Public Document Pack

Sheffield Health and Wellbeing Board

Sheffield City Council • Sheffield Integrated Care Board

Thursday 28 September 2023 at 2.00 pm

Town Hall, Sheffield City Council

The Press and Public are Welcome to Attend

Membership

Councillor Angela Argenzio	Co-Chair Adult Health & Social Care Policy Committee, Sheffield City Council
Dr David Black	Medical Director (Development), Sheffield Teaching Hospitals NHS FT
Sandie Buchan	ICB Place Director - Strategy, ICB Place Committee
Lindsey Butterfield	Chief Superintendent, South Yorkshire Police
Alexis Chappell	Director of Adult Health & Social Care, Sheffield City Council
Councillor Dawn Dale	Co-Chair Education, Children & Families Policy Committee, Sheffield City Council
Greg Fell	Director of Public Health, Sheffield City Council
Councillor Douglas Johnson	Chair of Housing Policy Committee, Sheffield City Council
Kate Josephs	Chief Executive, Sheffield City Council
Emma Latimer	Executive Director for Sheffield, ICB Place Committee

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Kate Martin	Executive Director-City Futures, Sheffield City Council
Dr Zak McMurray	ICB Place Director - Clinical, ICB Place Committee
Yvonne Millard	Sheffield Children's Hospital
Megan Ohri	Partnership Manager, SOAR
Joe Rennie	Sheffield Hallam University
Kathryn Robertshaw	Sheffield Health and Care Partnership
Judy Robinson	Chair, Healthwatch Sheffield
Helen Sims	Chief Executive, Voluntary Action Sheffield
Rachel Siviter	Independent Chair, Sheffield Mental Health VCSE Alliance
Dr Leigh Sorsbie	PCN Clinical Representative, ICB Place Committee
Robert Sykes	Chief Operating Officer, University of Sheffield
Meredith Teasdale	Strategic Director of Childrens Services, Sheffield City Council

Sheffield City Council

SHEFFIELD'S HEALTH AND WELLBEING BOARD

Sheffield City Council ● Sheffield Integrated Care Board

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. http://www.sheffield.gov.uk/home/public-health/health-wellbeing-board

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 may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda. Members of the public have the right to ask questions to the Health and Wellbeing Board meetings and recording is allowed under the direction of the Chair.

Please see the Sheffield Health and Wellbeing Board webpage or contact Democratic Services for further information regarding public questions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Board 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 on the agenda.

Meetings of the Board have to be held as physical meetings. If you would like to attend the meeting, please report to an Attendant in the Foyer at the Town Hall where you will be directed to the meeting room. However, it would be appreciated if you could register to attend, in advance of the meeting, by emailing committee@sheffield.gov.uk , as this will assist with the management of attendance at the meeting. The meeting rooms in the Town Hall have a limited capacity. We are unable to guarantee entrance to the meeting room for observers, as priority will be given to registered speakers and those that have registered to attend.

Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the website. If you wish to attend a meeting and ask a question you must submit the question in writing by 9.00 a.m. at

least 2 clear working days in advance of the date of the meeting, by email to the following address: committee@sheffield.gov.uk .

If you require any further information, please contact Sarah Hyde on 0114 273 4015 or email sarah.hyde@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 Integrated Care Board

28 SEPTEMBER 2023

Order of Business

1.	**Apologies for Absence**	
2.	**Declarations of Interest** Members to declare any interests they have in the business to be considered at the meeting.	(Pages 7 - 10)
3.	**Public Questions** To receive any questions from members of the public.	
4.	**Better Care Fund Update** Report of Sandie Buchan, Director of Strategy-Sheffield ICB and Alexis Chappell, Director of Adult Health and Social Care.	(Pages 11 - 42)
5.	**Health Protection** Report of Greg Fell, Director of Public Health.	(Pages 43 - 48)
6.	**Collaborating for Health- Conference Update**	(Pages 49 - 64)
7.	**Co-opting a new Board Member** Report of Greg Fell, Director of Public Health.	(Pages 65 - 66)
8.	**Forward Plan**	(Pages 67 - 68)
9.	**Minutes of the Previous Meeting**	
10.	**Date and Time of Next Meeting** The next meeting is on 7 December 2013 at 2.00pm, at the Town Hall Sheffield	
11.	**The Health and Wellbeing of Young People in Sheffield** The formal meeting and webcasting will cease at this point, to be followed by a Board workshop	(Pages 69 - 76)

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its Policy Committees, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from David Hollis, General Counsel by emailing david.hollis@sheffield.gov.uk.

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HEALTH AND WELLBEING BOARD PAPER
FORMAL PUBLIC MEETING

Report of:	Sandie Buchan, Director of Strategy – Sheffield ICB, Alexis Chappell, Director of Adult Health and Adult Social Care
Date:	28 September 2023
Subject:	Sheffield's Better Care Fund 23/25 Update
Author of Report:	Martin Smith – Deputy Director Planning and Joint Commissioning

Summary:

The Better Care Fund 2023/25 plan was submitted to NHS England on 28 June 2023. Following submission NHS England requested some clarifications on the plan that were sent back on 20 July as required. Regional and Cross-regional calibration of plans has been completed and formal plan approval letter are expected to be received by 22 September 2023.

As part of the national conditions for the Better Care Fund a plan for spending all funding elements in the BCF must be jointly agreed by the relevant local authority and ICB(s) and placed into a pooled fund, governed by an agreement under section 75 of the NHS Act 2006. Following the approval letter, the Section 75 agreement will be agreed to meet the national deadline for of 31 October 2023.

On 7 September the Department for Levelling Up, Housing & Communities (DLUHC) has addressed Local Authority Chief Executives with its 2023/24 DFG grant determination letter. £50 million additional funding for the Disabled Facilities Grant (DFG), confirmed by the Department of Health and Social Care (DHSC), has been distributed and allocated imminently. Sheffield have received £445,752. The system is reviewing plans on how this can support residents and await national guidance around the conditions that will be attached to the funding.

NHS England have confirmed that there will be a refresh requested on Capacity and Demand aspects of 23/24 BCF plans before the end of October 2023 which will be for the months of Nov 2023-Mar 2024. The refresh of Capacity and Demand section will be part of the BCF Q2 reporting template that has not yet been re-published following technical issues with the template. Due to the timescales, it is requested that the sign off of the national submission templates, and the update to the Section 75 agreement is delegated to the Chair, ICB Director of Strategy and Director of Adult Social Care.

Questions for the Health and Wellbeing Board:

1. Is there any specific updates which would be beneficial to the Board in future meetings?
2. How would the HWBB wish to be included in the work underway to rebase the Better Care Fund to align with the revisions to the City's strategies?

Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. Note the 23/25 Better Care Fund Plan update.
2. Delegate sign off to the Chair and Better Care Fund organisational leads.

Background Papers:

1.230907-DLUHC-50m-Letter-to-LA-Chief-Executives-and-DFG-grant-determination-letter-2023-24.pdf

2- Adults Strategy Delivery Plan Update.pdf (sheffield.gov.uk)

3- Adult Performance Sept 23.pdf (sheffield.gov.uk)

4- Directorate Plan Sept 23.pdf (sheffield.gov.uk)

5- Better Care Fund Plan

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

- **Living Well**
  - Everyone has access to a home that supports their health
- **Ageing Well**
  - Everyone has equitable access to care and support shaped around them
  - Everyone has the level of meaningful social contact that they want
  - Everyone lives the end of their life with dignity in the place of their choice

Who has contributed to this paper?

Both Sheffield ICB and the Local Authority have contributed to the production of this document.

BETTER CARE FUND PROGRESS UPDATE

1.0 BETTER CARE FUND 23/25

The Sheffield Better Care Fund Plan approval letter is expected on 22nd September 2023 and will be shared with members once received. As per previous years the letter is expected to confirm that the relevant NHS funding can be formally released subject to the funding being used in accordance with our final approved plan, and in accordance with the conditions set out in the BCF policy framework and the BCF planning requirements including the transfer of funds into a pooling arrangement governed by a Section 75 agreement.

NHS England have confirmed that the quarterly reporting will recommence from Quarter 2 and will publish a revised template that is due back by 31 October 2023. Its contents need to be signed off by Health and Wellbeing Board and we therefore ask that this sign off is delegated to the Chair, ICB Director of Strategy and Director of Adult Social Care.

The template will also collect refreshed estimates of capacity and demand for intermediate care for the Winter period including:

- Updates to estimates of demand and planned capacity for admission avoidance and discharge support services
- Short narratives on assumptions, changes since the development of main BCF plans, data issues and support needs
- Estimated amount of capacity we expect to spot purchase to support discharge over Winter

NHS England is holding a an online briefing session on completing the template on 21 September at 3pm that will be attended by Sheffield colleagues. The template will be completed jointly with the Sheffield Discharge Delivery Groups leads.

2.0 BETTER CARE FUND SCHEME UPDATES

There are a number of examples of great joint work being carried out as part of the agreed 23/24 Better Care Fund plan. Significant work has taken place including the Winter Planning and use of Adult Social Care Discharge to support the Better Care Fund deliverables. The Adult Social Care Directorate plan and performance demonstrate the improvement in data and deliverables. Some of the examples below highlight this work and will be used as part of the end of year report:

- Team Around the Person (TAP) forms part of the Better Care Fund People Keeping Well Programme. It continues to offer multidisciplinary, proactive care in an admission avoidance as well a discharge capacity. From April to June, they received 99 referrals, of these 98% of individuals had two or more long term health conditions, 61% lived in an area of deprivation and 41% were experiencing frailty. In recognition of their achievement, TAP was shortlisted for an MJ Local Government Achievement Award and are now finalists for the Nursing Times Awards, with winners to be announced in October.

- The team within the People Keeping Well Programme are arranging a Carer Engagement day in October, which will focus on support for unpaid and paid Carers to ensure their needs are not overshowed by the individuals they are supporting. This will be at the Winter Gardens on the 5th October.

- The Falls team have written a 'Team Sheffield' Falls plan options appraisal which was discussed at the Ageing Well Collaborative in July. Further consideration by the city

will take place in Quarter 2 to agree next steps regarding falls prevention and rehabilitation.

- Urgent Community Response (UCR) is being integrated within the Better Care Funding Active Support and Recovery Programme. The UCR team are achieving the 2-hr standard which is now reported at Board level within Sheffield Teaching Hospitals NHSFT. Work is ongoing to optimise referral pathways, with implementation of a PUSH model allowing category 3 and 4 calls to be 'pushed' from YAS 999 to the service via Single Point of Access and GP Collaborative.

- The team delivering the Active Support and Recovery Programme are part of the new pathway redesign for hospital discharge. On the 21 of June the Sheffield Discharge Delivery Group held the 1st Sheffield Discharge Summit which was attended by 20 colleagues from across our statutory health and care organisations in the city. The event was interactive and sought to use the collective experience in the room to test out the vision for a new citywide discharge model.

