing front-line staff for MECC training will be a challenge. The SSCB training programme has been revised to take into account a changing workforce with shorter, focused but more intensive training opportunities being offered.

- The funded MECC project will support a concentrated evaluation to assist in developing a robust programme with lasting impact that can be rolled out across the Council and to wider partner organisations in the city.

- The Care Act 2014 puts safeguarding adults on a statutory footing for the first time from 1 April 2015. A state of readiness review has been undertaken which confirms that Sheffield is ready to undertake the new duties under the Act and the opportunities for raising the profile of adult safeguarding are welcomed

3. What can the Health and Wellbeing Board, or its members, do over the next year?

- Continue to support organisational engagement and development that will assist the MECC programme. We can all Make Every Contact Count so encouraging colleagues across the board to embrace this as a tool for addressing health inequalities will assist in the rollout and recognition of this programme.
- Work alongside existing training delivery programmes to ensure consistent messages are being delivered to the workforce and to use every training opportunity to give these key messages.

Action 5.6: Commit to working with VCF organisations to find the best way of meeting people's needs locally and ensuring we benefit from the added value VCF organisations can bring.

Section completed by Alexandra Shilkoff

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

Statutory sector partners and Voluntary, Community and Faith (VCF) colleagues have formed the 'Thriving VCF Leadership Group'. The purpose of this group is to:

- Develop a culture which values the skills, experience, capability and capacity of the sector, and recognises the sector's contribution as a key element of Sheffield's success.
- Champion a strong approach to co-design and co-production and empower citizens and communities to be part of designing solutions for the future.
- Encourage and promote communication and consultation between the private, public and Sector to be widespread, strong and robust.
- Advise a range of boards, including the Health and Wellbeing Board, on the development of strategy and action plans that would strengthen and promote the role and successes of the sector in the city.
- Act as custodians of the Sheffield Compact - an agreement between public sector organisations and third sector organisations that aims to strengthen working relationships between the two sectors.
- Oversee the allocation of any budget or resources that further the purposes of the Leadership Group.

In 2014/15 the Thriving VCF Leadership Group have worked with partners to arrange three events in the city to look collectively at how to best to address the issues of Health & Social Care Community Prevention (Keeping People Well in their Community), Welfare Reform and Community Cohesion.

2. **What are the main challenges and opportunities for this action?**

There is an opportunity, with the move to more outcomes based commissioning, to generate more innovative and locally responsive ways of working to meet local needs. VCF organisations have an opportunity to deliver services or partner with other organisations to make the best use of resources and expertise. However, funding uncertainty within the sector is a significant challenge for stability and to maintain the capacity.

3. **What can the Health and Wellbeing Board, or its members, do over the next year?**

- Listen to the latest thinking from the sector on city wide and local delivery matters.
- Solicit feedback and innovative ideas from the sector on all aspects of the Board's work.
- Review commissioning and contracting practices to ensure that VCF organisations are given the best chance to shine, able to plan more than one year ahead, and that the 'Sheffield £' is maximised.

Action 5.7: Continue to seek greater efficiency from providers, without putting service users' safety or experience at risk.

Section completed by Joe Fowler, Anthony Hughes and Julia Newton

1. **What are the needs identified under this action and what progress has been made in the past year to meet these needs?**

- The CCG requires providers to achieve greater efficiency year on year through the mandatory price setting mechanisms in NHS contracts. Over the last few years this has resulted in a net reduction in price for services, with allowance for cost increases more than offset by an efficiency requirement. This net price reduction is then also used as the baseline for local price setting, with variation only being made where there is clear evidence that achieving the price reduction could compromise patient safety or the quality of care (this most often applies in agreeing prices with care homes).
- In addition to the above the CCG plans to achieve further efficiency gains through changes in the levels of activity it commissions (e.g. reducing urgent hospital admissions by improving care in community settings, developing alternatives to GP referral to hospital for non-urgent care).
- The Council has asked care providers to contribute to meeting its financial challenges over the last four years. This has resulted, in the main, in standstill or very low fee increases. Sheffield now has some of the lowest care costs in the country. The drive to deliver cost reductions has also seen the Council taking action to move care provision away from more expensive providers. This has been done on a quality first basis – ensuring that compromises are not made on the quality of care provided.
- There are still some areas of care provision where new contractual arrangements or negotiation will deliver further cost savings without compromising on service quality. These areas are mainly in learning disability services where costs are relatively high compared to other areas.
- The Council's Children, Young People and Families portfolio has worked to seek greater efficiency from providers and to ensure effective service delivery that achieves positive outcomes for children and families. Particularly there has been a focus on the monitoring and performance management of contracts to question and challenge outcomes and to instigate redesign where necessary, and to review or change contracts where required.

2. **What are the main challenges and opportunities for this action?**

- As budget reductions continue it is becoming clear that the squeeze on costs is starting to impact on the ability of providers to deliver services to the standards required. This has been apparent in recent weeks when home care providers have struggled to cope with demand – with a direct consequential impact on the ability of the care system to support hospital patients back into the community. The slim margins in the sector mean that providers struggle to bring in additional capacity at peak times and we need to consider how we fund this additional capacity based on the very tangible savings that can be achieved by avoiding unnecessarily long hospital stays.
- We also have ambitions to deliver living wage across the care sector, which will also drive further pressure on costs.

