SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 26 March 2015

PRESENT: Councillor Julie Dore (in the Chair),

Dr Tim Moorhead (Co- Chair), Clinical Commissioning Group

Ian Atkinson, Clinical Commissioning Group (CCG)

Dr Nikki Bates, Governing Body Member, Sheffield CCG

Maggie Campbell, Healthwatch Sheffield

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

Alison Knowles, NHS England

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

John Mothersole, Chief Executive, Sheffield City Council

Dr Ted Turner, Governing Body Member, Clinical Commissioning Group

Dr Jeremy Wight, Director of Public Health, Sheffield City Council

Moira Wilson, Interim Director of Care and Support, Sheffield City Council

IN ATTENDANCE:

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

Joe Fowler, Director of Commissioning, Sheffield City Council

Tim Furness, Director of Business Planning & Partnerships, Sheffield Clinical Commissioning Group

Chris Shaw, Head of Health Improvement, Sheffield City Council

.....

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Mazher Iqbal, Jayne Ludlam, Laraine Manley and Dr Zak McMurray.

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

Adam Butcher asked what the Health and Wellbeing Board can do to make sure that the National Reports into Child and adolescent Mental Health Services are acted to in Sheffield.

Councillor Jackie Drayton, the Cabinet Member for Children, Young People and Families responded by referring to the "Future in Mind" document launched by NHS England, which concerned children and young people's mental wellbeing. The Board was also considering, at this meeting, an update on the building mental wellbeing and emotional resilience work programme. It was also examining the response and progress update concerning the Emotional Wellbeing and Mental Health Engagement Event with Chilypep, Sheffield Futures and Young Healthwatch in November 2014. This report included progress relating to actions made through the CAMHS (Child and Adolescent Mental Health Services) scrutiny process. This included the pathways, emergency support and provision of information. There were gaps identified in relation to transition. The scrutiny process involved the Council, the Children's Trust and the CCG and resulted in a number of recommendations.

John Doyle, Director of Business Strategy, Children, Young People and Families, stated that it was useful that national frameworks reflected local issues and the promotion of resilience for young people. The Executive Group had been established, led by the NHS and the City Council, to work on issues which had been raised by children and young people at the Emotional Wellbeing and Engagement Event in November 2014.

Councillor Jackie Drayton added that a successful mental health intervention pilot would be expanded to other schools in Sheffield. Such early intervention and preventative models could help to stop people from needing support from CAMHS or at a higher level.

Maggie Campbell, Healthwatch Sheffield stated that Young Healthwatch was working on the issues relating to child and adolescent mental health services. Ian Atkinson stated that the CCG was working with colleagues in the Council with regard to mental health services for young people.

Councillor Julie Dore explained that, in terms of the Board's role in relation to national reports, when such reports made recommendations, the Board responded immediately and this was also the case for high profile local reports. National reports were examined to determine how their findings might apply to Sheffield and to replicate best practice and ensure that poor practice was not taking place in the City. Councillor Dore asked that Mr Butcher inform the Board of future reports which might inform the work of the Board.

3.2 Public Question Concerning Providers of Social and Community Based Care

Mike Simpkin stated that at the March meeting of the CCG Governing Body, he had asked for and was given assurances that within the Better Care Fund, NHS Clinical Services, under a broad definition, would be commissioned under NHS contracts and not made subject to local authority procurement rules. There was

some evidence of social care client dissatisfaction concerning the inaccessibility of services commissioned by the Council from out of Sheffield providers, although the extent of this was not known. He also said that there was a series of unexplained impasses between the Council and Sheffield Health and Social Care NHS Trust over renewable or new contracts as most recently instanced by the Council's decision to put dementia services at Hurlfield View out to tender.

Mr Simpkin asked what steps the Health and Wellbeing Board was taking to ensure that there is an active, viable and sustainable network of locally based providers of social and community based care, with particular reference to development of the publicly funded and Voluntary, Community and Faith (VCF) sectors. He stated that this would be of added importance if personal budgets got more traction.

Councillor Mary Lea, the Cabinet Member for Health, Care and Independent Living, stated that consultation on Dementia services had taken place in 2012, which included provision for the future. The consultation results included that day care should be less centralised and building-based. With regard to the contract relating to Hurlfield View, it was proposed that there would be further discussions with people. Services would be developed in accordance with best practice. Emergency and respite services would remain in place.

