

SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of: Maggie Campbell, Chair of Healthwatch Sheffield

Date: 24 September 2015

Subject: Review of citizen/service user engagement on strategic partnership boards

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Summary:

Healthwatch Sheffield (on behalf of the Health and Wellbeing Board) has carried out a review citizen/service user engagement on strategic partnership boards in the City. The report outlines our findings.

Questions for the Board:

- How can the Health and Wellbeing Board work more effectively with Partnership Boards?
- How can citizens/service user representatives be better supported to improve their voice and influence at a strategic level?

Recommendations:

- That the Health and Wellbeing Board note the findings of this report and that it is shared with the Chairs of the Partnership Boards
- The Health and Wellbeing Board explore ways in which they can have more formal or structured links with the Partnership Boards
- Request that Chairs of the Partnership Boards look at ways in which they can better support Citizen Representatives.

Background Papers:

More detailed responses that individuals gave to the questions asked included as an Appendix to this report.

REVIEW OF CITIZEN/SERVICE USER ENGAGEMENT ON STRATEGIC PARTNERSHIP BOARDS

1.0 SUMMARY

1.1 Healthwatch Sheffield (on behalf of the Health and Wellbeing Board) has carried out a review citizen/service user engagement on strategic partnership boards in the City. We asked them about their work over the past 12 months and how citizens and service user representatives feed into this.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

2.1 The report explores the extent and value of citizen/service user voice at strategic levels in the city across the key strategic partnerships

3.0 CITIZEN/SERVICE USER ENGAGEMENT ON STRATEGIC PARTNERSHIP BOARDS

3.1 Methodology

The report provides an overview of the responses of the Chairs of each of the Partnership Boards. The Boards we contacted were; Mental Health Partnership Board (MHPB), Carers and Young Carers Board (CYCB), Partners for Inclusion (Pfl) and the Learning Disabilities Partnership Board (LDPB).

Chairs were asked to provide: an overview of the key work areas of your board over the past 12 months, highlight the key messages that have come out of the partnership board and some ideas where the Health and Wellbeing Board can make a difference. We also asked that they encourage the citizen/user representatives on their Board's to complete an online survey (paper copies were available on request).

3.2 Responses from chairs

All of the Chairs provided an overview of the outcomes achieved, the key work areas and the key messages. Copies of each of the responses are available on request.

Mental Health Partnership Board (MHPB)

Key messages from the Board are that mental health has to be high on everybody's agenda, and the Board offers the opportunity for multi-agency input into strategy development. The link between adult and children's services is essential and service users and carers are a valuable resource.

Where the Health and Wellbeing Board can make a difference:

The Health and Wellbeing Board recognises the MHPB as the place where city wide strategy for adult mental health services and support are developed, and receives reports from MHPB when it feels it necessary. From a MHPB perspective, the Health and Wellbeing Board can support when there is a product requiring endorsement, as was the case with the recent Mental Health Strategy.

Carers and Young Carers Board

There are several standing items which are critical to the Board achieving its key outcomes, including the implementation of the Care Act and Children's and Families Act, and a development of a Carers' Strategy for the City.

Where the Health and Wellbeing Board can make a difference:

- Support the revised Carers Strategy
- Carers should be seen as a partner in future policies and work
- Carers should be recognised as a vulnerable health group that need support to look after their own health.

Partners for Inclusion

There were concerns regarding funding and the lack of involvement of key partners, with no senior officer from either Sheffield City Council (SCC) or health services attending as members or taking any responsibility for the partnership. In addition, the Board finds it frustrating that a Pan-Disability Board has not been established.

Where the Health and Wellbeing Board can make a difference:

- Consider the inequalities between the partnership boards, with Pfl receiving less funding and officer time than other boards
- Consider a direct link between the partnership boards and the Health and Wellbeing Board
- Champion the needs of people with physical, sensory and cognitive impairments.

Learning Disabilities Partnership Board

The Chair highlighted 8 issues that the Board has influenced in the past year. The creation of the Learning Disabilities Service Improvement Forum (a reference group of service users, carers and officers) has freed the Board to reaffirm a strategic role for itself and allowed it to focus on broader issues.

