



SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of: Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield CCG and Joe Fowler, Director of Commissioning, Sheffield City Council

Date: 26th March 2015

Subject: Health and Wellbeing Plans for Sheffield in 2015/16:
Plans from Sheffield City Council and NHS Sheffield Clinical Commissioning Group

Author of Report: Louisa Willoughby, 0114 205 7143

Summary:

Sheffield’s Health and Wellbeing Board exists to bring together the many elements of the health and wellbeing system in Sheffield and provide a joint strategy and structure for making decisions that benefit the health and wellbeing of Sheffield people. The Board is built on positive and fruitful relationships and partnership between the organisations that commission health and wellbeing services across the city. This paper presents the commissioning plans for the partners for consideration by the Health and Wellbeing Board.

Questions for the Health and Wellbeing Board:

- Does the Health and Wellbeing Board support the priorities proposed by the commissioning organisations?
- Are there areas for greater joint working between the organisations on the Health and Wellbeing Board (and others) in 2015/16?
- What role is there for Healthwatch Sheffield over the coming year in assisting with the implementation of these plans?

Recommendations for the Health and Wellbeing Board:

- That the Board supports and endorses the commissioning plans set out in this document.
- That Board members and the Board's organisations commit to working together in an integrated way over the coming year.

HEALTH AND WELLBEING PLANS FOR SHEFFIELD IN 2015/16: PLANS FROM SHEFFIELD CITY COUNCIL AND NHS SHEFFIELD CLINICAL COMMISSIONING GROUP

1.0 SUMMARY

Sheffield's Health and Wellbeing Board exists to bring together the many elements of the health and wellbeing system in Sheffield and provide a joint strategy and structure for making decisions that benefit the health and wellbeing of Sheffield people. The Board is built on positive and fruitful relationships and partnership between the organisations that commission health and wellbeing services across the city. This paper presents the commissioning plans for the partners for consideration by the Health and Wellbeing Board.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

The Health and Wellbeing Board's Joint Health and Wellbeing Strategy recognises that good health and wellbeing is a matter for every service area, and that people are healthy and well not just because of the health and social care they receive, but also because of the nature of the housing, environment, communities, amenities, activities and economy surrounding them. The Board's Strategy focuses therefore not just on specific interventions to improve health and social care, but also on the 'wider determinants' of health. This means that the Health and Wellbeing Board aims for *all* Sheffield people to be *positively* affected by its plans to improve health and wellbeing in Sheffield.

Of course, the Health and Wellbeing Board cannot prevent all sickness and ill health, but this paper sets out plans to best support and maintain Sheffield peoples' health and wellbeing in 2015/16. The plans of the organisations which make up the Health and Wellbeing Board also have a preventative focus, working to delay people's need for long term help, care and support.

In creating its Joint Health and Wellbeing Strategy, the Health and Wellbeing Board was careful to engage closely with Sheffield people and service users, providers and members of the public. The Board can be confident that its Strategy, and therefore its plans, reflect the needs and concerns of Sheffield people. Services will work together with Sheffield people to design and deliver services which best meet the needs of an individual.

3.0 A REVIEW OF THE HEALTH AND WELLBEING BOARD IN 2014/15

2014/15 was an effective year for the Health and Wellbeing Board in which:

- The Board's work on the integration of health and social care continued with the submission of a £250m Better Care Fund and the establishment of a programme of integrated commissioning.
- The Board oversaw the performance of its Joint Health and Wellbeing Strategy through quarterly updates, and received updates from each of the Strategy's work programmes

with a particular focus on Health, Disability and Employment. The Board also made sure the city was prepared to meet the requirements of the Care Act and the Children and Families Act.

- The Board approved the Pharmaceutical Needs Assessment, a Mental Health Strategy, and the Health Inequalities Action Plan.
- Behind the scenes, the Board agreed a protocol for working with the city's safeguarding boards, discussed the tricky issue of progression from child to adult services, and considered key issues facing primary care.
- The Board held popular engagement events with Sheffield people and providers, covering health inequalities, mental health, children and young people's mental and emotional health and wellbeing, healthcare technology business, and health and wellbeing system challenges. The Board also continued to communicate about its work through regular newsletters and publishing meeting papers and presentations.