Joe Fowler, Director of Commissioning, Sheffield City Council, stated that whilst clinical services were mainly provided by the NHS, a high proportion of social care services were provided by the voluntary, charitable and independent sector. Supported Living settings were also often provided by the voluntary and charity sectors. The fact of other sectors providing social care services was a continuation of what was already happening. There was a need to create sustainable services and Hurlfield View was a locally provided facility which included day care provision. The Council had to use the resources available to best effect for the greatest number of people and to this end it had to continue to work with local providers. He stated that he would be pleased to speak further with people about the issues.

4. UPDATE ON THE JOINT HEALTH AND WELLBEING STRATEGY: OUTCOMES 4 AND 5

The Board considered a report of the Joint Chairs of the Board concerning Outcomes 4 and 5 of the Joint Health and Wellbeing Strategy:

- People get the help and support that they need and feel is right for them; and
- The health and wellbeing system is innovative, affordable and provides good value for money.

Tim Furness, the Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group (CCG), gave a presentation introducing the main aspects of the report.

Members of the Board discussed the two main themes of the outcome areas, which were, for outcome 4: Person-centred care and support; Self-help; and Engagement and Participation; and for outcome 5: Joint commissioning and whole-system transformation; Prevention and early intervention; and Health and wellbeing workforce.

In discussing particular actions under each theme, the Board considered what progress had been made in the past year; the main issues and opportunities for the action and what the Board/ Members of the Board could do over the next year in relation to that action. A summary of the discussion is as follows:-

Sheffield appears to perform poorly on delayed transfers of care from hospital. This is largely because the Sheffield Teaching Hospital Foundation Trust changed how it defines delayed transfers of care and reported delays in a way which was more accurate but resulted in an increase in the number of delays identified and data which was not comparable with previous years or other areas of the country. The level of performance in relation to transfers was not acceptable and there was a wish to ensure that, where there were alternatives, these were offered, so that people were transferred back home as quickly as possible and were able to be more independent.

In a response to a question, it was noted that there was not a transitions work stream for young people within the integrated care programme, although the work on improving transfers was beginning with a focus on older people and discussions were being held between the Chief Nurse and the Executive Director, Children, Young People and Families and this also formed part of the brief for the Executive Group in relation to mental health. Work on joint commissioning and integration of children's services was currently outside the integrated commissioning programme.

The volumes of people requiring care was high and increasing and there should be concern with the quality of available care, for example in GP Practices where satisfaction rates may be low. People with long term conditions also needed to be helped to navigate the system.

The issue of delayed transfers of care was a priority for improvement, so that the path for people to return to their home was smooth as possible with a range of services to support them. The formation of the Health and Wellbeing Board represented an opportunity to bring approaches together and to make change. Transition was an area requiring significant change be it through working together or commissioning. It was acknowledged that such change required time to overcome barriers, but there were opportunities to build on good practice.

A key objective was to tackle health inequalities and Action 4.9, to "Commit to working with partners on a model of active citizenship that promotes health literacy and supports people to look after themselves as well as

possible" included ensuring that people had access to services. When there was so much pressure on services (including children's services and those for older people and mental health), how might we make sure that access and reducing inequality was included in the work on active citizenship? There was also a similar action in the Health Inequalities Action Plan and active citizenship was part of the keeping people well in communities programme and taking a holistic approach. It was about identifying risk and taking appropriate action. The Best Start Strategy would pick up such issues relating to young people.

Action 4.10: (to "Require both commissioners and providers to have effective engagement processes in place that take what service users think into account in all decisions.") was an area which was improving. However, people sometimes say that although we consult with them, they did not think that what they said was taken on board. It was therefore important to explain to people the reasons why we were unable to include their particular idea. Healthwatch Sheffield would be able to help in this regard and there was more engagement with people. It needed to be demonstrated that what people had said had been heard and, in some cases, there was an explanation of why we hadn't done what they had asked.

In respect of Action 5.7 (to "Continue to seek greater efficiency from providers, without putting service users' safety or experience at risk."), the financial context would be increasingly difficult over the forthcoming year. However, there was some optimism that partnerships would help identify solutions for Sheffield and there were ongoing conversations between commissioners and dialogue was needed with providers and the public (the latter in particular relation to promoting awareness and in helping with conclusions as to potential solutions.)

