SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 13 December 2018

PRESENT: Councillor Chris Peace (Chair), Cabinet Member for Health and Social Care

Nicki Doherty, Director of Delivery, Care out of Hospital, Clinical Commissioning Group

Councillor Jackie Drayton, Cabinet Member for Children and Families

Greg Fell, Director of Public Health, Sheffield City Council

Phil Holmes, Director of Adult Services, Sheffield City Council

Rebecca Joyce, Accountable Care Partnership Programme Director

Professor Chris Newman, University of Sheffield

Judy Robinson, Chair of Sheffield Healthwatch

Councillor Jim Steinke, Cabinet Member for Neighbourhoods and Community Safety

Dr David Throssell, Sheffield Teaching Hospitals NHS Foundation Trust

Also In Attendance:

Jennie Milner – Better Care Fund Programme Manager

Eleanor Rutter - Consultant in Public Health, SCC

John Soady - Public Health Principal, SCC

Iolanthe Fowler - Clinical Director, Integrated Community Care and Primary Care Interface Services, Sheffield Teaching Hospitals NHS Foundation Trust

Ollie Hart – GP

Dan Spicer - Policy & Improvement Officer, Public Health Intelligence Team, SCC

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from the Co-Chair, Dr. Tim Moorhead (Chair of the CCG); Chief Superintendent Stuart Barton (South Yorkshire Police, representing the South Yorkshire Police and Crime Commissioner); Dr. Nikki Bates (Governing Body Member, CCG); Jayne Brown (Sheffield Health and Social Care Trust); Alison Knowles (Locality Director, NHS England); Jayne Ludlam (Executive Director, People Services, SCC); Laraine Manley (Executive Director, Place, SCC); Clare Mappin (The Burton Street Foundation); Dr. Zak McMurray (Clinical Director, CCG); John Mothersole (Chief Executive, SCC); and Maddy Ruff (Accountable Officer, CCG).

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest from members of the Health and Wellbeing Board.

3. PUBLIC QUESTIONS

3.1 There were no questions received from members of the public.

4. MULTIPLE MORBIDITY

4.1 The Board considered a report of the Director of Public Health, Sheffield City Council, providing a background summary of the challenge of multiple morbidity (where an individual is living with two or more long term conditions) and introducing a Board conversation on how Sheffield should meet that challenge.

4.2 Set out in the report were five sets of questions for the Board in relation to the challenge of multi-morbidity.

4.3 The report was supported by a presentation given jointly by Eleanor Rutter (Consultant in Public Health, SCC), John Soady (Public Health Principal, SCC), Iolanthe Fowler (Clinical Director, Integrated Community Care and Primary Care Interface Services, Sheffield Teaching Hospitals NHS Foundation Trust) and Ollie Hart (GP), which (a) provided details of and commented upon research and statistical data pertaining to life-course functional decline, prevalence of cumulative multi-morbidity by age, multi-morbidity prevalence by age and areas of deprivation, and the impact that delaying the onset and complexity of multi-morbidity in adults would have in terms of reducing secondary care costs, and (b) commented on the need for the approach to dealing with multi-morbidity to shift its emphasis from medical solutions, and acknowledged that GP training was now giving greater emphasis to more holistic ways of dealing with multi-morbidity.

4.4 Greg Fell, in supporting the principle that the development of health and care services should be shaped more around the needs of the individual and less around the interests of the services, asked what key changes would secure the step change required in that regard. In response, Ollie Hart suggested that there was a need to ensure that adequate resources were made available to fund the provision of non-medical services, and Iolanthe Fowler highlighted the importance of the multi-disciplinary team approach to service delivery.

4.5 In reply to Councillor Jim Steinke's query about health trends, John Soady stated that health levels, in general, were improving from generation to generation, adding that baseline functional capacity in the early years and early adulthood was hugely important to the trajectory from that time on. He emphasised that multi-morbidity and functional decline are interrelated and that it was a whole life-course issue, not just an issue of older age. He commented, however, that levels of physical inactivity were increasing and this was a concern which needed to be addressed.

4.6 Nicki Doherty emphasised the need to connect to work already taking place in this area, and agreed that the direction of travel should be to move more towards prevention. However, she queried whether our approach would be to promote different ways of working or to advocate budget transfer. In response, Ollie Hart suggested that addressing the challenge of multi-morbidity was primarily about different ways of working and was therefore more a cultural issue, but one which may then result in budget shift taking place over the medium term.

4.7 Judy Robinson, in referring to the proposed increased focus on community based interventions, highlighted the significant role played by voluntary and community sector partners in that regard, and stressed the need for a commensurate shift in the relationship between the public and VCF sector. She also stated that it was important to develop a range of health and care services in order to be able to provide people with options to consider when involving them in decision-making about their care.