Where the Health and Wellbeing Board can make a difference:

- A steer or some level of "Authority" from the Health and Wellbeing Board could be helpful to the LDPB to progress items and also for the Health and Wellbeing Board to use it as a resource

3.3 Responses from citizens

Citizen Representatives sit on each of the Boards, although their roles vary depending on the Terms of Reference and how the Boards function. All are ultimately to offer their views and experiences. The table below demonstrates the numbers of Citizen Representatives as outlined in the Terms of Reference. Not all of these representatives attend these meetings. Healthwatch Sheffield also has representation on these Boards but that has been considered separately.

Partnership Board	Citizen Representatives
Mental Health Partnership Board	6 service users and 3 carers
LD Partnership Board	9 service users with LD, 1 young person's representative, and 4 family carer representatives
Carers & Young Carers Partnership Board	2 adults and 2 young carers
Partners for Inclusion	10 community representatives
Total Number of citizen representatives	37

We received 11 responses to the survey (a third of all representatives), and a copy of all the responses is available on request. Citizens were asked the following questions:

1) What areas have been addressed or are progressing well?

Citizen Representatives on each Board identified areas that had been addressed or progressing well. Reference was made to work that is ongoing and restructuring that is taken place.

"All areas noted have been addressed"

"Recently the way experts by experience have been treated is improving"

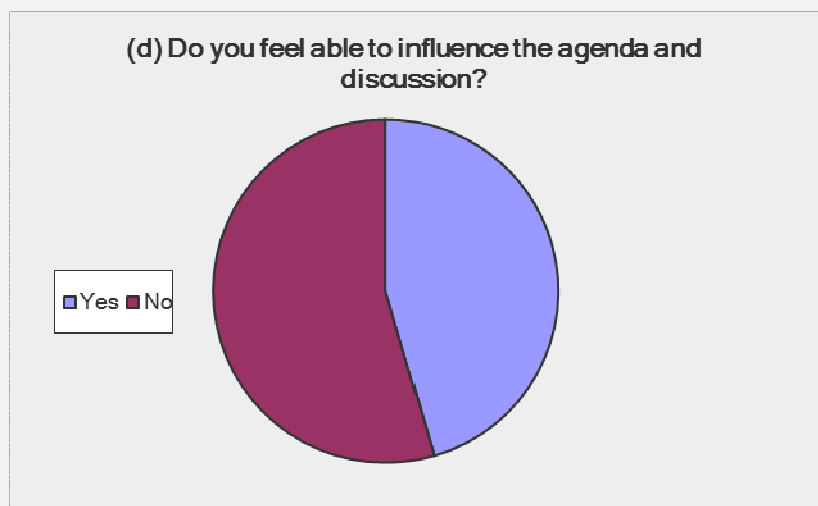
2) What areas are outstanding or unresolved?

All citizen representatives reported that areas remained outstanding or unresolved. Some related to the programme of activity and others to how the partnership Boards were run.

"There needs to be a more equal dynamic which includes everybody's opinions"

"On going consultation regarding the strategy has not been joined up working between adult carers element and young carers element - concerned that could lead to fragmented strategy"

3) Do you feel able to influence the agenda and discussion?



It is of concern that 55% of citizen representatives felt unable to influence the agenda and discussion of partnership boards. Respondents expressed frustration and concern that they don't see much progress and that engagement isn't always well structured.

"Everyone is given equal opportunity to do so. However, I am conscious my impact is minimal due to a) being a relatively new member of the Board, b) being a service user and therefore not involved at all in most of the issues being discussed/ticked off."

4) What would you say is your Board's greatest achievement?

There were some positive responses to this in particular the restructuring on the Carers and Young Carers Board, especially the agenda setting meetings, the fact that Mental Health Partnership Board will make minutes available online, and Pfl members have continued to press for recognition of the needs of disabled people with physical, sensory and cognitive impairments. Negative responses included *"didn't know"*, *"cannot say"* and *"Boredom"*.

5) What has frustrated you, if anything?

It was clear that all citizen representatives did feel frustrated about their role on the Boards. This included their involvement (or lack of), funding, frequent change of chairperson, not utilising their skills and experience, lack of training and support.

Other frustrations centred on delivery of activity including not having achieved a Pan-Disability Board and the slow pace of strategy development or measurable achievements as well of lack of attendance of key players, lack of action between meetings and lack of reporting structure to the Health and Wellbeing Board.

