Public Document Pack

Sheffield Health and Wellbeing Board

Sheffield City Council • Sheffield Clinical Commissioning Group

Thursday 24 September 2015 at 2.00 pm

Town Hall

The Press and Public are Welcome to Attend

Membership

Councillor Julie Dore	Leader of the Council
Dr Tim Moorhead	Chair of the Clinical Commissioning Group
Dr Nikki Bates	Governing Body Member, Clinical Commissioning Group
Maggie Campbell	Healthwatch Sheffield
Councillor Jackie Drayton	Cabinet Member for Children, Young People and Families
Idris Griffiths	Clinical Commissioning Group
Stephen Horsley	
Councillor Mazher Iqbal	Cabinet Member for Communities and Public Health
Alison Knowles	NHS England
Councillor Mary Lea	Cabinet Member for Health Care and Independent Living
Jayne Ludlam	Executive Director, Children, Young People & Families

Sheffield City Council

Laraine Manley	Executive Director, Communities
Dr Zak McMurray	Clinical Director, Clinical Commissioning Group
John Mothersole	Chief Executive, Sheffield City Council
Dr Ted Turner	Governing Body Member, Clinical Commissioning Group

Sheffield City Council

SHEFFIELD'S HEALTH AND WELLBEING BOARD

Sheffield City Council ● Sheffield Clinical Commissioning Group

Sheffield's Health and Wellbeing Board started to meet in shadow form in January 2012 and became a statutory group in April 2013. The Health and Social Care Act 2012 states that every local authority needs a Health and Wellbeing Board. It is a group of local GPs, local councillors, a representative of Sheffield citizens, and senior managers in the NHS and the local authority, all of whom seek to make local government and local health services better for local people. Its terms of reference sets out how it will operate.

Sheffield's Health and Wellbeing Board has a formal public meeting every three months as well as a range of public events held at least once a quarter.

Sheffield's Health and Wellbeing Board has a website which tells you more about what we do. www.sheffield.gov.uk/healthwellbeingboard

PUBLIC ACCESS TO THE MEETING

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Meetings are normally open to the public but sometimes the Board may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information please contact Jason Dietsch on 0114 273 4117 or email jason.dietsch@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

SHEFFIELD HEALTH AND WELLBEING BOARD AGENDA

Sheffield City Council ● Sheffield Clinical Commissioning Group

24 SEPTEMBER 2015

Order of Business

SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of:	Joe Fowler, Director of Commissioning, Sheffield City Council and Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield CCG
Date:	24 September 2015
Subject:	Sheffield's Joint Health and Wellbeing Strategy: report on actions and progress
Authors of Report:	Louisa King *and others*, 0114 273 6815

Summary:

The Joint Health and Wellbeing Strategy is Sheffield's overarching city strategy in all matters relating to health and wellbeing. It has five outcomes which it is looking to achieve for the city of Sheffield, and the Health and Wellbeing Board has a role in overseeing progress on the delivery of the outcomes of the Strategy.

This report provides an overview of what has happened over the last few months under each outcome. There is much that is happening which is positive. However, there is not improvement in outcomes across the piece, and Board members are encouraged to consider the areas where progress is not readily apparent.

Recommendations:

Health and Wellbeing Board members are invited to:

- Thank those who have been working hard over the last year to deliver some of the actions set out in the Strategy
- Consider the areas set out in the 'High-Level Outcome Indicators' part of the report which require particular attention
- Agree the proposals for a response from the Board as set out in the final slide
- Consider any opportunities for coordination and integration of pieces of work
- Support the ongoing programme of needs assessment.

Background papers:

Sheffield Joint Health and Wellbeing Strategy 2013-18: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/joint-health-and-wellbeing-strategy.html.

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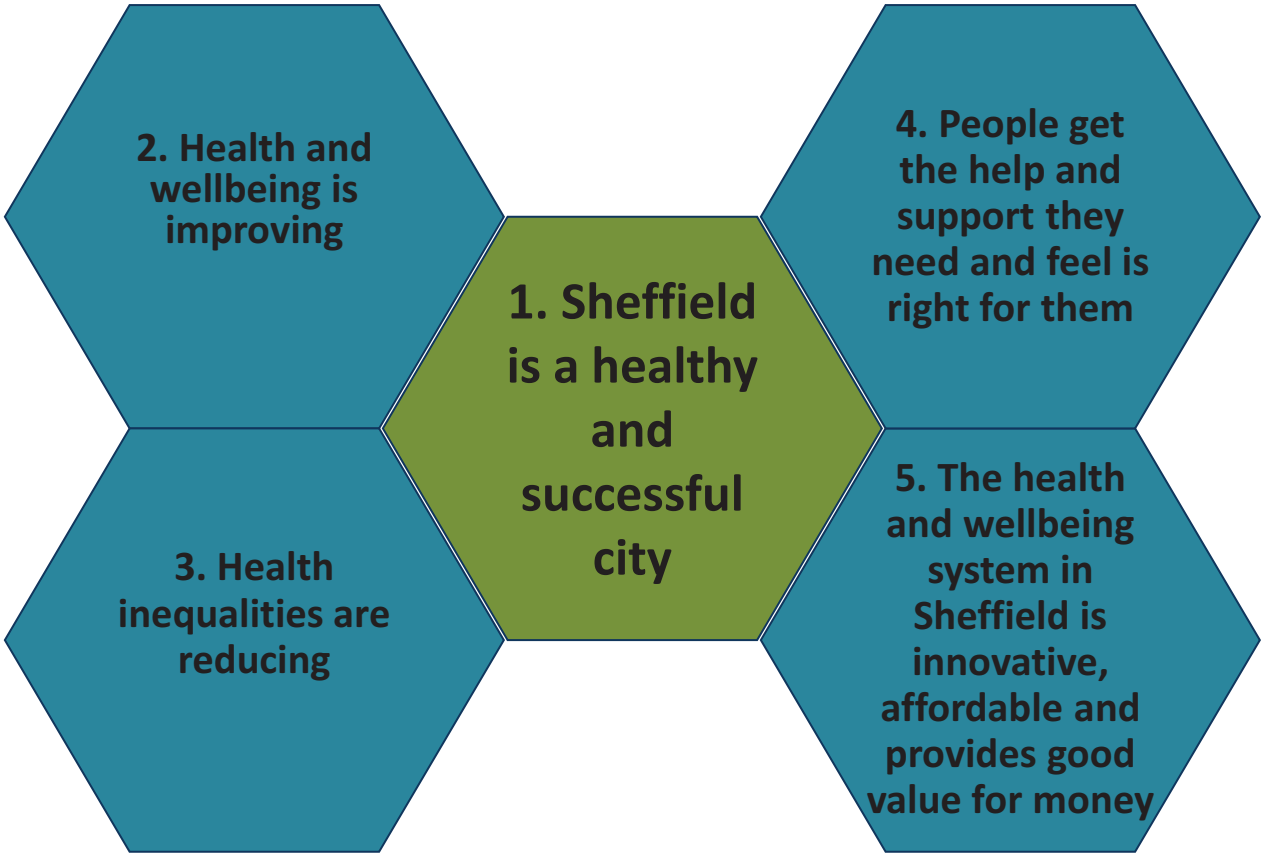
Sheffield's Joint Health and Wellbeing Strategy: report on actions and progress

September 2015

The Joint Health and Wellbeing Strategy: a series of interconnected pieces that help Sheffield people stay healthy and well for longer

Monitoring the Joint Health and Wellbeing Strategy:
what are we aiming to do in Sheffield?

Our outcomes:



This pack will:

- *Update Board members on progress with the actions of the strategy*
- *Report on indicators which monitor whether Sheffield people's health and wellbeing is improving*
- *Provide information about work being done to develop the evidence base for health needs and interventions*

Tackling the root causes of poor health and wellbeing: what's happened?

Outcome 1: Health and wellbeing is improving

Education and skills attainment:

- Education and business links continue to be strengthened through the *Made in Sheffield* curriculum
- *Make:Learn:Share* sees ICT Young Ambassadors, supported by employers and the University of Sheffield, teach coding, physical computing, robotics and app development, with six secondary schools now delivering in their feeder primaries
- A Sheffield City Region working group has been established to take forward the government's new Enterprise Adviser Pilot to promote education-business links in all schools and colleges, the development of a Careers Portal to provide access to high quality labour market information, advice and guidance, and a strategy to raise attainment in STEM subjects (science, technology, engineering and maths) across the city-region
- Planning approval has been granted for the city's second University Technical College which is set to open in September 2016
- *Skills Made Easy*, the city-region's apprenticeship service developed in support of the City Deal, has created almost 2,000 additional apprenticeships in those small and medium size enterprises that had not previously taken an apprentice, with over a third of these being in manufacturing
- Sheffield Futures, supported by the Council, has secured a £1m social impact bond investment in targeting those Key Stage 4 students most likely to disengage from education and, subsequently training and employment

Creating new employment pathways:

- Sheffield Futures is coordinating the delivery of the Talent Match programme targeted at young people furthest from the labour market
- The Council has commissioned demonstration projects designed to significantly increase employment outcomes for vulnerable groups including those with learning difficulties and disabilities, those from BME communities, young offenders, care leavers and young parents, with a view to building the evidence base for a Public Service Reform proposal
- An Employer Charter and good Employer Code of Practice are being developed to encourage and recognise employers who seek to improve the health and wellbeing of their staff
- The Council, CCG and JCP have collaborated to develop an ESA (Employment Support Allowance) pilot aimed at supporting GPs to refer individuals to back to work programmes

Work with Sheffield City Region and the Core Cities on linking up employment and health:

- Work is underway with the LEP to establish the changes needed across the employment and health systems in the Region which will reduce health and disability related unemployment, increase Region productivity and decrease overall welfare costs. A delivery programme with LEP and health and wellbeing partners will be established over the next 3 months

Tackling child poverty:

- A draft needs assessment was developed and used in conjunction with an evidence review and consultation to develop a city-wide Tackling Poverty Strategy. This was presented in draft to the Health and Wellbeing Board in February 2015 and individual member organisations from the HWB contributed commitments to the action plan and these were approved by those member organisations
- The Strategy is now approved and runs to 2018. Further work has now begun on developing additional activity to achieve greater impact (as set out in the Strategy) to add to the action plan

Work to address fuel poverty:

- A fuel poverty strategy is in draft, with consultation underway and a public seminar expected in November

Improving health and wellbeing: what's happened? (1)

Outcome 2 – Health and wellbeing is improving

Embedding emotional wellbeing and mental health in Sheffield

- We have agreed a Sheffield Strategy for Mental Health, and incorporated plans from a range of partners towards its delivery
- The '5 Ways to Wellbeing' are promoted in the Council's Corporate Plan, and have begun to be reflected in commissioning approaches
- Suicide has been increasing in Sheffield at a faster rate than in England and a Suicide Prevention Plan is in development

Supporting children and young people's emotional development

- A school based emotional wellbeing and mental health pilot model is being delivered in 30 Sheffield schools from September 2015
- A new Executive Group has been established and is responsible for developing the local Future in Mind Transformation Plan which is being submitted to the Department of Health in Sept/Oct 2015

Implementing the Parenting Strategy

- Parenting delivery in Sheffield is delivered at a universal level as well as specific targeted programmes for parents need additional support. Approximately 60 parenting group programmes are delivered per year across the city with approximately 600 parents benefiting. Some work is provided in GP surgeries and there is partnership work with CAMHS
- Teen Violence against parents pilot programme delivered between MAST and Youth Justice Team
- Over the coming year, work will include a parenting programme for female survivors of domestic abuse, partnership delivery with CAMHS for parents of children referred with attachment issues, development of the locality model to ensure parents can access parenting support at a preventative stage

Reducing tobacco use

- Sheffield City Council continues to commission a comprehensive tobacco control programme . The stop smoking service has enabled 478 people to quit so far this year
- Smoke free homes and cars continue to be promoted and a consultation on smokefree children's playgrounds was launched over the Summer. A recent media campaign focussed on stopping smoking during pregnancy and Stoptober will be the next high profile media campaign
- Work continues on removing cheap/illicit tobacco from neighbourhoods and working with magistrates to ensure there is a sufficient deterrent to trading in cheap/illicit tobacco. The Tobacco Control Board continues to monitor and respond to emerging evidence on tobacco and nicotine products

New approaches to food

- A procurement exercise was undertaken for the following services which are all now fully operational:
    - 0-4 Early Years Healthy Weight (Start Well). The service is receiving positive feedback from professionals and parents
    - Children and Young People's Healthy Weight service (Alive N Kicking), Tier 1 and Tier 2 Adult Healthy Weight Management service (Why Weight Sheffield), and Tier 3 Adult Weight Management Service (Why Weight Sheffield) all became operational in April 2015
- The above programmes sit within a wider framework of preventative services and initiatives such as the Move More Plan, Food Strategy, Best Start Strategy, Health Service for School Age Pupils (School Nursing), Activity Sheffield, Health Trainers etc.

Improving health and wellbeing: what's happened? (2)

Outcome 2 – Health and wellbeing is improving

Programmes to reduce harm and provide treatment for those abusing alcohol or drugs

- Drug treatment services contracts which commenced on 1 October 2014 have been operational for almost one yearSheffield performs better than the national average for number of alcohol specific hospital admissions under 18s but worse in alcohol specific mortality among males. To address this and other issues, a Sheffield Alcohol Strategy 2016-2020 which will go to Cabinet in December 2015. Alcohol treatment services are soon to be commissioned for a contract start date of 1 April 2016
- The Drug Interventions Programme (DIP) continues to provide an effective link between the criminal justice and substance misuse treatment.
- An electronic screening tool created by the current alcohol treatment provider has been further rolled out across Sheffield. Alcohol screening is now done as standard by a number of non substance misuse specialist services
- The Novel Psychoactive Substances (NPS 'legal highs') multi-agency steering group has continued to implement its strategic plan
- The young people's substance misuse service has developed a school drugs policy
- CRI won the 'What About Me' contract to support young people affected by parent or carer substance misuse this year. This operates in partnership with Sheffield Young Carers service and Interchange emotional wellbeing
- Seizures of illegal (counterfeit) alcohol have reduced significantly, with the work done by DACT and Trading Standards to raise awareness of the impact of buying or selling counterfeit alcohol shortlisted for a Ministry of Justice award in early 2015

Prioritise and focus attention on cancer and cardiovascular disease

- A South Yorkshire Cancer Strategy group is developing solutions to resolve problems and inform future developments to reduce variation in referrals and emergency presentation, between primary and secondary care. The group is also highlighting and addressing current and future issues identified within the Cancer Strategy for England 2015-2020 to improve cancer outcomes for our residents
- Sheffield CCG will also be leading on a piece of work looking at cancer waiting times (inter-trust transfers / timed pathways) which will include the wider South Yorkshire CCG and Providers
- A new familial hypercholesterolemia clinic is being established in the genetic heart disease specialty at Sheffield Teaching Hospitals NHS FT, which includes genetic testing and familial cascade screening (in association with Sheffield Children's Hospital). The specialty was successful in a competitive bid for a British Heart Foundation award to support getting it off the ground which the CCG has undertaken to commissioning recurrently thereafter
- The CCG and STH Sheffield Atrial Fibrillation special interest group developed local policy and guidelines on anticoagulation and stroke prevention, which has seen a sizable fall in AF strokes. This work is continuing – there will be a further guideline, decision support aids and education events
- A citywide audit related to post-Acute Myocardial Infarction treatments has prompted a clinical improvement programme starting in the autumn
- Discussions are occurring around formulating plans for a large-scale restructuring of GP referral pathways into secondary care, starting with cardiology as one of the trailblazers

Reducing health inequalities: what's happened?

