

Sheffield Health and Wellbeing Board

Meeting held 29 September 2016

PRESENT: Dr Tim Moorhead (Chair), Dr Nikki Bates, Councillor Jackie Drayton, Greg Fell, Alison Knowles, Councillor Cate McDonald, Dr Zak McMurray, Judy Robinson, Maddy Ruff and Dr Ted Turner

In attendance: Dawn Walton, Children Young People and Families and Peter Moore, Clinical Commissioning Group

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Julie Dore and Phil Holmes, Jayne Ludlam, Lorraine Manley and John Mothersole.

2. DECLARATIONS OF INTEREST

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

3. PUBLIC QUESTIONS

3.1 Public Questions Concerning Sustainability and Transformation Plans

3.1.1 Mike Simpkin asked the following questions concerning the South Yorkshire and Bassetlaw and Sheffield Local Sustainability and Transformation Plan:

- 3.1.2
- 1) What was the role of the Health and Wellbeing Board in relation to the Sustainability and Transformation Plan (STP) given that it will not meet in public again until April?
 - 2) Where was the South Yorkshire regional dimension being publicly discussed?
 - 3) Given the size of the funding gap for Sheffield, how will the STP be financed, especially if the South Yorkshire and Bassetlaw footprint was not successful in obtaining transformation funding? To what extent does the STP require financial reallocations between health and social care organisations within Sheffield and the wider sub-region?
 - 4) Details of the STP were not expected to become available for another two weeks when some sort of consultation process will begin. Yet the timetable appears to demand that 2 year contracts will be signed before the end of the year. What was the nature of these contracts?

3.1.3 Greg Fell, Director of Public Health, responded that with regard to the role of the Health and Wellbeing Board, the NHS planning guidance was clear that there was not an expectation that Health and Wellbeing Boards would sign off the Sustainability and Transformation Plans. Health and Wellbeing Boards did not

- override the existing governance arrangements of constituent organisations at this stage. Alison Knowles, NHS England stated that the role of the Board was to have responsibility for setting the strategy for health and wellbeing in the Sheffield and therefore to ensure that the STP was something which would help to drive that strategy forward and would not be to the detriment of the strategy for the City.
- 3.1.4 With regard to where the regional dimension relating to South Yorkshire was being publicly discussed, Greg Fell stated that the NHS wished to make sure that various parts of the health and social care system owned the STP before going to the public. However, no one expected that there would not be wider consultation prior to any change.
- 3.1.5 The STP was a plan and organisations may choose not to implement some elements of that plan. The plan for Sheffield was progressing, whilst the South Yorkshire plan was quite light on detail at this stage. With regard to discussion about the plan for South Yorkshire and Bassetlaw at regional level, there was not a similar forum at the regional level. People in each area would be discussing the plans. Discussion was taking place regarding the Sheffield plan.
- 3.1.6 Alison Knowles confirmed that discussions relating to the STP were happening at each of the five areas in South Yorkshire and Bassetlaw, and included individual health Trusts, Clinical Commissioning Groups and Health and Wellbeing Boards. There would be open and public discussion about the STP. In addition, if there were proposals for significant change, there was a statutory requirement to engage and consult. A team was working on the engagement relating to the Plan. The five chairs of Healthwatch organisations in the region were to meet with Sir Andrew Cash, the Chief Executive of Sheffield Teaching Hospitals NHS Trust, including with regard to engagement.
- 3.1.7 Tim Moorhead, Co-Chair of the Board, stated that a significant amount of work had been done in relation to financing of the STP and with regard to allocation of resources between health and social care organisations. Peter Moore, Clinical Commissioning Group, stated that there was a place based plan and resources would be considered for the City as a whole. Consideration would be given to where providers of services incurred costs in delivering those services and the related opportunities such as how money might follow the patient. Work was being undertaken at present with regard to how funding could be provided which would meet patient need.
- 3.1.8 Maddy Ruff, Clinical Commissioning Group, stated that the NHS had set a deadline of 23 December for contracts to be signed off and work was being progressed with key providers and contracting intentions were to be produced with providers based on the Sheffield Plan, to which all organisations were signed up. There were also other areas specific to providers which were outside of the Sheffield Plan. Discussion took place at the Clinical Commissioning Group Board with regard to contracting intentions.
- 3.1.9 A South Yorkshire Joint Scrutiny Committee had met to examine some areas, including specialist children's services and stroke services, which was considered to be positive and consideration would be given to whether issues relating to the

STP might also be submitted to that forum for early discussion.

