

SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 26 September 2019

PRESENT: BOARD MEMBERS:

Councillor George Lindars-Hammond (Chair) – Cabinet Member for Health and Social Care, SCC
Dr Terry Hudson – GP Governing Body Chair, Sheffield CCG
Maddy Desforges - VAS
Councillor Jackie Drayton – Cabinet Member for Children and Families, SCC
Nicki Doherty – Sheffield CCG
Greg Fell – Director of Public Health, SCC
Jane Ginniver, Sheffield ACP
Brian Hughes – Sheffield CCG
David Hughes – Sheffield Teaching Hospitals
John Macilwraith – Executive Director of People Services, SCC
Clare Mappin – Burton Street Foundation
Zak McMurray – Medical Director, Sheffield CCG
Judy Robinson – Healthwatch Sheffield
Sara Storey – Interim Director of Adult Services, SCC

SUBSTITUTES IN ATTENDANCE:

Councillor Dawn Dale, SCC
James Henderson – Director of Policy and Performance, SCC
Delphine Waring – South Yorkshire Police

ALSO IN ATTENDANCE:

Dan Spicer – Policy and Improvement Officer, SCC
Kay Kirk – Business Support to the Sheffield City Council Health and Wellbeing Board
Abby Brownsword – Principal Committee Secretary

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1. APOLOGIES FOR ABSENCE

- 1.1 Apologies for absence were received from Karen Curran, Mike Hunter, Laraine Manley, Alison Knowles, Alison Metcalfe, John Mothersole, Chris Newman, Lesley Smith and Councillor Paul Wood.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest.

3. PUBLIC QUESTIONS

- 3.1 There were no questions from members of the public.
- 3.2 Greg Fell informed the Board of a follow up email received regarding a Blue Badge complaint that had been discussed at a previous meeting of the Health and Wellbeing Board and noted that the issue was now progressing through the Council's complaints procedure.
- 3.3 The Board agreed that there should be no follow up from the Board outside the established complaints procedure, unless there was a clearly defined strategic question to address.

4. TOWARDS AN INTELLIGENCE-LED END OF LIFE STRATEGY FOR SHEFFIELD

- 4.1 The Board received a report regarding an intelligence-led End of Life Strategy for Sheffield.
- 4.2 In attendance for this item were Dr. Eleanor Rutter, Dr. Sam Kyeremateng, Dr. Anthony Gore, Louise Brewins and Chris Gibbons.
- 4.3 Eleanor Rutter explained that the paper discussed end of life, not end of life care. It was important to understand the needs of people approaching end of life and how best to meet them. How, as a city, could we support people, and their families, at the end of life.
- 4.4 There was a need to look at the role of the city and possibly create a Compassionate City Charter. It was acknowledged that modern healthcare had greatly advanced life expectancy, but had also medicalised the end of life, but not always with optimal quality of life. The wider impact of bereavement also needed to be recognised.
- 4.5 Anthony Gore stated that end of life care was good in Sheffield and a lot of data was collected by different bodies, but had not yet been looked at as a whole. There were 6 national ambitions for end of life which formed a framework for local action which formed part of the Health and Wellbeing Board's strategy.
- 4.6 Sam Kyeremateng said that the 6 ambitions were cross cutting and familiar in terms of ageing well. However, there was a need to think about different kinds of deaths e.g. perinatal, those with learning difficulties, etc. There was a need to understand how death can feel chaotic for some families.
- 4.7 Members of the Health and Wellbeing Board asked questions and the following answers and comments were provided:-
 - Sudden, shocking, planned and early death would be covered by the Strategy. It was not just about those who were expected to die.

- The leadership around end of life was mainly medical professionals. This wasn't inappropriate but a wider constituency of voices was needed to ensure a broad approach.
- There was no consensus regarding what a good death entailed. Sheffield was a multi-cultural city and expectations were different in different communities. There was a need to be culturally sensitive. A good death was different for everyone. This work would be undertaken.
- It was already established that minority groups accessed a range of end of life services less easily and there was a need to give all groups access to a platform to discuss end of life.
- Much of the data available was health service based in its orientation. All the data needed to be brought together to see where the gaps in knowledge lay. Resources may need to be made available to achieve this.
- The data from different sources needed to be brought together along with wider socio-economic data in order to look for patterns.
- A clear statement of strategy was required and it was felt that the Health and Wellbeing Board was mainly medically based, but that the City Council was much broader. Representatives from the VCF sector also needed to be included in the discussions.
- There was a need to make end of life an acceptable conversation.
- Work needed to be done to see how end of life fit with the Sheffield City Partnership Board. End of life needed to be brought together across the full breadth of programmes.

4.8 **RESOLVED:** That, in considering the questions set out in the report in relation to End of Life, the Board's answers be as follows:

- (1) *Does the Health and Wellbeing Board accept that a comprehensive end of life approach, including community and civic elements is most likely to deliver best outcomes for Sheffield? **Yes.** If so, would the Board sponsor a workshop to consider whether Sheffield should become a 'Compassionate City' and how best to progress that? **Yes.***
- (2) *How will the Board help to engage and enable leaders from within communities and neighbourhoods? **The Board had no objections to engaging with communities and neighbourhoods, but would need a clearer steer.***
- (3) *Can Board members give their individual organisational commitment to an integrated intelligence function to deliver this work? **A commitment from the Board Members was given that member agencies would support this.***

(4) *Does the Board support further development of a strategy based on the six national ambitions with the addition of a dynamic intelligence core? **The Board would encourage the return of a Strategy and would like to see how many of the national ambitions could be addressed.***

5. AUTISM STRATEGY UPDATE

5.1 The Board received a report giving an update on the Autism Strategy.

5.2 In attendance for this item was Joel Hardwick (Head of Commissioning – Inclusion and Schools Services).

5.3 Joel Hardwick explained that it was currently an adult focused conversation which was looking at how to include autism within the Inclusion and SEND Strategies. There was a need to focus on what was already in place.