Outcome 3 – Health inequalities are reducing

Using data to understand health inequalities and inform approaches to tackling them

- Considerable progress has been made on the following Health Needs Assessments: Carers; Roma Slovak; Learning Disabilities; Mental Health; Homeless. All of these are due for completion over autumn 2015. The evidence they produce will be used to support the development/update of commissioning plans that lead to improved health within these disadvantaged communities

Work to strengthen community resilience and social capital

- Sheffield Executive Board has developed and approved a framework for building resilient communities, based around five guiding principles. It is now for individual organisations to consider how their approach to their areas of work can best meet the requirements of the framework, working together across the city in doing so
- A range of community programmes have made a difference to improving the health and wellbeing of individuals and communities. There has been an increase in connections across communities building local assets increasing opportunities to increase independence and individuals' control of their own health and wellbeing. This work has reached more vulnerable groups and increased opportunities for volunteering, training and employment

Build coherent, joined-up city localities

- There is work going on across a number of fronts that contributes to the health and wellbeing agenda in localities. This covers planning, transport, education, business and community groups. The initiatives include working on Locality Plans for Woodside and Manor Top, work to deliver new sustainable homes through the Sheffield Housing Company, the planning and provision of new public realm and green spaces, work around the ageing city agenda with the University of Sheffield, and bidding to government for major funding through OLEV to address air quality issues

Support groups that struggle to access services to access them

- The CCG and the Council have agreed an action plan to reduce inequalities in access to services, which is being led by Public Health. Work is progressing to develop and test good practice principles and guidance, involving wider stakeholders as appropriate.

Help children to get the best possible start in life

- The Best Start Sheffield Strategy has been finalised and a launch event is planned for October 2015. Best Start ensures action to address each of these priorities across Early Years.
- The Children's Health and Wellbeing Board are also considering the introduction of a new Community Child Health workstream to address lifestyle and risk taking behaviours (including obesity, substance misuse, alcohol and sexual health). Through this work there is citywide prioritisation of activity to improve children's attunement and attachment in early years and significant service redesign across Children's Centres

Commission disease-specific interventions to tackle poor health in groups that have worse health

- CCG commissioning intentions include the development of liaison psychiatry (between MH and physical health services), promotion of physical health in MH services, adoption of RFT project 4. The CCG's Health Inequalities plan includes review of this programme of work.

Focussing on Sheffield people: what's happened?

Outcome 4 – People get the help and support that they need and feel is right for them

Integration of health, social care, education and housing

- The Integrated Commissioning Programme continues to progress. People Keeping Well and Active Support and Recovery projects in particular will lead to integration of support and care for people and we are working with providers on both, designing services together and developing procurement strategies that maintain partnership between providers and between commissioners and providers

Integrate planning and support for children with complex needs and disabilities

- Education, Health and Care plan pathways have been implemented
- A joint needs assessment underway to inform joint commissioning of services
- The design of services for those aged 0-25 is in progress

Improve access to GPs

- The CCG is supporting Primary Care Sheffield in implementing the Prime Minister's Challenge Fund, testing new ways of accessing GP services to improve access.

Develop new approaches to offering information and advice

- The Sheffield Directory is being launched in autumn 2015 which will be a new portal providing information and advice
- Further work is also being developed on areas such as advocacy and self-assessment

Promote active citizenship and health literacy

- Practice Champions have now been funded for another year. This work has increase improved health and wellbeing and increased self-management of long term conditions. It has developed the capacity and assets of local communities and led to more appropriate use of NHS and other services

Ensuring people's views are taken into account in service commissioning and provision

- The CCG has carried out active engagement on urgent care, elective care, and the redesign of muskulosketal services
- Engagement has been carried out on a vision for health and social care in 2020
- The Council has launched CitizenSpace, a new hub for consultation and engagement
- Healthwatch Sheffield have been involved in a number of projects

Using patient/service user experience as a significant measure of quality

- Since April 2015, a CCG Patient Experience Strategy and plan has been developed and resources identified to recruit to a Quality Manager to take this forward and establish strong processes to both understand and improve patient experience of NHS services in Sheffield. Recruitment will take place in September and it is expected that the post will not only strengthen patient feedback systems, working closely with the communication and engagement teams within the CCG, but maintain and improve effective relationships with all our providers and stakeholders

Sheffield 2020: system change: what's happened?

Outcome 5 – the health and wellbeing system is innovative, affordable and provides good value for money

Develop joint commissioning between health and social care

- A pooled budget of c£290m has been established, which is managed by an integrated Executive Management Group across the Council and CCG

Address city-wide causes of high hospital use

- The Active Support and Recovery and People Keeping Well workstreams of the Integrated Commissioning Programme are both aimed at reducing the need for urgent hospital care and providing alternatives to hospital care where that is better for the patient

Increase the use of more targeted approaches to help people stay at home, be healthy for longer and avoid hospital and long-term care

- A number of staff have been recruited as part of the Transformation Challenge Award with a focus on helping people to stay well in their local communities. 95% of GP practices are engaged with this approach. This work is on target to bring in over £1million for vulnerable older people via successful Attendance Allowance claims. An evaluation plan has been agreed with Sheffield University
- There has been further development of multi-disciplinary teams and use of risk stratification

Make best use of available and emerging technology

- Sheffield is submitting a bid to be an NHS England "test- bed" - an initiative establishing relationships between health and care providers and innovators in technology, aimed at testing new technologies

Commission a basic training programme for all frontline workers that raises the profile of public health, mental health and safeguarding issues

- We have a plan in place for public health organisational development and the capacity to deliver training and evaluate the work. The first phase of Healthy Conversations course has been delivered to frontline council staff in the Council. To date 5 courses have been delivered to 65 learners
- Work is underway to develop an 'Introduction to Health and Wellbeing (Public Health) Elearning Package for Council staff

Commit to working with VCF organisations

- The city's Thriving VCF Leadership Group has organised a cross-sector event on supporting people with mental health problems to live independently. Planning is also underway to plan for an event to raise awareness in the sector about support for people experiencing domestic abuse
- Work has continued under the Thriving VCF Leadership Group regarding commissioning and contracting and in particular good progress has been made on co-producing a common understanding and ideas regarding how to use Social Value criteria in tenders
- A range of other areas of work help to ensure linkages are made and local intelligence and resources are deployed effectively

Seek efficiency from providers with putting people's safety or experience at risk

- NHS contracts continue to require provider efficiency gains every year. The CCG continually seeks efficiency in, for example, prescribing and care placements
- The Council continues to achieve efficiencies through negotiations with providers. There is an explicit programme of work to reduce our reliance on higher cost providers

High-level outcome indicators (1)

The Health and Wellbeing Board has chosen a range of indicators which will shoe if, and how, health and wellbeing in Sheffield is improving. The table and chart below shows how the health of people for Sheffield compares with England. The average rate for England is shown as the vertical black line, which is always at the centre of the chart.

Confidence intervals not available ○

Sheffield is statistically WORSE than England 🔴

Sheffield is statistically THE SAME as England 🟡

Sheffield is statistically BETTER than England 🟢

Outcome		Indicator	Date of Data	England	Sheffield	Sheffield Trend	England Worst	Spine Chart
Healthy and Successful City	1	Children in Poverty (HMRC) (all depedent children under 20), %	2012	18.58	22.91	↑	39.03	
	2	Gross income (annual), £	2014	22,044	19,658	↓	16,126	
	3	Long Term unemployment, aged 16-64, %	2015	0.60	0.90	↑	3.00	
	4	16-18 year olds not in education, employment or training (NEETS), %	2014	4.67	5.90	↑	9.00	
	5	School Readiness - proportion of children achieving good level of development at end of Reception, %	2013/14	60.4	59.5	↓	41.2	
	6	Achieving GCSE 5A*-C inc. Eng. & Maths, %	2013/14	53.4	53.9	↑	35.4	
	7	Homelessness Acceptances (unintentionally homeless and in priority need), per 1,000 households	2013/14	2.32	3.41	↑	12.55	
	8	Air Pollution: mortality attributable to particulate air pollution, %	2012	5.10	4.70	↑	8.30	
Health and Wellbeing Improving	9	Life Expectancy at Birth Male, Years	2011-2013	79.4	78.8	→	74.3	
	10	Life Expectancy at Birth Female, Years	2011-2013	83.1	82.4	→	80.0	
	11	Mortality rate from causes considered preventable per 100,000 population, DASR per 100,000 population	2011-2013	184	202	↓	320	
	12	Infant Mortality Rate (three year), per 1,000 live births	2011-2013	3.98	4.15	↑	7.11	
	13	Adults (18+) with Depression, %	2013/14	6.52	7.43	↓	12.39	
	14	Adult smoking prevalence from the Integrated Household Survey (age 18+), %	2013	18.4	17.6	↑	29.4	
	15	Children in Year 6 (age 10-11) Overweight and obese, %	2013/14	33.5	33.4	↑	43.8	
	16	Alcohol attributable hospital admissions, DASR per 100,000 population	2013/14	645	718	↓	1,231	
	17	Breastfeeding prevalence at 6-8 weeks after birth, %	2013/14	45.8	49.5	↑	19.4	

High-level outcome indicators (2)

The Health and Wellbeing Board has chosen a range of indicators which will shoe if, and how, health and wellbeing in Sheffield is improving. The table and chart below shows how the health of people for Sheffield compares with England. The average rate for England is shown as the vertical black line, which is always at the centre of the chart.

Confidence intervals not available ○ *Sheffield is statistically WORSE than England* 🔴

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Health Inequalities	18	Slope Index of Inequality for Life Expectancy Male, Years of life	2011 - 13	9.14	9.73	↑	17.27
	19	Slope of Index Inequality for Life Expectancy Female, Years of life	2011 - 13	6.90	6.90	↑	11.45
	20	Excess Winter Deaths Index (3 years, all ages), %	Aug 2010 - Jul 2013	17.44	13.62	↓	26.99
	21	Excess Under 75 year old mortality in Adults with Serious Mental Illness, DASR per 100,000 population	2012/13	347	381	↓	564
Care and Support When Needed	22	Percentage of people reporting a 'very good' or 'fairly good' experience of their GP surgery, %	2013/14	85.7	85.0	↑	71.5
	23	Potential years of life lost (PYLL) from causes considered amenable to healthcare, DASR per 100,000 population	2013	2,510	3,272	↓	3,627
	24	Emergency admissions for acute conditions that should not usually require hospital admission, DASR per 100,000	2013/14	1,196	1,462	↑	2,287
	25	One-year survival from breast, lung and colorectal cancer, %	2012	70.5	73.0	↓	64.1
	26	Proportion of people using social care who receive self directed support, %	2013/14	61.9	63.1	↑	25.3
	27	People using adult social care who have control over their daily life, %	2013/14	76.8	74.2	↑	61.2
	28	Older people (65+) still at home 91 days after discharge from hospital into re-ablement/rehabilitation services, %	2013/14	82.5	84.8	↓	50.0
	29	Permanent Admissions to nursing/residential care (65+ per 100,000), per 100,000 population	2013/14	651	678	↑	1,256
	30	Delayed transfers of care from hospital, per 100,000 population	2013/14	9.60	15.60	↓	27.00

The evidence base (1)

The following pieces of work have been carried out or are being carried out to help us understand the evidence of what people need and what works:

Outcome 1

- **Poverty:** A new strategy is being drafted, following detailed needs assessment, and has recently been out to consultation.
- **Welfare Reform:** Sheffield Hallam University was commissioned to provide detailed information on the impacts of the benefit reforms across Sheffield's households. The report, which was published in autumn 2014, forecast that the most vulnerable, especially single parent families are likely to be hardest hit and adding to concerns that the relatively high proportion of children living in poverty in Sheffield will increase.
- **Food Poverty:** As part of the evaluation of the new food strategy, mapping of food poverty in Sheffield (using MOSAIC groups) was undertaken to provide insight and evidence to support appropriate and meaningful targeted action.
- **Environment:** The 2014 Director of Public Health report focused on health and climate change. Good progress is being made on implementing the recommendations.
- **Community Wellbeing:** A new programme is being commissioned to support and strengthen community resilience and social capital in Sheffield's most vulnerable and deprived neighbourhoods and communities. Delivery and evaluation of the programme will be underpinned by our work with the University of Sheffield to develop and collect evidence to support measuring service and wellbeing outcomes.
- **Domestic and Sexual Abuse:** A highly detailed data profile for Sheffield was presented to the Domestic Abuse Strategic Board in March 2015. This work represented the first update to the *'Supporting document for Domestic Abuse Commissioning in Sheffield',* which was published in September 2013.

Outcome 2

- **Preventable Mortality:** Analysis of variation in relation to the main causes of ill health and early death in the City is currently underway. As part of this analysis, in-depth disease specific needs assessment is being undertaken in relation to cancer, liver disease and chronic obstructive pulmonary disease. A key focus for the work is 'preventable years of life lost' where the aim is to ensure prevention and early intervention programmes achieve maximum impact on reducing premature death and increasing healthy life expectancy.
- **Infant mortality:** The highly detailed analysis for the Council's infant mortality strategy (relating to risks, causes, trends and patterns) was fully updated in July 2015. This also provided the data appendix to the annual child death report to the Sheffield Child Death Review Panel.
- S**ensory Impairments:** A Health Needs Assessment was published in August 2014, providing a high level analysis of hearing and vision impairments nationally and in Sheffield. In the context of an ageing population, it recommended making sight loss a top public health priority alongside issues such as dementia and obesity. It also identified hearing loss as a major public health issue and forecast a significant growth in cases of deaf-blindness over the next 20 years, largely driven by general demographic change.
- **Emotional Wellbeing of Children and Young People:** An assessment of children and young people's emotional wellbeing and mental health needs was published in September 2014 and is being used to inform the direction of the Emotional Wellbeing and Mental Health Strategy for the City and future design and commissioning of services.
- **Children with Complex Needs**: Commissioned by the CCG and published in August 2014, this health needs assessment identified: the numbers of children and young people with LDD and other complex health needs in Sheffield and predicted future trends based upon diagnostic profile and DDA criteria; current and future needs in order to inform appropriate planning and delivery of services and; health and wellbeing needs across the different groups of children and young people in the City.