Appendix A – Outcome indicators for outcomes 4 and 5

Indicator: Improving access to GP services

Definition: Proportion of GP Patient Survey respondents reporting a very good or fairly good experience of making an appointment.

	2011-12	2012-13	2013-14
Sheffield	75.5%	72.4%	70.4%
England	79.1%	76.3%	74.6%
Core City Rank (1 is best)	6	7	7

Indicator: Avoidable admissions to hospital

Definition: Rate of emergency admissions to hospital for acute conditions that should not usually require hospital admission. Rate per 100,000 population.

	2011-12	2012-13	2013-14
Sheffield	1288.1	1476.4	1462.1
England	1130.2	1204.3	1195.7
Core City Rank (1 is best)	3	6	6

Indicator: Delayed transfers of care from hospital

Definition: Average number of delayed transfers of care from hospital on a particular day taken over the year divided by the size of the adult (18 years and over) population in the area and multiplied by 100,000.

	2011-12	2012-13	2013-14[1]
Sheffield	3.5	3.6	15.6
England	9.7	9.5	9.6
Core City Rank (1 is best)	1	1	6

1 The number of delayed transfers of care in Sheffield on the day of the census in 2013-14 was 69 compared to 16 in 2012-13. In August 2013 the Sheffield Teaching Hospital Foundation Trust changed how it defines delayed transfers and also started to report delays directly from its case management system. Although this is a much more accurate method of capturing information it has led to a five-fold increase in the number of delays identified. This means the figures for 2013-14 onwards are no longer comparable with previous years or other areas of the country.

Indicator: Older people still at home 91 days after discharge from hospital

Definition: Proportion of people aged 65 years and over who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

	2011-12	2012-13	2013-14
Sheffield	86.2%	76.8%	84.8%
England	82.7%	81.4%	82.5%
Core City Rank (1 is best)	1	4	3

Indicator: Control over daily life

Definition: Proportion of social care clients (users/carers) who say they have sufficient control over their daily life. (18 years and over)

	2011-12	2012-13	2013-14
Sheffield	76.2%	74.7%	74.2%
England	75.1%	75.9%	76.8%
Core City Rank (1 is best)	3	6	4

Indicator: Self-directed support

Definition: Number of social care clients (users/carers) receiving self-directed support as a proportion of clients receiving community based services and carers receiving carer specific services (18 years and over).

	2011-12	2012-13	2013-14
Sheffield	54.2%	69.3%	63.1%
England	43%	55.6%	61.9%
Core City Rank (1 is best)	2	2	6

Indicator: Older people admitted to care homes

Definition: Rate of council supported permanent admissions to nursing and residential care homes of people aged 65 years and over per 100,000 population.

	2011-12	2012-13	2013-14
Sheffield	443.2	796	677.5
England	695.9	708.8	650.6
Core City Rank (1 is best)	1	5	2

Appendix B – Work of the Sheffield Safeguarding Boards

Health and Wellbeing Board

Safeguarding Boards' work in Sheffield

This is a summary of key issues for both Safeguarding Boards in Sheffield which have a relationship to the Health and Wellbeing Board's Joint Health and Wellbeing Strategy.

The Child Sexual Exploitation Assessment Report for Sheffield published in December 2014 identified 44 strengths and 16 areas requiring further development. Areas requiring development/improvement included the need for clearer pathways especially therapeutic to improve access and provision for ongoing support for young people in relation to counselling and mental health needs.

The CSE strategic group has produced an action plan which will include this aspect of support. The Safeguarding Children Executive Board will oversee this action plan.

The Board recently supported a plan to extend CAMHS -Child and Adolescent Mental Health Service- up to 18 and indeed this was the first recommendation of a case review report presented to the same meeting.

The case review concerned a young man whose transition from children to adult services broke down. It is clear that the complexities of young peoples' needs in transition are not fully understood and that despite efforts, the understanding of mental capacity legislation, working across clinical boundaries and the focus on the young person is not robust.

Both safeguarding boards will have transition improvement in their business plans for 2015-16 and will work with the Health and Well Being Board transition programme to ensure improved arrangements and mental health outcomes.

In addition, the recent Sheffield Child Death Overview Panel (CDOP) report on suicides, which reported on the death by suicide of 6 young people since CDOP processes commenced in 2008 gives cause for concern. As this assurance responsibility is part of the children safeguarding board agenda and relevant to wellbeing in Sheffield it is important to highlight the factors found in the study which affect the wellbeing of some vulnerable young people and can inform the work with young people in transition to adult services.

The Safeguarding Adults Board, now a statutory Board as part of the Care Act 2014 has assurance responsibility for the significantly increased Deprivation of Liberty Standards activity following a High Court Ruling.

The supervisory body for this is the local authority affecting people lacking capacity who are in health and care settings and supported accommodation as well as at home.

If there are restrictions which need authorisation then the person's best interests must be assessed and the supervisory body must be assured that they are necessary to keep people safe.

This is part of considerations of health and wellbeing and given the increased volume there is an assurance responsibility in relation to the risks being managed given the workload. This is being exercised but nationally as well as locally there are challenges which affect vulnerable people who lack capacity.

Sue Fiennes

Sue Fiennes

Independent Chair Safeguarding Children and Adults Boards Sheffield

March 2015

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