

Sheffield Health and Wellbeing Board

Meeting held 29 March 2018

PRESENT: Councillor Cate McDonald (Chair), Cabinet Member for Health and Social Care
Dr Tim Moorhead, Chair of the Clinical Commissioning Group
Dr Alan Billings, South Yorkshire Police and Crime Commissioner
Jayne Brown, Sheffield Health and Social Care Trust
Nicki Doherty, Director of Delivery Care out of Hospital, Clinical Commissioning Group
Councillor Jackie Drayton, Cabinet Member for Children, Young People and Families
Greg Fell, Director of Public Health
Phil Holmes, Director of Adult Services, Sheffield City Council
Judy Robinson, Sheffield Healthwatch
Alison Knowles, Locality Director, NHS England
Clare Mappin, The Burton Street Foundation
John Mothersole, Chief Executive, Sheffield City Council
Professor Chris Newman, University of Sheffield
Dr David Throssell, Sheffield Teaching Hospitals NHS Foundation Trust

In Attendance:

Rebecca Joyce – Accountable Care Partnership Programme Director
Chief Superintendent Stuart Barton – South Yorkshire Police
Dr Anthony Gore – Woodseats Medical Centre
Ian Drayton – Partnership Manager, SOAR Community
Nicky Normington – NHS Sheffield CCG North Locality Manager
Helen Kay – Operations Director, Sheffield Teaching Hospitals NHS Foundation Trust
Sarah Burt – Interim Deputy Director of Delivery-Care out of Hospital, Clinical Commissioning Group
John Doyle – Director of Business Strategy, Sheffield City Council

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Jayne Ludlam, Dr Zak McMurray,

Professor Laura Serrent and Maddy Ruff.

2. DECLARATIONS OF INTEREST

There were no declarations of interest from members of the Health and Wellbeing Board.

3. PUBLIC QUESTIONS

3.1 Public Questions from Save Our NHS

3.1.1 Mike Simpkin asked the following questions regarding the Health and Wellbeing Board, the Accountable Care Partnership and cuts to NHS Pharmacy budgets.

- 1) The Health and Wellbeing Board is the statutory lead for health strategy in the city. Why has it not met in public for nine months? Has it been holding meetings in private?
- 2) The paper entitled Better Care Fund Update, para 2.1 refers to the establishment of the Sheffield Accountable Care Partnership Board.
 - a) What is the present and future status of the ACP Board?
 - b) Who are its members?
 - c) What powers does it or will it have, delegated or otherwise?
 - d) If the ACP Board is a shadow board, what is it a shadow of?
 - e) What is its relationship to the Health and Wellbeing Board and how does it differ?
 - f) What is the relationship of the City Council to the Accountable Care Partnership Board?
 - g) What is the relationship of the Accountable Care Partnership Board to the South Yorkshire and Bassetlaw Integrated Care System?
 - h) Various promises have been made in Council and CCG meetings that the ACP board will begin to meet in public. When will this happen?
- 3) Have there been any effects in Sheffield of the 2017, 7.5% national cut to the NHS pharmacy budget? For example it was forecast that some pharmacies might no longer have sufficient staff to run the advice services which are essential components of local strategies such as the Primary Care Strategy while nationally large chains such as Lloyds have been closing practices. Did any Sheffield pharmacies qualify for special assistance? Have there been any pharmacy closures in Sheffield?

Mr Simpkin also asked an additional question-

- 4) What is the point of the Better Care Fund if it cannot prevent incidents like the threatened eviction of the long-term residents from Birch Avenue Care Home and disputes over eligibility and entitlement between the CCG and the Council? The

CCG's re-assessments of Continuing Care both residential and community-based have landed it in a lot of discredit.

