SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 25 June 2015

PRESENT: Councillor Julie Dore (Chair)

Alison Knowles, Locality Director, NHS England (Yorkshire and the Humber)

Maggie Campbell, Chair, Healthwatch Sheffield

John Doyle, Director of Business Strategy, Children, Young People and Families, Sheffield City Council

Councillor Jackie Drayton, Cabinet Member for Children, Young People and Families

Idris Griffiths, Interim Accountable Officer, NHS Sheffield Clinical Commissioning Group (CCG)

Phil Holmes, Director of Adult Services, Sheffield City Council

Stephen Horsley, Interim Director of Public Health, Sheffield City Council

Councillor Mazher Iqbal, Cabinet Member for Public Health and Equality

Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living

Dr Zak McMurray, Clinical Director, NHS Sheffield CCG

John Mothersole, Chief Executive, Sheffield City Council

Dr Ted Turner, Governing Body Member, NHS Sheffield CCG

IN ATTENDANCE:

Emma Dickinson, Commissioning Manager for Carers, Sheffield City Council

Joe Fowler, Director of Commissioning, Sheffield City Council

Gregor Henderson, Public Health England

Liz Howarth, Programme Director, Integrated Commissioning Programme

Chris Nield, Consultant in Public Health, Sheffield City Council

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Tim Moorhead, Dr Nikki Bates, Jayne Ludlam, Laraine Manley and Tim Furness.

2. DECLARATIONS OF INTEREST

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

3. PUBLIC QUESTIONS

3.1 Public Question Concerning Child and Adolescent Mental Health Services (CAMHS)

Adam Butcher asked a question concerning what was being done in relation to Child and Adolescent Mental Health Services (CAMHS) and sexual exploitation services in the light of events in Rotherham and whether, in Sheffield, the right infrastructure was in place. He also asked for written response to his question.

Councillor Jackie Drayton, the Cabinet Member for Children, Young People and Families, responded that the period of transition for young people aged 16 to 25 was often difficult and this was recognised by the Health and Wellbeing Board, the City Council and Health services. There was a review, which the Sheffield Children's NHS Foundation Trust and CAMHS were running with other partners in relation to how these transitions might be managed and that would be the subject of a report in the near future.

An innovative emotional wellbeing and mental health pilot had been run in one school and this pilot was being extended to some other schools. Whilst there was support for emotional and mental health at a higher level of care, attempts were being made to make sure support and guidance was also available at other levels of need in line with the circumstances of a young person. In relation to Child Sexual Exploitation (CSE) Services, robust systems were in place to help and support children and young people and Councillor Drayton added that she would supply Mr Butcher with further information in a written reply.

Councillor Julie Dore, the Leader of the Council, stated that an independent review of CSE services was completed to assess the impact of work being done with regard to CSE. This was also the subject of a Cabinet report and subsequent report to full Council.

4. CARERS STRATEGY

The Board considered a report of the Director of Commissioning which concerned the approach and initial findings relating to a Carers' Strategy. The item was presented by Emma Dickinson, Commissioning Manager for Carers, Sheffield City Council.

In giving the presentation, Emma Dickinson informed the Board that there were 57,373 people, including children and adults, as reported in the census in Sheffield, providing unpaid care for a friend or member of their family. It was suggested by a Department of Health assessment that each pound spent on supporting carers would save councils £1.47 on replacement care costs and there would be a benefit to the health system of £7.88.

There were several emerging issues, which included:

- a need for good information and advice at diagnosis and discharge

- requirement for an advocacy and 'navigator' role to support choices and options
- recognition of carers by GPs and more flexibility
- that carers should be helped to have a social life and a break
- that carers should be supported to stay in work.

Meetings had taken place with carers in various settings to identify priorities from the perspective of carers and inform the development of a short strategy document.

Members of the Board asked questions and commented on the subject of carers, as summarised below:

Carers were not a homogenous group and yet it might be difficult to provide bespoke support to each carer. There may also be other people who support the 'main' carer and the caring responsibilities would affect those people as well. Some people had family and friends who could support them (whether directly or otherwise) with their caring responsibilities, whereas other people's circumstances were such that they could not rely on such support. We might also recognise people who would not identify themselves as a Carer and some people did not have a Carer.

Carers, in undertaking unpaid work to support others, saved health and social care services a significant amount of money. 4,500 children in the City were carers and a question was asked as to the age profile of that group. The Council had signed up to the Young Carers Pledge and it was important to make sure that other organisations also had such a pledge. Because of their age, young carers were not in a position to talk to organisations, such as housing associations, about certain issues. However, the parent for whom they were caring might also not be able to do so either. Young carers might also administer medication. Thought had been given the idea of a young carers' card, to identify them as a Carer, although the potential of a young person being stigmatised also needed to be considered.