  Following the summit, a refined model was presented to Executives and approval was given to establish a single Discharge Programme Group which will bring together a number of discharge workstreams and report to Sheffield Urgent Emergency Care Delivery Group:

- Internal STH discharge workstream
- Discharge to assess, home first model development.
- Beds
- Mental health discharge workstream

- The Adult Strategy Delivery Plan update includes a number -of examples of changes to the Ongoing Care Programme within the Better Care Fund, such as implemented recommissioning programmes related to homecare, (known as Care and Wellbeing Services), day activities, supported living and extra care to achieve long term market sustainability and quality of care.

- The Care At Night service is being retendered to start in April 24, with a Provider engagement session taking place on 27th September before the formal launch.

- The Better Care Fund National team and the LGA, have released resource to support Sheffield with understanding data constraints affecting ascertaining one version of the truth. This is linked to the underlying culture of teams in different organisation as well as the data systems in place within teams.

- A Joint Efficiency Board is being established to have oversight of programmes working across Sheffield Place. Membership will be drawn from NHS SYICB, Sheffield City Council and initially from Sheffield Health and Social Care Foundation Trust. The governance will report to the Oversight Committee. The TOR are being agreed with a focus upon delivery of the City's strategies, how we can share capacity and make best use of resources. For example, ensuring a value for money approach to joint service such as Integrated Community Equipment Loan Service contract.

3.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

Local intelligence tells us that those with protected characteristics, people who belong to health inclusion groups and those living in the most deprived communities are disproportionate users of unplanned services. Our plans and metrics will impact positively on this as we focus on the underlying causes of this inequity. In particular our emphasis on neighbourhood approaches will enable a greater understanding of the needs of communities to allow services and interventions be tailored and personalised around those who most need them.

All decisions around service redesign, investment and resource prioritisation are taken to ensure full compliance with the Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with CORE20PLUS5.

5.0 Questions for the Health and Wellbeing Board:

1. Is there any specific updates which would be beneficial to the Board in future meetings?
2. How would the HWBB wish to be included in the work underway to rebase the Better Care Fund to align with the revisions to the City's strategies?

6.0 Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. Note the 23/25 Better Care Fund Plan update.
2. Delegate sign off to the Chair and Better Care Fund organisational leads.

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Sheffield Better Care Fund 2023/25

Executive Summary

The Better Care Fund (BCF) is a key enabler in taking forward joint commissioning between health and social care in Sheffield and since its implementation has continued to evolve with the needs of the Population to include over £493m of services commissioned and delivered locally. The Sheffield Better Care Fund plan continues to be co-produced by the Sheffield Place of South Yorkshire ICB and Sheffield City Council with system partners including Providers across the Health and Social Care sector, Voluntary Community and Social Enterprise Sector representatives and Local Authority wider than core adult social care areas including Locality Teams, Housing and Disabled Facilities Grant leads. The plan is focused on key priority areas that have been identified through the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Plan which supports our ambitions for every adult in Sheffield to have:

- Access to a home that supports their health
- A fulfilling occupation and the resources to support their needs
- The ability to safely walk or cycle in their local area regardless of age or ability
- Equitable access to care and support shaped around them
- The level of meaningful social contact that they want
- The end of their life with dignity in the place of their choice

To enable the successful delivery of our plan we continue to build upon our system working as part of the Sheffield Health and Care Partnership, https://www.sheffieldhcp.org.uk/, which allows Sheffield to engage with people and communities, our Voluntary Community and Social Enterprise Sector (VCSE) as equal partners and strengthening our collaboration between NHS organisations and wider partners.

Overview of Sheffield Population Health:

Sheffield is ranked as the 57th most deprived local authority in England, out of 317 with approximately 24% of the population of Sheffield living in the most deprived local decile. The Office for Health Improvement and Disparities – Health Intelligence Pack for Health Improvement (OHID) shows in 2022 the population of Sheffield was 595,100, this is expected to grow to 648,400 by 2043 representing a 9% increase. Within this increase, the older persons grouping (aged 65+) is expected to grow to 19% with the working age reducing. The implications of an ageing population are wide in terms of people living longer, with a higher burden of chronic disease, and increased demand for health and well-being services. The reduction in working-age people (15-64) means a reduced contribution to the economy and lower incomes against increased human resources for care services, including paid and unpaid carers.

The OHID pack also shows the main population risk factors for the population are smoking (13% of the adult population in 2022), and excess weight (64% of the adult population were overweight or obese in 2022). Risk factors vary significantly across the city and across different groups – for example, 55% of inpatients which pass through Sheffield's mental health wards smoke, rising to 80% of those in secure facilities. Although 25% of adults in Sheffield are obese, this rises to 40% for people with schizophrenia. If these risk factors could be reduced in the population even just by a few percent, we would see a significant reduction in the number of people experiencing poor health outcomes and ease the pressure on local health and social care services.

The diagnosed prevalence of CVD conditions including hypertension, coronary heart disease, stroke, diabetes, and chronic kidney disease show many the population are affected, yet only 15% of the eligible population have taken the opportunity to undergo an NHS Health check.

The scale of mental and emotional health and wellbeing needs in Sheffield is great. Within the Sheffield population 138,000 children, young people and adults will experience a mental health problem each year. It is estimated that 15,000 children and young people live with a parent who lives with a mental health disorder. Many will be young carers. The proportion of homeless people in Sheffield with a diagnosed mental health condition is 63%, which is over double that of the general population at 25%. There are approximately 5,500 people diagnosed with a severe mental illness in the Sheffield Population.

In addition, there are approximately 6,000 people living over the age of 65 years with dementia in Sheffield, and approximately 140 people with young onset dementia under 65 years. Work programmes are focused upon targeting risk factors, (such as smoking, blood pressure and obesity), which over people's life course could delay or prevent 40% of dementia cases, which not only improves life outcomes but would reduce the economic costs of dementia that is greater than that of cancer and heart disease combined. For example, Sheffield recently won an LGC award in the Public Health Category for the Tobacco Control Strategy, with note made of locally reallocated resources used to deliver more upstream interventions alongside core smoking cessation services. There was recognition for how the service influenced national policy and was shown as best practice of the impact of shared resources with the sector.

Sheffield GP registers record 4,714 people of all ages with a Learning Disability diagnosis. The true level of need is expected to be higher with the Sheffield Joint Strategic Needs Assessment showing the number of autistic people in Sheffield is unknown and impossible to accurately quantify but could be estimated to be between 8,500 to 20,000 people across all age groups.

For the older age groups, social isolation and loneliness is a key factor influencing quality of life, health outcomes and service demand. Being lonely has been estimated to have the same negative effect on health and wellbeing as smoking 15 cigarettes a day. In a 2022 survey looking at the social care sector 37% of older people in receipt of social care services described themselves as not having as much social contact as they would like and regularly experiencing loneliness.

Elderly care is increasing in complexity with the local health and care services under pressure to meet need. Many older people experience multi morbidity in their health and care needs which not only increases demand on health and care services but reinforces the need for joined up care and making every contact count. The Sheffield model aims to develop preventative services alongside management of existing long-term conditions to prevent premature mortality in this cohort of the population.

While access to health and care is key to ensuring a healthy population the determinant of health in Sheffield, for example, poverty, inequality, education, work, family life also have an impact on life outcomes. A people-centred primary health and care system, including general practice at its heart, can make a significant contribution to health improvement, especially when economic resources are constrained.

Our Approach to delivering Integrated Health and Social Care for the Sheffield Population:

Sheffield continues to design and deliver a jointly commissioned experience for delivering and accessing health and social care services. This is important for the Population and the staff within the sector. Examples of how this is being achieved include:

- redesigning social work teams aligned to older person services within the city including Primary Care Networks and care home / support living teams with linked workers.
- designing and implementing a shared mental health pathway which will ensure the resources and infrastructure are available to deliver timely access to health and social care interventions at the point of need and prevent crisis.
- implementing a multi-agency safeguarding hub for adults.
- building upon existing discharge plans to develop new pathways designed to relieve the pressure upon general hospital beds, including discharge hub and joint escalation routes.
- Increasing the number of joint roles including a senior post with overall responsibility for discharge and flow.

As part of the On-Going Care BCF programme Sheffield is undertaking a joint strategic review of the city's care home market with a view to enhance the framework, considering the associated approach to workforce recruitment / retention.

The wider Sheffield system partnership has recently led developments around trauma informed care across the organisations, creating a common language and approach which is embedded within all our joint work. To support the workforce with this ambition the system offers training in large scale change and a joint leadership development scheme, helping current and future leaders solve system-wide challenges while building long lasting relationships and new networks.

To meet the rising challenges of multi-morbidity and the ambitions of the Joint Forward Plan Sheffield is working to address service duplication and underlying inefficiency in a very rigorous way to enable investment to be released to preventative and "left shift" measures. The Hewitt review makes a strong case for a greater focus on prevention, calling for a shift in resources to support this. A specific recommendation within in the review stated that ICS budgets should aim to increase spend on prevention by at least 1 per cent over the next 5 years, as well as focus the increase in the public health grant allocation in this area. Sheffield is learning from national best practice that addressing health inequalities can only be achieved through ensuring all decisions taken around the use of resources within the Health and Care system make a positive impact upon reducing inequalities.

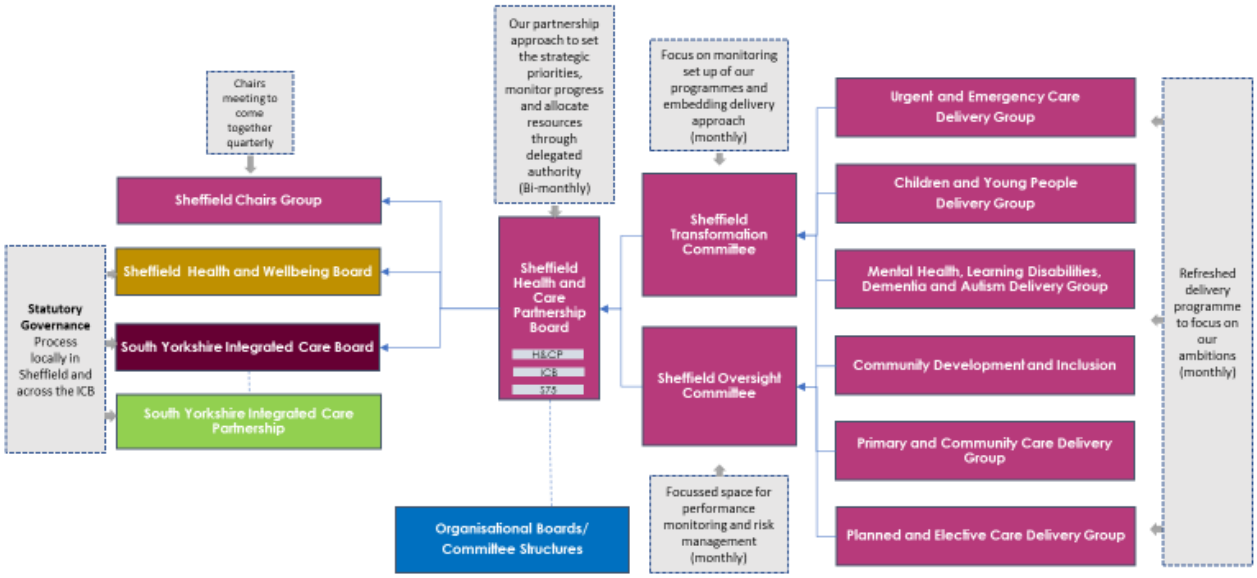
Governance and Oversight of the Sheffield BCF Plan:

The Sheffield BCF plan is the delivery mechanism for the health and social care elements of the Health and Wellbeing Strategy. The plan is aligned to all elements in the Sheffield Adult Social Care Strategy and takes into account the expectations set out in the NHS Long Term Plan, NHS Planning Guidance, and local recovery plans. The plan also supports the South Yorkshire Integrated Care Partnership Strategy and South Yorkshire Joint Forward Plan deliverables.