Clarity was sought regarding Action 5.3: (to "Establish more preventative and targeted approaches to the provision of health and social care by extending the application of population risk profiling (predicted risk of future health crisis) to enable a closer alignment between services and people's needs. This should inform the development of integrated care and reablement services to help people stay at home, be healthy for longer and avoid hospital and long-term care.") as although this was under the prevention theme, the progress outlined in the report as submitted concentrated upon avoidable admissions. It was explained however, that the actions were wider than reducing admissions and the strategy was being considered piece by piece. The focus in the report was on admissions as financial resources needed to be released to achieve financial balance by reducing the demand for hospital care and long term social care. Whereas, in other parts of the Strategy, such as wellbeing, there was a wider focus on prevention. The issue of finance was the subject of the forthcoming engagement meeting in May 2015.

The Strategy outcomes were not considered in isolation of one another and issues of need, expectations and affordability were apparent in every

outcome area, together with cross cutting themes including inequalities, innovation and affordability. Each outcome was interdependent and there was a wider interdependency between the outcomes of each organisation represented on the Board, such as those within the City Council's Corporate Plan. Outcome 4 of the Health and Wellbeing Strategy (that "People get the help and support that they need and feel is right for them.") was reflected in an aspect of the Council's Corporate Plan which sought to deliver Council Services on behalf of people that they need and at the right place and time. Other themes in the Council's plan concerned financial security and sustainability. The very fact that organisations in the City have come together, helps each to think about such interdependency and not to take decisions in isolation. Prevention was most important and inevitably impacted upon issues of affordability.

It was recommended that the Board should also consider how in reporting on outcomes, the interdependencies could be seen clearly.

Resolved: that the Board:

(1) Having discussed the outcome areas in depth, actively supports the recommendations made under each action detailed in the report as submitted.

(2) Supports the ongoing programme of needs assessment.

(3) Requests another update on these outcomes in March 2016.

(4) Requests that consideration is given to how in reporting on all of the outcomes in the Joint Health and Wellbeing Strategy, interdependencies could be clearly identified.

5. HEALTH, DISABILITY AND EMPLOYMENT IN SHEFFIELD

The Board considered a report of the Head of Health Improvement, Sheffield City Council, concerning health, disability and employment in Sheffield. Chris Shaw, Head of Health Improvement, Sheffield City Council, gave a presentation outlining the main issues in seeking to improve employment opportunities for people experiencing health or disability barriers to employment and to reducing the impact of poor health upon employment.

The Board made comments and asked questions on matters contained in the report or included in the presentation, as summarised below:-

The sickness absence rate in Sheffield was significantly higher than in other places in England. The economy in the City comprised a high proportion of public sector employment and one observation was that people remaining in the public sector were often in stressful areas of work. It would be necessary to look at the best performing places in the country, to see what else was being done to reduce and manage sickness absence.

Citizens had been involved with the development of the Sheffield Working Well

programme and in the project with Macmillan to develop vocational rehabilitation for people recovering from and living with cancer.

Questions were asked as to how work to get people more resilient and back to work might fit with other initiatives in communities such as debt advice, delivering through communities and the degree of GP participation. The Board was informed that the Sheffield Working Well Programme was coterminous with the wellbeing programme. Local providers were relied upon to contact GPs and there were connections between the health and welfare systems, although contact between the two was not sufficient.

Large employers, including public sector ones, should be encouraged to lead by example. The "Works Well" project sought to provide employment opportunities for people with health and disability barriers to employment and was being delivered by SOAR, ZEST and Manor and Castle Development Trust.

It was important to bring together expertise in this regard and not to lose it in any process of change such as the creation of a single commissioning body and it should be made certain that small providers delivered outcomes.

It was considered that devolution may be the key in developing what is being asked of Government in terms of system change regarding health and disability related employment provision.

Resolved: that the Board seeks to undertake the following actions to support work relating to health, disability and employment in Sheffield:

(1) Requests GPs to refer into the Well To Do Pilot (ESA referral).

(2) Supports the 'Workplace Wellbeing/Good Employer' award; including a joint endorsement with Chamber of Commerce and/or Local Enterprise Partnership.

(3) Actively participates in the Local Enterprise Partnership Social Inclusion and Equalities Advisory Board and seeks to influence investment regarding support funding (ESIF) for the employment of those with health conditions or disabilities.

(4) Sets a target for the partners in terms of increasing employment outcomes (upper quartile by 2016).

(5) Actively participates in PSTN (public service transformation network) group to develop the devolution 'ask' back to Government in terms of health and disability related employment provision.

(6) Arrange further discussion by Health and Wellbeing Board representatives to develop the City's approach, including the possible development of a Sheffield City Council/Clinical Commissioning Group shared/integrated Commissioning Strategy for Supported Employment to steer related commissioning intentions over next 3 to 4 years.

(7) Encourage larger employers to lead by example.