4. SUSTAINABILITY AND TRANSFORMATION PLANS AND SHAPING SHEFFIELD

- 4.1 The Board considered a report of the Director of Public Health and the Integrated Commissioning Programme Director concerning the development of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) and Sheffield Local STP. Greg Fell, the Director of Public Health, introduced the report and confirmed that the existing statutory bodies had responsibility for governance relating to the Plan and the Board was requested to note the current position as regards the STP and Sheffield Place Based Plan and to provide robust challenge as appropriate.
- 4.2 The STP would be used to deliver what people wanted to be done in Sheffield, including better care, enabling people to be healthier and an NHS which ran more efficiently. A coalition of different organisations would work together to achieve those aims.
- 4.3 Members of the Board asked questions and made comments and responses were provided, as summarised below:
- 4.4 The Plan documents should make sure to mention children and young people as well as adults, for example in relation to mental health. The programme relating to children and young people was developing and there was an emphasis on increasing the proportion of children in the City who were school ready. There were also positive developments relating to dental health for young children and immunisation.
- 4.5 There were inequalities relating to health in Sheffield. For example, many people did not go to their GP and there was evidence of people dying early when they might have received treatment for their health condition. A problem was how people might be encouraged to seek help when they were aware of symptoms. Action did need to be taken to help people who did not access health services. In some circumstances, investments may have to be made on wider determinants of health which would impact upon inequalities, such as work to increase the numbers of school ready children.
- 4.6 The Plan broadly referenced voluntary and intermediary groups and it could be more specific so as to include people who were volunteers, in voluntary and community organisations, in workforce programmes. It was also acknowledged that the voluntary, community and faith sector and Healthwatch were particularly effective in relation to involvement and engagement and it was suggested that the Board support the establishment of a working group on that issue.
- 4.7 Whilst the link between economic and health factors was mentioned in the Plan, there was a risk that the Plan became focussed too much on health services. Such factors as employment and health might be included to a greater degree in the Sheffield Local STP. Business and education sectors would need to be included in engagement to discuss such issues as sickness and wellbeing,

employment and apprenticeships. Attention should also be given to the inclusion of black and minority ethnic communities.

- 4.8 Work and health were included in the Plan and a bid had been submitted to the Government's Work and Health Innovation Fund with regard to a project which aimed to get people with certain health conditions back into employment. A report would be submitted to the next Strategy meeting of this Board regarding employment and health. The Transforming Sheffield Programme Board representing the Chief Executives of Sheffield's health and social care organisations would consider the STP and with regard to support and sponsorship for the Sheffield based Plan, the Chief Executives of both the Council and Teaching Hospitals Trust were members of that Board.
- 4.9 It would be considered how broader commercial interests might be included within the STP and how investment in Sheffield might be used to stimulate the local economy and keep employment and business in the City.
- 4.10 A comment was made that the Plan as it was written did not translate into a picture of transformation. Whilst success measures were good, it was not apparent how much change they might bring about. Although there was an opportunity to bring about transformative change, there was nothing in the Plan which said how it could be achieved. It would be important to identify how barriers which had prevented delivery could be removed.
- 4.11 Governance was potentially a difficult issue and it might prevent the health and social care community from delivering its ambitions. Health and social care organisations did not share risk and operated in silos and this represented a barrier. Whereas, patients should be considered before organisations. The requirement for each organisation to balance a budget or achieve financial control targets did not help them to share risk. The governance issue should be identified as a potential risk.
- 4.12 Organisational boundaries presented a problem and on reflection, some plans had not been fully transacted because barriers were in place. However, the governance was something which had to be worked through and some difficult things had been achieved within existing governance arrangements. It was possible that NHS England could attempt to improve this situation where risks were identified, so that health and social care organisations were able to do bold things.
- 4.13 Describing what success looked like in the Plans was a challenge and might be achieved by looking at outcomes to understand what was understood by transformation in reality and on the ground. For example, improving children's readiness for school could be measured by how well they were potty trained and whether they displayed good behaviour on entering school.
- 4.14 A memorandum of understanding had been agreed and signed by providers which would enable services and resources to move from one organisation to another. This needed to be tested but it could form the basis of a different model of governance. The Chief Executives of Health and Social Care organisations had

agreed to the Plan and they would be held to account. The idea of a single balance sheet had also been agreed. How this translated into contracting intentions was something which was being done through co-commissioning with the local authority in respect of children's and mental health services.

- 4.15 A combination of primary care, community care services and the voluntary sector would be utilised to help deliver and more might be done by community services which may have otherwise been done in hospital settings. It was thought that the STP needed to say more about primary care, community care and social care.
- 4.16 General Practice was an important part of developing a strong and sustainable model of primary care for the City and the CCG had published a Primary Care Strategy and Practices were positive about the model of neighbourhood working to support people in staying well.
- 4.17 Areas to focus on included: inequalities; health and work; governance, including in relation to the use of financial resources and how these were accounted for, decision making and risk; primary and social care; raising the profile of things which were already happening; and recognising barriers and challenging them.
- 4.18 In relation to measures of success, there were some City-wide issues which might be considered, including children's health and wellbeing, employment and equality as well as indicators of behaviours between organisations. The plan also needed to add value to existing initiatives. Successful engagement was also an important factor. Success might also be defined by the extent to which issues which prevented change, including system governance, were addressed collectively.
- 4.19 It was considered that the construction of the plan was an iterative process. The next step was the submission of the detailed plans and an approach to engagement and communications would also need to be in place by that point in time.
- 4.20 **RESOLVED:** That the Health and Wellbeing Board:
- (1) notes (a) the context in which the Sustainability and Transformation Plan (STP) is being developed, and the challenging timescales that have been set; (b) that many of the constituent parts of the plan reflect plans that are already in train – both at South Yorkshire and Sheffield level; (c) that the plan represents an opportunity to transform service provision in a way that better enables us to meet the three goals of improved health & wellbeing, improved service quality, and improved efficiency; and
 - (2) notes the points raised during the Board's consideration of the plan at this meeting and as outlined above, including its consideration of improvements to the way the plan is being developed that will enable greater involvement and engagement of groups not currently involved and elements of the plan or process that need to be made more visible and explicit.

5. MINUTES OF THE PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Health and Wellbeing Board held on 31 March 2016 be approved as a correct record.

6. DATE AND TIME OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held on 30 March 2017.