To meet the requirements of the change from CCGs to a Place Led ICB, and the move from a Local Authority with a cabinet to a committee structure, the governance structure in place has been revised during 2022/23 with the aim of empowering partnership working and enhancing the transparency of decision making.

The diagram below gives an overview of the current process being tested to understand how Sheffield Place will function as part of a wider ICS in South Yorkshire.

The Sheffield Place Governance Structure



The Health and Wellbeing Board

The Health and Wellbeing Board oversees the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of its statutory duty to encourage integrated working between commissioners. This includes signing off quarterly and annual Better Care Fund submissions such as the annual plan and performance targets. The Sheffield Health and Wellbeing Board has been amended as part of the structure changes to include oversight of Adult and Children's services to support the ambition of all age pathways.

Adult Social Care Policy Committee

The new Adult Social Care Policy Committee has integrated working within its TOR, going above the previous responsibility focused upon LA services. This includes expanding their focus to include system wide targets being achieved such as hospital discharge and recognition that the whole experience of Health and Social Care is their remit. Any BCF plan and schemes have oversight and scrutiny from the Adult Social Care Policy Committee, with regular reporting, development days and briefing being provided to members.

Sheffield Oversight Committee (SOC)

The purpose of the Sheffield Oversight Committee is to oversee and manage the Sheffield system risks and performance relating to finance, quality and key performance indicators where partners are equally responsible for delivery and achievement. The SOC is established by the Partners of the Sheffield Place Health and Care Partnership, each of which remains a sovereign organisation, to provide a governance framework for the further development of collaborative working between the Partners.

Sheffield Place Health and Care Partnership Board

The Sheffield Place Health and Care Partnership Board oversees the section 75 agreement and has three core functions:

1. As an ICB Place committee providing a mechanism for delegation within the Integrated Care Board so that decision focus upon priorities and appropriate use of resources can take place locally with the wider health and care partners. It is one

part of the wider set of arrangements in each place to enable integrated working at a local level enabling delegated authority from the ICB Board to make decisions about the use of ICB resources in Sheffield in line with its remit. The ICB Place Committees are accountable to the ICB Board.

2. As a Health and Care Place Partnership providing a mechanism to deliver on strategic policy matters relevant to the achievement of the Place Plan. The Partnership includes Voluntary Action Sheffield, representing the VCSE sector, as equal strategic partners in the city, and Healthwatch to keep the voice of the public and patients central to our work. All partners across Sheffield work collaboratively to plan and deliver joined-up services and to improve the health of people who live and work in Sheffield.

3. Joint Commissioning S75 Arrangements are governed to provide assurance of the process in place between ICB and Local Authority, delivery of the KLOE, KPIs and the BCF programmes.

The Partnership Board member organisations play an active part in overseeing and continual development of the Sheffield Place Plan. Social care is also represented on all the sub-boards and for 2023/24 the Partnership have agreed to focus on five jointly prioritised areas supporting the Better Care Fund primary objectives of enabling people to stay well, safe and independent at home for longer and ensuring that services provide the right care in the right place at the right time.

The five priority areas for focus in 2023/24 are:

1. **Development of hospital discharge processes**, building on our 'home first' model to reduce delays in discharge.
2. **To develop and implement our model for same day care.** To develop a new model for the provision of same day care to enable our population to access the right service based on need
3. **To ensure there is 24/7 access to mental health crisis** support for children, young people and adults in Sheffield
4. **To improve the support for people who are neurodiverse**, reducing waiting times to access services and ensuring we have appropriate support offers available.
5. **To develop a new model of neighbourhood working** with our communities to support their needs and reduce health inequalities.

More information can be found at PowerPoint Presentation (sheffieldhcp.org.uk)

The Sheffield Approach to Reducing Health Inequalities:

We know that people in poorer parts of Sheffield live shorter lives and have worse health from an earlier age than those in more affluent areas. We also see similar disparities affecting groups with specific shared characteristics, such as people from Black, Asian, Minority Ethnic and Refugee backgrounds, or people with severe mental illness, learning disabilities or autism. For example, autistic adults are more likely to have chronic physical health conditions, particularly heart, lung, and diabetic conditions, despite lifestyle factors, (which increase the risk of chronic physical health problems in the general population), not accounting for this. Research through the LEDER programme has also shown that people with a learning disability and autistic people do not always receive the same quality of care as people without a learning disability or who are not autistic, and that this can contribute to health inequalities and early death.

Inequality is not simply bad for those who are most disadvantaged, it is bad for everyone. This is because in unequal societies, social cohesion is poor, skill levels are low, businesses find it difficult to start up and sustain themselves, support services struggle to meet the challenge of

rising demand, and environments are often degraded. Inequality is linked to lower levels of educational attainment, social divides and poverty, which in turn affect everyone's futures as successful economies need skilled healthy people.

Large inequalities in life expectancy remain in Sheffield. The gap in life expectancy at birth between the least and most deprived areas is estimated at 10.9 years for males and 8.7 years for females. Cancer and circulatory diseases are the top contributors to the gap in life expectancy between the least and most deprived areas. The Better Care Fund programmes are enablers across health and social care with outcomes being the driver to reducing unwarranted variation.

The Race Equality Commission's Independent review into racism and racial disparities in Sheffield (June, 2022) concluded that racism and racial disparities remain significant in the lives of Sheffield citizens and that more than a 'one size-fits all' approach to tackling racial inequalities is needed across all partners. Around 19% of Sheffield population are from an ethnic minority background. They are overrepresented in many health condition groups and underrepresented in health service use, more likely to be unemployed, live in deprived areas, (38% of ethnic minority population live in the 10% most deprived areas in Sheffield), and have poorer educational attainment. The recommendations from the Sheffield Race Equality Commission are a call to action with 7 recommendations supported by Sheffield partners who have been implementing the changes with stage one being provision of the right Infrastructure to make positive changes, that are culturally and religiously appropriate. While the groundwork is time consuming it is essential to ensuring deliverability longer term.

We know that people with serious mental illnesses will die 20 years earlier than the average Sheffield population. On average men with a learning disability die 23 years earlier than men without a learning disability and for women the gap increases to 27 years. Autistic people die on average 16 years earlier than the general population. Many of these years will be within complex, expensive packages of residential care rather than how they would choose to live.

To address the challenges, we are using information about our population and trialling differential approaches to investment to address inequalities and gaps in services. For example, the People Keeping Well (PKW) BCF theme programme, lead commissioned by Sheffield City Council, is based upon a Social Prescribing community model which allocates funding using IMD scores and allows each of the 100 neighbours to design services to meet their local need. Many of the PKW services are delivered wholly by the VCSE via community partnerships, of which there are 17 around the city. Local intelligence tells us that those with protected characteristics, people who belong to health inclusion groups and those living in the most deprived communities are disproportionate users of unplanned services, seeking to avoid early involvement with services perceived to be delivered by statutory organisations. By allowing the lead to be taken by trusted partner organisations our plans and outcome metrics will create positive impact at the heart of the community by focusing upon the underlying causes of the inequity. Our emphasis upon a neighbourhood approach will enable a greater understanding of the needs of communities to allow services and interventions be tailored and personalised around those who most need them.

As articulated in the governance section of this narrative, all decisions made, including service redesign, investment decisions and resource prioritisation are assessed alongside the relevant legislative Acts, national health and social care guidance including CORE20PLUS5 targets and the local High Impact Change Model. The Place governance requires reassurance that local interpretation is applied, and all impact assessments are in place to allow fully informed changes and decision making.

Addressing poverty is not purely around financial challenges facing the Population. When more support is being provided online there must be consideration to assist those prone to digital exclusion with high levels of digital illiteracy. The ICB Sheffield Place are leading on a Digital Roadmap which explicitly addresses digital inclusion, digital literacy and digital poverty. Using

the network of organisations within the Health and Care Partnership there are plans for the primary care estate in Sheffield to recognise and support digital inclusion in some of our most excluded communities. The primary care hubs projects being developed as part of the ICS Wave 4B Capital Programme in three primary care networks, City Centre, and SAPA5 and Foundry in the north of the city, will include facilities to enable digital access to health and other services for the local population. A similar approach is being taken in our plans to re-develop void space in LIFT and NHS Property Services premises within the City.

As part of our offer as a city to vulnerable people, services are being reviewed to ensure they are streamlined and that every contact counts for the person. Within this cohort of citizens prevention can be difficult as they tend to find working with services intimidating or repetitive and will wait until the point of crisis before making contact.

As part of a wider focused approach to early help and prevention the review is looking at the needs of the homeless population, those who require advocacy support to navigate services, or who find they aren't able to cope alone, with their health needs are deteriorating at an early age. During the last twelve months work has progressed to establish multi-organisational and multidisciplinary teams to support homeless and rough sleepers including outreach nurses and dedicated mental health specialist to work with people on personalised outcomes. The ASC Discharge Funding Grant was applied to supporting those individuals who were experiencing poor outcomes following discharge from hospital and frequent readmissions by joining up our service offer, training our staff around the specific needs of this cohort, embedding VCSE workers in the acute trusts to start early support for discharge and clarifying pathways to remove confusion.

The HALT drug and alcohol services is being redesigned to expand the outreach and identification elements of the service so we can support more people earlier and maximise the potential benefits for service users.

The Voluntary Community and Social Enterprise Sector within Sheffield:

The Voluntary, Community and Social Enterprise sector has long contributed to reducing health inequalities and improving population health in Sheffield, with many mature organisations being long standing partners to the publicly funded organisations. The Voluntary, Community and Social Enterprise sector organisations are rooted in communities and bring an understanding of the issues faced and the trust and confidence of those least likely to access traditional health and care services and most likely to experience health inequalities. They provide a valuable voice to strategic decision making and to reshaping how we deliver services and reach those most at risk of poor health outcomes and reduced life expectancy.

Our VCSE Partners are key to supporting the Better Care Fund core objectives of enabling people to stay well, safe and independent at home for longer. Our voluntary sector infrastructure partner Voluntary Action Sheffield is a founding member of the Sheffield Health and Care Partnership and takes a lead in coordination for the sector when developing projects to listen, map assets, bring together people and partner organisations to develop collaborative action to deliver our shared aims.