The evidence base (2)

The following pieces of work have been carried out or are being carried out to help us understand the evidence of what people need and what works:

Outcome 3

- **Mental Health**: A Health Needs Assessment (focussing on adults) is currently being undertaken based on a detailed data profile commissioned from University College London. It will aim to highlight the size, impact and cost of mental health services and interventions and identify key opportunities to improve population mental health through a coordinated approach between primary care, secondary care, social care and public health.
- **Learning Disabilities:** A comprehensive Health Needs Assessment (focussed on the life course) of the estimated 11,000 people with learning disability in Sheffield is currently being undertaken. Early results suggest Sheffield has a much higher than average level of case finding. This means that using national projections could lead to under-estimation locally unless appropriate adjustments are made.
- **Carers**: A Health Needs Assessment is being updated to reflect the 2011 Census data. There have been some changes to the profile of carers during this most recent Census period that may influence commissioning priorities. This will be highlighted in the HNA.
- **Homeless:** A Health Needs Audit is being undertaken using a national survey tool (Homeless Link) and administered, on a face to face basis, by local providers. Due to the support of delivery partners we are well on target to achieve the 350 first phase sample. This will be followed by a second 'booster' phase to ensure the sample appropriately reflects the profile of local service users. We are on target for a report in October 2015.
- **Roma Slovak**: A qualitative based Health Needs Assessment is currently underway which includes asset based development work with local community members as well as a series of in-depth interviews with GP practices, health visitors and other health and social care staff.

Outcomes 4 and 5

- **Innovation for Improvement:** A research funding bid, focussed on empowering people to take control over their own health and wellbeing and helping them to make healthier lifestyle choices, was submitted to the Health Foundation in June 2015. The bid will provide an opportunity to join up GP person-centred care planning processes with Health Trainer provision. If successful the work would commence in January 2016.
- **End of Life Care:** A health equity audit has recently been completed. Key findings included: referrals to hospice for people from BME groups is proportionate when compared to the percentage of people in Sheffield over 65 from BME groups; demand for EoLC services for this population will increase dramatically over the next 20 years as the percentage of people over 65 from BME groups rises; more people are going to die in nursing homes in the future so we must make sure nursing home staff are trained in how to deal with complex issues and how to give high quality end of life care for people with physical and psychological illness.
- **Pharmaceutical Needs Assessment:** The PNA was published in April 2015. It concluded that community based pharmacy services in Sheffield are meeting the health and wellbeing needs identified in our JSNA although a number of areas where further health gain could be achieved were noted.
- **People Keeping Well:** The University of Sheffield has been commissioned to undertake a detailed evaluation of this strand of Sheffield's Better Care Fund programme. This will include economic evaluation using the New Economy Manchester cost benefit analysis methodology.
- **Care Homes:** A Health Needs Assessment of older people's wellbeing in residential care made a number of recommendations for improving health and care in relation to three key themes: mental wellbeing in care homes; public health wellbeing approaches and dignity in care.
- **Making Every Contact Count:** A 'Healthy Conversations' half day training course is being delivered to Council staff. To date five courses have been delivered to 65 learners. Forty two of these learners are taking part in a research project funded by the Sheffield Hospitals Charitable Trust in partnership with the School of Health and Related Research and the Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber. The research project will support evaluation, monitoring impact and sharing good practice.

What does the Health and Wellbeing Board need to do in response to this update?

Connecting

- Consider if there are **opportunities for integrated, joined-up working and collaboration** between different areas of work
- Connect approaches to **tackling health inequalities** and **improving information and advice provision** with approaches to **tackling poverty** and **improving educational attainment**

Influencing

- Continue to promote and support the strategic relevance of work to improve **emotional wellbeing**
- Advocate **citywide, cross sector sign up to prevention**
- Ensure **VCF organisations are involved** in developing outcomes frameworks and need assessments
- Continue to promote **Public Service Reform**
- Prioritise **funding for VCF organisations and support capacity and capability building** in the sector around issues that help to deliver the Board's priorities

Programmes of work

- Consider how members of the Health and Wellbeing Board and those in their networks can support the curriculum design, development and launch of the **University Technical College for Human Sciences and Digital Technologies**
- Identify key actions that Board members and their networks can take in **supporting vulnerable 16-24 year olds to progress** in education, employment or training, such as the development of all-age provision for those with learning difficulties and disabilities and improved engagement with Children's and Adolescent Mental Health Services
- Note and support the development of **all age approach to learning disabilities**
- Endorse the **Sheffield Alcohol Strategy 2016-2020** and supporting recommendations to explore further joint commissioning to provide a city-wide response to alcohol
- Endorse the **schools drugs policy**, approved by the Sheffield Safeguarding Children Board, and encourage schools to take a safeguarding and educational approach to the use of substances alongside any disciplinary action

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SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of:	Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group
Date:	24 September 2015
Subject:	Progress in Transforming Care for People with Learning Disabilities
Author of Report:	Pamela Coulson, 0114 305 1107

Summary:

In May 2011, a BBC Panorama programme exposed staff abuse of patients with learning disabilities at Winterbourne View, a private mental health hospital. The government responded with a commitment to transform services for people with learning disabilities or autism who had challenging behaviour or a mental health condition.

In December 2012 The Department of Health published “Transforming Care: A National Response” and the accompanying “DH Winterbourne View – Concordat: Programme of Action” (the concordat). The concordat set out 63 Transforming Care commitments with the central commitment being by 1st June 2014, anyone with a learning disability and challenging behaviour whose care would be appropriately delivered in the community should be moved out of hospital.

The Government did not meet its central goal of moving people with learning disabilities and challenging behaviour out of hospital by 1 June 2014, because it underestimated the complexity and level of challenge in meeting the commitments in its action plan.

The Government commissioned Sir Stephen Bubb to consider how a mandatory national framework – The Transforming Care Programme – could be implemented nationally and delivered locally, to achieve the growth of community provision to move people out of inappropriate institutional care.

This report provides an update of the progress to date in Sheffield on the implementation of Transforming Care for people with a learning disability.

Recommendations:

The Health and Wellbeing Board is asked to keep an oversight of the work in the city on Transforming Care relating to adult and children's service delivery and commissioning.

Reasons for Recommendations:

This is a national mandatory programme of work. Therefore oversight of the Board is to:

- Ensure senior officer awareness of the Transforming Care agenda
- Ensure that progress continues against the action plan for the city
- To ensure transformational change in line with the programme aspirations of care provided in the least restrictive environment and closest to home.

Background Papers:

- Winterbourne View – Time for Change (2014)
- Transforming Care for People with Learning Disabilities
- Sheffield's Learning Disability Commissioning Strategy

PROGRESS IN TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES

1.0 SUMMARY

1.1 Winterbourne View Concordat is now incorporated into the national “Transforming Care” agenda.

1.2 Whilst the initial programme requirements of the original Concordat are completed in relation to the return of the identified cohort of people for local repatriation and data collection for this time period, there will be a requirement for continued city wide collaboration to safeguard this population.

1.3 This will be achieved by ensuring that the right services are available at “the right time in the right place,” as defined by Sir Stephen Bubb, in his report “Transforming Care, the national update for the Winterbourne Concordat.

1.4 The programme requires continued collaborative commissioning and provision of services across Children and Adults Directorates, given the newer obligations outlined in Transforming Care. New groups are being constituted within the city to progress this work, with identified leads across the NHS Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC.)

1.5 SCC LD Commissioning Strategy reflects the requirements of “Transforming Care” and detailed implementation plans are being developed. This includes progressing improved access to general needs housing, building business cases for new build one bedroom apartments, and deregistration of a number of registered residential care homes to supported living arrangements.

1.6 The Better Care Fund and Integrated Commissioning agenda, particularly the Ongoing Support work stream and the emerging Whole of Life Learning Disability Strategy provides an opportunity for greater coordination and collaboration to meeting the needs of the learning disabled population across the lifespan, and helping to deliver the transformation expected by Sir Stephen Bubb.

1.7 The work will require extended joint working with NHS England and other regional Clinical Commissioning Groups and Local Authority commissioners, relating to the implications of the responsible commissioner guidance.

1.8 Transforming Care requires continued high level leadership by Executive Directors, and scrutiny of the Safeguarding Boards to ensure our focus remains on meeting the needs of this vulnerable group of people.

1.9 There is more work to be done to ensure that joint processes across Health and Social Care commissioning and provision work effectively to safeguard against people being cared for in inappropriate settings which do not meet their needs. This includes streamlining processes for preventing mental health and learning disability hospital admissions, supporting more timely hospital discharges, and ensuring reviews are done in a timely and effective manner, to safeguard people with complex needs.

1.10 We need to maintain a vigilance and joint recognition that learning disability assessment and treatment in inpatient hospital settings are not homes, and we need to reduce both admission rates and lengths of stay when people do need a period of admission.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

2.1 In December 2012 The Department of Health published "Transforming Care: A National Response" and the accompanying "DH Winterbourne View – Concordat: Programme of Action" (the concordat). The concordat set out 63 Transforming Care commitments with the central commitment being by 1st June 2014, that anyone with a learning disability and challenging behaviour whose care would be appropriately delivered in the community should be moved out of hospital.

2.2 As of July 2013 Sheffield had a total of 18 adults funded in out of city placements:

- Of those 18 placements 12 people were placed by NHS England Specialist Commissioners;
- The remaining 6 people, who were the responsibility of Sheffield commissioners were identified as having the potential to be repatriated to Sheffield;
- All 6 of those individuals returned, with 5 of the 6 being returned within the target timescale;
- It took until March 2015 for the final person to return, due to the complexity of their support needs.

3.0 WHAT WE ARE DOING

3.1 "Transforming Care for People with Learning Disabilities – Next Steps" (January 2015), written in response to Sir Stephen Bubb's report "Winterbourne View – Time for Change" (2014) sets out the actions to progress transformation.

Below are the main priorities and what we are doing for the people of Sheffield.

3.2 **Empowering people and their families by giving them the means to challenge their admission or continued placement in inpatient care through an admission gateway process and Care and Treatment Reviews, to reduce the number of admissions and speed up discharges.**

A Care and Treatment Review brings in two advisors, one clinical and one expert by experience plus a representative of the responsible CCG with the aim to act as a "critical friend" by supporting the individual and their family to have a voice and to support the team working with them to identify the blocks which are preventing a discharge.

In Sheffield we are rolling out a programme of Care and Treatment Reviews to become "business as usual" with people currently placed out of city and in city within the Intensive Support Service inpatient beds being identified for this process.

One person out of city has been identified as being ready for transfer in to a more appropriate setting. The Community Enhancing Recovery Team is working with NHSE Specialist Commissioners to develop a transfer pathway for this individual.

We are progressing the recruitment of a social worker to work an identified team of clinicians to enable Care and Treatment Reviews to function more effectively.

Care and Treatment Reviews will also be expected to take place prior to any admission to hospital to ascertain whether there is an alternative to an inpatient stay. When there is an emergency admission a review will take place within two weeks.

3.3 **Getting the right care in the right place by working with local authorities and other providers to ensure that high quality community-based alternatives to hospital are available, meaning more people can get the support they need close to home.**

Sheffield City Council has a new Learning Disability Commissioning Strategy which has been developed in line with local and national policies, with a focus on providing high quality care that promotes independence, social inclusion, choice, and provides best value. The strategy reflects the requirements arising from the Winterbourne investigation to provide stronger local community based services based on co-production, community building, a capability based approach, integrated services and personalisation.

Following the approval of the commissioning strategy, the City Council and partners have since agreed to develop a strategy based on whole life, asset based approach to ensure social and economic inclusion within the city for people with learning disabilities.

We have a joint (CCG and SCC) working group developing plans for accommodation in the city to ensure that people have good access into mainstream housing options. In addition, we are working in partnership to develop business cases for a number of new build one bedroom flats to ensure that the range of choice for people will meet demand, now and in the future. NHS SCCG successfully bid for regional capital to support the SCC accommodation strategy, and have recently applied for further regional capital funding from NHS England, the outcome of which is currently expected.

NHS Sheffield CCG and Sheffield City Council are working in partnership to review short breaks and respite provision in both Adult Services and Children and Young People's services. This aims to reduce carer/family stress and breakdown, which in turn can lead to out of city placements.

3.4 **Driving up the quality of care by tightening the regulation and inspection of providers, including closing poor quality settings and preventing inappropriate new settings from opening.**

Sheffield City Council have already put in place quality assurance arrangements for those people living in private rented accommodation which will be put in place across the full range of accommodation supply to ensure that people are living in appropriate and good quality accommodation.

The City Council established a Framework Agreement preferred list of providers in autumn 2014 which sets out standards and quality requirements for all supported living services. SCC are also planning to establish a Framework Agreement for meaningful day time activities promoting innovation, diversity and quality which will be available for Council arranged services and for people who are in receipt of direct payments.

The CCG and SCC work closely together to ensure that the monitoring and quality assurance of all provision is both robust and effective. We are currently reviewing these arrangements with a view to ensuring that people who use services and their family carers are fully engaged and that their views and experiences are key to our feedback to providers. We have also increased resources available to work with providers to improve quality.

All CQC reports are scrutinised by the monitoring team and follow up action instigated when required.

3.5 **Strengthening accountability for improving outcomes by reforming contracts, including giving commissioners the ability to fine providers who fail to meet care standards or an individual's personal objectives.**

SCC are currently reviewing contract management arrangements and a workshop was held in August with all our providers to promote this approach.

3.6 **Increasing workforce capability by working with patient and carer groups to address gaps in skills, best practice and staff awareness of learning disabilities and mental health problems.**

We are exploring options in how we can engage service users and carers in developing best practice. The Learning Disability Partnership Board is developing a Service Improvement sub-group of service users and carers.

A Supported Living Forum has been developed to raise awareness and drive up good practice.

3.7 **Improving the amount of data and information collected and shared by public agencies to ensure that a person's outcomes and destinations are monitored, and that local public services can be held to account for their progress.**

Sheffield CCG is working with Local Authority and Sheffield Health and Social Care Trust to develop a register of people who are 'at risk of admission' and will closely maintain and monitor this with all agencies through a subgroup of the Transforming Care Steering Group.

Sheffield CCG submits data to the Assuring Transformation "Clinical Audit Platform" which is the new reporting mechanism. This is being managed by the national Health and Social Care Information Centre, and has been introduced to collect data on all adults with a learning disability or with an autistic spectrum condition who are in a

mental health hospital bed or learning disability hospital bed whether in city or out of city.

In addition to this the CCG has to report fortnightly to NHS England on patients who were in hospital and out of city as of 1st April 2014 to enable them to track discharges and delayed discharges.

4.0 GOVERNANCE STRUCTURE

4.1 Nationally this work will be spearheaded by the Transforming Care Delivery Board which is made up of senior representatives from each organisation responsible for delivery.

4.2 In response to “Assuring Transformation – A Time for change – The next steps”, the former “Winterbourne Steering Group”, with leadership from Kevin Clifford, Chief Nurse, NHS Sheffield Clinical Commissioning Group, and Phil Holmes Director of Adult Services, has recently reformed as the Transforming Care Steering Group, and membership is being reviewed.

