

Sheffield Health and Wellbeing Board

Meeting held 30 January 2020

PRESENT: Dr. Terry Hudson (Chair) – GP Governing Body Chair, Sheffield CCG
Nikki Doherty – Director of Deliver Care Out of Hospital, Sheffield CCG
Councillor Jackie Drayton – Cabinet Member for Children and Families, SCC
Greg Fell – Director of Public Health, SCC
Alison Knowles – Locality Director, NHS England
Councillor George Lindars-Hammond – Cabinet Member for Health and Social Care, SCC
John Macilwraith – Executive Director of People Services, SCC
Prof. Chris Newman – University of Sheffield
Judy Robinson – Healthwatch Sheffield
Sara Storey – Interim Director of Adult Services, SCC
Mark Tuckett - Programme Director, ACP
David Warwicker - Governing Body GP, Sheffield CCG

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Charlie Adan, Stuart Barton, Bryan Hughes, David Hughes, James Henderson, Lorraine Manley, Toni Schwarz, Lesley Smith and Councillor Paul Wood.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest made.

3. PUBLIC QUESTIONS

3.1 Councillor Douglas Johnson attended the meeting and asked the following questions on behalf of the Burngreave Clean Air Campaign.

1. Why are buses banned from the Northern General Hospital grounds?
2. What is being done about it?

3.2 Mike Hunter responded that he would supply an answer in writing.

3.3 Greg Fell stated that a number of queries had been received regarding this issue and would be answered in full.

4. HEALTHWATCH ANNUAL REPORT

- 4.1 Judy Robinson introduced the report and recommended that the Board read the Healthwatch England Annual Report that had been recently published. Healthwatch Sheffield had produced its own Annual Report for 2018/19.
- 4.2 Lucy Davis and Holly Robson presented the report and reminded the Board that Healthwatch had been established by legislation and received funding to operate. The aims of Healthwatch were to get the views of the users of health services and make recommendations.
- 4.3 Lucy Davis and Holly Robson gave a presentation which looked at the Annual Report and set out:
- The vision and purpose
 - Highlights from the year
 - How Healthwatch had made a difference
- 4.4 A Stories of Health exhibition had been held in the Winter Gardens and information and advice was given over the telephone. Healthwatch Sheffield was currently based in Voluntary Action Sheffield.
- 4.5 The challenges included how to effect change, how to value voices and experiences, how to obtain peoples' views to shape the commissioning process and how to effectively link voices across the city.
- 4.6 The 2020-2022 strategy was currently being written and would focus on specific priorities and include feedback from both individuals and organisations.
- 4.7 Councillor George Lindars-Hammond asked if Healthwatch felt that it was taking the place of health and social care complaints systems and was their work impacted by stress on the system. Holly Robson responded that some conversations were complaints and people valued the independence of Healthwatch, but it was not the best route for complaints.
- 4.8 Councillor Jackie Drayton said that Healthwatch were doing a good job. They had focussed on adults but had now broadened their scope as an organisation to hear everyone in the city. Young Healthwatch was fantastic. Healthwatch was valued and trusted in the city. It also provided an outlet for people who may have had a bad experience with the NHS but who didn't want to complain. How could Healthwatch influence without using peoples identity? She also thanked all of the volunteers for their hard work. Judy Robinson thanked Councillor Drayton for her comments and explained that there were a range of focus groups that people could attend to give their experiences.
- 4.9 Mike Hunter informed the Board that Healthwatch were invited to contribute and comment on the Health Trusts Annual Report and the Health Trust welcomed increasingly strong challenge.

4.10 **RESOLVED:** That, (1) in considering the questions set out in the report in relation to the Healthwatch Annual Report, the Board's answers be as follows:

1. *How are the board considering qualitative data coming from communities, alongside quantitative data when you plan an initiative or develop their work?* **The Board can steer and ask bodies to consider both qualitative and quantitative data when planning work.**
2. *How can you ensure that this happens in a timely way to enable it to have a true impact?* **The Board can look at quality data from a number of sources.**
3. *How does the Board make community engagement a consistent part of strategic planning?* **Community Engagement is part of the Health and Wellbeing Strategy.**
4. *How will you connect with Healthwatch in each of your own areas of work?* **That is for each individual body to consider.**

(2) the board considers qualitative data alongside quantitative data in all its work: where there is dissonance between the two, the importance of citizen voice and experience should not be put aside,

(3) new systems embed engagement at an early (question formation) stage, and;

(4) that Board consider how it can support services to respond to feedback from engagement and in particular, how it can embed ownership of resulting action in strategies and workplans going forward.

5. HEALTHWATCH STRATEGY ENGAGEMENT REPORT

5.1 Maddy Desforges presented the report which presented the findings of the Health and Wellbeing Strategy engagement work undertaken by Voluntary Action Sheffield (VAS) and Healthwatch.

5.2 The engagement work had listened to the views of citizens on health and wellbeing. There had been a focus on seldom heard voices. The engagement had been carried out where people congregated, including the Beach and the Moor Market. Three key questions were asked at the feedback events. There were:

- What do you love most about Sheffield?
- What don't you like?
- What would you change?

5.3 The Board was informed that items such as dying well did not feature much in the feedback, but people were concerned about public transport, getting about and

using open spaces.