4.0 THE HEALTH AND WELLBEING BOARD'S SPECIFIC PRIORITIES FOR 2015/16

The Health and Wellbeing Board's priorities are covered by five themes:

1. Integrating health and social care.
2. Tackling health inequalities.
3. Monitoring the Joint Health and Wellbeing Strategy.
4. Overseeing the plans of the organisations on the Board.
5. Influencing and involving others.

These priorities are all long term, ongoing commitments and it is proposed that the Health and Wellbeing Board confirms that these remain its priorities for 2015/16.

4.1 Integrating health and social care

The Health and Wellbeing Board receives regular updates on the establishment of integrated commissioning arrangements between Sheffield City Council and NHS Sheffield CCG. A pooled budget of around £250m will be established on 1 April 2015, to enable a single commissioning approach to developing integrated services in the following areas:

- Keeping People Well in their Communities.
- Active Support and Recovery.
- Independent Living Solutions.
- Long Term High Cost Support.

This budget will include most of the City Council's expenditure on adult social care and most of the CCG's expenditure on urgent care for adults. The areas of work listed above

are intended to integrate services, improve patient experience, and achieve the necessary cost reductions so that expenditure remains within the reducing budget for care.

4.2 Tackling health inequalities

The third outcome of the Health and Wellbeing Board's Joint Health and Wellbeing Strategy is focussed on tackling health inequalities. Health inequalities are a matter of life and death. Although there are many different ways in which health inequalities can be measured, the best overall indicator is the slope index of inequality of life expectancy which indicates a life expectancy gap of just over 9 years for men and just under 7 years for women (2011-13 data).

Tackling health inequalities continues to be an area of focus for the Board. An update will be presented to the Board at their public meeting in June 2015.

4.3 Monitoring the Joint Health and Wellbeing Strategy

Sheffield's Health and Wellbeing Board formally agreed in September 2013 a [Joint Health and Wellbeing Strategy](#). This was based on the evidence of the [Joint Strategic Needs Assessment](#). Both documents were agreed following [extensive consultation](#) with Sheffield people and professionals.

The Board takes seriously its role to monitor the Strategy's progress and ensure action is taking place in each of the areas outlined in the Strategy. Over 2015/16, the Health and Wellbeing Board will monitor:

- The Joint Health and Wellbeing Strategy's *five outcomes and indicators of progress*. Each outcome will be considered over the course of the year, along with updates focussing on the *evidence base* for the Joint Health and Wellbeing Strategy (the Joint Strategic Needs Assessment).
- The Joint Health and Wellbeing Strategy's *five work programmes*. These will be considered in March 2015 and March 2016.

4.4 Testing the plans of the organisations on the Board fit the Joint Health and Wellbeing Strategy

The Health and Wellbeing Board has a role to play in commenting on and influencing the different plans of the Board's key partners. Joint working is particularly imperative in times of financial constraints, as it enables efficiencies to be made and services to be more targeted at people who need them. It is undoubtedly the case that all partners on the Board are under severe financial constraints. While the cuts to local authorities are well known and sustained over a number of years, NHS Sheffield Clinical Commissioning Group is also getting less money than expected.

Health and Wellbeing Board partners have been involving one another in developing their plans for 2015/16. Over the coming year, Board members will assist one another in delivering the plans to ensure they meet the Joint Health and Wellbeing Strategy's aims and objectives. With that in mind, the plans of the main organisations on the Board are set out in brief below:

- **Sheffield City Council's** plans are based on the outcomes set out in the Council's Corporate Plan and the principles of the [Fairness Commission](#). The Council carried out a 'budget conversation' with Sheffield people and partners before approving its [budget](#) in early March.
- **NHS Sheffield Clinical Commissioning Group** is continuing with the two-year commissioning plans agreed in 2014. However, new work for 2015/16 includes agreeing a new Respiratory Strategy, work on the Mental Health Crisis Care Concordat, a review of Urgent Care leading to a new Urgent Care Strategy, and further work with partners on supporting children with Special Educational Needs and Disabilities.

4.5 Influencing and involving others

As the strategic lead for health and wellbeing in Sheffield, the Health and Wellbeing Board has a role to play in influencing partners and engaging with members of the public. It will do this through events and communications. The Board sends out a monthly e-newsletter which around 1,700 people receive and which publicises information about meetings, events and consultations, enabling individuals and organisations to get involved, be informed, and attend meetings and events. Other tools are used to ensure that the Board's work is communicated across the city.¹ A yearly update to the Board summarises this work.