4.3 This group is refining the “Transforming Care Action Plan”, to give a renewed focus to the development of a joint citywide strategy relating to the care of people with complex needs arising out of learning disability with autism, behaviour that challenges services to support and mental health conditions.

5.0 RECOMMENDATIONS

The Health and Wellbeing Board is asked to keep an oversight of the work in the city on Transforming Care relating to adult and children’s service delivery and commissioning.

6.0 REASONS FOR THE RECOMMENDATIONS

This is a national mandatory programme of work. Therefore oversight of the Board is to:

- Ensure senior officer awareness of the Transforming Care agenda
- Ensure that progress continues against the action plan for the city
- To ensure transformational change in line with the programme aspirations of care provided in the least restrictive environment and closest to home.

Pamela Coulson, NHS Sheffield CCG

Barbara Carlisle, Sheffield City Council

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SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of:	Maggie Campbell, Chair of Healthwatch Sheffield
Date:	24th September 2015
Subject:	Update on September 2014's the 'Mental Health – A Snapshot' report by Healthwatch Sheffield
Author of Report:	Vicky Cooper, 0114 253 6689

Summary:

Healthwatch Sheffield (on behalf of the Health and Wellbeing Board) presents an update on the views of those who attended the Health and Wellbeing Board's Engagement Event in July 2014.

Recommendations:

- That the Health and Wellbeing Board note the progress made and the areas where it is felt improvement has not yet been seen
- 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
- That Healthwatch revisit this exercise again in 12 months' time and use a focus group or other face to face method to boost response rates.

Background Papers:

The responses that individuals gave to the questions asked are available on request.

UPDATE ON SEPTEMBER 2014'S 'MENTAL HEALTH – A SNAPSHOT' REPORT BY HEALTHWATCH SHEFFIELD

1. INTRODUCTION

In July 2014 Healthwatch Sheffield hosted an Engagement Event on behalf of the Health and Wellbeing Board on Mental Health. Eighty people attended the event, during which we gathered a wealth of feedback on what works and what doesn't in Mental Health throughout the city. As part of this work we wrote a report which was presented at the Health and Wellbeing Board in September 2014. The key findings were as follows:

What did most people say would most improve Mental Health in Sheffield?

- Joining up services and Information sharing between agencies
- Support for paid and unpaid carers
- Improved information and communications
- Training for staff and volunteers
- Person Centred Care

What did they feel are the current barriers to this?

- Not getting access to services, or getting the right service
- Waiting too long for a service, or not getting help early enough
- Limited resources – staff, time, money, facilities, services
- Having physical and mental needs treated separately
- Lack of integration and communication between services

2. FOLLOW-UP FROM THE EVENT

One of the things we offered to do in this report was offer some indication of the distance travelled as a 12 month follow-up.

What did we do?

We contacted as many people as we could who had originally attended the event in 2014. This was over 90% of people, the remainder did not provide contact details, had moved or passed away. We asked them a simple set of questions about last year's findings and asked them to rate whether things had got better, stayed the same, or got worse.

What did we find?

The response rate to this exercise was very low. Despite several follow up emails, only 12 people responded to the survey. The responses were as follows:

- **Joining up of services and information sharing**

An equal proportion of people felt that this had got worse/better/stayed the same. There was no clear response to this question.

- **Support for carers**

The majority of people (50%) felt this had got worse or much worse. 5 people felt this had stayed the same, and only 8.3% felt this had improved. This area saw no clear perception of improvement.

- **Information and communication**

Roughly equal proportions of people felt that this had got worse, stayed the same or got better. There was no clear response to this question.

- **Training for staff and volunteers**

More people thought this had stayed the same or got better (63.7%) than got worse. People felt that this area had improved in the last 12 months.

- **Person Centred Care**

More people thought this had stayed the same or got better (58.3%) than got worse. One person felt this had got much better (one of only two 'got much better' responses in the survey. People felt this area had improved in the last 12 months.

- **Access to Services**

The majority of people 91.7% felt they had seen no improvement in getting access to services. This area saw no perceived improvement.

- **Waiting Times**

91.7% of people also felt they were still waiting too long for services and didn't get help early enough. This area saw no overall improvement, although one person had rated this as 'got much better.'

- **Not enough staff, money, time, services or facilities**

91.7% of people felt things had got worse or stayed the same. There was no perceived improvement.

- **Treating people's mental and physical needs separately**

A roughly equal proportion of people told us this had got worse, stayed the same and got better. There was no clear answer to this question.

- **Lack of communication between services**

The majority of people (58.3%) felt this had stayed about the same.

Other comments

People were offered the opportunity to tell us anything else they would like to. There were some comments about particular places or services (e.g. changes in Forest Close), and some comments which seemed to indicate acknowledgement that positive change was taking place e.g. "progress is very slow and improvements almost imperceptible, but that is better than rushing in and making unhelpful changes." A full transcript of all responses is available in the appendix.

3. CONCLUSION

There is an acknowledgement by most respondents that some areas have seen positive change, and that others have not worsened. Four areas have not seen any perceptible 'on the ground' improvement. These are;

- Support for carers
- Access to services
- Waiting times
- Lack of resources

It is also clear that people did not feel the same need to respond to a survey as speak to us at an engagement event. The low response rate is disappointing and a learning point may be to conduct any subsequent follow-ups as focus groups.

4. RECOMMENDATIONS

- That the Health and Wellbeing Board note the progress made and the areas where it is felt improvement has not yet been seen
- 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
- That Healthwatch revisit this exercise again in 12 months' time and use a focus group or other face to face method to boost response rates.

SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of:	Maggie Campbell, Chair of Healthwatch Sheffield
Date:	24 September 2015
Subject:	Review of citizen/service user engagement on strategic partnership boards
Author of Report:	Carrie McKenzie, 0114 253 6690

Summary:

Healthwatch Sheffield (on behalf of the Health and Wellbeing Board) has carried out a review citizen/service user engagement on strategic partnership boards in the City. The report outlines our findings.

Questions for the Board:

- How can the Health and Wellbeing Board work more effectively with Partnership Boards?
- How can citizens/service user representatives be better supported to improve their voice and influence at a strategic level?

Recommendations:

- That the Health and Wellbeing Board note the findings of this report and that it is shared with the Chairs of the Partnership Boards
- The Health and Wellbeing Board explore ways in which they can have more formal or structured links with the Partnership Boards
- Request that Chairs of the Partnership Boards look at ways in which they can better support Citizen Representatives.

Background Papers:

More detailed responses that individuals gave to the questions asked included as an Appendix to this report.

REVIEW OF CITIZEN/SERVICE USER ENGAGEMENT ON STRATEGIC PARTNERSHIP BOARDS

1.0 SUMMARY

1.1 Healthwatch Sheffield (on behalf of the Health and Wellbeing Board) has carried out a review citizen/service user engagement on strategic partnership boards in the City. We asked them about their work over the past 12 months and how citizens and service user representatives feed into this.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

2.1 The report explores the extent and value of citizen/service user voice at strategic levels in the city across the key strategic partnerships

3.0 CITIZEN/SERVICE USER ENGAGEMENT ON STRATEGIC PARTNERSHIP BOARDS

3.1 **Methodology**

The report provides an overview of the responses of the Chairs of each of the Partnership Boards. The Boards we contacted were; Mental Health Partnership Board (MHPB), Carers and Young Carers Board (CYCB), Partners for Inclusion (PfI) and the Learning Disabilities Partnership Board (LDPB).

Chairs were asked to provide: an overview of the key work areas of your board over the past 12 months, highlight the key messages that have come out of the partnership board and some ideas where the Health and Wellbeing Board can make a difference. We also asked that they encourage the citizen/user representatives on their Board's to complete an online survey (paper copies were available on request).

3.2 **Responses from chairs**

All of the Chairs provided an overview of the outcomes achieved, the key work areas and the key messages. Copies of each of the responses are available on request.

Mental Health Partnership Board (MHPB)

Key messages from the Board are that mental health has to be high on everybody's agenda, and the Board offers the opportunity for multi-agency input into strategy development. The link between adult and children's services is essential and service users and carers are a valuable resource.

Where the Health and Wellbeing Board can make a difference:

The Health and Wellbeing Board recognises the MHPB as the place where city wide strategy for adult mental health services and support are developed, and receives reports from MHPB when it feels it necessary. From a MHPB perspective, the Health and Wellbeing Board can support when there is a product requiring endorsement, as was the case with the recent Mental Health Strategy.

Carers and Young Carers Board

There are several standing items which are critical to the Board achieving its key outcomes, including the implementation of the Care Act and Children's and Families Act, and a development of a Carers' Strategy for the City.

Where the Health and Wellbeing Board can make a difference:

- Support the revised Carers Strategy
- Carers should be seen as a partner in future policies and work
- Carers should be recognised as a vulnerable health group that need support to look after their own health.

Partners for Inclusion

There were concerns regarding funding and the lack of involvement of key partners, with no senior officer from either Sheffield City Council (SCC) or health services attending as members or taking any responsibility for the partnership. In addition, the Board finds it frustrating that a Pan-Disability Board has not been established.

Where the Health and Wellbeing Board can make a difference:

- Consider the inequalities between the partnership boards, with PfI receiving less funding and officer time than other boards
- Consider a direct link between the partnership boards and the Health and Wellbeing Board
- Champion the needs of people with physical, sensory and cognitive impairments.

Learning Disabilities Partnership Board

The Chair highlighted 8 issues that the Board has influenced in the past year. The creation of the Learning Disabilities Service Improvement Forum (a reference group of service users, carers and officers) has freed the Board to reaffirm a strategic role for itself and allowed it to focus on broader issues.

Where the Health and Wellbeing Board can make a difference:

- A steer or some level of "Authority" from the Health and Wellbeing Board could be helpful to the LDPB to progress items and also for the Health and Wellbeing Board to use it as a resource

3.3 **Responses from citizens**

Citizen Representatives sit on each of the Boards, although their roles vary depending on the Terms of Reference and how the Boards function. All are ultimately to offer their views and experiences. The table below demonstrates the numbers of Citizen Representatives as outlined in the Terms of Reference. Not all of these representatives attend these meetings. Healthwatch Sheffield also has representation on these Boards but that has been considered separately.

Partnership Board	**Citizen Representatives**
Mental Health Partnership Board	6 service users and 3 carers
LD Partnership Board	9 service users with LD, 1 young person's representative, and 4 family carer representatives
Carers &Young Carers Partnership Board	2 adults and 2 young carers
Partners for Inclusion	10 community representatives
Total Number of citizen representatives	**37**

We received 11 responses to the survey (a third of all representatives), and a copy of all the responses is available on request. Citizens were asked the following questions:

1) What areas have been addressed or are progressing well?

Citizen Representatives on each Board identified areas that had been addressed or progressing well. Reference was made to work that is ongoing and restructuring that is taken place.

"All areas noted have been addressed"

"Recently the way experts by experience have been treated is improving"

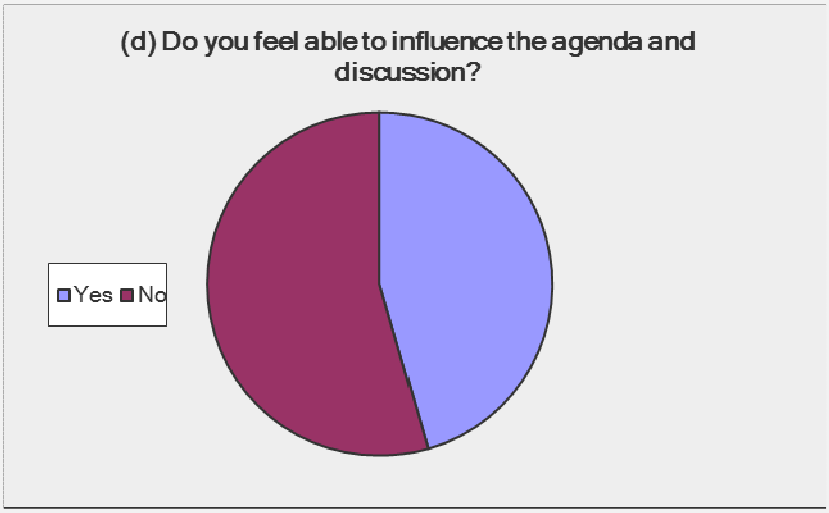
2) What areas are outstanding or unresolved?

All citizen representatives reported that areas remained outstanding or unresolved. Some related to the programme of activity and others to how the partnership Boards were run.

"There needs to be a more equal dynamic which includes everybody's opinions"

"On going consultation regarding the strategy has not been joined up working between adult carers element and young carers element - concerned that could lead to fragmented strategy"

3) Do you feel able to influence the agenda and discussion?



It is of concern that 55% of citizen representatives felt unable to influence the agenda and discussion of partnership boards. Respondents expressed frustration and concern that they don't see much progress and that engagement isn't always well structured.

"Everyone is given equal opportunity to do so. However, I am conscious my impact is minimal due to a) being a relatively new member of the Board, b) being a service user and therefore not involved at all in most of the issues being discussed/ticked off."

4) What would you say is your Board's greatest achievement?

There were some positive responses to this in particular the restructuring on the Carers and Young Carers Board, especially the agenda setting meetings, the fact that Mental Health Partnership Board will make minutes available online, and PfI members have continued to press for recognition of the needs of disabled people with physical, sensory and cognitive impairments. Negative responses included *"didn't know", "cannot say"* **and** *"Boredom"*.

5) What has frustrated you, if anything?

It was clear that all citizen representatives did feel frustrated about their role on the Boards. This included their involvement (or lack of), funding, frequent change of chairperson, not utilising their skills and experience, lack of training and support.

Other frustrations centred on delivery of activity including not having achieved a Pan-Disability Board and the slow pace of strategy development or measurable achievements as well of lack of attendance of key players, lack of action between meetings and lack of reporting structure to the Health and Wellbeing Board.

"*Lack of meaningful involvement in terms of co-production and appreciating the skills and experience of service users and carers views"*

"Discussions which don't result in actions"

6) What works well?

Citizen Representatives cited that the liaison between the various organisations works well, location, the Chair, that citizens are still willing to support the Board with their time and energy, well serviced meetings and that they are made to feel welcome.

Others were less positive: *"Nothing" "Not a lot" "Don't Know"*

7) What works less well?

These included lack of liaison/involvement with service users and not listening to people. Concerns were also raised around the lack of ongoing dialogue and engagement with partners/health professionals, constant changing of Chairs.

"I don't think everybody gets listened to and people's opinions are sometimes snubbed"

8) What do you think could make it better?

Suggestions include induction and training for citizen representatives, more co-production, and more resources to enable service users to be representative.

In terms of how Boards operate, representatives wanted independent, consistent Chair people who hold members to account this could be service user or expert by experience. They wanted better outcomes as well as regular attendance from key senior managers who can influence the improvement of services.