Some of the key areas VAS are co-ordinating across the system include:

- Working alongside Healthwatch Sheffield to engage the voluntary sector in voice and representation work. Healthwatch Sheffield have been delivering their SpeakUp grant programme for over 6 years. The microgrant programme is an enabling fund for small groups and organisations to hold space to share, learn and amplify citizen voice around aspects of their health and wellbeing and how they access and engage with statutory services.

- Contributing to service specific health inequalities action plan which outlines our commitment as a service to tackling health inequalities through consideration of the wider determinants of health
- Targeted GP outreach training for low referring practices and those in areas with highest indices of multiple deprivation
- Hosting a patient journey workshop looking at service process and delivery incorporating voluntary sector stakeholders and patients
- Supporting patient by experience representatives on programme boards
- Supporting People Keeping Well lead partners with social prescribing front line worker peer support and to enhance knowledge of city-wide initiatives and developing issues including cost of living information support and education around Long Covid and support available.
- Working with Arts in Health to establish Long Covid specific opportunities "Singing for Lung Health" and "Mindful Painting and Drawing" with use of local assets Sharrow Community Forum and Sheffield Museums, Millennium Gallery
- Active engagement with Sheffield's Move More Strategy, to deliver community-led physical activity initiatives with VCS organisation's working in specific places in Sheffield or with specific communities of interest.

Empowering Communities – A Model Neighbourhood Approach:

One of partnership's five main priorities is to work in collaboration across the public and VCS sectors to invest in and empower communities to bring together assets across neighbourhoods to work together to tackle the greatest deprivation and need in the city. The first stage of this work is a deeper dive into understanding the needs and assets and local VCS infrastructure in a defined place; the northeast of Sheffield, to design how targeted investment develop skills generate empowered community resilience. The ultimate aim is to build an example sustainable community infrastructure that will create health and wealth in communities for years to come and be a model to be rolled out across the city.

Improving Mental Health through working with VCSE:

Rethink Mental Illness selected Sheffield to be one of four national sites in England to develop new models of delivering mental health care with voluntary, community and social enterprises (VCSEs). £1m was invested over 3 years (2021/22-2023/24) by Rethink Mental Illness, supported by the Charities Aid Foundation and the Association of British Insurers and by the Sheffield Place ICB Team. As we near the end of the identified funding period 100 mental health voluntary and community organisations are now signed up to the Sheffield Mental Health Alliance, with a representative Board established and chaired by an independent chair.

The aim of the Alliance is to work with people who have lived experience of mental illness, to understand how services can support and improve their quality of life, an understand what matters to them in their care. Working together with organisations across the city, the Alliance will break down barriers between different agencies and tailor care to better meet the needs of people living in Sheffield. To ensure lived experience is used to inform strategic developments and transformation across the Health and Social Care in Sheffield.

The first Alliance established programme has been the development and implementation of Peer Support roles across Sheffield and on track to be in place from this Summer.

Health Creation through the Sheffield VCSE sector:

The health and care system has invested via grant into the VCSE sector, none more so than during the Covid-19 pandemic. More information can be found at the following links.

- COVID19-VCS-report.pdf (vas.org.uk)

- Capacity through crisis: The Role and Contribution of the VCSE Sector in Sheffield During the COVID-19 Pandemic | Sheffield Hallam University (shu.ac.uk)

Grant funding has been used to allow flexibility in delivery and commissioning in the sector. The nature of the money is short term and usually linked to specific work programmes. It is evident that through providing long term stable funding, VCSE partners can recruit highly skilled individuals and lever in other monies and assets to continue to support people, communities and green space of Sheffield. There is currently work underway to understand how contracts can be amended to retain flexibility but ensure longer term stability in the current financial environment of transformation for efficiency.

Some of the locally funded system programmes include:

- Age UK Sheffield is running nature for wellbeing sessions. These sessions provide a social opportunity for people, improving their health and wellbeing by connecting attendees and developing their knowledge and understanding of nature. One of the attendees, who lives alone, is widowed and has significantly deteriorating health, recently celebrated her 88th birthday with the other members. This lady has been part of the group for the past 2 years, including meeting over zoom during lockdown, and said that the group had been a lifeline to her over the past few years.
- Darnall Well Being, enable a Diabetes Peer Support group in collaboration with Primary Care Network specialists. This group reaches out to the community, to raise awareness and educate people to manage Diabetes. Beneficiaries and participants are from mixed ethnic backgrounds, genders and the current age range of participants is 26 to 80 years old, all of whom have been diagnosed with Type 2 diabetes or are borderline.
- Manor and Castle Development Trust, have a Men's Group. The group is a space for men to meet and socialise, encouraging resilience and independence through experiencing a variety of activities, which range from cooking, creative pastimes, adult learning, talks around mental health, physical activities and workshops on scamming awareness.
- Zest, are supporting a Multicultural women's group, which is co-produced with women in the local community, from a range of different ethnic backgrounds. The group have run activities ranging from crafts, meals, celebrations and had talks from local organisations, such as Shelter.
- The Terminus, have a craft group and chairobics sessions, host the local covid memorial event, have recently opened a local allotment with sessions, healthwalks in the local area, a women's conversation club, and a growing and very successful men's football programme via their partner, Sheffield FC.
- SOAR, in partnership with three PCNs have a team of Welfare Coaches who regularly secure significant awards and arrears for local people, a team of Wellbeing Coaches who run several social cafes, menopause cafes, exercise/gym sessions, and run a very successful annual community grants pot (Let's Build Health grants).

Housing and Health in Sheffield:

As with all large cities the provision of appropriate housing is a continual challenge. Leaders within Sheffield recognise the interdependency between housing and health outcomes and that further action is needed to integrate housing within the health and wellbeing agendas across the city. No-one in Sheffield should live in a home that damages their health.

The housing strategy embodies the Sheffield Joint Health and Wellbeing priority that 'Everyone has access to a home that supports their needs'.

Cold housing is a risk to health and those with the poorest health live in the coldest homes. People living in cold homes are far more likely to suffer from illnesses such as asthma, 'flu and bronchitis and it can increase the risk of a heart attack or stroke. This exasperates with age and existing underlying conditions. Cold conditions can affect respiratory and cardiovascular

functioning, affect the immune system, worsen arthritis symptoms, and can increase the risk of a trip or fall. Cold homes contribute to excess winter deaths, it is estimated that 21.5% of excess winter deaths are attributable to cold homes in England.

Within Sheffield 16% of properties in the private sector are estimated to have category 1 Housing Health and Safety Rating System (HHSRS) hazard1, which equates to 29,576 properties. (This is higher than in 2015 when the last study was undertaken). The total cost of mitigating category 1 hazards in Sheffield's private sector stock is estimated to be £87.1 million with £56.4 million in the owner-occupied sector, and £30.8 million in the private rented sector.

The 2 most common hazards found in Sheffield's private homes are 'risk of trips and falls' and 'excess cold'.

The number of trip and fall hazards in privately owned and privately rented homes was 16,101 (13%) and 7,387 (12%) respectively.

The number of excess cold hazards in privately owned and privately rented homes was 2,326 (2%) and 1,180 (2%) respectively. Excess cold as a Category 1 hazard signifies that, whatever the type of heating or insulation in place, the home is still not warm enough.

Energy Company Obligation (ECO) is one way for vulnerable households to access funding to help improve the warmth of their home. SCC has recently launched ECO Flex. This eligibility criteria to ECO to be widened which will provide £m's of additional funding until 2026, for households who were not eligible for the grant before.

In Sheffield, around 5,500 owner-occupied and private rented properties across the city are classed as having an excess cold hazard due to a mix of financial hardship and poor property conditions. 12% of households are living in fuel poverty as a result of low income, high fuel prices and homes which are expensive to heat and run. This contributes to winter deaths, cold-related illnesses, unplanned admissions to hospital and delayed discharge, particularly in older adults.

Children in poor housing are more likely to have mental health problems, contract meningitis, have respiratory problems, experience long-term ill 14 health, disability, slow physical growth and delayed cognitive development, giving them a much poorer start in life. The current shortage of affordable housing is the greatest threat to health for many people if they become homeless or are forced to wait for new homes in unsuitable conditions or in places away from their social networks. There is little competition at the more affordable end of the private rented sector, which can offer poor housing conditions where vulnerable people find it impossible to ensure basic maintenance of the property. Overcrowding is also detrimental to health, in particular mental health. The shortage of affordable housing means a lack of properties for families in the social and private rented sectors.

There are challenges accessing suitable accommodation for vulnerable adults, including those with SMI, who may present with a risk of harm to themselves or others. This contributes to challenges to supporting people to live well in the community and challenges across the UEC system.

Housing and Health for older people in Sheffield:

Living in a suitable home is crucially important to a good later life. Good housing and age friendly environments help people to stay warm, safe and healthy. The number of older people living with a limiting long-term illness is projected to increase by 31% between 2020 and 2040. The number of older people predicted to be autistic is also projected to increase by 29% to 1,143 and people aged 65 and over living with a moderate or severe learning disability and

likely to be in receipt of support services is expected to increase by 25% to 330 (source POPPI).

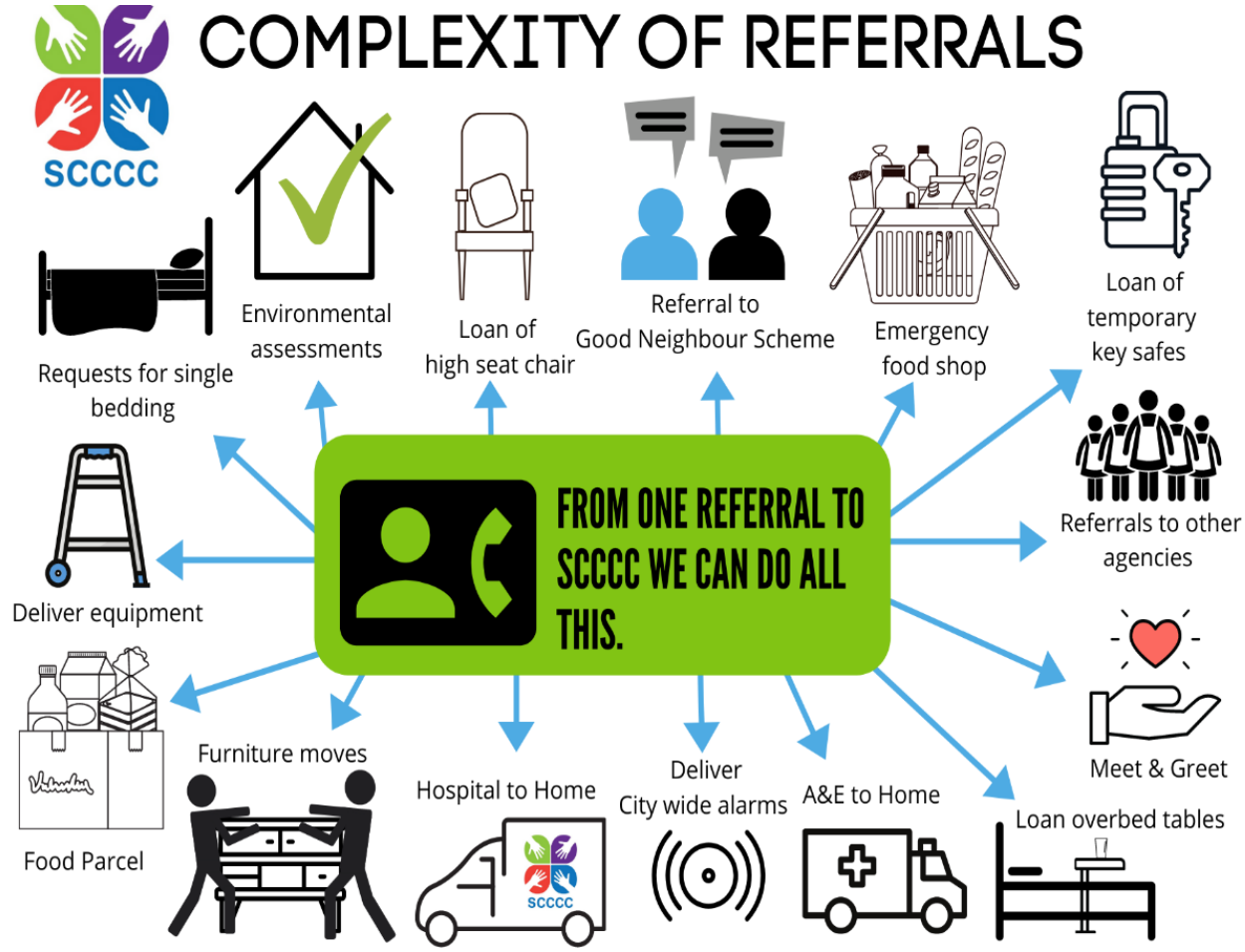
Approximately 65% of Sheffield's older population are owner occupiers, 30% rent from a social landlord and just 4% live in the private rented. Some older households live in homes which has been designed for older people, but many don't, and this is most likely in private sector homes. The disparity in financial resources means that the housing options and choices of older residents differs greatly by both tenure and location within Sheffield.