4.8 Phil Holmes commented on the need to link to the action plan produced in response to the Care Quality Commission's (CQC) Local System Review of Sheffield, and he enquired as to whether efforts to address the challenge of multi-morbidity should be targeted towards specific cohorts/groups. In response, it was suggested that there was a need to promote a shift in mindset in the professions, acknowledging that the medical approach, on its own, is not the solution, and it was expected that the benefits would be maximised by focussing efforts towards the most deprived communities in the city.

4.9 Councillor Jackie Drayton suggested that the ambition was for Sheffield's citizens to enjoy life whilst they grow older, and in order to achieve this, efforts would need to be directed at a younger age and address a range of issues, such as working conditions, healthy eating, poverty, and provision of enriching experiences.

4.10 Dr. David Throssell suggested that the challenge of multi-morbidity was much wider than the focus of the CQC review, and he added that efforts would need to be carefully implemented and managed, particularly where this involved stopping or reducing treatments and providing alternative support via a greater role for primary care.

4.11 Prof. Chris Newman also emphasised the importance of ensuring that non-medical treatment/support was readily available.

4.12 **RESOLVED**: That, in considering the five sets of questions set out in the report in relation to the challenge of multi-morbidity, the Board's answers be as follows:-

1. *Does the Board agree that what matters most to a person, should be the basis of all decisions and support the development of person-centred approaches to care across the entirety of the spectrum of need? What will the Board commit to do to ensure that staff have the required skills to focus on quality (not just quantity) of life?* Answer – Yes, on the understanding that consultation takes place with individuals in relation to their care provision.

2. *Is the Board committed to delivering a 'Sheffield Healthy Lifespan': the number of healthy life years Sheffield residents should expect to live, and ensuring that it is fairly distributed across the city?* Answer - Yes

3. *Is the Board committed to a whole life-course, whole city approach, to ensure that Sheffield is a great place to grow older? What are the Board's asks and expectations of its members, partners and stakeholders (including the long term conditions work stream of the ACP)?* Answer – Yes. This should be reflected in the Sheffield Joint Health and Wellbeing Strategy and the Board should provide leadership and challenge progress on delivery, and all partners should take responsibility for ensuring improvements in this area.

4. *Is the Board committed to a meaningful shift in the budget from hospital to community-based interventions, ensuring the money is allocated according to need, to deliver the long term ambition of a radical programme to delay and prevent multi-morbidity, as well as ameliorating its effects? What does the Board believe its role is in making this happen?* Answer – The Board is committed to a different way of working on a care and wellbeing model driving change which is likely to result in resource shift. The Board will campaign for appropriate funding from the Government.

5. *Does the Board support the principle that care services should be integrated and wrapped around individuals and families and that people should be encouraged to be experts in their own health? What is the Board's role in ensuring that systems will be designed on that basis?* Answer – Yes. This should be articulated as a bold strategic intent of the Board.

5. DRAFT JOINT HEALTH AND WELLBEING STRATEGY

5.1 The Board considered a report of the Director of Public Health, Sheffield City Council, which commented on and appended the draft refreshed Joint Health and Wellbeing Strategy to cover the period 2019-23. The report also asked the Board to advise on the future development of the Strategy ahead of its planned agreement at the Board's March 2019 public meeting, and posed the following questions:-

- Are the Board content with the specific wording of each ambition statement?
- Are the Board content with the development of the substance underpinning the ambitions?
- Do the Board feel the Strategy properly addresses mental health and wellbeing, and healthy communities, and other issues that cut across the life course?
- Are the Board content with the proposed approach to implementation and measurement?

5.2 Greg Fell (Director of Public Health) introduced the report, referring in particular to the proposed structure of the new Strategy which was to set out, as nine ambitions for the city, the critical foundations that must be laid for achieving the

previously agreed vision to close the gap in healthy life expectancy in Sheffield by improving the health and wellbeing of the poorest and most vulnerable the fastest. These ambitions were articulated in the Strategy and structured into the three Life Course stages of Starting and Developing Well, Living and Working Well, and Ageing and Dying Well.

5.3 He commented that it was not intended that the Strategy would detail all of the work being undertaken to improve public health in the city, tobacco control being one such example. He added that the issue of loneliness was proving difficult to articulate and incorporate into the Strategy, and suggested that the content in relation to mental health and wellbeing, and healthy communities, required further strengthening. He also highlighted the proposed approach to delivery of the Strategy including developing the Board's future work programme around the Strategy.

5.4 Comments from members of the Board included:-

- Acknowledge that everyone in the city having a fulfilling occupation would not necessarily apply to people within the older age groups.
- Review how the ambitions are presented in page 7 of the Strategy to remove the impression of an order of priority.
- Targets/timescales be built into the subsequent metrics and action plans to be developed in relation to the ambitions.
- Acknowledge relationships to other plans and strategies for the city, for example, Shaping Sheffield.

