



## HEALTH AND WELLBEING BOARD PAPER

### FORMAL PUBLIC MEETING

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**Report of:** Joe Fowler, Director of Commissioning, Sheffield City Council  
 Idris Griffiths, Director of Health Care Reform, NHS Sheffield  
 Clinical Commissioning Group

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**Date:** 31<sup>st</sup> March 2016

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**Subject:** Health and Wellbeing Plans for Sheffield in 2016/17:  
 Plans from Sheffield City Council and NHS Sheffield Clinical  
 Commissioning Group

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#### Summary:

Sheffield's Health and Wellbeing Board exists to bring together the leadership 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.

These partnerships are always changing and developing as the health and wellbeing system changes, and it is highly likely that 2016/17 will be a year of considerable change for the Health and Wellbeing Board and its partners.

This paper sets out plans for the coming year and how the Health and Wellbeing Board and its partners will be working together to address them. It is important to recognise that these plans will continue to develop over the coming year and are not fixed or final, not least because the Health and Wellbeing Board serves the people of Sheffield and seeks to ensure provision in the city is appropriate for Sheffield people's needs.

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#### Questions for the Health and Wellbeing Board:

- Does the Health and Wellbeing Board support the priorities proposed by the commissioning organisations (Appendix)?

- Are there areas for greater joint working between the organisations on the Health and Wellbeing Board (and others) in 2016/17?
- Does the Health and Wellbeing Board approve of the five actions outlined in the report?
- What role is there for Healthwatch Sheffield over the coming year in assisting with the implementation of these plans and ensuring that Sheffield people are appropriately involved, communicated with and engaged?

**Recommendations for the Health and Wellbeing Board:**

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

**Background Papers:**

- Appendix: Sheffield City Council and NHS Sheffield Clinical Commissioning Group's Plans for 2016/17
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# HEALTH AND WELLBEING PLANS FOR SHEFFIELD IN 2016/17: PLANS FROM SHEFFIELD CITY COUNCIL AND NHS SHEFFIELD CLINICAL COMMISSIONING GROUP

## 1.0 SUMMARY

- 1.1 Sheffield's Health and Wellbeing Board exists to bring together the leadership 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.
- 1.2 These partnerships are always changing and developing as the health and wellbeing system changes, and it is highly likely that 2016/17 will be a year of considerable change for the Health and Wellbeing Board and its partners.
- 1.3 This paper sets out plans for the coming year and how the Health and Wellbeing Board and its partners will be working together to address them. It is important to recognise that these plans will continue to develop over the coming year and are not fixed or final, not least because the Health and Wellbeing Board serves the people of Sheffield and seeks to ensure provision in the city is appropriate for Sheffield people's needs.

## 2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

- 2.1 The Health and Wellbeing Board's Joint Health and Wellbeing Strategy recognises that good health and wellbeing is a matter for every organisation in the city, 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.
- 2.2 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.

## 3.0 THE HEALTH AND WELLBEING BOARD'S PLANS FOR 2016/17

- 3.1 It is proposed that the Board commits to five main actions for 2016/17. These are outlined in three sections below:

### **The context of our plans: a challenged health and care system**

- 3.2 NHS England's Five Year Forward View<sup>1</sup> helpfully sets out three main areas – 'gaps' – where the health and care system in Sheffield – and England more generally – is facing considerable challenges.

- **Health and wellbeing gap:** The health and care system needs new initiatives to ensure that people's health and wellbeing continues to improve

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<sup>1</sup> See <https://www.england.nhs.uk/ourwork/futurenhs>

- **Care and quality gap:** The health and care system needs to change the way that care and support are delivered to better meet the needs of local people
- **Funding gap:** There is a huge gap in funding for health and care, and commissioners and providers need to work together to: a) manage demand for services; b) ensure services are delivered efficiently; c) ensure budgets are met.

3.3 It is crucial that the Health and Wellbeing Board has a strong response to these gaps to ensure that Sheffield people have access to high quality care now and in the future. Communicating and engaging on our approach to plugging these gaps will be key, as some of the decisions may be difficult and challenging for some.

3.4 In summer 2015, the Health and Wellbeing Board led a consultation exercise with Sheffield people and organisations to agree a vision for the health and care system in Sheffield in 2020.<sup>2</sup>

**Action 1: Over 2016/17, the Health and Wellbeing Board will continue to communicate and engage with Sheffield people and organisations to ensure that the vision and plans we have are the right ones.** We will work in Healthwatch Sheffield, an independent partner and member of the Board, to ensure we do this in the best way possible.

