SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 10 December 2020

PRESENT: Councillor George Lindars-Hammond (SCC) (Chair)
Terry Hudsen (GP Governing Body Chair, Sheffield CCG)
Councillor Dawn Dale (SCC) (Substitute Member)
Greg Fell (Director of Public Health, SCC),
Judy Robinson (Healthwatch)
Eleanor Rutter (Consultant in Public Health, SCC)
John Doyle (Director of Strategy and Commissioning, SCC)
Maddy Desforges (Chief Executive Officer, Voluntary Action Sheffield)
Mike Potts (Health and Social Care Trust)
Mark Tuckett (Director, ACP)
Simon Verrall (South Yorkshire Police)
Sandie Buchan (Sheffield CCG)
Dan Spicer (Strategy and Partnerships Manager, SCC)
Rosie May (Development Officer, SCC)

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Jackie Drayton (Sheffield City Council), Brian Hughes (Sheffield CCG), Dr David Hughes (Sheffield Teaching hospitals NHS Foundation Trust), Dr Mike Hunter (Sheffield Health and Social Care NHS Foundation Trust), Alison Knowles (NHS England), John Macilwraith (Sheffield City Council), Laraine Manley (Sheffield City Council), Dr Zak McMurray (Sheffield CCG), Prof Chris Newman (Sheffield University), Dr Toni Schwarz (Sheffield Hallam University), Lesley Smith (Sheffield CCG), David Warwicker and Councillor Paul Wood (Sheffield City Council).

2. DECLARATIONS OF INTEREST

2.1 Dr. Terry Hudsen declared an interest in agenda item no. 4 – NHS Sheffield CCG Commissioning Plan.

3. PUBLIC QUESTIONS

3.1 No public questions were received.

4. NHS SHEFFIELD CCG COMMISSIONING PLAN

4.1 Sandie Buchan from Sheffield Clinical Commissioning Group (CCG) attended the meeting and presented the report.

4.2 The CCG Commissioning Plan had recently been refreshed and the new plan detailed work that had been undertaken and challenges ahead. The plan also included the Better Care Fund Programme and aligned with the Health and

Wellbeing Board Strategy and the Accountable Care Partnership (ACP) objectives.

4.3 Terry Hudsen noted the different way to bring commissioning together and hoped that the stronger position would reassure the Board.

4.4 Judy Robinson asked how the Commissioning Principles would involve the people of Sheffield and noted that there were opportunities for different provision within the Home Care Sector.

4.5 Sandie Buchan informed the Board that the CCG engaged with and collected feedback from the public. The Plan steered and monitored delivery of services and feedback was an integral part of development and delivery. The CCG looked at all opportunities available and was working with Sheffield City Council (SCC) to see what was available, including within the independent sector.

4.6 Maddy Desforges welcomed the focus on health inequalities and felt that it showed top down service delivery. There was a need to work with communities to look at assets and work from the bottom up. People needed to focus on wellbeing.

4.7 Sandie Buchan responded that the CCG wanted to do more on health inequalities and this was ongoing development work.

4.8 Terry Hudsen stated that that the report was important as it mapped the organisational commissioning intentions. There was also a need to articulate its ambitions. Public engagement was always tricky, but it should be noted that the CCG had been rated outstanding for the last 12 months for its engagement.

4.9 Questions for the Health and Wellbeing Board:

1. Do the CCG commissioning intentions assure the Health and Wellbeing Board the actions will address the priorities of the Health and Wellbeing strategy? **Yes**
2. Are the 2020/21 aligned commissioning intentions between Sheffield CCG and Sheffield City Council the right focus to continue to progress? **Yes**
3. Are there any gaps within the commissioning plan to ensure delivery of the Health and Wellbeing objectives? **No**
4. Does the Board agree to delegate approval of the Better Care Fund expenditure to Chairs subject to the next public meeting? **Yes**

4.10 **AGREED** that:-

1. The Health and Wellbeing Board is assured on the alignment of Sheffield CCG's commissioning intentions to the objectives of the Health and Wellbeing strategy;

2. The Health and Wellbeing Board be assured on progress with Joint Commissioning Intentions; and

3. The Health and Wellbeing Board provide an update on the Better Care Fund

planning process.

5. COVID-19 RAPID HEALTH IMPACT ASSESSMENTS

5.1 Eleanor Rutter attended the meeting and presented the report.

5.2 The Chair reminded the Board that the Rapid Health Impact Assessments had been discussed at the previous meeting and the report was now in front of the Board.

5.3 Eleanor Rutter reminded the Board that the Rapid Health Impact Assessments were the work of 100's of people. The work had been commissioned in May as there was a need to document the impact of the pandemic and the responses to it. This had created an evidence base from which to move forward. Concerns had been raised that there were too many recommendations which were too disparate and far-reaching. Work had been undertaken to alter the wording and help the Board engage.

5.4 The Chair said that the recommendations could be used to implement the Health and Wellbeing Strategy and asked if the Health and Wellbeing Strategy needed to be modified to align with the recommendations.