5.0 QUESTIONS FOR THE BOARD

- Does the Health and Wellbeing Board support the priorities proposed by the commissioning organisations?
- Are there areas for greater joint working between the organisations on the Health and Wellbeing Board (and others) in 2015/16?
- What role is there for Healthwatch Sheffield over the coming year in assisting with the implementation of these plans?

6.0 RECOMMENDATIONS FOR THE BOARD

- That the Board supports and endorses the commissioning plans set out in this document.
- That Board members and the Board's organisations commit to working together in an integrated way over the coming year.

¹ More information: <https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board.html>.

Appendix A: NHS Sheffield Clinical Commissioning Group's priorities for 2015/16

1. Strategic aims and objectives

- To improve patient experience and access to care.
- To improve the quality and equality of healthcare in Sheffield.
- To work with Sheffield City Council to continue to reduce health inequalities in Sheffield.
- To ensure there is a sustainable, affordable healthcare system in Sheffield.

2. Ambitions for the next five years

- All those who are identified to have emerging risk of admission through risk stratification are offered a care plan, agreed between them and their clinicians (possibly 15,000 people).
- By establishing integrated primary care and community based health and social care services, care planning, and holistic long term conditions management to support people living independently at home, reduce emergency admissions by up to 20% Emergency Department attendances by up to 40%.
- Minimise repeated trips to the GP and hospital for specialist diagnosis and monitoring of health problems, replacing them with community and home based services that make best use of technology, and keep people at the centre of their care.
- Reduce the gap in life expectancy for people with mental health problems and learning disabilities.
- Put in place support and services that will help all children have the best possible start in life.

3. Big projects

- With the City Council, through integrated commissioning :
 - Extend care planning.
 - Test the “Keeping People Well in Their Communities” model proposed in our integrated commissioning plans.
 - Specify and procure improved intermediate care services.
 - Establish an integrated approach to long term health and social care.
- Working with NHS England:
 - Jointly commission primary care services.

- Be actively involved in and supporting NHSE commissioning of specialised services.
- CCG specific priorities:
 - Improving community nursing services.
 - Mobilisation of the outcomes based contract for musculoskeletal services.
 - Contributing to delivery of Sheffield Health Inequalities plan.
 - Transforming outpatient services.
 - Redesigning urgent care services.
 - And supporting primary care providers to establish a collective approach to care provision, and to working with other providers.

4. Likely new major projects

- Respiratory Strategy.
- Mental Health Crisis Care Concordat.
- Review of Urgent Care – leading to Urgent Care Strategy.
- Improvements to Elective Care.
- Implementation of Special Educational Needs reforms.

Appendix B: **Sheffield City Council's priorities for 2015/16**

Strategic aims and objectives

- Adhering to the principles of the Fairness Commission.
- Being ambitious for Sheffield.
- Working with partners to achieve the best for Sheffield – changing not cutting services.

The Council's priorities for 2015/16 include:

1. Health and social care

- Ongoing work with the Clinical Commissioning Group to commission services together.
- Continuing to review and reassess people's care packages.
- Changing and reclassifying registered care homes.
- Retendering services to providers to increase efficiency and effectiveness.
- Develop the Adult Placements approach as an alternative to long-term care placements.
- Review short breaks and respite services for children with a disability.

2. Public health

- The ring fenced public health grant remains unchanged in 2015/16 at £30.7M. The majority of public health programmes and public health grant expenditure (>£28M worth) will continue unchanged in 2015/16, though some are due for re-tender.
- However, some cuts have been made to public health budgets in order to make money available for vulnerable programmes previously funded by mainstream Council General Fund, as a result of the overall reduction in Council revenue. This includes a reduction in the tobacco control budget of £550K, and the sexual health budget of £266K, as well as reduction in specialist public health staffing (-£247K), disinvestment in the tier 3 weight management contract (-£137K), dedicated food and cooking skills projects (-£170K), mental health promotion (-£64K) and promotion of physical activity (-£36K). This has allowed for additional public health grant investment in early years work (£500K). Other possible uses of the resource released are still under discussion.

3. Wider determinants of health (the things the Council spends money on which impact people's health and wellbeing)

- Smarter working between housing and parks and open spaces.
- Working with partners to improve income and savings from sports and arts.

This page is intentionally left blank