Schools might be able to help in practical ways, such as with regard to permitting mobile telephone contact between a pupil and the person for whom they had caring responsibilities and there were other ways in which schools could also approach matters in a sensitive way. The Carers' Centre did much to support carers, although its focus had been on adult carers. Activities relating to young carers were being undertaken by Chilypep and Healthwatch Sheffield. It was important that there was a strong voice for young people within the Carers Strategy. Health organisations might also consider signing up to the Young Carers Pledge. It was also essential that organisations, including those represented on this Board, acted to ensure that the burden of caring responsibility did not fall disproportionately on those young people.

A person's caring responsibilities may incrementally increase and in some cases, people did not recognise themselves as being a 'Carer' and there had been some work with health professionals in secondary healthcare in this regard. Conversely, caring responsibilities may start suddenly in response to an event such as a stroke. Somebody looking after an individual with mental ill-health help may

experience being stigmatised or find that less help was forthcoming.

An enabling environment was necessary, including in respect of attitudes and education and which could be supported by services such as GPs and business organisations, including the Chamber of Commerce. There were also links with areas including cohesion and community support networks.

GPs might be in a position to see the whole person and it may be necessary to compare GP services in Sheffield to gauge whether they compared favourably with other places. There might be an opportunity to support carers and facilitate greater independence in the design of services in the integrated commissioning programme and make sure carers' voices were represented in the design process.

Some carers were themselves older people and might have associated health conditions and whilst their role as a carer was most important to them, they also required support as individuals.

It was important that the contents of the strategy should be recognised by carers.

Sometimes people needed access to appropriate support, but without needless bureaucracy and also ensuring that the best information and advice was available. The role of a carer needed to be explicitly recognised and support made available, without interrupting their caring responsibilities.

There was a role for employers in helping to support people with caring responsibilities and the strategy should also recognise that some employers were better at doing so than others.

Members of the public present at the meeting also asked questions and commented on the subject of carers, as summarised below:

Whether the strategy would include reference to short term carers.

Transitions were important including working with providers of training and apprenticeships in supporting young carers into work. There were examples of good practice in supporting carers through primary care services, for example Handsworth Practice in support of young carers, which might help to illuminate the strategy.

Resolved: That the Director of Commissioning, Sheffield City Council, is requested to submit a report concerning the Carers Strategy to a future meeting of the Board and which should include the role of the Health and Wellbeing Board in supporting actions relating to Carers.

5. SHEFFIELD INTEGRATED COMMISSIONING PROGRAMME

The Executive Director of Communities, Sheffield City Council and the Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group (CCG), submitted a report providing an overview of progress on the

Integrated Commissioning Programme (ICP), which was a joint commissioning programme between NHS Sheffield Clinical Commissioning Group and Sheffield City Council and supported the delivery of the Better Care Fund of £270 million.

The report was presented by Joe Fowler, Director of Commissioning, Sheffield City Council, and Liz Howarth, Programme Director of the Integrated Commissioning Programme. It highlighted progress to date and future milestones. Challenges and risks to the programme were outlined, which related to financial challenges, the approach to commissioning and System Governance. The Board was asked to consider some of the challenges and risks to support the achievement of change for the benefit of the people of Sheffield. Four work streams had been established in the areas of Independent Living Solutions, People Keeping Well, Active Support and Recovery and Ongoing Care and further work streams might be established to meet the aims the programme.

The Board was also asked to consider if it would be supportive of a wider review of system governance arrangements, to ensure that the ICP is properly aligned with other major pieces of work such as the Prime Minister's Challenge Fund.

The scale of the programme was ambitious given the amount of systems change and redesign across health and social care. The focus was on adults, although discussion was being held in children's services with regard to transitions. A strategic review had been commissioned, one of the recommendations of which was to develop the involvement of provider input to the programme, which had been addressed in the design of solutions and governance.

Members of the Board made comments and asked questions, as summarised below:

There was a commitment between the CCG and the Council to focus on the future and work as one virtual organisation to achieve the change required. Discussions had taken place with commissioners to agree principles and ensure value for money. Workshops had been held with providers and it was intended to hold an integrated commissioning 'summit' in September to enable people to confirm and challenge the proposed approach.

The Council and CCG would take decisions within their existing decision making structures and rules and there was a role for the Council's Health Scrutiny Committee. With regard to governance, there was currently no existing structure for joint decision making and commissioning, although that was the aspiration. The Health and Wellbeing Board's present role was to ask for work on the model for health and social care but it was yet to be seen whether this Board would be the appropriate governance body for the City.