"There may be reasons for not having any outcomes, or decisions, it would be helpful to know"

4.0 QUESTIONS FOR THE HEALTH AND WELLBEING BOARD

- How can the Health and Wellbeing Board work more effectively with Partnership Boards?
- How can citizens/service user representatives be better supported to improve their voice and influence at a strategic level?

5.0 RECOMMENDATIONS

- That the Health and Wellbeing Board note the findings of this report and that it is shared with the Chairs of the Partnership Boards
- The Health and Wellbeing Board explore ways in which they can have more formal or structured links with the Partnership Boards
- Request that chairs of the Partnership Boards look at ways in which they can better support Citizen Representatives

APPENDIX

SHEFFIELD HEALTH AND WELLBEING BOARD – PARTNERSHIP BOARD SURVEY 2015

Healthwatch Sheffield was asked by the Health and Wellbeing Board to produce a review citizen/service user engagement on strategic partnership boards in the City. The Chairs of 4 partnership boards were sent surveys (*Carers & Young Carers Partnership Board; Mental Health Partnership Board; Learning Disabilities Partnership Board & Partnership for Inclusion*) to provide information about their work over the past 12 months and how citizens and service user representatives fed into their work.

FEEDBACK FROM CHAIRS:

1. AN OVERVIEW OF THE KEY WORK AREAS OF YOUR BOARD OVER THE PAST 12 MONTHS

Carers & Young Carers Partnership Board

- That carers' profile and needs are reflected in strategies and are implemented widely across statutory services and partners
- That carers report improved experiences of joint working and express satisfaction in being better supported
- That more carers are supported appropriately by a workforce that has skills and knowledge of carers needs embedded in practice
- Key outcomes contained in the Carers & Young Carers Strategy are achieved and that carers lives are improved as a result
- Carers and young carers are involved individually and collectively in shaping, commissioning, monitoring and evaluating services
- Implications and implementation of the Care Act and the Children & Families Act update – standing items on the boards agenda – critical to the board achieving its outcomes
- Focus of the board's work has been in the following range of items in the table below:

Date	Key Agenda Items
03/11/2014	• Terms of Reference • Relationship with the Young Carers Board and Adult Carers Reference Group • Memorandum of Understanding (update) • Plan for revising the carers strategy

22/01/2015	• Terms of Reference • Plan for revising the carers strategy • The Care and Support Act (2014) implications for Sheffield
26/03/2015	• Update on the implementation of the Care Act • Update on the Children and Families Act • Update on carers assessments • Update on the carers strategy
18/06/2015	• Update on the Care Act • Update of the Children and Families Act • Update on the Carers Forum and Carers Hub • Discussion on the 'State of Sheffield 2014' report

Mental Health Partnership Board

Development of a new process for involving and recruiting service users and carers to the MHPB including work on the development of an involvement strategy

- Recruitment of service users and carers to the MHPB
- Development of the Sheffield Strategy for Mental Health for the next 5 years to which all organisations represented on the board signed up and published their own plans for responding to the strategy
- Held a joint meeting with the Children & Young Peoples Emotional Wellbeing Team to ensure linkage between the adult mental health strategy and the Sheffield Emotional Wellbeing and Mental Health Strategy for Children and Young People.
- Received a presentation and discussed the content of the web based mental health guide for Sheffield and
- Discussed the Crisis Care Concordat, its implications for Sheffield, and contributed to the development of the Sheffield local plan in response to the Concordat
- Received a report and presentation on the Safer and Sustainable Communities Partnership Plan and discussed how members could contribute to the work
- On behalf of the Health & Wellbeing Board, agreed that the MHPB would oversee the implementation of the emotional wellbeing plan as developed by the Emotional Wellbeing Steering Group

Learning Disabilities Partnership Board

Over recent months, the Board has sought to address issues of broad significance for learning disability stakeholders, and sought to provide a helpful challenge and steer to decision-makers. Key issues that the Board has influenced in the past year include:

- **Public Health's Learning Disabilities Health and Wellbeing Assessment for Sheffield** – the Board called for greater focus on health education, physical activity, tackling isolation and acknowledging anxiety, and highlighted the risk of the H&W Assessment being undermined by the failure of services on the ground to meet people's needs
- **Employment plans** – Public Health / Director of Health Improvement – the Board was keen to see faster progress being made on this issue and more onus on employers to demonstrate their own commitment & role, and highlighted the need for greater flexibility
- **Special Olympics GB** – in preparation for the Sumer Games coming to Sheffield in 2017, the Board invited SOGB and set up a task & finish to help identify local opportunities, challenges and links to support the delivery of the games
- **Safeguarding plan** – the Board provided support and challenge to the principles being developed in the revised plan
- **Confidential Enquiry into the premature deaths of people with learning disabilities** – the Board helped to hold the CCG, Care Trust, Teaching Hospitals and Council to account for their actions in response to the national enquiry
- **Public Health England Health & Social Care self-assessment** – the Board oversaw the assessment exercise which described stakeholders' views of people with learning disabilities in Sheffield being healthy, staying safe and living well
- **Learning Disabilities Commissioning Strategy** – the Board acted as consultation vehicle and influenced the proposals – for example, calling for greater emphasis on advocacy, employment and support that enables people to retain social activity with one another
- **SCC Recognised Provider List** – the Board directly influenced the requirement for the Council's recognised providers to seek, and act upon, feedback from the customers of their services
- The creation of the **Learning Disabilities Service Improvement Forum** – a reference group of service users, carers and officers looking at operational/service-level issues – has freed the Board to reaffirm a strategic role for itself, and to focus on broader issues

Partners for Inclusion

During the last year we have continued to work with our partners to:

- Respond to national and local policy changes
- Promote the social model of disability and engage the wider community
- Advise, inform and consult on issues and developments affecting disabled people locally and nationally
- A final version of PfI's terms of reference document was agreed at the May meeting.

- Members of the core executive discussed the possible future role of PfI in light of information received from the joint-chairs of the Health and Wellbeing Board about HWB's changing relationship with the various health sub-partnerships within the city.
- PfI members contributed to a list of monitoring principles to guide the work of Sheffield City Council and Sheffield Clinical Commissioning Group.
- Core executive members also discussed how PfI could contribute to the five outcomes which comprise Sheffield's Joint Health and Wellbeing Strategy.
- Gave evidence to a select committee set up by Sheffield Clinical Commissioning Group looking at the issues involved in the transfer of patient data between GPs, hospital staff and other health staff.
- PfI core executive members contributed to Sheffield City Council's review of Disability Related Expenditure (DRE) allowances
- PfI hosted a Care Act consultation event at The Circle on behalf of Sheffield City Council.
- PfI has continued to have representation in a number of places. Two community representatives attended the Long Term Neurological Conditions Forum and reported back regularly on discussions until the forum changed the way it operated in 2014. We also have representation on the Housing Strategy Equality Group, as well as the Equality Engagement Group. In addition, PfI community representatives attended a number of public meetings and workshops held by, for example, the Health and Wellbeing Board and Right First Time.
- Fairness Commission, Jacquie Stubbs was also involved with the Fair City Campaign Group and the Poverty Strategy Action Group. Steph Grant provided a user view of care services at training sessions for social work staff. Finally, with the advent of the Equality Hub (set up by Sheffield City Council), PfI members have attended meetings of the Disability Hub, as well as there being representation on the interim Equality Hub Board.

2. KEY MESSAGES THAT HAVE COME OUT OF THE PARTNERSHIP BOARD

Carers & Young Carers Partnership Board

1. Approximately 1 in 10 people in Sheffield are a carer
2. We need to care for our carers
3. Carers should be recognised, valued and supported
4. Carers make an enormous contribution to our communities both socially and economically
5. For every pound spent on carers, there is a broader return of £7.88
6. Carers should have the same life opportunities as the rest of society
7. Our communities and services should be carer friendly

8. Carers are expert partners and are included in the design and production of strategies and services

Mental Health Partnership Board

9. Mental health is everybody's business has to be high on everybody's agenda
10. The partnership board offers the opportunity for multi agency input to strategy development
11. Linkage between adult and children's services is essential
12. Service users and carers are a valuable resource

Learning Disabilities Partnership Board
See above No. 1 (Key work areas)

Partners for Inclusion

- Sheffield's Health & Wellbeing Strategy does not mention some groups of disabled people, and their needs are not recognised – there should be equity amongst groups.
- How will Sheffield City Council and the clinical commissioning group ensure that those people without access to computers are kept informed about social care issues?
- With regard to the transfer of patient data between health staff, one member noted that it wasn't just medical information which was important, but also details of people's social circumstances, so that medical staff have a full picture of their lives
- The Health and Wellbeing Board should be asked to provide a fuller definition of 'health barriers' – do they just mean health, or does this term also include disability?
- PfI members agreed to explore involvement in training for health professionals, since training done by those with first-hand experience of issues is often more effective
- PfI members contributed to a consultation about Disability Related Expenditure; one issue raised was whether the basis for the maximum weekly allowance calculation would be regularly reviewed to take account of changing prices in the high street.

3. SOME IDEAS WHERE THE HEALTH AND WELLBEING BOARD CAN MAKE A DIFFERENCE?

Carers & Young Carers Partnership Board

During consultation with carers for the new strategy, we have noted 6 key messages.

1: Information and advice: I want the information I need, when I need it

2: Time for me so I can have a life outside of caring

3: I want good advice to help me through the maze

4: If services are right for the cared for person then it will make it easier for me

5: I want to feel in control and safe and have a plan for emergencies

6: I don't want to be in financial hardship

How can the Health and Wellbeing Board make a difference?

1. Supporting the revised carers strategy
2. Carers are essential to the re-ablement and health and wellbeing of the people they care for and should be seen as a partner in future policies and work
3. Carers' own health deteriorates as the number of hours of caring increases, carers should be recognised as a vulnerable health group that need support to look after their own health

Mental Health Partnership Board

That HWB recognises it as the place where we develop city wide strategy for adult mental health issues, and receives reports from MHPB when it feels it necessary. From an MHPB perspective, that's most likely to be when there is a product requiring endorsement, as we did with the strategy we recently developed.

Learning Disabilities Partnership Board

The Board (LDPB) is not short of agenda items and has evolved an influencing role. But it has always valued the role of the Health & Wellbeing Board and has liaised over mutual agenda items. Having a steer or some level of 'authority' from the HWB Board could be helpful to the LDPB to progress items; but, equally, the HWB Board might itself consider that it has a useful resource in the LDPB to help address health & wellbeing issues.

Partners for Inclusion

Regarding what the Health and Wellbeing Board can do to help - it is already aware of the inequities between the partnership boards (the issue was raised at a meeting of the H&W Board and partnership boards in March 2014 and has been highlighted in a review recently carried out by SCC). Unlike other partnership boards, PfI has no statutory sector officer time to support its activities, whilst financially PfI has received no funding for 3 years.

The H&W Board's support for people with physical, sensory and cognitive impairments could be demonstrated by raising the issue with senior officers both within SCC and health services and championing the needs of people with physical, sensory and cognitive impairments. Another area of concern is the lack of involvement of erstwhile partners, with no senior officer from either SCC or health services attending as members or taking any responsibility for the partnership.

Also, having no direct link with the H&W Board is problematic for PfI (when the previous H&W Board existed, it formed part of its sub structure) as this effectively silences the authentic voice of people with physical, sensory and cognitive impairments with regard to how the Board's priorities affect them.

SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of:	Councillor Julie Dore and Dr Tim Moorhead, Co-Chairs of the Health and Wellbeing Board
Date:	24 September 2015
Subject:	Report on Health and Wellbeing Board Communications and Engagement September 2014-August 2015
Author of Report:	Louisa King, 0114 273 6815

Summary:

Health and Wellbeing Boards have a responsibility, as system leaders, to ensure that the work they carry out is transparent and appropriately involves members of the public, providers and practitioners.

This report is intended to provide Sheffield's Health and Wellbeing Board with a snapshot of its engagement from the last year. It focusses on *Health and Wellbeing Board-specific* engagement, and therefore does not cover the engagement carried out by the organisations that are represented on the Board. Finally, the report provides an overview for planned engagement for the year to come.

Recommendations:

It is recommended that the Health and Wellbeing Board focus its engagement from September 2015-August 2016 on a range of areas specified in the report in section 5.0.

Reasons for recommendations:

Firstly, it is important that the Health and Wellbeing Board continues to be transparent and accessible in its work. Secondly, the Board's work will be much improved and bettered through the involvement of others.

Background papers:

Feedback summary of survey about the Health and Wellbeing Board carried out in June and July 2015.

REPORT ON HEALTH AND WELLBEING BOARD COMMUNICATIONS AND ENGAGEMENT SEPTEMBER 2014-AUGUST 2015

1.0 SUMMARY

Health and Wellbeing Boards have a responsibility, as system leaders, to ensure that the work they carry out is transparent and appropriately involves members of the public, providers and practitioners. As part of this, Sheffield's Health and Wellbeing Board recognises the importance of effective engagement. Action 1.1 of the Board's Joint Health and Wellbeing Strategy sets out a desire to:

Influence partners and organisations across Sheffield to consider and demonstrate the positive health and wellbeing impacts of policies, encouraging all organisations to make health and wellbeing a part of what they do.

Action 4.10 of the Joint Health and Wellbeing Strategy states that the Board will also:

Require both commissioners and providers to have effective engagement processes in place that take what service users think into account in all decisions.

This report is intended to provide the Health and Wellbeing Board with a snapshot of its engagement from the last year. It focusses on Health and Wellbeing Board-specific engagement, and therefore does not cover the engagement carried out by the organisations that are represented on the Board. Finally, the report provides an overview for planned engagement for the year to come.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

It is important that the decisions of decision-makers are accessible and transparent, enabling local people to be informed and, where they wish to be, involved in the decisions made.

Sheffield's Health and Wellbeing Board has from the start sought to:

- Communicate what the Board is doing and when its meetings are happening, and ensure these meetings take place in a space that is appropriate and large enough for members of the public to attend
- Publicise and publish its papers and presentations, and report back on what was discussed, including in real time through a Twitter feed and soon after with a Storify summary of discussions
- Involve people in the making of key strategic city-wide decisions through engagement events and consultations, and through the opportunity to ask a question publicly at more formal meetings
- Advertise more specific consultation efforts of the organisations that make up the Health and Wellbeing Board: Sheffield City Council, NHS Sheffield Clinical

Commissioning Group, NHS England and Healthwatch Sheffield – as well as, where appropriate, consultations carried out by other organisations.

As well as focussing on Sheffield people as citizens, service users and patients, the Board has also sought to provide opportunity for health and wellbeing providers, practitioners, interest groups and others to provide comment.

This report demonstrates the Board's efforts to reach a wide audience of people, and make suggestions for how the Board's approach could be developed over the next year to enable Sheffield people to be even more involved in the process.