### **The basis for our plans: the strengths and needs of Sheffield people**

3.5 The Joint Strategic Needs Assessment (JSNA) is a formal document that the Board is legally required to produce and endorse. The last JSNA was agreed by the Board in 2013 and has been used as a definitive source of health and wellbeing data in Sheffield to help the Board's partners make the right plans for services in Sheffield.<sup>3</sup>

**Action 2: The Health and Wellbeing Board will ensure that the JSNA will be fully refreshed and revised in 2016/17.** In addition, health and wellbeing data will increasingly be searchable online on a developing data portal.<sup>4</sup>

3.6 The Joint Health and Wellbeing Strategy<sup>5</sup> was also agreed by the Board in 2013 and provides the framework for how decisions are made in Sheffield. At the heart of the Strategy are five outcomes:

1. Sheffield is a healthy and successful city
2. Health and wellbeing is improving
3. Health inequalities are reducing
4. People get the help and support they need and is right for them
5. Services are innovative, affordable, and deliver value for money.

<sup>2</sup> See slides from one event at <http://www.slideshare.net/SheffieldHWB/2020-vision-event-presentation>.

<sup>3</sup> See <https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/JSNA.html>.

<sup>4</sup> See <https://data.sheffield.gov.uk>.

<sup>5</sup> See <https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/joint-health-and-wellbeing-strategy.html>.

**Action 3: Once the JSNA has been refreshed and revised, in 2016/17 the Health and Wellbeing Board will take the lead, with partners, in revising the Joint Health and Wellbeing Strategy.** This will influence the direction of health and wellbeing plans in Sheffield for the future.

### **Our plans for 2016/17: tackling challenges, based on people's needs**

3.7 The Health and Wellbeing Board will work with partners to begin to tackle the challenges identified above. It will:

- **Oversee the plans of its partner organisations.** Sheffield City Council and NHS Sheffield Clinical Commissioning Group have pulled together their own plans for 2016/17. These plans have been included in the Appendix to this paper. The Health and Wellbeing Board has a role in considering whether these plans meet the Board's key objectives and Board meetings will cover other topics that are appropriate as part of this.

**Action 4: In 2016/17, the Health and Wellbeing Board will continue to ensure that the plans of the Board's main organisations – Sheffield City Council, NHS Sheffield Clinical Commissioning Group, NHS England Healthwatch Sheffield – are coordinated and coherent.**

- **Oversee the transformation of the health and care system in Sheffield.** As part of this, the Health and Wellbeing Board has two main areas of focus for 2016/17:
  - **Tackling health inequalities.** The Health and Wellbeing Board has been concerned about health inequalities in Sheffield since the Board was fully established in 2013.
  - **Ensuring that Sheffield partners work together to deliver transformational change.** The Transforming Sheffield Programme is soon to be launched with a number of boards and sub-groups which will be focussed on meeting some of the challenges that the health and care system in Sheffield faces<sup>6</sup> as part of the Sustainable Transformation Plan for Sheffield City Region. This programme will see a new role for the Health and Wellbeing Board in overseeing whether the system delivers better outcomes for Sheffield people.

**Action 5: In 2016/17, the Health and Wellbeing Board will take a proactive and assertive approach to ensure that partner organisations make progress with tackling health inequalities, transforming the health and care system, and delivering better outcomes for Sheffield people.**

<sup>6</sup> Up until now, the Board has focussed on the Integrated Commissioning Programme. The work that is part of the Integrated Commissioning Programme will continue but as part of a wider programme of work. See <http://www.sheffieldccg.nhs.uk/our-projects/integrated-commissioning-programme.htm> for more information about the Integrated Commissioning Programme.

#### 4.0 QUESTIONS FOR THE BOARD

- 4.1 Does the Health and Wellbeing Board support the priorities proposed by the commissioning organisations (Appendix)?
- 4.2 Are there areas for greater joint working between the organisations on the Health and Wellbeing Board (and others) in 2016/17?
- 4.3 Does the Health and Wellbeing Board approve of the five actions outlined in the report and summarised below?

**Action 1:** Over 2016/17, the Health and Wellbeing Board will continue to communicate and engage with Sheffield people and organisations to ensure that the vision and plans we have are the right ones.

**Action 2:** The Health and Wellbeing Board will ensure that the JSNA will be fully refreshed and revised in 2016/17.

**Action 3:** Once the JSNA has been refreshed and revised, in 2016/17 the Health and Wellbeing Board will take the lead, with partners, in revising the Joint Health and Wellbeing Strategy.