There are around 2,800 Older Person Independent Living (OPIL) properties in Sheffield, spread across 76 schemes. The majority (78%) of Sheffield's OPIL housing is sheltered housing and is mainly provided by social landlords as rented accommodation (80%). The Council manages 1,138 sheltered properties distributed across 30 schemes. 21% of Sheffield's OPIL housing takes the form of Extra Care Housing.

More OPIL housing in Sheffield will increase housing choice for older households. However, the opportunity to improve housing conditions to support independent living remains in improving and adapting the existing homes in Sheffield. Meeting the required housing need will not be possible for the Council to achieve alone. We will use our strategic housing documents to strengthen the focus on housing and increase effort and resources to delivering better coordinated, statutory and non-statutory repair and adaptations advice and services.

One of Sheffield's key VCSE partners, Sheffield Churches Council for Community Care, is an multi award winning charity that has been supporting over 65's in Sheffield since the 1970's with free service to older residents who are living, often alone, in their family homes and struggle to navigate the complexity of services available.

A full list of these services can be found on their website - What we do (scccc.co.uk). Their staff include trained therapists who enable frail and vulnerable older people to remain at home and supported by their local community for as long as possible. This includes being a central signposting function to help people navigate and access the complexity of the Health and Social Care System. The following diagram explains their role for these individuals.



As part of their offer they deliver a particular scheme focused upon vulnerable older people who are unable to sufficiently heat their home details of which can be found at Heat helpers (scccc.co.uk).

Housing Review for vulnerable and homeless In Sheffield:

The city needs more affordable homes than are currently being built, for households unable to afford market price. This could include first time buyers on a low income; families seeking homes across all tenure types; vulnerable groups who need accessible or supported accommodation; or people affected by changes in the benefits system. Home improvements can significantly improve social functioning as well as physical and emotional wellbeing. For example, adequate heating systems improve asthma and reduce the number of days off school. Some private rented homes in the city have a hazard that could pose a serious threat to the health or safety of people living in or visiting the home. It is estimated that the removal of all hazards could provide £13.5 million annual savings to society, including £5.4 million savings to the NHS in Sheffield.

This is not just about the quality and affordability of the bricks and mortar; we also know that homelessness is tied to some of the most significant health inequalities in our city, with homeless people having significantly shorter life expectancy than the rest of the population. Homelessness and tenancy failure can affect all groups: however, some groups are more vulnerable than others including young people, older people, people with mental health issues, people with drug and alcohol problems, people leaving hospital, care leavers, people released from prison, and former members of the armed forces.

Support is focused on preventing people from becoming homeless and helping people to resettle after a period of homelessness. Sheffield is running a number of initiatives to wrap around services for the homeless and vulnerable including:

- Framework outreach embedded within acute pathways to support these patients at discharge
- Infrastructure funding to upgrade and develop medical rooms at Cathedral Archer Project and Ben's Centre (centres for the homeless in the city centre)
- Additional peer support and transitional support to The Greens, a step-down detox service, – working with Sheffield Teaching Hospitals NHS Foundation Trust.
- Additional small grants to Cathedral Archer Project and Ben's Centre to further develop peer outreach services and ensure 1:1 support to clients to manage health conditions e.g., accessing / maintain health appointments on time and reduce do not attend (DNAs) and preventing admission
- Partnership work funding rough sleeper outreach nurse

Sheffield has recently been announced as one of the six locations for The Prince of Wales and The Royal Foundation's new Homeward Programme which aims to end homelessness within five years in those areas. The Prince of Wales and The Royal Foundation launch UK-wide programme to end homelessness | The Royal Family The launch of the programme began with visit by The Prince of Wales to the identified hub on the 27th June 2023.

Adaptations and Disabled Facilities Grant:

Sheffield Council is a single tier Metropolitan authority and as such has the total responsibility for the Disabled Facilities Grant which is included in Theme 7 of the Sheffield Better Care Fund Plan.

The DFG is managed through the Sheffield Adaptations, Housing and Health Service bringing together a team from social care and housing into one team, and the Housing, Health and Care Reference Group who work with colleagues from health services to assess peoples' living environment to ensure they promote safety, independence, and enablement. This team supports the core aims of the BCF and the housing strategy through physical adaptations to property such as through the installation of stairlifts, ramps, wet rooms and extensions. This can help to reduce the impact of frailty and disability and to support people to live independently. Through this type of intervention, the Disabled Facilities Grant is being used to reduce health inequalities and maximise safety and independence.

The Disabled Facilities Grant can be used across all tenures of property and is used predominantly to meet the housing needs of older and disabled people. The Adaptations Service offer advice about new build properties or schemes to ensure that they are going to meet the needs of people in the future. The Disabled Facilities Grant is used to prevent falls and prevent hospital admission and discharge which prevents decline in health and increase in care and support needs.

The adaptations team receive 5,500 applications last year which is a 22% increase in demand since pre-pandemic application levels and a reflection of the pressures within essential and core needs across Sheffield. In 2022/23 £8.3m was spent in this area, with £3m of local funding added to the DFG allocated to Sheffield. This was in part to meet the backlog in demand caused by delays during the pandemic but also driven by the increasing costs of adaptations, equipment and staffing costs.

To mitigate the financial risk a new model and ways of working are being embedded in the service to ensure it is accessible, sustainable and high quality but within the recurrent funding available. The work includes:

- Reviewing pathways as a means of reducing areas of duplication.
- Exploration of digital self-assessment tools and video calls to enable lower risk equipment and adaptations to be assessed quickly.
- Developing more information and advice about equipment and adaptations via our information and advice hub under development.
- Developing specialist Occupational Therapists working with people with dementia, transitioning young people from children to adult services and care handling. The knowledge of these specialist workers supports better outcomes for people and a tailored response to requests from individuals and carers.
- Developing a new operating model for adult social care, which includes looking at the future design of our living and ageing well services.

The equipment contracting team, alongside our equipment provider Medequip and VCSE partner SCCCC, have created training for equipment champions who are embedded within enablement, discharge and reablement teams across the city to promote adaptations and equipment before use of care packages or to minimise additional care requirements.

Where homes cannot be adapted or are not suitable to house the equipment required by the individual the wider housing team based at the council will work to identify alternative accommodation to enable rehousing. The team make use of extra care accommodation while rehoming takes place to ensure safety and ensure discharges are not delayed for those in a hospital setting.

For those individuals who are more vulnerable, homeless, rough sleeping, drug and alcohol dependent or with complex needs, third sector partners are involved in the reviews and remain in contact for up to 12 months to ensure correct placements and appropriate use of adaptations and equipment. Organisations such Thrive, Salvation Army, Humankind, Shelter, CherryTrees and Adullam work with colleagues from South Yorkshire Housing, SCC and the NHS to deliver this additional wrap around support.

This team are also looking at how we manage adapted properties in the social sector as part of the Allocations Policy review. Our future approach will:

- Strengthen relationships with internal stakeholders – working together to get the right information and streamline processes.
- Create more detailed property adverts which will lead to increased, and more appropriate bids by those requiring housing.
- Match properties more quickly to individuals and their needs.
- Reduce the resource time that OTs need to visit a property as the details will already be recorded.

Supporting Unpaid Carers with Sheffield:

Unpaid Carers are an essential part of our health and social care systems and play a key role in our communities by providing care and support to some of the most vulnerable in our society. Unpaid Carers are the glue which hold our health and social care systems together for the person they care for and are often prioritising others above themselves.

Within Sheffield the Carers services are commissioned by Sheffield City Council as part of their lead role for contracting prevention, support and people keeping well services, many of which are with the voluntary and charity sector. The Carers' contract is within theme one of the Sheffield BCF Plan and is scheme 1 in tab 6 of the planning template.

A Delivery Plan was refreshed in 2022 to build on activities within the Carers' Strategy (please refer to the action plan for more details), deliver upon 'living the life you want to live' which is Sheffield's vision for adult social care 2022-2030, our youth service strategy and an inclusion

strategy that are important for young carers and parent carers. It also enabled a response to the learning on the impact of the Covid-19 pandemic on unpaid Carers.

During the past year the support to Carers' services have been reviewed, redesigned and recommissioned. This has allowed a more holistic approach to identifying Carers, meeting the needs of Carers and to a contract which is driven by outcomes rather than contacts. This was following engagement with service users and staff who identified a particular need to support wellbeing and mental health of unpaid Carers.

The main offer to Carers' is commissioned with the Sheffield Carers Centre as a familiar face in the city. Individuals in need of support do not always feel able to be open with a statutory organisation until the point of crisis. They undertake the Carer Assessment, a requirement of the Care Act 2014, which is designed to understand the role of the Carer and signpost to resources tailored to the individual's circumstances.

The Health and Care Partnership highlighted the need to enhance the service for young Carers, many of whom support relatives who access our Better Care Funded Services. The follow short video highlights the importance of ensuring their needs are understood and their outcomes defined and met as part of our framework planning. https://youtu.be/I4fzMOWGErQ. Sheffield Young Carers are commissioned to specifically support those caring for parents with a substance addiction where adverse childhood experiences could shape the future life of the young carer. More information can be found on their website Sheffield Young Carers | Dedicated to helping young Carers across Sheffield. Additional support via the Sheffield Young Carers' Centre was added as part of the schemes funded by the ASC Discharge Grant where a particular need to support new young Carer's following an adult was being discharge from an acute setting was identified. The scheme also included training for staff in the health and care system in how best to support the Carer.