- 3.1.3 Councillor Cate McDonald (Co-Chair) advised that not all meetings were held in public, it is stated in the terms of reference that the board would meet in public at least twice a year. It had been unfortunate recently that some of the meetings has been cancelled due to a range of reasons beyond control.
- 3.1.4 The Accountable Care Partnership Board was a partnership board with no statutory role. The members who sat on the board were Chairs and Chief Executives of the partners to the Sheffield ACP. This included Primary Care Sheffield, Sheffield City Council, Sheffield Clinical Commissioning Group, Sheffield Teaching Hospitals, leads from the Integrated Community Service, the Partnership Programme Director and the Director of Public Health. The Board had no powers, delegated or otherwise and was not a shadow board. Councillor Cate McDonald (Co-Chair) advised that the board has an aspiration to have a greater impact in the future.
- 3.1.5 The Accountable Care Partnership Board's relationship with the Health and Wellbeing Board was fluid and developmental at the moment. The board had a developing role alongside the other Boards. It was advised that more information would be available once the findings from a recent CQC review were known. Regarding the Board's relationship with the City Council; the City Council was a member of the Board.
- 3.1.6 The Accountable Care Partnership Board's relationship with the South Yorkshire and Bassetlaw Integrated Care System was that both were partners of the NHS. The ACP Board had a focus on Place and what was happening at a local level.
- 3.1.7 Councillor Cate McDonald (Co-Chair) confirmed that a meeting of the ACP board had taken place today and it had been agreed at this meeting that the Board to meet in public on a quarterly basis. Agenda's and minutes for the meeting will be published online. Rebecca Joyce, Accountable Care Partnership Programme Director expected that the next public meeting of the Board would be held at the end of June.
- 3.1.8 With regards to the question on national cuts to the NHS Pharmacy budget, it was confirmed that there had been no closures of pharmacies in Sheffield and there was no indication of any impact upon pharmacies in Sheffield. It was advised that just recently two additional pharmacy licences had been granted in Sheffield.
- 3.1.9 In relation to the final question, Councillor Cate McDonald (Co-Chair) advised that the Better Care Fund was an ongoing programme; there was an item on the agenda which included a presentation around the Better Care Fund which may provide answers to the question if Mr Simpkin wished to remain in the meeting for this item.

Nicki Doherty, Director of Delivery – Care out of Hospital did however advise that the presentation only covered an element of the Better Care Fund and may not cover the information that Mr Simpkin sought.

Phil Holmes, Director of Adult Services recognised the challenges around Birch Avenue Care Home, but felt that arguments between the Council and CCG would not contribute to resolving this

Dr Tim Moorhead advised that members of the Health and Wellbeing Board were unable to provide a full answer to the question around the Better Care Fund and the closure of Birch Avenue Care Home at the meeting, so a full written response would be provided to Mr Simpkin in due course.

4. PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered a report of the Director of Public Health, Sheffield City Council which provided a background summary of the Pharmaceutical Needs Assessment (PNA) for 2018-2021.

The PNA was an assessment of the need for pharmaceutical services for a specific population and was the tool by which the Health and Wellbeing Board ensured people had access to the right NHS pharmaceutical services, at the right time, in the right place.

The main findings of the PNA for 2018-2021 were Sheffield was well- served by its pharmacies and dispensing doctors with good coverage and choice across the different areas of the City, with good availability and access arrangements, including out of hours, high levels of patient satisfaction and no gaps in provision.

Pharmacies in the City had good links with NHS services both in relation to primary care and acute hospital services. However it was recognised there was potential to develop this much further, particularly in the context of developing integrated primary care services.

Jayne Brown, Sheffield Health and Social Care Trust found the document very comprehensive, and asked if it was felt we were doing enough to support pharmacies?

Greg Fell, Director of Public Health, Sheffield City Council advised that pharmacists were very skilled and carried out an enormous range of services, but there was always more that could be done.

Local pharmacies were already contributing extensively to raising awareness and understanding of health risks, promoting healthy lifestyles, providing advice and signposting to treatment and providing services, often in more accessible and acceptable settings.

Councillor Jackie Drayton felt encouraged by the community pharmacies being innovative in supporting Children and Young People and the Sexual Health Services.

The Board were advised that demographic and cost pressures from patients with long-term conditions was only likely to increase in the coming years and pharmacy's continued role in helping to meet the need was acknowledged.