**Action 4:** In 2016/17, the Health and Wellbeing Board will continue to ensure that the plans of the Board's main organisations – Sheffield City Council, NHS Sheffield Clinical Commissioning Group, NHS England Healthwatch Sheffield – are coordinated and coherent.

**Action 5:** In 2016/17, the Health and Wellbeing Board will take a proactive and assertive approach to ensure that partner organisations make progress with tackling health inequalities, transforming the health and care system, and delivering better outcomes for Sheffield people.

- 4.4 What role is there for Healthwatch Sheffield over the coming year in assisting with the implementation of these plans and ensuring that Sheffield people are appropriately involved, communicated with and engaged?

#### 5.0 RECOMMENDATIONS

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

# Appendix: Sheffield City Council and NHS Sheffield Clinical Commissioning Group Plans for 2016/17

## 1. Introduction

- 1.1 Sheffield City Council and NHS Sheffield Clinical Commissioning Group are two of the Health and Wellbeing Board's main partners and are responsible for commissioning services for the whole Sheffield population. For some time now, they have been working together to ensure that the commissioning of health and care services in Sheffield are more *integrated* between organisations.
- 1.2 This short Appendix sets out one plan for both organisations. It does not cover everything that is happening, but provides a summary.
- 1.3 *Both* organisations are facing significant funding reductions, so it is important to note that a reduction in investment is inevitable. It is also important to note that Sheffield City Council and NHS Sheffield Clinical Commissioning Group operate to different commissioning models and timeframes. There is no time of year that is most suitable for *both* organisations to publicly share and discuss their plans *at the same time*. However, this paper is an effort to pull together some of the developing priorities for each organisation. One of the roles of the Health and Wellbeing Board is to ensure that joined-up, coordinated plans continued to be made.
- 1.4 NHS England is also a partner on the Board but, for the reasons identified above, does not have any plans to submit at this stage.

## 2. Sheffield City Council and NHS Sheffield Clinical Commissioning Group's integrated plans

See overleaf.

## People Keeping Well

- Developing out of hospital care including piloting neighbourhood hubs and enhancing third sector provision and social prescribing (CCG lead)
- Establish a Primary Care strategy to promote a strong, resilient and growing service (CCG lead)
- Helping people get the support they need in their neighbourhood to remain independent, safe and well (Council lead)
- Changing housing support services to focus support on those who are most in need (Council lead)
- Collaborative working and funding to increase the reach of the successful families programme including increased investment in early help and prevention and integration of multi agency services creating “one front door” for family support services (Council lead)
- Working with partners to explore new types of community youth provision and targeted support for vulnerable and disadvantaged young people (Council lead)
- Targeting GP Health checks for those who are most in need (Council lead)
- Working to integrate and change how we deliver Health Visiting (0-4 years) and School Nursing (5-19 years) services (Council lead)

## Active Support and Recovery

- Completion of Urgent Care Review looking at “Front Door” urgent care with the aim of simplifying and improving access (CCG lead)
- Piloting the CASES approach to directing elective referrals in a range of specialties to the most appropriate service and at the same time educating GPs (CCG lead)
- Transformation of CAHMS, children and young people’s emotional wellbeing and mental health (CCG and Council)
- Changing the support for people leaving hospital to help people recover their independence and stay well within their own home (CCG and Council)
- Changing approaches to Occupational Therapy including new uses of telecare and community equipment (CCG and Council)
- Changing our contract for Drug Intervention Services, how we fund engagement work after release from prison and reducing coverage in custody suites (Council lead)

## Ongoing Care

- Work on new end of life strategy (CCG lead)
- Review of high cost drug prescribing (CCG lead)
- Delivering Transforming Care for people with a learning disability to make sure that people with learning disabilities have appropriate support to live their lives more independently with less reliance on formal services and better accommodation choices, more innovative activities in communities, and new contractual arrangements with service providers (CCG and Council)
- Procuring an enhanced mental health liaison service (CCG lead)
- Continuing the development of transformational projects including the 0 to 25 service for children and young people with special educational needs and disability (Council lead)

## Quality, Efficiency and Performance

- The NHS Constitution and access commitments in respect of A&E, Referral to Treatment, Cancer and Mental Health (CCG lead)
- Reducing primary and secondary care clinical variation (CCG lead)
- Review and procurement of patient transport services across South Yorkshire (CCG lead)
- Introducing the new Social Care precept of 2% (Council lead)
- Preparing for radically different home care arrangements in 2017 (Council and CCG)