

**Sheffield Health and Wellbeing Board**

**Notes of an Inguorate Meeting held 24 September 2015**

**PRESENT:** Dr Tim Moorhead (Chair), Clinical Commissioning Group (in the Chair)  
Maggie Campbell, Healthwatch Sheffield  
Stephen Horsley, Interim Director of Public Health, Sheffield City Council  
Councillor Mary Lea, Sheffield City Council  
Maddy Ruff , Accountable Officer, Sheffield CCG  
Dr Zak McMurray, Clinical Director, Clinical Commissioning Group

**ALSO IN ATTENDANCE:** Tim Furness, Director of Business Planning & Partnerships, Sheffield Clinical Commissioning Group

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**1. APOLOGIES FOR ABSENCE**

1.1 Apologies for absence were received from Councillors Julie Dore, Jackie Drayton and Mazher Iqbal and John Mothersole, Alison Knowles, Jayne Ludlam, Phil Holmes and Dr Ted Turner.

**2. DECLARATIONS OF INTEREST**

2.1 There were no declarations of interest.

**3. PUBLIC QUESTIONS**

3.1 There were no public questions.

**4. SHEFFIELD'S JOINT HEALTH AND WELLBEING STRATEGY: REPORT ON ACTIONS AND PROGRESS**

4.1 The Director of Commissioning, Sheffield City Council and the Director of Business Planning and Partnerships, NHS Sheffield CCG submitted a joint report in relation to actions and progress in relation to Sheffield's Joint Health and Wellbeing Strategy.

4.2 The Joint Health and Wellbeing Strategy was Sheffield's overarching City Strategy in all matters relating to health and wellbeing. It had five outcomes which it was looking to achieve for the City of Sheffield, and the Health and Wellbeing Board had a role in overseeing progress on the delivery of the outcomes of the Strategy. The report provided an overview of what had happened over the last few months under each outcome.

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

There was a lot of activity being undertaken throughout the City. It was a significant job, as the Board was attempting, to try and co-ordinate all the work

especially between organisations.

It may be important for the Board to identify the key areas to focus on and to identify lead officers for each area.

Health outcomes in the City had improved over the last 10-15 years but there had not been major improvements in reducing health inequalities. There was still a lot of work to do and it may be useful for the Board to identify some areas to give particular priority to.

There may be a role for the Board to explore with lead officers and others where it could make a difference. For example in the South West of the City levels of breast cancer were higher than in other areas of the City but in those other areas survival rates were three times less. There was evidence to suggest people in those areas of the City did go for screening but often didn't attend if they were recalled. Could there be a targeted piece of work to establish why this was happening?

The evidence showed that health was a priority for everyone. Linked to this employment was a key factor. Evidence had shown that if a person was employed but with low pay their health was often much better than someone who wasn't employed but in receipt of significant benefits.

Providers were often measured on different outcomes to those considered by the Strategy. It may be useful to try and get them to give consideration to the outcomes agreed by the Board.

It may be important to prioritise what the Board was doing as the report outlined a number of initiatives. The Board may want to consider the outcomes which would have a long term change. It needs to be made clear what was being done collectively across the City. Targeted interventions could be linked to the Strategy.

The challenge for the Board was that they were working against a system that wasn't designed to promote joined-up working. The Board should therefore consider how it could use the freedoms it had and the people of Sheffield to push back against this. It was highlighted that the last heading on page 10 should read 'Seek efficiency from providers without putting people's safety or experience at risk'.

Those involved in collating the report should be thanked for all their hard work and the Board should consider opportunities for better care and joined-up working.

The Board should give consideration to the evidence base and why things were worsening in some areas. The Board could check if it had the right rationale and explore why it is that some areas weren't performing.

It may be useful to look at cross-cutting solutions and having an overarching strategy to address all of the outcomes.

The Board should have a role in influencing others, particularly health and social care providers. Prevention was not simply the prevention of one health problem and involved a number of factors. Child and Adolescent Mental Health Services (CAMHS) was a good example of funding being put into preventative measures.