Future known developments were unlikely to generate significant need for additional provision over the lifetime of the PNA.

RESOLVED that the board;

- 1) approve the Pharmaceutical Needs Assessment 2018-2021 and;
- 2) agree that the Pharmaceutical Needs Assessment 2018-2021 be published on the Council's website by 1st April 2018 together with a map of pharmacies in Sheffield.

5. PRIMARY CARE STRATEGY

The Board considered a report of the Director of Delivery Care out of Hospital on the Primary Care Strategy for Sheffield.

A presentation was also provided to the Board which gave an overview of the strategy and what had been achieved; the presentation also outlined the achievements so far and what was hoped for the future.

It was imperative that the strategy for primary care was of a consistent standard and quality was engaging and be accessible to anyone, regardless of their social circumstances and it would offer the same level of service to people with mental ill health and disability as was available to the rest of the population.

Creating better equality in health outcomes for people living in Sheffield would mean improving how people manage their own health and ill health and make sure they had equal access to the support needed, regardless of their social circumstances.

Dr Anthony Gore, Woodseats Medical Centre and Nicky Normington, NHS Sheffield CCG North Locality Manager advised that a lot of work was going on out in the community about embedding resilience into practices and upskilling practice managers.

Nicky spoke of getting GP's to work collaboratively to share space and services to ensure that patients received the same services at all practices in the City. GP's had worked with children to create a new superhero to combat people not turning up for their GP appointments called 'DNA Man'. Chapelgreen GP Practice had worked with Ecclesfield School to create the superhero figurehead for the campaign which was now being rolled out across their neighbouring practices.

The Board were advised that when people do not turn up for GP appointments it costs the NHS money and drives up waiting times for other patients. All practices had problems with people not attending appointments from time to time, so sharing the DNA Man campaign to tackle these challenges together would save money.

Nicky advised the Board that they were working hard to try and pull in the bigger services; however patient input didn't seem to be there especially in the North of the City.

Greg Fell, Director of Public Health, Sheffield City Council asked how staff would know when the practices were at a point where they were satisfied with the services provided to patients and what were the deal breakers?

In response it was advised that the practices had started pooling resources and the next steps were to input this into the daily working of the GP's. A sense of achievement would be felt when the patients accessed the most services and when staff said it felt better and the services provided appeared more joined up.

Alison Knowles, Locality Director, NHS England asked if it was a plan for staff to have the same localities?

In response it was advised that stronger relationships were needed through more work with mental health workers, social workers and health workers and also links needed to be made with the Police. The work taking place was about improving services, not trying to align boundaries.

Dr Alan Billings, Police and Crime Commissioner commented that the police would welcome more regular discussions with the CCG going forward with regards to more collaborative work between health professionals and the police. It was advised that the police were trying to get back to more community policing and hopes that links can be made.

The Police had buildings that could be utilised by different services and this could form part of the discussions for collaborative working going forward.

Nicki Doherty, Director of Care-Out of Hospital advised of the Strategic Estate Group, on which it was suggested that the Police be involved in.

Councillor Jackie Drayton commented that the strategy was very adult focussed and this could be a good opportunity going forward to establish links with other services such as Sexual Health Services and Domestic Violence Services.

Councillor Drayton also asked what the strategy could do to ensure people were visiting the doctors.

In response Dr Tim Moorhead advised that practices were raising the same issues and these needed to be addressed closely with the ACP.

Practices were seeing mainly children and the elderly, with a priority to see children on the day. Addressing patients' needs in different areas needed to be done sensitively and dealt with by teams.

Councillor Cate McDonald (Co-Chair) summarised the discussion and felt that the strategy was going in the right direction, but there was still a lot of work to do. Primary Care was central to the transformation of the NHS and inequality needed to be addressed in practice and across the board.

RESOLVED; that the board notes the primary care strategy update and presentation.

6. BETTER CARE FUND UPDATE

The Board considered a report of the Director of Delivery Care out of Hospital on the progress and challenges of the Better Care fund and its future strategic objectives.