It was not clear where the citizen was as part of what was a large scale transformation. There had been some open sessions for people. However, it was difficult to engage people in what was, at present, a conceptual model. Healthwatch Sheffield was represented on the Programme Board and could assist in respect of public engagement.

Increasing demand was a further challenge which should be considered, together with how to converse with the public about creating better value services, with less money and achieving better outcomes. This should form part of a wider policy discussion, including consideration of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Systems design should begin with the citizen and their needs and engagement was required to ascertain what those needs were and understand the various connections. Previous incremental change may have led to a fragmented system of care, whilst the alternative was more substantial systems change.

Resolved: That the Health and Wellbeing Board:

1. Notes the progress made to date with the Integrated Commissioning Programme (ICP);
2. Recognises the continued ambition for joint working across health and social care;
3. Recognises the scale and pace of change required in the challenging financial climate; and
4. Supports further work to be carried out on the partnership governance arrangements.

6. UPDATE ON THE JOINT HEALTH AND WELLBEING STRATEGY: OUTCOME 3 - HEALTH INEQUALITIES ARE REDUCING

The Board considered a report of the Director of Public Health concerning Outcome 3 of the Joint Health and Wellbeing Strategy: *Health inequalities are reducing.* Dr Stephen Horsley, Director of Public Health presented the report, which set out progress over the past year and things the Health and Wellbeing Board could do to ensure that progress continued.

Outcome 3 was concerned with people and communities who experienced the poorest health and wellbeing and the need to address those communities who experience the worst health and wellbeing inequalities. The report set out performance relative to the relevant outcome indicators, which comprised the slope index of inequality in life expectancy (Men); the slope index of inequality in life expectancy (Women); excess winter deaths; and excess premature mortality in people with a serious mental illness.

A programme of health needs assessments were being undertaken for a number of communities of interest in recognition that further evidence was required in relation to other drivers of health inequalities and the results would form supplements to the Joint Strategic Needs Assessment. The report included a summary of progress, action by action, under each outcome in the Joint Health and Wellbeing Strategy.

Members of the Board asked questions and commented on the issues raised by the report, as summarised below:

Although there was much activity taking place with regards reducing health inequalities and a considerable amount of work would be done with communities over the next ten years, the outcome measures were not improving and it was considered that there might be opportunities to approach matters differently. Comparative data showed that other Core Cities were making some advances. It was important that Sheffield challenged itself to make progress and tackle gaps. Whilst large scale initiatives had taken place, such as the Decent Homes programme, certain elements of the programme may not have been fully developed to bring about wider improvements to health and wellbeing, for example to reduce fuel poverty and there was scope to review such programmes and to support innovation. The Best Start Programme was a good example from which to learn.

Life expectancy indicators for Sheffield were not improving and child poverty was increasing, in relation to which the impact of welfare reforms had to be taken into account. Potential opportunities for research funding might be explored.

In relation to new arrivals, resources which previously formed the Migrant Impact Fund were within the Social Fund and ways needed to be considered of making sure that the necessary funds were available to the City.

It was likely to take a considerable amount of time to change the outcomes as measured by the outcome indicators as there was much impetus behind them. With regards to life expectancy, consideration should also be given as to the quality of life for people with chronic health conditions.

The Council's Corporate Plan referred to a priority for the Council to be an organisation which was 'in-touch', responsive and flexible and one that could change and adapt and the Joint Health and Wellbeing Strategy also needed to take such principles into account. Consideration also had to be given the effect of changes, such as those regarding accessibility of funds directed to the impact of migration.

Resolved: That the Board:

1. Actively supports the recommendations made under each action in the report of the Director of Public Health now submitted.
2. Supports the ongoing programme of needs assessment.
3. Requests a further update on this outcome in June 2016.

(At this point in the proceedings, Councillor Mary Lea took the Chair, Councillor Julie Dore having vacated the Chair and left the meeting.)

7. PUBLIC MENTAL HEALTH AND WELLBEING: A STRATEGIC APPROACH

The Board considered a report of the Cabinet Member for Health, Care and Independent Living (Councillor Mary Lea) and Governing Body Member, NHS

Sheffield Clinical Commissioning Group (Dr Ted Turner), which concerned public mental health and wellbeing. The report built upon an update provided to the meeting of the Board in March 2015 and it included the developing work programme relating to building mental wellbeing and emotional resilience, which set out objectives, actions and timescales. Chris Nield, Consultant in Public Health introduced the report.