5.4 There was a need to look at effective coordinated links with the teams who deal with learning difficulties and mental health to ensure that there was a smooth transition to adult care. Social Care and Crisis Care also needed to be looked at.

5.5 Greg Fell said that the three step plan outlined in the report felt right and the strategy would encompass skills, training and employment.

5.6 There was a need to understand all the issues and make sure that the Council listens to those with autism and their families to make sure their views were taken into account.

5.7 **RESOLVED:** That:-

(1) In considering the questions set out in the report in relation to the Autism Strategy Update, the Board's answers be as follows:

(i) *Is this proposed plan appropriate? **Yes.***

(ii) *Are there any areas of autism support that the Board wishes to flag to be considered as part of the action plan and spring review? **None specified.***

(iii) *Are there any key changes the Board would like to see in Autism support over the next five years? **None specified.***

(2) The proposed three step plan be approved by the Board;

- (3) A further update on this work area be presented to the Health and Wellbeing Board in September 2020; and
- (4) A Member of the Board be nominated as the key link for the Autism Partnership Board.

6. SHEFFIELD ACCOUNTABLE CARE PARTNERSHIP (ACP) WORKFORCE STRATEGY

- 6.1 The Board received a report regarding the Sheffield Accountable Care Partnership Workforce Strategy.
- 6.2 Jane Ginniver presented the report and explained that the ACP workforce was complex and multi-faceted. Each organisation within the ACP should have its own workforce strategy which should be integrated with the ACP strategy. Unpaid carers and volunteers should also be included.
- 6.3 The ACP Workforce Strategy had been consulted on with groups throughout the city and changes had been made following feedback received. On the whole there had been a positive response. The overview had been signed off by the ACP and the detail needed to be developed.
- 6.4 Greg Fell commented that he was pleased to see the prominence given to carers and asked whether smaller organisations without the infrastructure of big organisations were at a disadvantage.
- 6.5 Jane Ginniver responded that how the ACP could support smaller organisations would be part of the considerations.
- 6.6 Judy Robinson asked how better feedback could be obtained by staff and noted that it was pleasing to see the unpaid workforce being valued. Resilient communities created healthy communities.
- 6.7 Jane Ginniver explained that the voluntary service was included and there was a separate conversation needed regarding capacity issues.
- 6.8 Councillor Jackie Drayton said that recruitment and retention needed to be included, as well as links to universities and colleges, in-work training and career progression.
- 6.9 Jane Ginniver agreed and explained that more detail needed to be worked into the Strategy. A discussion took place regarding retirement and drop-out rates later in careers and the need to ensure that leavers could return if the opportunity was there. There was also an amount of turnover amongst the lowest paid workers and work should be done in schools to make jobs in the NHS attractive to school leavers as there was a range of jobs and careers available.

6.10 The Chair (Councillor George Lindars-Hammond) said that Sheffield had a smaller high end sector than other cities. Health and social care represented the highest and lowest reward in the city. There was a need to address payment at the lower end of the scale and create an empowered workforce who were proud to work in health and social care. It would be nice to see more in the future to address the need to skill up and reward frontline staff. The organisations involved also had a duty to address this need.

6.11 **RESOLVED:** That:-

(1) In considering the question set out in the report in relation to the Sheffield Accountable Care Partnership Workforce Strategy, the Board's answer be as follows:

Does the Sheffield ACP Workforce Strategy cover all the most critical considerations around workforce for the city, either directly or through work with other bodies (e.g. the South Yorkshire and Bassetlaw ICS) Yes

(2) The Health and Wellbeing Board supports the system workforce strategy.

7. CARE QUALITY COMMISSION (CQC) LOCAL SYSTEM REVIEW ACTION PLAN - QUARTERLY UPDATE

7.1 The Board received a report regarding the Care Quality Commission (CQC) Local System Review Action Plan – Quarterly Update.

7.2 Jane Ginniver informed the Board that a review of the action plan had begun to assess its impact and whether the plan was addressing the original recommendations of the review. A more thorough report would be submitted to the next meeting of the Health and Wellbeing Board.

7.3 The Shaping Sheffield plan had been endorsed by the ACP and would appear on the ACP website.

7.4 Areas of concern were the same as previously and more work needed to be done on the relationship with the voluntary, community and faith sector.

7.5 Nikki Doherty felt that it was a good time to review the action plan and reflect on the changing environment. Integration of specific programmes needed to be encouraged and the challenge was to get the system to recognise the work done.

7.6 **RESOLVED:** That the areas of good practice be noted by the Board.

8. MINUTES OF THE PREVIOUS MEETING

- 8.1 **RESOLVED:** That subject to the addition of Councillor Dawn Dale and Brian Hughes as present, the minutes of the meeting of the Board held on 27th June 2019, be approved as a correct record.

9. DATE AND TIME OF NEXT MEETING

- 9.1 It was noted that the next meeting of the Health and Wellbeing Board would be held on Thursday 12th December 2019 at 3pm, in the Town Hall, Sheffield.

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