A presentation was also provided to explain what had been achieved, how it feels now in Community Services and what was hoped for in the future.

The Better Care Fund was a term to describe the pooling of health and care commissioning budgets across Sheffield Clinical Commissioning Group and Sheffield City Council and had been in operation for over three years.

It was the key enabler to bring about parts of the transformation of the NHS, the Local Authority and local communities via Shaping and Sharing Sheffield as articulated in the Sheffield Place Based Plan.

The Better Care Fund covered transformational programmes and business in the following workstreams;

- People Keeping Well;
- Active Support and Recovery;
- Ongoing Care;
- Independent Living Solutions;
- Mental Health;
- Urgent Inpatient Admissions;
- Disabilities Grant.

The Board were advised that the funding received in Sheffield to buy services had flat lined and cut, so it was increasingly difficult to buy all the services needed for the increase in demand. The CCG and SCC looked at what was currently spent and found that there was a lot of duplication across the services that were commissioned, if this was done jointly it could reduce the duplication. There was emerging evidence that it would be better to shift some funding which was spent on unnecessary high cost care and better use it on preventing people or reducing the need for high cost care.

People of Sheffield had also said that they wanted more joined up care, wished to be more in control of their care and did not want to be in hospital unnecessarily.

Sarah Burt, Interim Deputy Director of Delivery - Care Outside of Hospital, Sheffield CCG and Helen Kay, Operations Director, Sheffield Teaching Hospitals NHS Foundation Trust outlined some of the achievements through the Better Care Fund.

There had been a development of a new model for wound care in communities with collaborative working with the community nurses, tissue viability experts, primary care representatives and CCG colleagues to use local patient and staff experience and national guidance to design a model which would provide a more effective and sustainable model of care.

The Active Recovery Service which had both admissions avoidance and facilitated return to home function was currently undergoing a redesign process. The service had, had a separate health and local authority employed support worker workforce for many years, with the local authority team taking over from health once patients were at the point of just needing the usual treatment care.

It was recognised that this caused duplication and handovers which were unnecessary and difficult for elderly people, and over the past nine months the project team were working hand in hand from the consultation phase to arranging workshops and meetings to develop the recommendations for change and begin implementation.

The creation of a multidisciplinary community hub, to enable simple referrals to extra support if needed after discharge from hospital, was being discussed.

Elsewhere in the city a huge amount of work was ongoing to support person centred care planning. There were strong links with social prescribing services in practices, and in some areas of the city the health and wellbeing partnerships were providing a good range of services which primary care could directly access or access via social prescribing signposting.

Other targeted work going on in the Community was the 'Okay to Stay' and 'Virtual Ward' which helped people with long term conditions stay safely at home.

In addition to what was expected of the local authority and CCG, the services worked within a very challenging financial situation and the populations needs were increasing, so the aim was to utilise all the resources better and smarter and shift the focus on avoiding or reducing high cost care by doing much more, closer to or in people's communities/homes.

There was a consensus amongst the board members that the programme needed to be improved and the Board should set out more clearly what it expects of the Better Care Fund. Dr Tim Moorhead advised that moving money was difficult, so

it would not be easy to set a target on this, wider conversations would be needed around what budgets were set for different services and reflect on how the money was being spent.

Councillor Cate McDonald (Co-Chair) suggested that the points raised in today's discussion be taken forward to a further meeting to be arranged, after the feedback from the recent CQC review was available.

RESOLVED that the board;

- 1) discussed the opportunities for 2018/19 and noted the progress so far;
- 2) requests that the points raised be included in discussions at a further meeting to be arranged, after the feedback from the recent CQC review was available; and
- 3) agrees to receive a further report in November 2018.

7. MINUTES OF THE PREVIOUS MEETING

It was **RESOLVED** that the minutes of the meeting of the Board held on 27 July 2017 be approved as a correct record.

8. DATE OF NEXT MEETING

It was noted that the next meeting of the Health and Wellbeing Board would be held on Thursday 27 September 2018, starting at 3.00pm.

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