"Lack of meaningful involvement in terms of co-production and appreciating the skills and experience of service users and carers views"

"Discussions which don't result in actions"

6) What works well?

Citizen Representatives cited that the liaison between the various organisations works well, location, the Chair, that citizens are still willing to support the Board with their time and energy, well serviced meetings and that they are made to feel welcome.

Others were less positive: *“Nothing” “Not a lot” “Don’t Know”*

7) What works less well?

These included lack of liaison/involvement with service users and not listening to people. Concerns were also raised around the lack of ongoing dialogue and engagement with partners/health professionals, constant changing of Chairs.

“I don’t think everybody gets listened to and people’s opinions are sometimes snubbed”

8) What do you think could make it better?

Suggestions include induction and training for citizen representatives, more co-production, and more resources to enable service users to be representative.

In terms of how Boards operate, representatives wanted independent, consistent Chair people who hold members to account this could be service user or expert by experience. They wanted better outcomes as well as regular attendance from key senior managers who can influence the improvement of services.

“There may be reasons for not having any outcomes, or decisions, it would be helpful to know”

4.0 QUESTIONS FOR THE HEALTH AND WELLBEING BOARD

- How can the Health and Wellbeing Board work more effectively with Partnership Boards?
- How can citizens/service user representatives be better supported to improve their voice and influence at a strategic level?

5.0 RECOMMENDATIONS

- That the Health and Wellbeing Board note the findings of this report and that it is shared with the Chairs of the Partnership Boards
- The Health and Wellbeing Board explore ways in which they can have more formal or structured links with the Partnership Boards
- Request that chairs of the Partnership Boards look at ways in which they can better support Citizen Representatives

APPENDIX

SHEFFIELD HEALTH AND WELLBEING BOARD – PARTNERSHIP BOARD SURVEY 2015

Healthwatch Sheffield was asked by the Health and Wellbeing Board to produce a review citizen/service user engagement on strategic partnership boards in the City. The Chairs of 4 partnership boards were sent surveys (*Carers & Young Carers Partnership Board; Mental Health Partnership Board; Learning Disabilities Partnership Board & Partnership for Inclusion*) to provide information about their work over the past 12 months and how citizens and service user representatives fed into their work.

FEEDBACK FROM CHAIRS:

1. AN OVERVIEW OF THE KEY WORK AREAS OF YOUR BOARD OVER THE PAST 12 MONTHS

Carers & Young Carers Partnership Board

- That carers' profile and needs are reflected in strategies and are implemented widely across statutory services and partners
- That carers report improved experiences of joint working and express satisfaction in being better supported
- That more carers are supported appropriately by a workforce that has skills and knowledge of carers needs embedded in practice
- Key outcomes contained in the Carers & Young Carers Strategy are achieved and that carers lives are improved as a result
- Carers and young carers are involved individually and collectively in shaping, commissioning, monitoring and evaluating services
- Implications and implementation of the Care Act and the Children & Families Act update – standing items on the boards agenda – critical to the board achieving its outcomes
- Focus of the board's work has been in the following range of items in the table below:

Date	Key Agenda Items
03/11/2014	<ul style="list-style-type: none">• Terms of Reference• Relationship with the Young Carers Board and Adult Carers Reference Group• Memorandum of Understanding (update)• Plan for revising the carers strategy

22/01/2015	<ul style="list-style-type: none"> • Terms of Reference • Plan for revising the carers strategy • The Care and Support Act (2014) implications for Sheffield
26/03/2015	<ul style="list-style-type: none"> • Update on the implementation of the Care Act • Update on the Children and Families Act • Update on carers assessments • Update on the carers strategy
18/06/2015	<ul style="list-style-type: none"> • Update on the Care Act • Update of the Children and Families Act • Update on the Carers Forum and Carers Hub • Discussion on the 'State of Sheffield 2014' report

Mental Health Partnership Board

Development of a new process for involving and recruiting service users and carers to the MHPB including work on the development of an involvement strategy