3.0 HEALTH AND WELLBEING BOARD COMMUNICATIONS AND ENGAGEMENT SEPTEMBER 2014-AUGUST 2015

This report will cover the Board's engagement from September 2014-August 2015 focussing on four main areas:

- Meetings
- Communication
- Consultation.

3.1 Meetings

Over the period September 2014-August 2015, the Board held **four formal public meetings**:

- A consistent number of individuals attend to observe these meetings. In June 2015, 21 individuals attended to observe the meeting.
- Some individuals who attended to observe were from organisations, including: representatives from housing associations, voluntary sector organisations, Healthwatch Sheffield, professionals and practitioners working in health and social care, the city's two universities, students, trades unions, and pharmaceutical companies
- A number of public questions are asked at each public meeting – if responses are not given on the day, they are provided in writing after the meeting and published in the minutes
- Presentations from each meeting are published online and then advertised in the Board's next enewsletter. A live Twitter feed enables people to follow the discussions online, and a Storify for each meeting sums the meeting up.
- As a Board member, Healthwatch Sheffield feed in public views to each agenda item.

Over the period September 2014-August 2015, the Board held **three engagement events**:

- In November, Board members met with young people to discuss children and young people's mental and emotional health and wellbeing.[1]

[1] Slides are available to view at: http://www.slideshare.net/SheffieldHWB/hwb-board-13-11-14.

- In March (postponed from January), Board members met with representatives from the city's key provider organisations:
    - Sheffield Teaching Hospitals NHS Foundation Trust
    - Sheffield Children's NHS Foundation Trust
    - Sheffield Health and Social Care NHS Foundation Trust
    - Primary Care Sheffield
    - South Yorkshire Housing Association
    - Sheffield Futures
    - SheffCare
    - Sheffield Cubed
    - Voluntary Action Sheffield
- In May, over 70 people attended an event to discuss the vision for health and social care in 2020.[2]

From time-to-time, the Health and Wellbeing Board holds other meetings with city-wide partners.

3.2 **Communication**

The Board's most comprehensive vehicle for communication is its enewsletter which it sends out monthly.[3]

- There are currently just over 1,700 people on the distribution list. Some of these are providers and practitioners; others are service users, patients and citizens.
- The enewsletter provides regular updates on the Board's meetings and activities.
- Enewsletters can be printed and posted to individuals on request.

The Board has a website which has a range of useful information on the Board.[4] In total, in September 2014-August 2015 the website's pages have received over 16,000 page views – some to the main homepage; others directly to specific pages from links in enewsletters. The most popular pages, or sets of pages, in terms of unique hits, aside from the main homepage, are:

- Joint Strategic Needs Assessment pages – over 4,000 unique hits
- Joint Health and Wellbeing Strategy – over 1,500 unique hits
- About the Board – over 1,000 unique hits.

The Board also uses a number of other online resources to publicise its work and ensure information is readily available. For example:

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[2] Slides are available to view at: http://www.slideshare.net/SheffieldHWB/2020-vision-event-presentation, and the event report is available at: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/events/engagementevent.html.

[3] Sign up and view old newsletters at: http://us6.campaign-archive1.com/home/?u=4c519d652065c050d46e2444e&id=d680dbeecd.

[4] See https://www.sheffield.gov.uk/healthwellbeingboard.

- Regular updates and opportunities to engage are posted on Twitter.[5] At the time of writing, the Board has 1,186 followers – an increase of over 350 followers in the last year.
- All presentations to public meetings are posted on Slideshare, a worthwhile tool for disseminating presentations and their content.[6] The most popular presentations over the last year at the time of writing have been:
    - September 2014 presentation on the Due North report – 375 views.
    - September 2014 update on the Integrated Commissioning Programme – 333 views.
    - May 2015 #Sheffield2020care event presentation – 325 views.
    - November 2014 Young People and Mental Health event presentation – 302 views.
    - March 2015 update on Health, Disability and Employment – 241 views.
- The Board uses Storify to create accounts about its events and meetings.[7] The Storify into May 2015's #Sheffield2020Care event was viewed by 108 people at the time of writing.
- From time-to-time, videos about the Board's work or interviews of Board members are posted onto YouTube.[8] An introduction to one of the Board's integrated commissioning projects had been viewed by 85 people at the time of writing. Transcripts are available on request.

3.3 **Consultations**

In June and July 2015 the Board used **SurveyMonkey** to ask individuals for their feedback on how the Health and Wellbeing Board is operating. 145 individuals responded to this. The summary has been included as an Appendix to this report.[9]

The Board's primary means of consultation is through its engagement events, and then vicariously through the individual engagement of the Board's member organisations, some of whose activities were advertised in the Board's enewsletter. The Health and Wellbeing Board seeks to feed into these other engagement mechanisms where appropriate and is only part of the wider engagement picture in Sheffield.

As the representative of Sheffield people, **Healthwatch Sheffield** has an important role to play in engaging with Sheffield people on the Board's behalf and on feeding this information back into the Board.

[5] See https://twitter.com/sheffieldhwb.
[6] Slides are available to view at: https://www.slideshare.net/sheffieldhwb.
[7] See http://www.storify.com/sheffieldhwb.
[8] See https://www.youtube.com/user/SheffHWB.
[9] The summary is also available on the Board's website at: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/events.html.

4.0 WHAT DIFFERENCE HAS IT MADE?

4.1 Awareness of the Board

Because of the Board's work in this area, people who are not on the Board have been kept informed about areas of work the Board is considering. They have been able to read papers, attend meetings, ask questions, and engage with the democratic process. It is important that the Board is transparent in its discussions.

In addition, over the course of the year the Board has been able to extend its reach, with more and more people hearing about the work of the Board.

4.2 Impact of engagement events

The Board's engagement events have a direct impact on future plans of the Board and its partners. For example:

- The findings from the Board's event co-hosted with Healthwatch Sheffield in July 2014 are being reviewed one year on at the Board's September 2015 meeting
- The May 2015 #Sheffield2020care event is being followed up by a range of smaller events hosted by other city-wide partners over summer 2015. The feedback from the event(s) will help Board members to consider the future vision and shape of adult social care in the city
- The event in November 2014 on children and young people's mental and emotional health and wellbeing saw a summary of the discussions which was published online and emailed out to event attendees.[10] Four months later, in March 2015, a report was submitted to the Board which set out responses to the event's recommendations.[11] For example, an Emotional Health and Wellbeing Executive Group was established with an Action Plan focussing on:
    - Positive mental health and resilience including early intervention and prevention
    - Young people approaching adulthood
    - Development of community-based support (tier 3.5)
    - Services for vulnerable children and young people
    - Engagement and participation.

4.3 Response to last year's recommendations

A similar report to this in September 2014 made a number of recommendations for ways the Board could improve its engagement. These have been followed up as below:

[10] This can be downloaded from: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/events/engagementevent.html.
[11] This can be downloaded from: http://sheffielddemocracy.moderngov.co.uk/documents/s17488/Children%20and%20Young%20Peoples%20Emotional%20Wellbeing%20and%20Mental%20Health.pdf.

Recommendation	Response/action
Engaging with citizens, service users and patients	
An engagement event should be held in October 2014 focusing on children and young people.	This event was held in November 2014.
Places for engagement events be restricted for providers and practitioners to ensure the voice of citizens, service users and patients is heard.	The November 2014 meeting was restricted to children and young people who attended. Attendees at the May 2015 event were mainly service users connected to a range of service improvement forums that exist across the city.
One or more Board members put themselves forward to be videoed about their vision for the Health and Wellbeing Board.	This is something that should be developed in the next year.
Places such as The Circle, Town Hall and local libraries are replenished with summary copies of the Joint Health and Wellbeing Strategy.	This happened, but can and should happen again in the next year.
NHS England's representative on the Board clarifies NHS England's approach to public engagement and assures the Board that it will involve the Board in its engagement.	NHS England's representative on the Board has changed in the last year and as such this was not possible. This is something that should be developed in the next year.
Healthwatch Sheffield informs the Board's review of outcomes 2, 4 and 5 of the Joint Health and Wellbeing Strategy.	Healthwatch Sheffield were involved in the review of outcomes 1, 2 and 3.
Engaging with providers and businesses	
The Health and Wellbeing Board considers how it can follow up the July meeting it had with businesses that work in healthcare technologies.	A Health and Wellbeing Board representative attended the 'Innovations in Healthcare' conference in July 2015. Further engagement with this sector and with the Academic Health Sciences Network might be beneficial.
The Health and Wellbeing Board holds an engagement event with the growing Provider Assembly in January 2015.	Due to snow, this event was postponed and was held in March 2015. A second event was held in September 2015.
General	
The Board receives a similar summary to this in March 2015.	It was felt on reflection that a yearly summary would provide the best opportunity for review.

5.0 RECOMMENDATIONS FOR THE HEALTH AND WELLBEING BOARD FOR THE COMING YEAR

While it is apparent from this report that the Board *does* publicise what it does and provide opportunities for people to get involved and influence decision-making, there are ways the Board could approve its work in this area.

These proposals for development of the Board's communications and engagement work should be viewed in line with **likely changes to the Board's meeting structure** following a Board-member review and public survey which emphasised the need for the Board to make some changes to how it operates to improve its effectiveness.

It is proposed that the Board should:

Recommendation	Lead
Communications	
Review and redesign the Board's website and enewsletter, including new content such as videos, and update information about the Board that is available on other websites.	*Main Board support team*
Increase the numbers of people who are aware of the Board by: • Promoting the enewsletter more widely, particularly through Healthwatch Sheffield's networks • Sending information about the Board's strategy to libraries, GP surgeries and other NHS and VCF sites • Board members who use Twitter promoting the Board's work and its meetings more widely • Supporting more press releases before formal Board meetings and engagement events • Continuing to explain the role and work of the Board in a way that is easy to understand.	*Main Board support team* *Healthwatch Sheffield* *Board members* *CCG and Council communications teams*
Produce a 'You said, We Did' summary in response to the suggestions made in the recent survey about the Board's role.	*Main Board support team*
Engagement	
Ensure information about events and how to attend them is provided early on to those who may not previously have attended one of the Board's events	*Healthwatch Sheffield*
Hold a discussion forum before or after each public meeting (twice a year) and hold a further two engagement events twice a year. These forums/events should be, where possible, held in the late afternoon/early evening to enable attendance from those	*Main Board support team* *Healthwatch Sheffield*

Recommendation	Lead
who may be at work between in the daytime. *The first of these engagement events will be held on 29 October 2015 from 2-4pm on adult social care.*	
Get clarity from NHS England's representative on the Board regarding NHS England's approach to public engagement and assurance that NHS England will involve the Board and Sheffield people in its engagement (*carried over from last year*).	*NHS England*
Pursue opportunities to engage with the wider Sheffield community, such as the Sheffield Executive Board, the Local Enterprise Partnership, the Academic Health Science Network and businesses, and the city's universities, schools and colleges.	*The chairs of the Board*
General	
The Board should receive a similar summary to this in September 2016.	*Agenda forward plan*

6.0 REASONS FOR THE RECOMMENDATIONS

Firstly, it is important that the Health and Wellbeing Board continues to be transparent and accessible in its work. Secondly, the Board's work will be much improved and bettered through the involvement of others.

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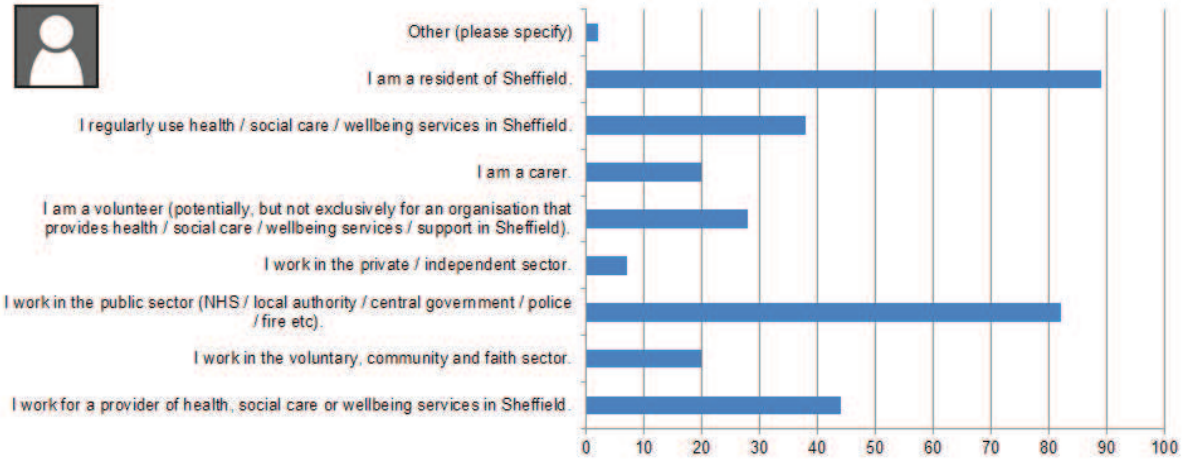
Sheffield Health and Wellbeing Board: Tell Us What You Think - June 2015

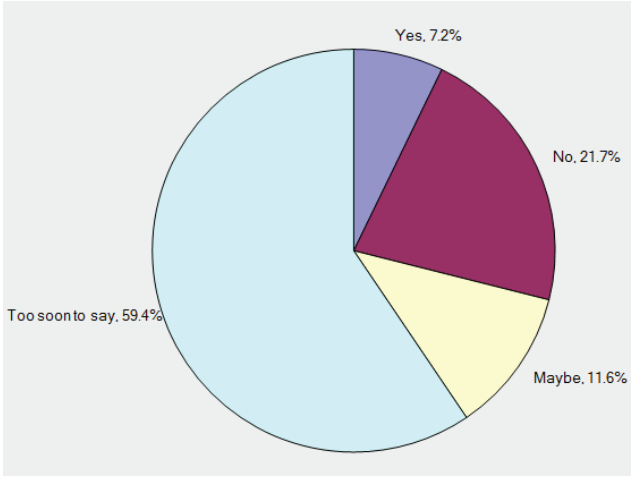
Total Responses: 145

About the survey's respondents



Is integration work having an impact?

Half of respondents had heard of the Integrated Commissioning Programme (ICP). More than in the previous survey in January 2013 felt that the ICP is having an impact, but there is clearly still work to be done. Challenges identified included communication between partners and a shift in organisational cultures.