Gregor Henderson, National Lead, Wellbeing and Mental Health, Public Health England, had been invited to attend the Board meeting and he addressed the Board on the subject of mental and emotional health and wellbeing. He said there was an ambition to consider mental health and wellbeing in all things and take a broad approach. He was impressed at the evidence of the approach being taken in Sheffield and from hearing people's stories. Mental health and emotional wellbeing was about how people feel and how they behave and was not something which should be marginalised. We needed to ask how the conditions could be created which helped to deal with someone's distress. Important issues were the prevention of mental illness, early intervention and supporting and sustaining a person's recovery.

Mental illness carried with it large social and economic costs and people with mental illness were likely to die 15-25 years earlier than other people. Integrated and embedded approaches worked most effectively and there was a requirement to realign and invest in community approaches so that mental and physical health were considered together. Leadership for mental health was the responsibility not only of the health service but also of organisations including schools, the police, employers and housing providers. Support was necessary in early years and for parents, employers and to reduce social isolation in the elderly.

Gregor Henderson commented that he was impressed at examples of integration of services in Sheffield, such as in Darnall where there was evidence of debt, emotional distress and domestic abuse services being integrated. The shift to greater levels of community based integrated support required integrated investment supported by the use of data intelligence and multi-modal evidence.

Members of the Board made comments on the subject of mental health and emotional wellbeing, as summarised below:-

There had been an attempt to shift resources towards early intervention and support in children's services and Sheffield had the lowest number of children in care. Mental health affected families, individuals and communities and it was a matter that was difficult to progress, although this Board was attempting to do so, including working with the Universities to make sure there was sufficient relevant evidence.

Upstream investment presented a change of approach and evaluation would be built into to processes. The City needed to make investments in the early stages where possible to save costs later on. However, it was noted that as a result of a decision by central government, an in-year cut of £2 million was to be made to the public health budget. There was evidence in Sheffield that it was right to have a diverse range of investments.

The message for the promotion of good emotional wellbeing '5 ways to wellbeing' should be shared as appropriate.

Resolved: That the Board:

1. Agrees that this approach presents an opportunity to realise significant change and improvement and that the leadership of this Board and the organisations represented on the Board is key;
2. Supports this preventative upstream approach, both at a strategic and operational level;
3. Notes the progress outlined in the report and the appended action plan now submitted; and
4. Agrees to promote the following narrative:

   "Improved mental wellbeing is associated with better physical and mental health, reduced inequalities, improved social relationships and healthier lifestyles. It can help people achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society. Its strategic significance can be better understood."

8. HEALTHWATCH SHEFFIELD ANNUAL REPORT

The Board considered the Healthwatch Sheffield Annual Report 2014/15, which was presented by the Chair of Healthwatch Sheffield, Maggie Campbell.

The Healthwatch Sheffield Annual Report provided an overview of the work and statutory activities completed by Healthwatch Sheffield during 2014/15 and demonstrated the use and role of citizens' voice in influencing and improving health and social care services. It included information about obtaining the views of 'hidden voices' - people who were generally not able to access those making decisions or delivering services; Young Healthwatch; the Virtual Advisory Network; volunteers, information and advice provided; and written reports.

Members of the Board commented upon the Annual Report and asked questions, as follows:

The issue of how the Health and Wellbeing Board and Healthwatch might work together more effectively could be considered by a dedicated small group.

The health and social care organisations represented on the Board may be able to assist with the delivery of enter and view visits to health and social care providers.

Engagement was an ongoing challenge and Healthwatch Sheffield might help to provide a way of improving engagement and access to patient groups and networks. Staff and commissioners in health and social care might also not be aware of the existence and role of Healthwatch and the Board could help in this regard.

The contribution of Healthwatch Sheffield to work on the engagement of children and young people was recognised, albeit within relatively small but well managed resources. Volunteers with Healthwatch, for example community researchers, did have opportunities for development and people studying towards a Masters in Public Health worked with Healthwatch. Volunteers were from a variety of backgrounds and a substantial proportion were young people aged between 18 and 24.

Resolved: That the Board:

1. recognises and endorses the value of the work of Healthwatch Sheffield in using citizens' voices to improve health and care services; and
2. considers how best it can utilise the voices of citizens in its programme of work for the forthcoming year and work better with Healthwatch Sheffield at a future Strategy Meeting.

9. MINUTES OF THE PREVIOUS MEETING

Resolved: that the minutes of the meeting of the Board held on 26th March 2015 be approved as a correct record.

10. DATE AND TIME OF NEXT MEETING

It was noted that the next meeting of the Board would be held on Thursday 24 September 2015 at 2.00pm at the Town Hall, Sheffield.