Work should be undertaken on reframing clinical diagnosis and exploring social as well as clinical factors.

A number of the outcomes were worse than the national average. It may be useful for the Board to receive a briefing on these and establish why the problems occurred and what could be done to address them. Programmes of work should be aligned to the outcomes the Board had given priority to improving.

**Resolved:** That the Board:-

1. Thanks those who have been working hard over the last year to deliver some of the actions set out in the Strategy;
2. The ten outcomes showing poorer than the national average required particular attention;
3. Agrees the proposals for a response from the Board as outlined in the report;
4. Considers any opportunities for coordination and integration of pieces of work; and
5. Supports the ongoing programme of needs assessment.

## **5. PROGRESS IN TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES**

- 5.1 The Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group submitted a report in relation to progress in transforming care for people with learning disabilities.
- 5.2 In introducing the report, Tim Furness commented that the Government had not met its central goal of moving people with learning disabilities and challenging behaviour out of hospital by 1 June 2014, because it had underestimated the complexity and level of challenge in meeting the commitments in its action plan.
- 5.3 The report showed that services were working together and the connection to the Integrated Commissioning Programme should be noted.
- 5.4 Members of the Board made comments and asked questions, as summarised below:

The repatriation of those within this group was welcomed. It was clear that levels

of health inequalities were particularly high within this group.

It was a difficult task as the City needed to find the right accommodation for those affected as well as being within the right setting and having adequate levels of care.

The progress which had been made had helped to bring a large number of those affected back into the City. The review had started to change the behaviour of why people had been placed out of the City in the first place. One of the strands of work focused on ongoing care and a longer time could now be spent on ensuring the right placement for somebody.

The evidence showed that the culture now seemed to have changed and people were clear that it was better to keep people close to their home.

The approach moving forward in terms of regulating contracts, timing and providers etc. felt quite negative on the surface but it was necessary to achieve the right outcome for a person.

**Resolved:** That the Board notes the report and maintains an oversight of the work in the City on Transforming Care relating to adult and children's service delivery and commissioning.

## **6. UPDATE ON SEPTEMBER 2014'S THE 'MENTAL HEALTH - A SNAPSHOT' REPORT BY HEALTHWATCH SHEFFIELD**

6.1 The Chair of Healthwatch Sheffield submitted a report presenting an update on the views of those who attended the Health and Wellbeing Board's Engagement Event in July 2014.

6.2 In presenting the report the Chair, Maggie Campbell, highlighted that the report outlined mixed results, some areas were seen as improving and others weren't. There were a number of questions where there was a real spread in the response which showed that a lot depended on an individual's perception of the service they received. The importance of support for carers was highlighted.

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

The low response rate was disappointing and this inevitably had an impact on any conclusions which could be drawn. Collecting the data over the summer months had been a challenge and the response highlighted the problems associated with one off consultations and supported the need for an ongoing dialogue.

The Board should give consideration of the best way of obtaining feedback on services provided.

A new Carers Strategy was being developed to ensure ongoing support for carers.

A new strategy for mental health in the City had been agreed six months ago and provider organisations had been asked to respond. It may be useful to take this report to the Mental Health Partnership Board and ask how things should be taken forward and how we could engage with a larger amount of people and the response of the Partnership Board be reported to a future meeting of the Health and Wellbeing Board.

Research had shown that if the family could be educated and advised they could play a role in supporting those affected. Sheffield had previously been at the forefront of this research. 50% of mental health issues could be identified by the time a person was 14 years of age and 75% by 18. The City needed to move towards providing a platinum service in relation to mental health.

A lot of good work was being undertaken with very limited resources and this needs to be joined-up.

A number of secondary issues were important for carers such as people not communicating with them and not being kept informed and this needed to be addressed.

**Resolved:** That the Board:-

1. Notes the progress made and the areas where it is felt improvement has not yet been seen;
2. Requests that the Mental Health Partnership Board discusses these findings in the context of the original report and gives thought to how the four outstanding areas could be tackled;
3. Requests that Healthwatch Sheffield give consideration to revisiting this exercise again in 12 months' time and use a focus group or other face to face method to boost response rates.