6. UPDATE ON THE JOINT HEALTH AND WELLBEING STRATEGY WORK

PROGRAMMES

The Board considered a joint report of the Director of Business Planning and Partnerships, NHS Sheffield CCG and the Director of Commissioning, Sheffield City Council, which provided an update on three of the five Joint Health and Wellbeing Strategy Work Programmes, including:

(1) A Good Start in life
(2) Building Mental Wellbeing and Emotional Resilience
(3) Food and Physical Activity

Consultation on the Best Start Early Years Strategy had commenced on 16 March 2015. It was intended that the CCG was a joint signatory to the Strategy.

The Sheffield Food Strategy was approved by Cabinet in June 2014 and year one of the implementation plan was almost complete and the implementation plan for 2015/16 was under review. Progress had been made in implementing some areas of the Move More Plan.

In relation to Mental Health and Emotional Resilience, a working group had been established to co-ordinate a plan for the delivery of a programme of work to help achieve the aims of the work programme 2. Whilst the remit was challenging, the group was close to agreement on a draft plan.

Resolved: that the Health and Wellbeing Board:

(1) Supports the progress made with each of the following work programmes: A Good Start in life; Building Mental Wellbeing and Emotional Resilience; and Food and Physical Activity.

(2) Requests a further update be submitted to the Board on the work programmes in March 2016, if not before.

7. CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH

The Executive Director, Children, Young People and Families, Sheffield City Council, submitted a report concerning a response and progress update from the Health and Wellbeing Board to its Emotional Wellbeing and Mental Health Engagement Event with Chilypep, Sheffield Futures and Young Healthwatch in November 2014. The report included an update on progress relating to actions and service redesign following recommendations made through the CAMHS (Child and Adolescent Mental Health Services) scrutiny process.

John Doyle, Director of Business Strategy, Children, Young People and Families, Sheffield City Council, presented the report and outlined progress, including the completion of an Emotional Wellbeing and Mental Health school pilot in 2014 to help test and define a model for Emotional Wellbeing provision and staff support. This had informed future services to support children and young people's emotional wellbeing and mental health. Funding had been identified to expand the pilot to 3 families of schools during 2015.

The Action Plan relating to the CAMHS scrutiny process was appended to the report submitted to the Board and summarised progress in areas including transitions, the role of schools and co-production.

Councillor Jackie Drayton informed the Board of key points arising from the workshop event, based on young people's experiences. These included the development of clear pathways, emergency support and the development of a holistic service for young people aged 16-25. Whilst there was much to do, there had been progressive work with the CCG and NHS Trust on the recommendations.

Resolved: that the Board

(1) Requests that a further review on progress and implementation be submitted to the Board during autumn 2015.

(2) Notes actions and service redesign being taken forward as an outcome of the CAMHS Scrutiny process.

(3) Thanks the Healthier Communities & Adult Social Care Scrutiny and Policy Development Committee and the Child and Adolescent Mental Health Working Group for its work in relation to the review of emotional wellbeing and mental health provision.

8. HEALTH AND WELLBEING PLANS FOR SHEFFIELD IN 2015/16: SHEFFIELD CITY COUNCIL AND NHS SHEFFIELD CLINICAL COMMISSIONING GROUP

The Board considered a report of the Director of Business Planning and Partnerships, NHS Sheffield CCG and the Director of Commissioning, Sheffield City Council, concerning Health and Wellbeing Plans for Sheffield in 2015/16 and the Plans from Sheffield City Council and NHS Sheffield Clinical Commissioning Group in particular. Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield CCG presented the report noting that the CCG had previously published a plan for the period 2014/16 and stating that the plan comprised both continuing and new priorities. Among the new priorities was a review of Urgent Care leading to a new Urgent Care Strategy and the development of a view as to what health and social care should look like in five years' time. The forthcoming Engagement Event in May 2015 would be the starting point for such discussions.

The Board was asked to consider the following questions:

- Does the Health and Wellbeing Board support the priorities proposed by the commissioning organisations?
- Are there areas for greater joint working between the organisations on the Health and Wellbeing Board (and others) in 2015/16?
- What role is there for Healthwatch Sheffield over the coming year in assisting with the implementation of these plans?

Members of the Board discussed the issues raised by the report, a summary of which follows:

The next Board Strategy meeting would consider key issues which the Board should be concentrating upon, including further work with providers of health and social care and exploring what health and social care should look like in the future. In relation to devolution, the Board needed to be prepared to make a bid to the Secretary of State in the next Parliament as regards how health and social care should be governed in Sheffield and to present a preferred solution to Government.