- Recruitment of service users and carers to the MHPB
- Development of the Sheffield Strategy for Mental Health for the next 5 years to which all organisations represented on the board signed up and published their own plans for responding to the strategy
- Held a joint meeting with the Children & Young Peoples Emotional Wellbeing Team to ensure linkage between the adult mental health strategy and the Sheffield Emotional Wellbeing and Mental Health Strategy for Children and Young People.
- Received a presentation and discussed the content of the web based mental health guide for Sheffield and
- Discussed the Crisis Care Concordat, its implications for Sheffield, and contributed to the development of the Sheffield local plan in response to the Concordat
- Received a report and presentation on the Safer and Sustainable Communities Partnership Plan and discussed how members could contribute to the work
- On behalf of the Health & Wellbeing Board, agreed that the MHPB would oversee the implementation of the emotional wellbeing plan as developed by the Emotional Wellbeing Steering Group

Learning Disabilities Partnership Board

Over recent months, the Board has sought to address issues of broad significance for learning disability stakeholders, and sought to provide a helpful challenge and steer to decision-makers. Key issues that the Board has influenced in the past year include:

- **Public Health’s Learning Disabilities Health and Wellbeing Assessment for Sheffield** – the Board called for greater focus on health education, physical activity, tackling isolation and acknowledging anxiety, and highlighted the risk of the H&W Assessment being undermined by the failure of services on the ground to meet people’s needs
- **Employment plans** – Public Health / Director of Health Improvement – the Board was keen to see faster progress being made on this issue and more onus on employers to demonstrate their own commitment & role, and highlighted the need for greater flexibility
- **Special Olympics GB** – in preparation for the Sumer Games coming to Sheffield in 2017, the Board invited SOGB and set up a task & finish to help identify local opportunities, challenges and links to support the delivery of the games
- **Safeguarding plan** – the Board provided support and challenge to the principles being developed in the revised plan
- **Confidential Enquiry into the premature deaths of people with learning disabilities** – the Board helped to hold the CCG, Care Trust, Teaching Hospitals and Council to account for their actions in response to the national enquiry
- **Public Health England Health & Social Care self-assessment** – the Board oversaw the assessment exercise which described stakeholders’ views of people with learning disabilities in Sheffield being healthy, staying safe and living well
- **Learning Disabilities Commissioning Strategy** – the Board acted as consultation vehicle and influenced the proposals – for example, calling for greater emphasis on advocacy, employment and support that enables people to retain social activity with one another
- **SCC Recognised Provider List** – the Board directly influenced the requirement for the Council’s recognised providers to seek, and act upon, feedback from the customers of their services
- The creation of the **Learning Disabilities Service Improvement Forum** – a reference group of service users, carers and officers looking at operational/service-level issues – has freed the Board to reaffirm a strategic role for itself, and to focus on broader issues

Partners for Inclusion

During the last year we have continued to work with our partners to:

- Respond to national and local policy changes
- Promote the social model of disability and engage the wider community
- Advise, inform and consult on issues and developments affecting disabled people locally and nationally
- A final version of Pfl’s terms of reference document was agreed at the May meeting.

- Members of the core executive discussed the possible future role of Pfl in light of information received from the joint-chairs of the Health and Wellbeing Board about HWB's changing relationship with the various health sub-partnerships within the city.
- Pfl members contributed to a list of monitoring principles to guide the work of Sheffield City Council and Sheffield Clinical Commissioning Group.
- Core executive members also discussed how Pfl could contribute to the five outcomes which comprise Sheffield's Joint Health and Wellbeing Strategy.
- Gave evidence to a select committee set up by Sheffield Clinical Commissioning Group looking at the issues involved in the transfer of patient data between GPs, hospital staff and other health staff.
- Pfl core executive members contributed to Sheffield City Council's review of Disability Related Expenditure (DRE) allowances
- Pfl hosted a Care Act consultation event at The Circle on behalf of Sheffield City Council.
- Pfl has continued to have representation in a number of places. Two community representatives attended the Long Term Neurological Conditions Forum and reported back regularly on discussions until the forum changed the way it operated in 2014. We also have representation on the Housing Strategy Equality Group, as well as the Equality Engagement Group. In addition, Pfl community representatives attended a number of public meetings and workshops held by, for example, the Health and Wellbeing Board and Right First Time.
- Fairness Commission, Jacquie Stubbs was also involved with the Fair City Campaign Group and the Poverty Strategy Action Group. Steph Grant provided a user view of care services at training sessions for social work staff. Finally, with the advent of the Equality Hub (set up by Sheffield City Council), Pfl members have attended meetings of the Disability Hub, as well as there being representation on the interim Equality Hub Board.