## **7. REVIEW OF CITIZEN/SERVICE USER ENGAGEMENT ON STRATEGIC PARTNERSHIP BOARDS**

- 7.1 The Chair of Healthwatch Sheffield presented a report outlining the findings of a review of citizen/service user engagement on strategic partnership boards in the City.
- 7.2 In presenting the report Maggie Campbell circulated an additional paper providing an analysis and amended recommendations.
- 7.3 She reported that Strategic Partnership Boards in the City were all structured differently. Some had independent Chair people, some received funding from statutory partners and all had different levels of citizen/service user representation.
- 7.4 It was noted that there was a perception that 'Partnership Boards' were the same

and functioned in the same way with the same representation, however the reality was that they were all very different. This needed careful consideration, both to ensure that their relationship with the Health and Wellbeing Board was optimised, and so that the expectations of involved citizens could be better managed.

7.5 The timing for the completion of surveys may have impacted on the number of responses as well as the timing as the surveys had been sent out for completion during August. The deadline was extended on two occasions to increase the number of responses.

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

The questions asked in the survey were the correct ones to ask. It was not always appropriate to establish Boards for each individual issue but there was a need for a mechanism for engagement on a strategic level.

The Cabinet Member for Health, Care and Independent Living, sat on three Partnership Boards and was aware that they were all different and had a different role. She wasn't clear however what the lines of communication were from those Boards to the Health and Wellbeing Board.

Some of the Boards related to specific service provision areas. It was important to keep the communication going and feed things in different directions.

The Boards had evolved from when they were first established and had a very clear purpose. They all engaged but they shouldn't be thought of simply as engagement vehicles but as strategy vehicles of which engagement was a part.

**Resolved:** That the Board:-

1. Notes the findings of the report and requests that the report be shared with the Chairs of the Partnership Boards.
2. Gives consideration be given as to how the Partners for Inclusion Board be supported and included within the Partnership Board structure.
3. Requests that Chairs of the Partnership Boards look at ways in which they can better support Citizen Representatives.

## **8. REPORT ON HEALTH AND WELLBEING BOARD COMMUNICATIONS AND ENGAGEMENT SEPTEMBER 2014- AUGUST 2015**

8.1 The Co-Chairs of the Health and Wellbeing Board submitted a report providing a snapshot of its engagement from the last year. The report also provided an overview for planned engagement for the year to come.

8.2 In introducing the report Dr Tim Moorhead commented that he believed it was important that the Board told the City what it was doing and why it was doing it. He

attended the national NHS Clinical Commissioners Group which had looked at the way Health and Wellbeing Boards worked. A report had been submitted looking at the future of Health and Wellbeing Boards and activity of Boards across the country. It had identified the importance of Co-Chairs and this was increasingly being adopted as a model across the country.

8.3 The Commissioners Group report had been launched in the Houses of Parliament and communication had begun with the new intake of M.Ps and had included Local Authorities.

8.4 **Resolved:** That the Board focus its engagement from September 2015-August 2016 on a range of areas specified in section 5.0 of the report.

## 9. **CLIMATE CHANGE AND AIR QUALITY: UPDATE FOR THE HEALTH AND WELLBEING BOARD**

9.1 The Director of Business Planning and Partnerships, NHS Sheffield CCG submitted a report providing an update on Climate Change and Air Quality.

9.2 In introducing the report Tim Furness commented that the Board could be assured that organisations across the City were undertaking a lot of work in respect of carbon reduction and sustainability. They were taking the issue seriously and were doing the work expected of them.

9.3 **Resolved:** That the Board thanks organisations across Sheffield for the work they are doing to act sustainably.

## 10. **MINUTES OF THE PREVIOUS MEETING**

**Resolved:** The minutes of the meeting of the Board held on 25 June 2015 were approved as a correct record.

## 11. **DATE AND TIME OF NEXT MEETING**

It was noted that the next meeting of the Board would not be held on Thursday 17 December 2015 and the next meeting would be held on 31 March 2016.

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