What the Board does well

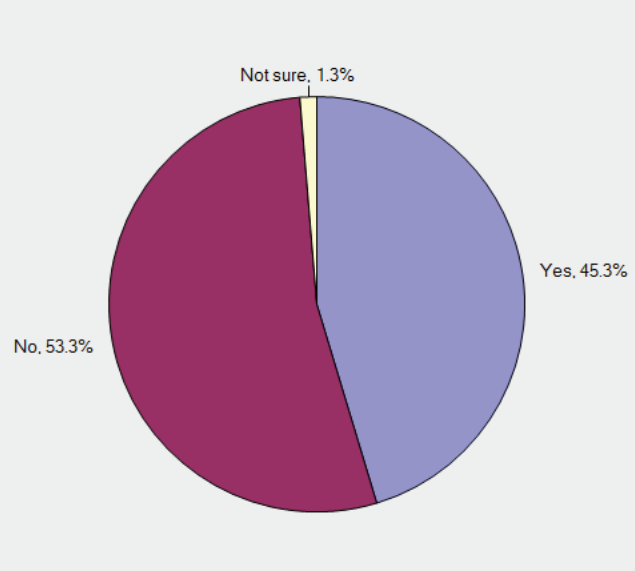
There were plenty of positive responses about the Board's communication, Twitter account, strategy and partnership working.

What the Board does less well

However, there were also a number of negative responses saying that the Board's communication, strategy and partnership working could be improved on. Some respondents felt that the Board is only interested in strategy, and should involve Sheffield citizens, voluntary sector and Foundation Trusts more.

Top 5 priority areas on which respondents felt the Board should focus

Awareness of the Health Inequalities Plan



Suggestions for development

Respondents want to hear more about the Board's progress and actions in the e-newsletter, so we will be working to show this. They also feel there could be more honesty about some of the problems and difficulties faced by the Board as it tries to make continuous improvements to health and social care across the city.

There were ideas for engagement events in localities, and outside of office hours to enable more of the public to attend.

Awareness of the Board needs to be raised, including with public sector employees, so they are aware of key strategic changes within health and social care.

Involvement with the Board

Provider respondents felt they had a fair idea of what was going on but felt involvement with frontline workers and the voluntary, community and faith sector could be further developed.

Customer/service user/patient respondents were asked about how the Board could work with Healthwatch. Some had not heard of Healthwatch; others had and felt work with Healthwatch should be strongly supported and encouraged.

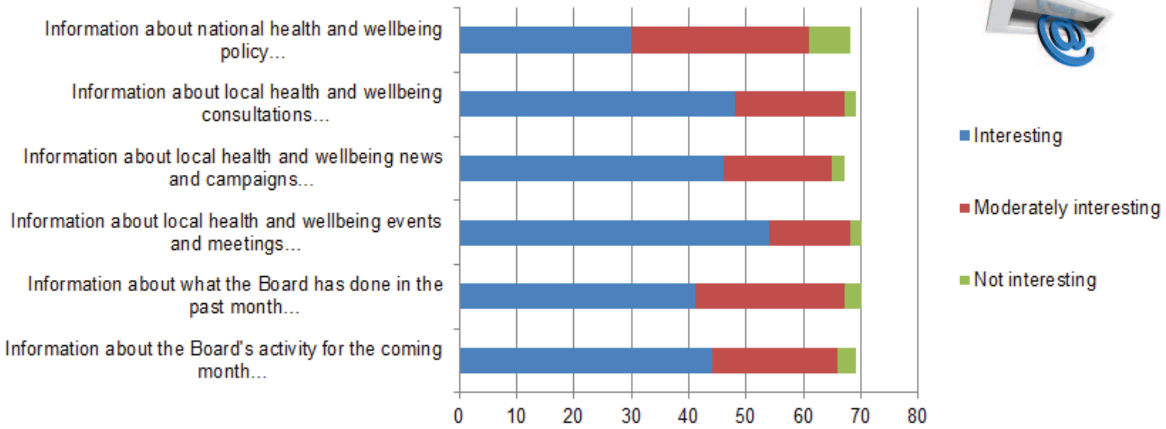
"I feel positive about the positive change that the board can make to start to think outside the box and be more proactive in terms of liaising with other professionals who work outside the NHS"

"Focus on how you have made a difference - what would not have happened without you"

"Keep up regular email bulletins with links to work happening within the Integrated Commissioning Programme"

"Translate strategies into visible action, ensure that the right people delivering those services know what to do, that makes a difference to local people"

What respondents want to read about in the monthly e-newsletter



SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of:	Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield CCG
Date:	24 September 2015
Subject:	Climate change and air quality: an update for the Health and Wellbeing Board
Authors of Report:	Magda Boo, Amelia Stockdale and Louisa King, 0114 273 6815

Summary:

The World Health Organisation has described the impact of climate change on health, principally through increased greenhouse gas emissions as the greatest threat to public health and the defining issue of the 21st century. In addition, an estimated 800 premature deaths per year in Sheffield are attributable to poor air quality.

The Health and Wellbeing Board's role is to oversee the improvement of health and wellbeing in Sheffield. Considering issues such as climate change and poor air quality is essential in supporting Sheffield people to stay healthy and well, and the Board is in a unique position to investigate ways to improve approaches to tackling them.

At its March 2015 meeting, the Health and Wellbeing Board committed to hearing more about both climate change and air quality. This paper updates the Board and recommends further work for the Board in this area.

Recommendations:

It is recommended that the Board:

- Considers whether it can add value by supporting cross-organisational work on developing sustainable procurement practices or on managing medicines sustainably
- Thanks organisations across Sheffield for the work they are doing to act sustainably.

Background papers:

Reports submitted to the Board in March 2015: http://sheffielddemocracy.moderngov.co.uk/ieListDocuments.aspx?CId=366&MId=5651&Ver=4.

CLIMATE CHANGE AND AIR QUALITY: AN UPDATE FOR THE HEALTH AND WELLBEING BOARD

1.0 SUMMARY

The World Health Organisation has described the impact of climate change on health, principally through increased greenhouse gas emissions as the greatest threat to public health and the defining issue of the 21st century. In addition, an estimated 800 premature deaths per year in Sheffield are attributable to poor air quality.

The Health and Wellbeing Board's role is to oversee the improvement of health and wellbeing in Sheffield. Considering issues such as climate change and poor air quality is essential in supporting Sheffield people to stay healthy and well, and the Board is in a unique position to investigate ways to improve approaches to tackling them.

At its March 2015 meeting, the Health and Wellbeing Board committed to hearing more about both climate change and air quality. This paper updates the Board and recommends further work for the Board in this area.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

The impact of public health issues such smoking, physical inactivity and alcohol, while significant, are not universal. However, climate change and air quality affect all of Sheffield's population. Storms, floods, heatwaves and cold weather spells are issues that have a direct impact on a population's morbidity and mortality, while the availability of food and water, and the spread of disease, are indirect impacts of climate change.

If Sheffield managed and ran a low carbon and sustainable health and social care system, it would minimise damage to the climate and therefore improve the health of future generations. Currently over 10% of Sheffield's carbon footprint is generated by the NHS, public health and social care system through the procurement of goods and services, pharmaceuticals, medical instruments, building energy use and travel. By 2050 the 2008 Climate Change Act requires an 80% reduction in carbon emissions.

Sheffield's Joint Health and Wellbeing Strategy recognises that air pollution is an issue and suggests that the Air Quality Action Plan is delivered comprehensively across the city. It encourages Sheffield's organisations and partners to actively look to improve health and wellbeing across all areas 'even those not traditionally seen as being about health and wellbeing'. The Strategy hopes that this will be achieved by influencing partners and organisations 'to consider and demonstrate the positive health and wellbeing impacts of policies'.

3.0 THE DIRECTOR OF PUBLIC HEALTH REPORT 2014: WHAT CAN THE BOARD DO IN RESPONSE?

The Director of Public Health report had three recommendations that were aimed specifically at the Health and Wellbeing Board. These have been put below with a response from the Board:

Recommendation for the Board	The Board's response
1. *The **Health and Wellbeing Board**, and Sheffield's NHS Foundation Trusts, should adopt an explicit sustainability policy aimed at ensuring that Sheffield meets its carbon reduction obligations by 2020. This should be underpinned by the adoption of a sustainability manifesto for the health and social care system in the City.*	The CCG Low Carbon Group is currently mapping activity and good practice on sustainability by NHS organisations operating in Sheffield and is encouraged by the range of measures taken on reducing carbon in areas such as energy use in estates, reducing fuel consumption and more sustainable food. It is not clear that adopting a formal policy would add value. However, a good next step would be to focus on areas where we can add the most value. This could include cross-organisational working on developing sustainable procurement practices or on managing medicines sustainably. The NHS Sustainable Development Unit assessment is that procurement is 61% of NHS' carbon footprint with pharmaceuticals and medical instruments as the largest component; 80% of the pharmaceutical footprint relates to primary care and community services. The HWB might wish to sponsor such work, or delegate responsibility to named officers.
2. *The **Health and Wellbeing Board** should give urgent consideration to the ways in which the implications for carbon emissions of different approaches to the delivery of health and social care in the City can be evaluated. A system of carbon accounting needs to be developed.*	Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust all report on carbon emissions within their Sustainability Reports in their 2014/15 Annual Reports. Sheffield CCG's Annual Report 2014/15 contains the required Sustainability Report but does not include carbon accounting. Yorkshire Ambulance Service reports using the NHS Sustainability Unit template to produce their Sustainability Report but only the 2013/14 Annual Report is available on their website. In summary, all Foundation Trusts operating in Sheffield are producing Sustainability Reports which include carbon accounting. It could be recommended that Sheffield Clinical Commissioning Group strengthen their Sustainability Report to include carbon accounting.
3. *The **Health and Wellbeing Board** should consider how to enforce and report on actions set out in the Heatwave Plan for health and social care facilities such as care homes, before next summer.*	Systems are in place in NHS organisations to ensure that the Heatwave Plan is in place. The plan is linked from the Council's website and updated every May when the new Heatwave Plan is published by Public Health England, the Department of Health and NHS England. Home care and care home providers known by Adult Social Care Commissioning are made aware of this. *NB The Council is requesting information on routine monitoring visits over the summer about how care homes managed the recent heatwave and whether they had plans in place and activated them. These details are due back in the autumn.*

4.0 AIR QUALITY IN SHEFFIELD: AN UPDATE FOR THE BOARD

Kings College London - commissioned by the Greater London Authority and Transport for London - conducted a study of air quality in London which considered the health impacts of NO2 and PM2.5. The outcomes were reported in the Guardian newspaper in July 2015. The study is believed to be the first by any city in the world to attempt to quantify how many people are being harmed by NO2.

The new study estimates the annual premature deaths due to PM2.5 (2010 levels) in London to be 3,537. The study estimates that there are an additional 5,879 deaths from NO2 each year in London, bringing the total early deaths from both pollutants in 2010 to 9,416.

The government's scientific advisers, the Committee on the Medical Effects of Air Pollutants, are expected to conclude that nationally 60,000 premature deaths annually can be attributed to the two pollutants, NO2 and PM2.5, whereas a King's College London study due to be published in the autumn is expected to put the figure for deaths annually in the UK at 80,000 for both pollutants.

Using 1% of the national figure to estimate early deaths in Sheffield due to air pollution, this would see the expected number of premature deaths rise from the previously quoted figure of 500 to between 600-800 premature deaths due to air pollution (NO2 and PM2.5) per annum. It is worth noting that this report is yet to be finalised and published and therefore these figures should be treated with caution, and that the overall number of deaths attributed to poor air quality are increasing because of a new method of calculation to include NO2 rather than because of a significant change in air quality.

The whole of the urban area of Sheffield is an Air Quality Management Area (AQMA) for both PM2.5 and NO2. An Air Quality Action Plan (AQAP) 2015 sets out how air quality issues will be tackled in Sheffield. Recent successes through Government funding include:

- Introduction of 40 new low emission hybrid buses and purchase of 18 diesel hybrid mini-buses and 10 Euro VI wheelchair accessible (17 seat) mini-coaches for use on Home to School transport services
- Being shortlisted for the Go Ultra Low City Bid and for the ULEV Taxi Scheme Bid in June 2015 and awarded a Fully Funded Feasibility Study to analyse the Local Taxi Market.

5.0 RECOMMENDATIONS FOR THE HEALTH AND WELLBEING BOARD

It is recommended that the Board:

- Considers whether there is value in supporting cross-organisational work on developing sustainable procurement practices or on managing medicines sustainably
- Thanks organisations across Sheffield for the work they are doing to act sustainably.

SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 25 June 2015

PRESENT: Councillor Julie Dore (Chair)

Alison Knowles, Locality Director, NHS England (Yorkshire and the Humber)

Maggie Campbell, Chair, Healthwatch Sheffield

John Doyle, Director of Business Strategy, Children, Young People and Families, Sheffield City Council

Councillor Jackie Drayton, Cabinet Member for Children, Young People and Families

Idris Griffiths, Interim Accountable Officer, NHS Sheffield Clinical Commissioning Group (CCG)

Phil Holmes, Director of Adult Services, Sheffield City Council

Stephen Horsley, Interim Director of Public Health, Sheffield City Council

Councillor Mazher Iqbal, Cabinet Member for Public Health and Equality

Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living

Dr Zak McMurray, Clinical Director, NHS Sheffield CCG

John Mothersole, Chief Executive, Sheffield City Council

Dr Ted Turner, Governing Body Member, NHS Sheffield CCG

IN ATTENDANCE:

Emma Dickinson, Commissioning Manager for Carers, Sheffield City Council

Joe Fowler, Director of Commissioning, Sheffield City Council

Gregor Henderson, Public Health England

Liz Howarth, Programme Director, Integrated Commissioning Programme

Chris Nield, Consultant in Public Health, Sheffield City Council

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Tim Moorhead, Dr Nikki Bates, Jayne Ludlam, Laraine Manley and Tim Furness.

2. DECLARATIONS OF INTEREST

There were no declarations of interest by Members of the Board.

3. PUBLIC QUESTIONS

3.1 Public Question Concerning Child and Adolescent Mental Health Services (CAMHS)

Adam Butcher asked a question concerning what was being done in relation to Child and Adolescent Mental Health Services (CAMHS) and sexual exploitation services in the light of events in Rotherham and whether, in Sheffield, the right infrastructure was in place. He also asked for written response to his question.

Councillor Jackie Drayton, the Cabinet Member for Children, Young People and Families, responded that the period of transition for young people aged 16 to 25 was often difficult and this was recognised by the Health and Wellbeing Board, the City Council and Health services. There was a review, which the Sheffield Children's NHS Foundation Trust and CAMHS were running with other partners in relation to how these transitions might be managed and that would be the subject of a report in the near future.

An innovative emotional wellbeing and mental health pilot had been run in one school and this pilot was being extended to some other schools. Whilst there was support for emotional and mental health at a higher level of care, attempts were being made to make sure support and guidance was also available at other levels of need in line with the circumstances of a young person. In relation to Child Sexual Exploitation (CSE) Services, robust systems were in place to help and support children and young people and Councillor Drayton added that she would supply Mr Butcher with further information in a written reply.

Councillor Julie Dore, the Leader of the Council, stated that an independent review of CSE services was completed to assess the impact of work being done with regard to CSE. This was also the subject of a Cabinet report and subsequent report to full Council.

4. CARERS STRATEGY

The Board considered a report of the Director of Commissioning which concerned the approach and initial findings relating to a Carers' Strategy. The item was presented by Emma Dickinson, Commissioning Manager for Carers, Sheffield City Council.