2. KEY MESSAGES THAT HAVE COME OUT OF THE PARTNERSHIP BOARD

Carers & Young Carers Partnership Board

1. Approximately 1 in 10 people in Sheffield are a carer
2. We need to care for our carers
3. Carers should be recognised, valued and supported
4. Carers make an enormous contribution to our communities both socially and economically
5. For every pound spent on carers, there is a broader return of £7.88
6. Carers should have the same life opportunities as the rest of society
7. Our communities and services should be carer friendly

8. Carers are expert partners and are included in the design and production of strategies and services

Mental Health Partnership Board

9. Mental health is everybody's business has to be high on everybody's agenda
10. The partnership board offers the opportunity for multi agency input to strategy development
11. Linkage between adult and children's services is essential
12. Service users and carers are a valuable resource

Learning Disabilities Partnership Board

See above No. 1 (Key work areas)

Partners for Inclusion

- Sheffield's Health & Wellbeing Strategy does not mention some groups of disabled people, and their needs are not recognised – there should be equity amongst groups.
- How will Sheffield City Council and the clinical commissioning group ensure that those people without access to computers are kept informed about social care issues?
- With regard to the transfer of patient data between health staff, one member noted that it wasn't just medical information which was important, but also details of people's social circumstances, so that medical staff have a full picture of their lives
- The Health and Wellbeing Board should be asked to provide a fuller definition of 'health barriers' – do they just mean health, or does this term also include disability?
- Pfl members agreed to explore involvement in training for health professionals, since training done by those with first-hand experience of issues is often more effective
- Pfl members contributed to a consultation about Disability Related Expenditure; one issue raised was whether the basis for the maximum weekly allowance calculation would be regularly reviewed to take account of changing prices in the high street.

3. SOME IDEAS WHERE THE HEALTH AND WELLBEING BOARD CAN MAKE A DIFFERENCE?

Carers & Young Carers Partnership Board

During consultation with carers for the new strategy, we have noted 6 key messages.

1: Information and advice: I want the information I need, when I need it

2: Time for me so I can have a life outside of caring

3: I want good advice to help me through the maze

4: If services are right for the cared for person then it will make it easier for me

5: I want to feel in control and safe and have a plan for emergencies

6: I don't want to be in financial hardship

How can the Health and Wellbeing Board make a difference?

1. Supporting the revised carers strategy
2. Carers are essential to the re-ablement and health and wellbeing of the people they care for and should be seen as a partner in future policies and work
3. Carers' own health deteriorates as the number of hours of caring increases, carers should be recognised as a vulnerable health group that need support to look after their own health

Mental Health Partnership Board

That HWB recognises it as the place where we develop city wide strategy for adult mental health issues, and receives reports from MHPB when it feels it necessary. From an MHPB perspective, that's most likely to be when there is a product requiring endorsement, as we did with the strategy we recently developed.

Learning Disabilities Partnership Board

The Board (LDPB) is not short of agenda items and has evolved an influencing role. But it has always valued the role of the Health & Wellbeing Board and has liaised over mutual agenda items. Having a steer or some level of 'authority' from the HWB Board could be helpful to the LDPB to progress items; but, equally, the HWB Board might itself consider that it has a useful resource in the LDPB to help address health & wellbeing issues.

Partners for Inclusion

Regarding what the Health and Wellbeing Board can do to help - it is already aware of the inequities between the partnership boards (the issue was raised at a meeting of the H&W Board and partnership boards in March 2014 and has been highlighted in a review recently carried out by SCC). Unlike other partnership boards, Pfl has no statutory sector officer time to support its activities, whilst financially Pfl has received no funding for 3 years.

The H&W Board's support for people with physical, sensory and cognitive impairments could be demonstrated by raising the issue with senior officers both within SCC and health services and championing the needs of people with physical, sensory and cognitive impairments. Another area of concern is the lack of involvement of erstwhile partners, with no senior officer from either SCC or health services attending as members or taking any responsibility for the partnership.

Also, having no direct link with the H&W Board is problematic for Pfl (when the previous H&W Board existed, it formed part of its sub structure) as this effectively silences the authentic voice of people with physical, sensory and cognitive impairments with regard to how the Board's priorities affect them.