5.5 **RESOLVED**: That:-

(a) the wording of the proposed ambitions, and the proposed approach to implementation of the Strategy and measurement of success, be approved;

(b) the Board commits to further engagement and development of the Strategy, for agreement at the Board's March 2019 public meeting; and

(c) the Director of Public Health be requested to undertake further work in relation to the content on loneliness, mental health and healthy communities, and members of the Board be requested to forward to the Director any comments or suggestions they may have in relation to the content of the Strategy.

6. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE REVIEW

6.1 Further to the consideration given at the meeting of the Board on 27th September 2018 to future meeting arrangements, including proposals to conduct reviews of Accountable Care Partnership governance and Health and Wellbeing Board membership and terms of reference, the Director of Public Health, Sheffield City Council, submitted a report (a) providing a summary of the discussions held during November with a range of members around the Board's development, (b) recommending some minor amendments to the Board's terms of reference in the light of those discussions and (c) posing the following questions:-

- Do the Board wish to make any recommendations for changes to membership, beyond the formal addition of the Executive Director of Place and the Cabinet Member for Neighbourhoods & Community Safety?
- Do the Board wish to discuss the requirements of Board members in more depth, and make further recommendations for change as a consequence?
- Do the Board wish to make formal commitments in the Terms of Reference (or elsewhere) with regard to communication?
- Do the Board agree with the other proposals set out in the report?

6.2 The Board gave consideration to each of the recommendations and questions, set out in the report, pertaining to each section of its terms of reference, and the following matters were agreed/supported:-

Role and Function

- Paragraph 1.6 be revised to articulate the requirements relating to the Better Care Fund (Jennie Milner to supply details to Greg Fell).
- Paragraph 1.8 be revised as proposed.

Membership

- To include the Executive Director, Place, Sheffield City Council, and the Cabinet Member for Neighbourhoods and Community Safety.
- Remove the place for a Housing Association voice.
- To include a 2nd VCF place.
- The academic place be retained but it be recommended that the appointee be a student representative from one of the city's universities.
- To discuss with the Executive Director, People Services, Sheffield City Council, whether to include a place for an educational expert, possibly from the Schools Forum.
- To include formalisation of the Accountable Care Partnership's representation.

Governance

- Paragraph 3.2 be revised as proposed.
- Paragraph 3.7 be revised as proposed.

Meetings, Agendas & Papers

- Paragraph 4.1 be revised as proposed.

Role of a Health & Wellbeing Board Member

- No changes be made to this section, recognising that the requirement to name one deputy and ensure deputies are well briefed is incorporated in the proposed revision to paragraph 3.2 of the terms of reference.

Engagement with the Public & Providers

- Paragraphs 6.1 and 6.3 be revised as proposed, whilst acknowledging that there is need to be mindful of the resource implications for Healthwatch Sheffield.
- Paragraph 6.2 be revised as proposed.

Review

- Retain the requirement to review the terms of reference on an annual basis.

6.3 **RESOLVED**: That the Director of Public Health be requested to (A) produce revised terms of reference for the Board, as now agreed, (B) obtain the approval of the Co-Chairs to the proposed revised terms of reference and then circulate them to all members of the Board for information, (C) submit the proposed revised terms of reference for formal approval at the meeting of the Council to be held on 6th February 2019 and (D) circulate the approved terms of reference to all the partner organisations.

7. MINUTES OF THE PREVIOUS MEETING

7.1 It was **RESOLVED**: That the minutes of the meeting of the Board held on 27th September 2018, be approved as a correct record.

7.2 Arising from consideration of the minutes, Greg Fell (Director of Public Health, Sheffield City Council) reported that, in relation to paragraph 3.3.1 of the minutes (Written Question Concerning Blue Badge Policy), a written response had been provided to Mr. Clegg. However, Mr. Clegg had deemed the response to be unacceptable, believing that our statement that almost all applications are dealt with within the 28 day target, was an unsupported assertion "as the Council has openly stated it maintains no records in this area". Mr. Fell commented that he had received further information on this matter from the Council's Customer Services service (who administer the Blue Badge Scheme), which indicated that the time taken to process Blue Badge applications is recorded and can be made available, and that, in terms of the 28 day target, if an applicant has not provided all the information required and officers have to request it, the clock is stopped and recommences at the point that the information is received. Mr. Fell stated that, accordingly, he would provide a further response to Mr. Clegg.

8. DATE AND TIME OF NEXT MEETING

8.1 It was noted that the next meeting of the Health and Wellbeing Board would be held on Thursday 28th March 2019, starting at 3.00pm.

9. DR. DAVID THROSSELL

9.1 It was reported that Dr. David Throssell was attending his last meeting of the Board prior to his retirement, and the Board placed on record its thanks and appreciation to him for his expertise, commitment and contribution to the work of the Board, and extended to him its best wishes for the future.

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