As part of the BCF Theme 4 – Mental Health - a Carers' wellbeing course is also commissioned from Sheffield Health and Social Care FT. This course aims to provide support to family and friends who are adult carers and want to learn ways of managing their own mental and physical wellbeing. The short course helps Carers learn and develop new skills which help build resilience to cope with the demands of a caring role as well as meeting a network of people with similar life experiences to draw upon at the end of the sessions.

Alongside the specific services there are local options such as attendance at community groups, coffee mornings or craft clubs funded by PKW which can offer breaks in the day, help create a network of others who understand their position, or to allow carers to undertake normal activities away from their caring responsibilities. The development of community dementia services and PKW dementia link workers services have meant that there are more dementia-specific and dementia-friendly groups across the city. 937 people with dementia attended their local groups in 2022-23, with 1,580 people receiving 6-monthly dementia wellbeing / check-in phone calls.

The BCF On-Going Care Theme specifically commissioned packages of respite care which can allow a long duration vital break from responsibilities that Carers need to avoid deterioration in their own health and wellbeing. Those packages lead commissioned by the local authority, with the exception of respite packages for people with learning disabilities which are lead commissioned by ICB Sheffield Place.

Development of the Care Market to support Market Sustainability for Health and Care in Sheffield:

Sheffield's Market Shaping Statement is informed by the consultation and engagement behind the Adult Social Care Strategy, re-modelling of Homecare, commissioning strategies for Working Age Adults and Mental Health, and the engagement with Providers in the Fair Cost of

Care exercise. It gives Providers our intentions and standards and provides a starting point from which to engage further with our communities, and our partner organisations. This will inform and influence a number of more detailed Market Position Statements that give both the purchasers and providers of care information on the needs and demands for different types of care and support, and the commissioning intentions to shape and change the market to meet these needs.

The Sheffield market oversight and sustainability plan sets out our approach to meeting its sufficiency needs and duties for adults with additional needs in the city. It describes our approach to commissioning and how Sheffield will fulfil its role to facilitate and shape a diverse, sustainable, and quality market, as well as identifying the key challenges and risks to achieving this and our approach to overcoming them to ensure that our local care market is sustainable. The plan considers the extent to which care and support markets in Sheffield are sufficient and stable, meeting quality standards, and providing value for money.

Sheffield is already taking joint action to continue to secure a sustainable health and care market, and to drive improvements through a model of co-production. These include:

- Digital Strategy
- Technology Enabled Care programme
- Workforce Development Strategy
- Delivery of the Individual Support Funds pilot
- Living and Ageing Well
- Homecare transformation programme, including procurement of the Care and Wellbeing service, our new delivery model for homecare
- Strategic Review of residential care, including the development of a co-produced support programme for the sector and commissioning strategies
- Development and tender of a new MH Support and Independence framework
- Tender for the Adults with a Disability Framework
- Enhanced Supported Living Framework

Over the past year the homecare market both internal and external to the council has undergone a period of transformation, in part funded by BAF and ASC Discharge Funding, to test new models of delivery which reduced reliance upon statutory care hours and stabilised the homecare market in advance of a new ten-year enablement focused contract going live from September 2023. Alongside this, resources have been put in place in relation to care at night and assessment and care management which has also led to a reduction in delays for those reasons and waits for access to services.

One example of listening and understand the challenges facing communities who receive home care is that of SACMHA with its primary focus in the African Caribbean community. They have worked with Healthwatch as part of a system review of Home Care from the African Caribbean Perspective. The recommendation from this review have been incorporated into the new home care model for the city.

Enabling the people of Sheffield to stay well, safe and independent at home for longer:

As part of the Better Care Fund On-Going Care Theme are programmes which commission services for our older citizens who live in care homes, who are some of the city's most vulnerable people with complex health and care needs, often with multiple frailty, and including people nearing the end of life. We have used our Better Care Fund to provide enhanced support to improve the health status of people in care homes, for example dietetics and speech and language therapy to address swallowing issues and improve nutritional status, as well as work on falls prevention (upskilling care home workers).

The learning from working closer with Providers during the Covid-19 pandemic and the fair cost of care exercise are being embedded within the in-year retendering of home care and care home services to ensure a balanced, sustainable offer across the city designed to meet the differing needs in each network. The aim is for the homecare provider footprints to mirror those of primary care networks to cement the relationships and allow seamless services to be offered which can be response to demand in a timely manner and help deliver the requirements of our active support and recovery programmes.

Team Around the Person (TAP):

The Sheffield Team Around the Person model has received national recognition for its ability to deliver tailored care across the pathways, from admission avoidance, living with life limiting conditions, to discharge and end of life care. To support our Mental Health Better Care Fund Theme we have developed Local Care Coordination Centres across the City based on the Team Around the Person (TAP) process. The TAP process supports the integration of health (physical and mental), social care, voluntary and private organisations, reduces demand on the acute/statutory services and supports individuals to build their capabilities and resilience. The process focuses on preventing wellbeing problems from becoming more serious, promotes independence and reduces the need for acute hospital and residential care services. This integrated TAP model was designed to co-ordinate personalised support for individuals, who are involved with multiple services, and are at risk of escalating needs. It is closely linked to our mental health transformation work streams.

The TAP team are currently awaiting the outcome of being shortlisted for two national awards around innovative work in personalised care. (MJ Award and Nursing Times). This is on the back of being asked to present their work at NHS Confed EXPO Agenda (nhsconfedexpo.org).

TAP Case Study:

Introduction:

Female (30's) living with quadriplegic cerebral palsy and a severe leaning disability. Physical health needs required round the clock support including medication, nutrition and airways. Informal daily support is by her ageing parents, who have complex health needs themselves and increasingly a formal care package meets her needs, but relationships with the Provider are not ideal and the family are losing trust with statutory support. TAP services were asked to support the family in crisis and over 11 different services/agencies were involved in care.

Intervention:

The TAP service created an impartial safe space for the family to voice their concerns and design how she wanted her future to look. Using an integrated approach, the team worked with all the involved agencies and organisations responsible for Sally's care to help rebuild trust, and ensure all services were on the same page understanding not just what needed to happen, but they wanted to happen.

TAP appointed an advocate focussed on her aims and objectives forming her care, including periods of respite and attendance at a day service as Carer relief. Due to the team of professionals, TAP had built she was fully supported to deal with her mother's death and grieving, including contingency for the informal support from her father. She particularly enjoyed her time in respite and had expressed a wish to live more independently longer term. With access to the right professionals and a slow build up her time in a respite facility this became her primary residence.

Impact of Intervention:

Due to TAPs intervention the 'what matters to you' personalised approach was taken, demonstrating that a change in provision would suit her needs and could be tailored to meet

both health and wellbeing needs. She now has positive relationships outside of her family dynamic and had professionals she could rely on for support of her longer term needs.

Family member quote:

“I would just like to thank you and your colleagues and the rest of the TAP for their invaluable advice and input into the transition process and delivery of the change in my daughter’s transition to independent living”.

“Without your assistance I would not have been able to navigate my way through the process, especially after being widowed during the transition. It made it doubly reassuring for me to know I had someone I could call on whenever I needed help or just someone to talk to about my concerns (and hopes) for my daughter’s future and you provided that vital support in abundance. Thank you once again, from the bottom of my heart, for all your help and kindness during this very difficult time. We spoke yesterday and she says she is very happy with her new independent life. I'm sure she's living her best life and I'm making the most of my time too so your help for us both cannot be underestimated”.

Quote from advisor:

“For me this case shows that treating the person, not the condition or situation gives them the very best chance not just for basic needs to be met, but for a holistic change for the better, that impacts not just the person but their wider support”.

Transforming Community Mental Health Services in Sheffield:

Throughout 2022 and 2023, SHSC and SYICB Sheffield Place clinical and operational leads have engaged with people with learning disability, their family Carers and other stakeholders to create an enhanced community model for the small cohort of people within the learning disability population with moderate to severe learning disability, alongside behaviours that are challenging to support and/or with comorbid autism mental health needs.

Analysis of admissions over the last 5 years would suggest that we may only need capacity for 1 to 2 people to be admitted to specialist learning disability inpatient provision in a 12-month period, rather than requiring the commissioned 7 bedded inpatient unit at Firshill Rise. This is a significant positive improvement compared to when there were 26 people within long stay inpatient care and 12 people in secure care at the start of the Transforming Care programme in 2015, most of whom had been there for many years, and there were frequent admissions required during any 12-month period.

Some of the reasons for this improvement and changed pattern of demand includes:

- Work through the Transforming Care Programme on admissions avoidance conducted by SY ICB Sheffield Place Commissioners/Senior Nurse Lead, Local Authority Commissioners/Social Workers and clinicians working in SHSC’s specialist learning disability services.
- The implementation of Dynamic Risk Registers.
- Improved coordination and oversight of patient pathways across agencies.
- Collaborative work with Sheffield Place ICB led by the Local Authority on residential care and accommodation.

We have proposed that through investment into the clinical professionals within the specialist learning disability service, the new model will provide:

- A single pathway into one Community Learning Disabilities Team (CLDT), which will provide standard and enhanced interventions, determined by need
- A central point of access for all referrals into the service, with a greater emphasis on a coordinated community multidisciplinary team (MDT) approach to better assess and manage risk

- An improved MDT offer to stabilise and reset care plans/manage titration of medication through increased clinical and support staff, including nursing, speech and language therapists, occupational therapy, psychiatry, dieticians, physiotherapy, and other therapists
- Extended operating hours during the week with additional on call clinical advice and support over the weekends
- A more consistent application of the national programme to Stop Over Medication of Patients with a learning disability/autism (STOMP)
- The introduction of more evidence based and coproduced outcome measures
- Improved prevention and early intervention when a person with learning disability is experiencing a deterioration in their emotional wellbeing, mental health or behaviour that is challenging to support.
- Increased support available to families and paid carers to help to manage behaviour that is challenging to support without the need for the person to be removed to inpatient services

The Sheffield Ageing Well Programme:

The Sheffield Ageing Well programme runs in collaboration with Theme Two of the Better Care Fund – Active Support and Recovery and is a specific work programme aimed at the most frail and vulnerable of our current older generation. There is a focus on:

- promoting a multidisciplinary approach to care.
- giving people more say about the care and support they receive.
- offering more support for people who look after family members, partners or friends.
- promoting more rapid community response teams.
- and offering more NHS support into care homes.

To deliver these ambitions, the NHSE driven programme is split into the following three workstreams:

Urgent Community Response (UCR)
Enhanced Health in Care Homes (EHiCH)
Anticipatory Care (proactive care)

Sheffield partners are taking preventative and proactive approaches in the community whilst also ensuring responsiveness to escalating need and crisis management and include transforming community services to improve timely access for all, especially those with greatest needs, our core20plus communities and inclusion groups.