5.5 Mark Tuckett said that the report was to be shared on the Accountable Care Partnership (ACP).

5.6 Terry Hudsen said that he was happy with the recommendations and there was a need to share them with all partners. It was also incumbent on commissioning organisations to consider the recommendations. He also thanked all those involved.

5.7 **AGREED** that the Health and Wellbeing Board:-

(1) note, the impact on health and wellbeing identified in the RHIAs;

(2) Notes the recommendations made by practitioners in the field and those contributing to the RHIA;

(3) Note the action taken already in response to the pandemic, which have been identified in the RHIA;

(4) Commit to considering those recommendations as part of our approach to implementing the Health and Wellbeing Strategy and give due consideration to whether any of the 9 objectives outlined within the strategy need modifying in the future in response to the learning from the RHIA. This ties in to the learning produced during the summer workshops with respect to: learning from the crisis response; new opportunities; new challenges and the changing context; and the strategic role of the Board;

(5) Commit to sharing the recommendations with partners (some of whom may

sit outside the immediate sphere of influence of the Board) and;

(6) In relation to point 5 above, commit to receiving ongoing feedback from or engaging in dialogue with partners regarding those recommendations.

6. HEALTHWATCH UPDATE

6.1 Judy Robinson gave a verbal update on the work of Healthwatch. Some of the immediate feedback was not research but was an indication of what was coming.

6.2 Further to John's Campaign regarding visiting people in care homes there had been 23 responders in Sheffield. Only five carers had received regular updates from the care home, 11 had received no update at all. This showed the importance of communication and there was a need for a link for families to be able to maintain communications with care homes. A full report was to be published, but services needed to reflect on how communication could be maintained.

6.3 A report was being published about carer's and GP services. This was an area which needed to be looked at as carer's were vital.

6.4 Dentistry was a common issue during the pandemic. Healthwatch was trying to obtain guidance from the Dentistry Council as the lack of access to dental care had a knock on effect to health.

6.5 Healthwatch were currently asking for information on BAME maternity services.

6.6 Another area that had been repeatedly reported on was interpreters in hospitals for deaf people. The situation was not changing.

6.7 Full reports on the subjects were available on the Healthwatch website., along with information on how they thread into future planning.

6.8 Terry Hudsen expressed his disappointment that dentistry was still difficult to access and noted that although the was no representative of NHS England present at the Board, but this would be fed back to them.

6.9 The Chair noted that the issue had been raised with the Healthier Communities and Adult Social Care Scrutiny Committee and there was a need to strengthen the relationship with the Committee.

6.10 Judy Robinson welcomed the discussion and work around guidance on risk and visiting care homes.

6.11 **AGREED** that the update be noted.

7. HEALTH AND WELLBEING BOARD AND ENGAGEMENT

7.1 Dan Spicer and Rosie May attended the meeting and presented the report.

7.2 Dan Spicer informed the Board that a review had taken place of the Boards ways of working in 2016/17 and it was felt that the approach to engagement was not delivering. Steps had been taken to address the issue. A small commission to increase engagement was given to Healthwatch and Voluntary Action Services. Covid-19 had reinforced the fact that engagement was not delivering, particularly with regards to Public Health England reports and the Board needed to take further steps to increase engagement. A Citizens Panel had been established, but there was a need to avoid a piecemeal approach.

7.3 Rosie May asked the Board for a steer on what the ambitions were for more engagement and which groups did the Board want to hear more from. There was a need to look at how to coordinate health engagement across the city and ensure that engagement has an impact on decision making. A working group was required and there was a need to ensure that evidence was available to show that the Board had listened and taken action.

7.4 Councillor Dawn Dale asked what could be done regarding the lack of BAME and young people representation on the Board.

7.5 The Chair felt that this was a valid question that the Board needed to tackle. There was a need to break down barriers and get to a place where the Board was reaching out as far as it could.

7.6 Maddy Desforges agreed and said that action needed to be taken sooner rather than later. If the Board was to ask for views, it needed to be prepared to invest time and commitment. There would be a need to be realistic and make time to aggregate the information gathered and commit to taking action as a consequence of feedback received.

7.7 Judy Robinson felt that it was important to look at what we already know and thread what we have learnt through future plans. The CCG has Statutory Regulations on consultation. The Board did need to be more representative and meet more in the community.

7.8 Greg Fell said that the report was good and he agreed that there was a need for a working group. It was important to build on the strengths and bring new voices to the discussions.

7.9 Terry Hudsen endorsed the report and asked how did we know who we needed to hear from. It was important that it was not just Board members on the Working Group, but a broad range of people.

7.10 The Chair also endorsed the report and agreed that representation needed to be wrapped up with future engagement. The Terms of Reference and engagement needed to be looked at in conjunction.

7.11 **AGREED** that an Engagement Working Group be established to develop a coherent proposal for consideration at the Board's March 2021 public meeting.

8. MINUTES OF THE PREVIOUS MEETING

8.1 **AGREED** that the minutes of the meeting held on 24th September 2020 be approved as a correct record.

9. DATE AND TIME OF NEXT MEETING

9.1 The next meeting of the Health and Wellbeing Board would be held on Thursday 25th March 2021.