It was noted that the CCG would bring forward a discussion concerning devolution. The breadth of the report now submitted was also welcomed.

There was a role for Healthwatch Sheffield in the implementation of the Health and Wellbeing Plans and this would be a welcome discussion at a future Strategy Meeting.

Resolved: that:-

(1) the Health and Wellbeing Board supports and endorses the commissioning plans set out in the report now submitted;

(2) Board Members and the Board's organisations commit to working together in an integrated way over the coming year; and

(3) The next Strategy meeting of the Board considers the following questions in depth:

(i) Are there areas for greater joint working between the organisations on the Health and Wellbeing Board (and others) in 2015/16?

(ii) What role is there for Healthwatch Sheffield over the coming year in assisting with the implementation of these plans?

9. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2014

The Board considered the Director of Public Health Annual Report 2013/14 entitled *Climate Change and Health.* Dr Jeremy Wight, the Director of Public Health introduced the report, which had also been submitted to meetings of both the City Council and the CCG. The report's focus was the impact of climate change on health, describing the scale of the challenge and setting out the actions which could be taken to mitigate or adapt to the effects of climate change.

The Board discussed the report, as summarised below:

There were examples of good practice in relation to actions to mitigate or adapt to climate change although in many cases the City would need to develop its own approach. There might be tensions between the need for economic growth and improvements in environmental conditions such as air quality. Such decisions should not be made in isolation and the implications needed to be considered as part of a wider conversation.

A sustainability policy might be an enabling device rather than being able to ensure that Sheffield meets its carbon reduction obligations by 2020. Air Quality was an issue for the City as a whole and it was not appropriate for the City Council and CCG to produce separate policy. This issue could best be considered initially by the Sheffield Executive Board, to determine how policy can be developed and to identify resource for the production of the policy. The matter could then be submitted to the Health and Wellbeing Board for consideration.

If a system of carbon accounting was introduced, the Board would need to make sure that it still did the right things for patients and the public. A carbon accounting system would make explicit how decisions on health and social care would affect carbon emissions and identify the necessary trade-offs.

Resolved: that the Board:

1. Notes and welcomes the Director of Public Health Annual Report 2014;
2. Considers the recommendations as submitted in the Annual Report and identifies those recommendations in the Report in relation to which the Board can collectively respond and take action; and
3. Requests that a further report is submitted to the Board in 3 to 6 months' time, setting out the Board's responses to those recommendations.

10. AIR QUALITY AND HEALTH IN SHEFFIELD

The Director of Public Health submitted a report concerning air quality and health in Sheffield, which informed the Board about air quality as a public health priority and drew attention to the level of air pollution in the City, particularly with respect to nitrogen dioxide (NO_2) gas and PM_{10} fine dust particles. In presenting the report, Dr Jeremy Wight, the Director of Public Health, provided an update concerning progress towards achieving a reduction in pollutants; a measurable improvement in air quality; and a reduction in mortality attributable to air quality.

The Board asked questions and discussed issues raised in the report, as summarised below:

There was a problem in terms of linking action to reducing air pollution as it was not certain how effective any one action or a set of interventions would be, for example the introduction of low emission zones. At present, this made judgements difficult and therefore, metrics had to be developed to enable explicit action based on firm evidence.

There was a lot of evidence to say that poor air quality leads to increased mortality and there was an association for respiratory and cardiovascular causes of death. However, the evidence regarding the impact of interventions was not strong.

Resolved: that the Board:

1. Receives and notes the report of the Director of Public Health now submitted concerning Air Quality and Health in Sheffield;
2. Supports the ongoing investment in the work relating to air quality;
3. Supports the Director of Public Health in further work to assess (a) the likely impact of the implementation of the Air Quality Action Plan (AQAP) on air pollution and (b) the impact of any reduction in air pollution on health; and
4. Requests that a further report concerning air quality be submitted to the Board, which includes an update on the review and refresh of the AQAP in 2015.

11. THANKS TO BOARD MEMBERS

Councillor Julie Dore and Dr Tim Moorhead, as Co-chairs and on behalf of the Board, thanked Ian Atkinson and Dr Jeremy Wight as it would be their last Board meeting. They wished both of them well and acknowledged the expertise that they had brought to the Health and Wellbeing Board and their respective organisations.

12. MINUTES OF THE PREVIOUS MEETING

Resolved: that the minutes of the meeting of the Board held on 11th December 2014 be approved as a correct record.