Sheffield is ensuring effective waiting list and case management, productivity and efficiency, maximising use of technology and expansion plans. Developing a robust community workforce is vital to enable integration vertically into pathways to and from acute care, and horizontally into community pathways with primary care, social care and VCSE partners. Working together supports delivery of proportionate levels of care according to individual needs and affordability.

Teams are workforce planning for community sector expansion and ongoing training include advanced practice, joint working with PCNs, and building skills to support increased acuity in community settings linked to expansion of urgent community response, virtual wards and hospital at home, without stripping the workforce from other areas of the system where they are required.

Our joint plans include greater use of technologies to support care at home and enable independence, alongside specific work on improving access to dietetics and falls prevention.

The programme includes services that support the BCF metrics on falls such as:
- Following a successful evaluation of a Winter falls intervention, the city-wide alarms, level 1 pickup service has been extended from the beginning of May 2023 and provides a 24-hour

service to respond to the immediately fallen at home. The response team work closely with the UCR team who provide clinical support and there is a collaborative approach with Yorkshire Ambulance Service on the monitoring and evaluation of service outcomes.
- The UCR 2-hour response team to support level two fallers, those able to stay at home but at risk of admission due to medical deterioration, often an acute infection, that caused the fall.
- The UCR service offer is open to all care homes, to ensure that residents have access to 2-hour response, to avoid conveyance where appropriate.
- A push model from 999 into UCR is being tested, this will include level 1 and 2 falls as clinically appropriate.
- The ECP service is the main responder to level two falls in the city, the team have access to the 2-hour UCR response team to support management of the deteriorating patient, preventing admission.
- The ageing well team has purchased 17 Raizer chairs and is delivering a training plan to enable care homes to manage level 1 falls within the care home using the I stumble tool and the Raizer chair. The ambition is to decrease long lies in care homes and conveyances to hospital. This is supported by the respect training and a what matter to me approach.

The Ageing Well programme has been working in collaboration with partners across all city organisations to consider the approach to Enhanced Health in Care Homes. This has included a focus on:
- Workforce development
- Hydration and nutrition support
- Management of dysphasia
- Falls - including management of the immediately fallen and falls prevention
- Management of the deteriorating individual with early identification of need.
- Multidisciplinary working
- ReSPECT planning for care home residents

The programme has sought opportunities to collaborate, including provision of training to care homes in partnership with St Luke's ECHO and Yorkshire ambulance Service. The team have also collaborated across SYICB, with sharing of practice and resources to deliver 'Good Hydration!' to care homes, reducing duplication and silo working across our footprint.

In view of personalised proactive care approaches, as well as Team Around the Person (see page 14), the programme is delivering a citywide roll out of ReSPECT personalised care planning. ReSPECT is a process that creates personalised recommendations for a person's clinical care in emergency situations in which they are not able to decide for themselves or communicate their wishes. ReSPECT plans have now replaced DNACPR in the city. This development will support ensuring that we deliver 'what matters' to an individual, ensuring they receive the care they want in the place of their choosing, where clinically appropriate. It will encourage open dialogue between health professionals and the individual, ensuring that conversations about their wider care wishes outside of DNACPR are clearly documented, improving cross organisational communication. This will potentially also reduce conveyance to hospital for care home residents, and hence reduce deaths in acute hospitals, as many may choose to have end of life care provided within their care home by people they are familiar with.

Further proactive care has been delivered via focussing on falls prevention. Work has included:
- Development of a Sheffield Falls screening tool embedded in "What Matters to Me" shared across services; voluntary, council and health.
- Development of a self-assessment falls tool that can be used by clients and staff.
- Training of staff in the voluntary sector on Falls risk awareness and self-assessment.
- Training of staff across the pathway to enable delivery of falls strength and balance programmes.
- Mapping of the current pathway for falls Rehabilitation in the city.

- Engagement with staff and residents in council housing to describing the anticipatory care needs of over 60s to prevent falls

Early falls prevention is key in order to reduce pressure on urgent response services and acute care. Following the extensive networking, scoping, and testing that is being undertaken, there is an ambition to deliver a 'Team Sheffield' falls plan by autumn 2023, for the city to consider next steps in view of Falls prevention.

The Sheffield Ageing Well programme has an emphasis on developing services, redesigning existing pathways and making embedded improvements to meet the needs of our community in a way that can be sustained beyond March 2024. Future proofing our approach to Ageing Well will need to be considered by the city going forwards to ensure we:

- Continue to build a partnership network in Sheffield, to deliver 'what matters' to our population and the workforce who serve them, ensuring an embedded structure for delivery of Sheffield's key strategic priorities today and into the future.
- By doing this we will realise the ambition to create a city collaborative that enables greater integration and therefore efficiency and effectiveness, aiming to build capability and capacity in the community across health and social care, the Voluntary Community Sector and the independent sector, in order to deliver improved quality and better outcomes for people in Sheffield.

The preventative BCF Themes, PKW and AS&R, include team which have a dual focus upon discharge support and avoidance. Flexible capacity allows the teams to meet discharge demand to enable flow as well as delivering inpatient admissions avoidance. The aim is for more upfront avoidance work to reduce the requirement for discharge interventions. Work programmes include Urgent Community Response, Enhanced Health in Care Homes and Anticipatory Care which complement the wider Ageing Well system offer. More detail can be found on the HCP website [The Sheffield Ageing Well Programme - Sheffield Health and Care Partnership (sheffieldhcp.org.uk)]

In addition, there has been localised short term targeted investment to support additional capacity within falls pathways, community dietetics, mental health, including advocacy support to vulnerable individuals through the advocacy hub at Citizen's Advice, and within long term condition pathways to support recovery and remedial actions required following successive lock downs through the pandemic and evidence of significant de-conditioning within some populations.

Personalised Care in Sheffield:

Our vision within Sheffield is for care to be person-centered at all points of contact. The key to wellbeing and improving quality of life lies in people's ability to be able to live a life they have reason to value. This may be achieved by drawing on their own strengths and networks or by being connected to the assets and resources in their local communities and the wider city. As a city our basis of together is true collaboration, people, communities and organisations, to build places and services that support and sustain these assets and resources. This means changing how we do things in Sheffield so that people and communities to have greater control of what matters to them and can see how they can influence their care. We are designing a model that is:

- **Asset based**: knowing that people and communities are resourceful. Building on what skills are already there. Focusing effort on searching out and developing strengths. An example of this is capture within the embedded document which shows the City's approach to building, supporting and maintaining resilient communities.

- **Population Health driven** contributions to the design of services to meet the current needs of the demographic as well as to extrapolate expected future need requirements and to ascertain if any impact is being evidenced of preventative work already in place.
- **Enabling and Engaging**: making it easier for people do for themselves, or 'work with'. Avoiding 'doing to' unless absolutely essential (we recognise that there are situations where 'doing to' is most appropriate). The ethos of "What matters to you" is embedded across our health and social care partners with the lead for the city being a GP who also holds a role within our main provider FT. This has allowed the message to be a key part of the PCN and locality development with ARRS social prescribing and our People Keeping Well services applying the principle.
- **Personalised:** any support is tailored to the person's context to help build capabilities. This means we must be able to understand people's strengths and where they need additional support and a personalised response. This is also linked to the Ageing Well workstreams, enhanced care in care home, the falls prevention service, community AHP services through to End of Life Care pathways.
- **System Focused**: we look at the whole picture as a city, for example strategy development, policy choices, service redesign, recruitment procedures; and use coproduction, connections, and community knowledge and expertise to improve quality of life and wellbeing for everyone. The aim is for one consistent message is shared across all our meetings, partners and staff groups to ensure the culture in Sheffield is reflective of the overall strategic vision and system priorities. Alongside the core BCF and HCP structures sub-groups with representation from across the partners are held to support this aim. For example, the Workforce, Culture and Leadership and Community of Interest Group, NEY Personalised Care Board has representation behalf of SY ICB and Sheffield Compassionate City Board.

An example of this in action is thatthe Community Mental Health Framework sets out a requirement for us to discontinue the use of the Care Programme Approach in favour of a more person centred and flexible approach to the delivery of care. This is heavily built around the use of Patient Reported Outcome Measures which will be in place before April 2024

Personalised care examples in Sheffield:

There are some excellent examples of teams and services working in a person-centred multi-disciplinary way across Sheffield which can be seen in the narrative within this document. Other examples include:

- the Citywide Prevention Programme led by Sheffield City Council who are working with Providers, Service Users and Statutory services to co-produce plans ensuring that every contact counts for the individual.
- Twice Weekly Escalation Meeting, with representation from all system partners tailoring discharge packages to an individual's circumstances when leaving secondary care and the wrap around support for end of life and bereavement support where statutory partners work with VCSE and St Luke's Hospice to ensure personal choice and dignity in death as part of our compassionate city promise.

Focus now is to build on that success in individual work programmes by building a culture of personalised care and asset-based approaches across the city driven by senior leadership across the city and the development of a city-wide strategic personalised care programme as part of the BCF outcome framework.

Working in multidisciplinary teams in Sheffield Place or neighbourhood level considering the vision set out in the Fuller Stocktake:

To enable delivery of the outcomes and the system desire to achieve transformational change across all services there has been a decision to work towards alignment of services to the

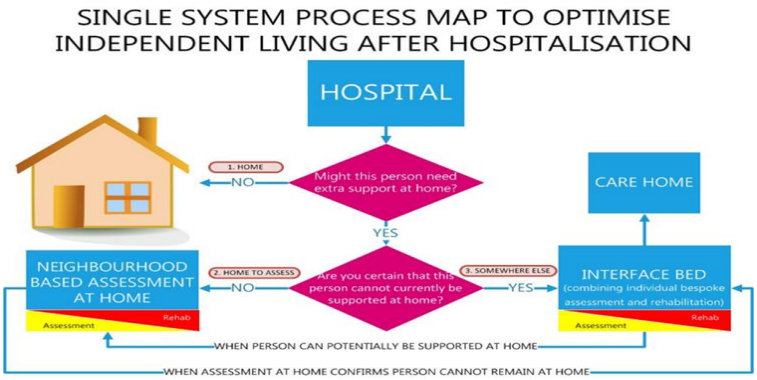
Primary Care Network (PCN) footprints. This will allow staff to be part of the network and to understand the needs of the population, working within their network to achieve tailored health and social care. This has meant reorganisation within our statutory partner services and commissioning structures as well as re-procurement of services from independent sector providers such as home care and care home packages to align with the PCN boundaries.

Our Sheffield Discharge Model – A New Systems Approach:

Despite the transformational changes made to the Sheffield Discharge Model pathways since the start of the Covid-19 pandemic it continues to be an area of pressure for the system. To continue with this on-going process of improvement a partnership group has been established across Sheffield City Council Adult Social Care, Sheffield Teaching Hospitals, Sheffield Health and Care Trust and Sheffield Place Integrated Care Board to understand our performance, demand pressures and have agreed a model which will enable people to return home from hospital when they are well. The Sheffield Discharge Model will apply to the needs of people across acute and mental health inpatient services. The Sheffield Health and Care Board received the Approach-to-Discharge-Pathways-Redesign.pdf (sheffieldhcp.org.uk) that provides an overview and describes our unique Place challenges, work proposed and underway.