In giving the presentation, Emma Dickinson informed the Board that there were 57,373 people, including children and adults, as reported in the census in Sheffield, providing unpaid care for a friend or member of their family. It was suggested by a Department of Health assessment that each pound spent on supporting carers would save councils £1.47 on replacement care costs and there would be a benefit to the health system of £7.88.

There were several emerging issues, which included:

- a need for good information and advice at diagnosis and discharge

- requirement for an advocacy and 'navigator' role to support choices and options
- recognition of carers by GPs and more flexibility
- that carers should be helped to have a social life and a break
- that carers should be supported to stay in work.

Meetings had taken place with carers in various settings to identify priorities from the perspective of carers and inform the development of a short strategy document.

Members of the Board asked questions and commented on the subject of carers, as summarised below:

Carers were not a homogenous group and yet it might be difficult to provide bespoke support to each carer. There may also be other people who support the 'main' carer and the caring responsibilities would affect those people as well. Some people had family and friends who could support them (whether directly or otherwise) with their caring responsibilities, whereas other people's circumstances were such that they could not rely on such support. We might also recognise people who would not identify themselves as a Carer and some people did not have a Carer.

Carers, in undertaking unpaid work to support others, saved health and social care services a significant amount of money. 4,500 children in the City were carers and a question was asked as to the age profile of that group. The Council had signed up to the Young Carers Pledge and it was important to make sure that other organisations also had such a pledge. Because of their age, young carers were not in a position to talk to organisations, such as housing associations, about certain issues. However, the parent for whom they were caring might also not be able to do so either. Young carers might also administer medication. Thought had been given the idea of a young carers' card, to identify them as a Carer, although the potential of a young person being stigmatised also needed to be considered.

Schools might be able to help in practical ways, such as with regard to permitting mobile telephone contact between a pupil and the person for whom they had caring responsibilities and there were other ways in which schools could also approach matters in a sensitive way. The Carers' Centre did much to support carers, although its focus had been on adult carers. Activities relating to young carers were being undertaken by Chilypep and Healthwatch Sheffield. It was important that there was a strong voice for young people within the Carers Strategy. Health organisations might also consider signing up to the Young Carers Pledge. It was also essential that organisations, including those represented on this Board, acted to ensure that the burden of caring responsibility did not fall disproportionately on those young people.

A person's caring responsibilities may incrementally increase and in some cases, people did not recognise themselves as being a 'Carer' and there had been some work with health professionals in secondary healthcare in this regard. Conversely, caring responsibilities may start suddenly in response to an event such as a stroke. Somebody looking after an individual with mental ill-health help may

experience being stigmatised or find that less help was forthcoming.

An enabling environment was necessary, including in respect of attitudes and education and which could be supported by services such as GPs and business organisations, including the Chamber of Commerce. There were also links with areas including cohesion and community support networks.

GPs might be in a position to see the whole person and it may be necessary to compare GP services in Sheffield to gauge whether they compared favourably with other places. There might be an opportunity to support carers and facilitate greater independence in the design of services in the integrated commissioning programme and make sure carers' voices were represented in the design process.

Some carers were themselves older people and might have associated health conditions and whilst their role as a carer was most important to them, they also required support as individuals.

It was important that the contents of the strategy should be recognised by carers.

Sometimes people needed access to appropriate support, but without needless bureaucracy and also ensuring that the best information and advice was available. The role of a carer needed to be explicitly recognised and support made available, without interrupting their caring responsibilities.

There was a role for employers in helping to support people with caring responsibilities and the strategy should also recognise that some employers were better at doing so than others.

Members of the public present at the meeting also asked questions and commented on the subject of carers, as summarised below:

Whether the strategy would include reference to short term carers.

Transitions were important including working with providers of training and apprenticeships in supporting young carers into work. There were examples of good practice in supporting carers through primary care services, for example Handsworth Practice in support of young carers, which might help to illuminate the strategy.

Resolved: That the Director of Commissioning, Sheffield City Council, is requested to submit a report concerning the Carers Strategy to a future meeting of the Board and which should include the role of the Health and Wellbeing Board in supporting actions relating to Carers.

5. SHEFFIELD INTEGRATED COMMISSIONING PROGRAMME

The Executive Director of Communities, Sheffield City Council and the Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group (CCG), submitted a report providing an overview of progress on the

Integrated Commissioning Programme (ICP), which was a joint commissioning programme between NHS Sheffield Clinical Commissioning Group and Sheffield City Council and supported the delivery of the Better Care Fund of £270 million.

The report was presented by Joe Fowler, Director of Commissioning, Sheffield City Council, and Liz Howarth, Programme Director of the Integrated Commissioning Programme. It highlighted progress to date and future milestones. Challenges and risks to the programme were outlined, which related to financial challenges, the approach to commissioning and System Governance. The Board was asked to consider some of the challenges and risks to support the achievement of change for the benefit of the people of Sheffield. Four work streams had been established in the areas of Independent Living Solutions, People Keeping Well, Active Support and Recovery and Ongoing Care and further work streams might be established to meet the aims the programme.

The Board was also asked to consider if it would be supportive of a wider review of system governance arrangements, to ensure that the ICP is properly aligned with other major pieces of work such as the Prime Minister's Challenge Fund.

The scale of the programme was ambitious given the amount of systems change and redesign across health and social care. The focus was on adults, although discussion was being held in children's services with regard to transitions. A strategic review had been commissioned, one of the recommendations of which was to develop the involvement of provider input to the programme, which had been addressed in the design of solutions and governance.

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

There was a commitment between the CCG and the Council to focus on the future and work as one virtual organisation to achieve the change required. Discussions had taken place with commissioners to agree principles and ensure value for money. Workshops had been held with providers and it was intended to hold an integrated commissioning 'summit' in September to enable people to confirm and challenge the proposed approach.

The Council and CCG would take decisions within their existing decision making structures and rules and there was a role for the Council's Health Scrutiny Committee. With regard to governance, there was currently no existing structure for joint decision making and commissioning, although that was the aspiration. The Health and Wellbeing Board's present role was to ask for work on the model for health and social care but it was yet to be seen whether this Board would be the appropriate governance body for the City.

It was not clear where the citizen was as part of what was a large scale transformation. There had been some open sessions for people. However, it was difficult to engage people in what was, at present, a conceptual model. Healthwatch Sheffield was represented on the Programme Board and could assist in respect of public engagement.

Increasing demand was a further challenge which should be considered, together with how to converse with the public about creating better value services, with less money and achieving better outcomes. This should form part of a wider policy discussion, including consideration of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Systems design should begin with the citizen and their needs and engagement was required to ascertain what those needs were and understand the various connections. Previous incremental change may have led to a fragmented system of care, whilst the alternative was more substantial systems change.

Resolved: That the Health and Wellbeing Board:

1. Notes the progress made to date with the Integrated Commissioning Programme (ICP);
2. Recognises the continued ambition for joint working across health and social care;
3. Recognises the scale and pace of change required in the challenging financial climate; and
4. Supports further work to be carried out on the partnership governance arrangements.

6. UPDATE ON THE JOINT HEALTH AND WELLBEING STRATEGY: OUTCOME 3 - HEALTH INEQUALITIES ARE REDUCING

The Board considered a report of the Director of Public Health concerning Outcome 3 of the Joint Health and Wellbeing Strategy: *Health inequalities are reducing.* Dr Stephen Horsley, Director of Public Health presented the report, which set out progress over the past year and things the Health and Wellbeing Board could do to ensure that progress continued.

Outcome 3 was concerned with people and communities who experienced the poorest health and wellbeing and the need to address those communities who experience the worst health and wellbeing inequalities. The report set out performance relative to the relevant outcome indicators, which comprised the slope index of inequality in life expectancy (Men); the slope index of inequality in life expectancy (Women); excess winter deaths; and excess premature mortality in people with a serious mental illness.

A programme of health needs assessments were being undertaken for a number of communities of interest in recognition that further evidence was required in relation to other drivers of health inequalities and the results would form supplements to the Joint Strategic Needs Assessment. The report included a summary of progress, action by action, under each outcome in the Joint Health and Wellbeing Strategy.

Members of the Board asked questions and commented on the issues raised by the report, as summarised below:

Although there was much activity taking place with regards reducing health inequalities and a considerable amount of work would be done with communities over the next ten years, the outcome measures were not improving and it was considered that there might be opportunities to approach matters differently. Comparative data showed that other Core Cities were making some advances. It was important that Sheffield challenged itself to make progress and tackle gaps. Whilst large scale initiatives had taken place, such as the Decent Homes programme, certain elements of the programme may not have been fully developed to bring about wider improvements to health and wellbeing, for example to reduce fuel poverty and there was scope to review such programmes and to support innovation. The Best Start Programme was a good example from which to learn.

Life expectancy indicators for Sheffield were not improving and child poverty was increasing, in relation to which the impact of welfare reforms had to be taken into account. Potential opportunities for research funding might be explored.

In relation to new arrivals, resources which previously formed the Migrant Impact Fund were within the Social Fund and ways needed to be considered of making sure that the necessary funds were available to the City.

It was likely to take a considerable amount of time to change the outcomes as measured by the outcome indicators as there was much impetus behind them. With regards to life expectancy, consideration should also be given as to the quality of life for people with chronic health conditions.

The Council's Corporate Plan referred to a priority for the Council to be an organisation which was 'in-touch', responsive and flexible and one that could change and adapt and the Joint Health and Wellbeing Strategy also needed to take such principles into account. Consideration also had to be given the effect of changes, such as those regarding accessibility of funds directed to the impact of migration.

Resolved: That the Board:

1. Actively supports the recommendations made under each action in the report of the Director of Public Health now submitted.
2. Supports the ongoing programme of needs assessment.
3. Requests a further update on this outcome in June 2016.

(At this point in the proceedings, Councillor Mary Lea took the Chair, Councillor Julie Dore having vacated the Chair and left the meeting.)

7. PUBLIC MENTAL HEALTH AND WELLBEING: A STRATEGIC APPROACH

The Board considered a report of the Cabinet Member for Health, Care and Independent Living (Councillor Mary Lea) and Governing Body Member, NHS

Sheffield Clinical Commissioning Group (Dr Ted Turner), which concerned public mental health and wellbeing. The report built upon an update provided to the meeting of the Board in March 2015 and it included the developing work programme relating to building mental wellbeing and emotional resilience, which set out objectives, actions and timescales. Chris Nield, Consultant in Public Health introduced the report.

Gregor Henderson, National Lead, Wellbeing and Mental Health, Public Health England, had been invited to attend the Board meeting and he addressed the Board on the subject of mental and emotional health and wellbeing. He said there was an ambition to consider mental health and wellbeing in all things and take a broad approach. He was impressed at the evidence of the approach being taken in Sheffield and from hearing people's stories. Mental health and emotional wellbeing was about how people feel and how they behave and was not something which should be marginalised. We needed to ask how the conditions could be created which helped to deal with someone's distress. Important issues were the prevention of mental illness, early intervention and supporting and sustaining a person's recovery.

Mental illness carried with it large social and economic costs and people with mental illness were likely to die 15-25 years earlier than other people. Integrated and embedded approaches worked most effectively and there was a requirement to realign and invest in community approaches so that mental and physical health were considered together. Leadership for mental health was the responsibility not only of the health service but also of organisations including schools, the police, employers and housing providers. Support was necessary in early years and for parents, employers and to reduce social isolation in the elderly.

Gregor Henderson commented that he was impressed at examples of integration of services in Sheffield, such as in Darnall where there was evidence of debt, emotional distress and domestic abuse services being integrated. The shift to greater levels of community based integrated support required integrated investment supported by the use of data intelligence and multi-modal evidence.

Members of the Board made comments on the subject of mental health and emotional wellbeing, as summarised below:-

There had been an attempt to shift resources towards early intervention and support in children's services and Sheffield had the lowest number of children in care. Mental health affected families, individuals and communities and it was a matter that was difficult to progress, although this Board was attempting to do so, including working with the Universities to make sure there was sufficient relevant evidence.

Upstream investment presented a change of approach and evaluation would be built into to processes. The City needed to make investments in the early stages where possible to save costs later on. However, it was noted that as a result of a decision by central government, an in-year cut of £2 million was to be made to the public health budget. There was evidence in Sheffield that it was right to have a diverse range of investments.

The message for the promotion of good emotional wellbeing '5 ways to wellbeing' should be shared as appropriate.

Resolved: That the Board:

1. Agrees that this approach presents an opportunity to realise significant change and improvement and that the leadership of this Board and the organisations represented on the Board is key;
2. Supports this preventative upstream approach, both at a strategic and operational level;
3. Notes the progress outlined in the report and the appended action plan now submitted; and
4. Agrees to promote the following narrative:

   "Improved mental wellbeing is associated with better physical and mental health, reduced inequalities, improved social relationships and healthier lifestyles. It can help people achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society. Its strategic significance can be better understood."

8. HEALTHWATCH SHEFFIELD ANNUAL REPORT

The Board considered the Healthwatch Sheffield Annual Report 2014/15, which was presented by the Chair of Healthwatch Sheffield, Maggie Campbell.

The Healthwatch Sheffield Annual Report provided an overview of the work and statutory activities completed by Healthwatch Sheffield during 2014/15 and demonstrated the use and role of citizens' voice in influencing and improving health and social care services. It included information about obtaining the views of 'hidden voices' - people who were generally not able to access those making decisions or delivering services; Young Healthwatch; the Virtual Advisory Network; volunteers, information and advice provided; and written reports.

Members of the Board commented upon the Annual Report and asked questions, as follows:

The issue of how the Health and Wellbeing Board and Healthwatch might work together more effectively could be considered by a dedicated small group.

The health and social care organisations represented on the Board may be able to assist with the delivery of enter and view visits to health and social care providers.

Engagement was an ongoing challenge and Healthwatch Sheffield might help to provide a way of improving engagement and access to patient groups and networks. Staff and commissioners in health and social care might also not be aware of the existence and role of Healthwatch and the Board could help in this regard.

The contribution of Healthwatch Sheffield to work on the engagement of children and young people was recognised, albeit within relatively small but well managed resources. Volunteers with Healthwatch, for example community researchers, did have opportunities for development and people studying towards a Masters in Public Health worked with Healthwatch. Volunteers were from a variety of backgrounds and a substantial proportion were young people aged between 18 and 24.

Resolved: That the Board:

1. recognises and endorses the value of the work of Healthwatch Sheffield in using citizens' voices to improve health and care services; and
2. considers how best it can utilise the voices of citizens in its programme of work for the forthcoming year and work better with Healthwatch Sheffield at a future Strategy Meeting.

9. MINUTES OF THE PREVIOUS MEETING

Resolved: that the minutes of the meeting of the Board held on 26th March 2015 be approved as a correct record.

10. DATE AND TIME OF NEXT MEETING

It was noted that the next meeting of the Board would be held on Thursday 24 September 2015 at 2.00pm at the Town Hall, Sheffield.