- 5.4 George Lindars-Hammond stated that he was glad that people were talking widely about things and asked whether there were any areas where Healthwatch would like to engage in a different way. Maddy Desforges said that it would be helpful to engage the community before the next strategy was written, which would help inform the direction of the strategy.
- 5.5 There were concerns regarding the effect of austerity on cohesion and resilience. Physical green spaces were good for health and wellbeing, but activities in those spaces had been cut.
- 5.6 Judy Robinson noted that people sometimes got lost in the system and Healthwatch tried to help them navigate through it. It had been agreed that Healthwatch would provide quarterly qualitative feedback.
- 5.7 Councillor Jackie Drayton said that although funding had been cut to outside activities, the Council was not very good at communicating what was actually being carried out. The community sector was making use of the spaces, but more information needed to be available to the public.
- 5.8 **RESOLVED:** That, (1) in considering the questions set out in the report in relation to the Healthwatch Strategy Engagement Report, the Board's answers be as follows:

1. *What are your reflections on feedback to date? **As detailed above.***
2. *How can the engagement report and findings best be used to shape the next phase of work on the strategy? Specifically within that;*
 - *To inform planned workshops. **To be determined by individual bodies.***
 - *To link back into the next phase of the engagement work to inform/refine the approach. **To be determined by individual bodies.***
3. *Are there specific next steps the board would like to see in terms of engagement? **Look at adult mental health and public transport.***
4. *How will the Board respond to the challenge where key messages don't align with the ambitions as described in the strategy? **The Strategy should be fluid and responsive to changes in public ambition.***

(2) the information and intelligence gathered is actively used within the next phase of the Strategy development,

(3) the report is used to inform the discussion and action within the upcoming workshops, and;

(4) the Board notes and reflects on the findings, particularly where the key findings don't align directly to the ambitions as described in the strategy.

6. JOINT HEALTH AND WELLBEING STRATEGY UPDATE

- 6.1 Greg Fell presented the report which briefed the Board on progress made towards implementation of the Joint Health and Wellbeing Strategy. The report also set out a proposed programme of discussions for 2020, focused on each of the ambitions contained within the Strategy to be led by specific individuals and supported by a relevant Board Member.
- 6.2 Councillor George Lindars-Hammond welcomed the approach and felt that it could be challenging as in order to review the success of one ambition, may rely on the success of another.
- 6.3 Councillor Jackie Drayton said that there was a need to remind people what was already being done. The Strategy was not the beginning, but was building on successes already in place. Terry Hudson (Chair) felt that this was an important point and the Board should celebrate what had been achieved.
- 6.4 Alison Knowles supported the approach and requested that a fourth column be added to the table to include the peoples voice.
- 6.5 Councillor George Lindars-Hammond stated that the role of the Health and Wellbeing Board was to recognise what had already been done, what was being done well and things that were important to Sheffielders.
- 6.6 **RESOLVED:** That in considering the questions set out in the report in relation to the Joint Health and Wellbeing Strategy Update, the Board's answers be as follows:
1. *Does the Board set out the approach set out in the report? **Yes.***
 2. *Does the board agree with the named leads and sponsors identified? **Yes.***
 3. *Does the Board support the broad approach to developing a Strategy performance framework? **Yes.***
 4. *How would the Board like to prioritise the ambitions in terms of Board agendas? **To be set through the Steering Group.***

7. BETTER CARE FUND UPDATE

- 7.1 Jennie Milner attended the meeting and presented the report. The Better Care Fund (BCF) update built on the information provided at the previous meeting.
- 7.2 Jennie Milner informed the Board that the BCF programme was on track for Quarter 3. Delayed Transfer of Care (DTC) statistics had maintained for 15 months. Next years' plan was currently being developed.
- 7.3 Sara Storey asked whether the targets were the correct ones as in the past, a lot of time had been spent chasing numbers and negative experiences should also

be reflected. Jennie Milner responded that it was only possible to measure things that could be counted, it was not possible to measure the impact that the voluntary sector had had on DTOC.

7.4 Nikki Doherty congratulated Jennie Milner who had changed the dynamic of the BCF Team. Consideration needed to be given to how the BCF had responded to the CQC inquiry and how it could listen to patient voices.

7.5 Councillor George Lindars-Hammond felt that the metrics were better than before, but there were weaknesses in terms of funding. There was a need to look at the Joint Commissioning approach and encourage the role of the Health and Wellbeing Board in the process.

7.6 **RESOLVED:** That, (1) in considering the questions set out in the report in relation to the Better Care Fund Update, the Board's answers be as follows:

1. *How does the Health and Wellbeing Board wish to influence and support the Joint Commissioning Plan for 2020/21? **A rhetorical question for the Board to consider.***
2. *What additional assurance would Health and Wellbeing Board like to receive to be reassured that the financial position for each of the Better Care Fund themes is understood and being managed by the Commissioning organisations? **Reassurance from the Joint Commissioning Committee.***
3. *Are there any particular Better Care Fund themes which the Board would like to be prioritised in future updates? **Prevention and investment in communities.***

(2) the Quarter 3 submission be retrospectively approved for submission to the NHSE and LGA,

(3) the actual financial position to Month 8, of £0.959m overspent, be noted,

(4) the forecast outturn position, as calculated at Month 8, of £1.564m overspent, be noted,

(5) the KPI information available at the time of writing the report, be noted,

(6) the approval of the 2019/20 plan and actions to be taken to sign off section 75, be noted,

(7) actions required to seek assurance on financial balance at the end of the year be considered.

8. MINUTES OF THE PREVIOUS MEETING

- 8.1 **RESOLVED:** That the minutes of the meeting held on 26th September 2019 be approved as a correct record.

9. DATE AND TIME OF NEXT MEETING

- 9.1 It was noted that the next meeting of the Health and Wellbeing Board would be held on Thursday 26th March 2020 at 3pm, in the Town Hall, Sheffield.

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