Similar work has been done before within frailty pathways as part of the Right First Time Programme and demonstrated that it can be done with impressive results and as then, this will require system wide support; recognising that the benefits if we get it right are many and widespread. Previous learning has demonstrated that the importance of eliminating the "queue" cannot be overestimated if we are to realise all the benefits associated with the D2A model. Initial work has been undertaken within the acute hospital with equivalent standards for mental health inpatient services at the design phase.

The model is depicted below and adapted from the model proposed by John Bolton for people over 65:



Appendix 1 - New Discharge Model.pptx

Support the redesign of discharge in the system the governance and oversight has been reviewed to ensure correct oversight by the new Place Boards and Committees. These include:

- Joined Up Governance: Strategic governance and scrutiny will be undertaken through the Adult Health and Care Policy Committee and the Health and Care Partnership. Tactical and operational oversight arrangements are in place to enable local collaboration and delivery upon the model.
- Joint Action Plan: A joint action plan to enable implementation of the new model. It's aimed that this will also act as our winter plan to enable timely and effective preparation for winter 2023.

- Joint Monitoring and Management of Risk: Our joint governance and oversight of the action plan will enable us to jointly manage the programme and financial risks, particularly if homecare hours continue to exceed the national average and the funding available.
- Joint Up Leadership: A joint leadership post has been established between Sheffield City Council Adult Care and Sheffield Teaching Hospital to build capacity to implement our new model and establish a shared leadership approach to discharge across the City.
- Moving Assessment into Community: Redesign of pathways and service delivery in our Care and Wellbeing Services to enable assessment to take place in the Community, streamline pathways and ways of working and establish a homecare provider collaborative of commissioned and council run homecare to utilise our community-based support effectively and efficiently.

Capacity and Demand within the Sheffield System:

Current demand and capacity modelling includes the transformational changes in the pathways and the move towards more VCSE input into the structure. This was undertaken as a test of change during the Covid-19 pandemic and expanded using ASC Discharge Funding in 2022/23.

The focus is upon supported discharge to home with wrap around care, limiting where appropriate, bedded facilities as an alternative location which requires a secondary discharge to home.

Additional work is underway to review the requirements for winter 2023 and understand the implementation of the new home care tender and care home strategic review into 2024/25.

The key element of the redesign as described in the narrative above, and further explained by the paper which can be found on the HCP website links, is to ensure that capacity is available to meet demand and remove or reduce unnecessary delays for those waiting for care and support to leave hospital. We have embedded the learning from a number of schemes that were implemented during winter including schemes that trialled alternative support and resources where work force recruitment and retention proved difficult. This included support for people to return home building capacity within the community and the team around.

Whilst most patients admitted to hospital return home with no additional support, some people including our frail and vulnerable and those with specific physical and mental health conditions do require additional care and support to return home. This can come from a range of services such as short-term support with rehabilitation at home or in a care setting, help to recover and or help to adjust following a period of ill health.

The resources and processes required to provide an assessment at home on the day of discharge and provide the right level of care and support short term at home in the model proposed will require additional resourcing to meet the targets proposed which will be reallocated from savings elsewhere in the pathway redesign.

Currently packages of care must be determined and secured whilst someone is still in an acute setting, with the assessment taking place in the days following their discharge. The ‘Assess to Discharge’ approach means that there are delays whilst a date to return home or move on is secured, there is then the potential for over subscribing the type or level of support required and an overreliance on statutory support. If support is not reviewed within the days or first couple of weeks this can build a reliance of a service for the wrong reasons.

As a result of the issues outlined above, the system is incurring resource to support “holding” patients in the wrong setting, which creates a high risk of deconditioning and deterioration in our most vulnerable jeopardising their ability to return home, demoralises our extremely tired and stretched workforce and provides a poor experience for patients and their families.

The new model design includes a change to the central discharge hub and management structure for discharge which aims to facilitate removal of this inefficiency and streamlines people to the appropriate setting, ensuring best use of resources and maximising outcomes for individuals.

In May 2023 the Executive Leads overseeing the Sheffield Better Care Fund plan met with a team representing the Better Care Fund Support Programme who, alongside ECIST, have offered to support Sheffield with implementation of their discharge model. Potential support from the DHSC Better Care Fund Improvement Team is being scoped to understand where this resource could be beneficially deployed.

Adult Social Care Discharge Funding – Utilisation in Sheffield:

The schemes implemented with non-recurrent funding during 2022/23 were wide ranging and used as a test of change for all areas where the population could experience a breakage in the discharge process resulting in a delay in returning to their usual place of residence. The revised plans included within the 2023/25 BCF planning, funding identified in 2023/24, £7.172m, and indicatively £11.787m in 2024/25, has been reviewed by system partners into proposed schemes focused into areas which appraised well from 2022/23 and support the overall longer-term redesign of discharge pathways from both acute and mental health settings.

One of the reasons identified for delayed discharge and tested in 2022/23 to continue recurrently related to patients with complex medication and feeding regimes, who rely on familial carers or non-qualified care provider staff who are aren't confident to take responsibility without support. As part of this new discharge model SY ICB Sheffield Place and Sheffield City Council have jointly funded a pharmacist post embedded with the Better Care Fund Joint Commissioning Office to support the most vulnerable housebound people in our city, particularly people who are in receipt of social care packages to support them to return home with their medication and specialist feeding techniques where patient safety is a concern.

High Impact Change Model for the Sheffield System:

The principles around the High Impact Change Model are embedded in all decision and discussions around system flow. The model has been reviewed, assessed and update to reflect changes within Sheffield and the wider discharge conversations.

A programme of transformation of discharge support was approved by our HCP board in May 2023 with the focus including develop of areas in our HICM which required further improvement in the previous model. The summary of progress against areas for improvement identified in 2022-23 include:

- **Change 2:** Monitoring and responding to system demand and capacity. Work has been progressed to capture capacity to meet demand across all pathways including consolidated reports which show capacity to help plan discharge dates and actions to improve delays in packages of support. The programme to transform discharge support has commenced with priority actions set out to improve capacity to meet demand ahead of winter 2023. This along with actions already in place to reduce the backlog will help ensure capacity meets demand. New governance around the remedial actions required are established with escalations and oversight via the UEC board.
- **Change 5:** Flexible working patterns. There are still challenges to fully establishing 7 day working across the system to support discharge due to variations is working patterns and hours across the range of community services. The discharge hub does operate 7 days a week, however other services are not able to yet work to full capacity and meet demand 7 days a week. As part of the development of the transfer of care hub and the redesign of discharge support being reviewed with the intention to make recommendations for improvement to support further development. Learning from

actions already implemented to improve discharges along with the recommissioning of home care, VCS support and additional resources will help progress this at pace.

The 2023/24 High Impact Change Model is attached below:

High Impact Change Model Action plannin

In Summary:

The Health and Care System in Sheffield has gone through a period of change due to organisational restructures, changes within senior staffing and governance process alongside implementation of transformation programmes. The Better Care Fund Programmes and the Joint Commissioning Office Team have provided the stability to facilitate these transitions.

The initial focus has been to develop a collaborative Sheffield culture structured around communities and support for individuals, with personalisation at the heart of decisions to minimise inequalities and maximise outcomes for citizens. Individuals, as well as organisation, come together to co-produce plans as partners irrespective of their legal status or funding source. Factors wider than pure health and social care, such as housing, education and employment, are taken into account when decisions are being made.

While challenges, particularly around hospital discharge, persist in the City there has been significant progress to face the complex issues as a collaborative rather than individual elements of a system jigsaw. Rather than fire-fighting today's issues we are working to reduce inefficiencies, remove barriers and ultimately provide long term sustainable services which are future proofed to deliver best possible outcomes for our population.

HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of:	Greg Fell Director of Public Health
Date:	28th September 2023
Subject:	Health Protection Update
Author of Report:	Ruth Granger, Consultant in Public Health 0114 273 5093 ruth.granger@sheffield.gov.uk

Summary:

The Health and Wellbeing Board agreed in June 2022 to have a twice yearly update on the health protection system. This paper highlights the key issues facing the Health Protection system in Sheffield and makes recommendations to address these challenges for the Board to consider. This report includes

- A review of the Public Health Outcomes Framework measures of health protection for Sheffield
- An update on increase in Sexually Transmitted Infections
- Reporting progress on reviewing the Sheffield Mass Treatment and Vaccination Plan
- Work to increase capacity for Infection Prevention and Control in the city

Action following previous update

Following the previous update work has progressed on the Mass Treatment and Vaccination Plan for Sheffield, facilitated by the Public Health Team on behalf of the city. Thank you to partners for nominating colleagues in supporting the review of the plan.

Recommendations for the Health and Wellbeing Board:

- Consider what role can partners on the Health and Wellbeing Board play in addressing issues highlighted in the Public Health Outcome Framework indicators?
- Link to your representative on the Sheffield Mass Vaccination and Treatment Plan to ensure that there is a good fit between your organisational plans and the city wide MTV Plan as its updated.
- Note the increase in levels of Gonorrhoea and Syphilis and where appropriate take action to increase testing.
- Endorse work to increase capacity around Infection Prevention and Control in the city

Background Papers:

none

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This connects to the overall aim of the Health & Wellbeing Strategy of reducing health inequalities in Sheffield.

Who has contributed to this paper?

This paper is based on discussions between partners at the Health Protection Committee and internal discussions within the Public Health Specialist Service. The Health Protection team within Public Health have written this paper (Ruth Granger and Oliver Roe)

SHEFFIELD HEALTH PROTECTION SYSTEM UPDATE

1.0 SUMMARY

1.1 This paper is a twice-yearly update setting out the key issues facing the Health Protection system in Sheffield and makes recommendations to address these challenges for the Board to consider.

1.2 The Director of Public Health for Sheffield has a statutory role to be assured that there are safe and efficient systems in place to manage, as far as possible, threats to health.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 Issues with prevention and management of threats to the health of the population are most felt by those who are vulnerable, with least money and those with protected characteristics. A well-functioning health protection system which, as far as possible, protects people from infectious diseases and environmental risks to health is therefore crucial for addressing health inequalities.

3.0 HEALTH PROTECTION IN SHEFFIELD

3.1 Health protection includes immunisation, infectious diseases and preparing and responding to emergencies such as outbreaks or floods. This work requires collaboration and expertise across a range of teams and organisations who all have different roles for planning, prevention and management. This includes Environmental Health, Primary Care, NHS Trusts, NHS England, voluntary and community sector organisations, UK Health Security Agency and Local Authority teams.

3.2 Our partners, UK Health Security Agency, have developed a new strategy which includes three pillars for health protection. These are a framework which can also be useful when we consider our role as a health and wellbeing system in relation to health protection. These are:

- 3.2.1 Prepare – be ready for and prevent future health security hazards
- 3.2.2 Respond – save lives and reduce harm through effective health security response
- 3.2.3 Build – build the UK's Health Security Capacity

3.2 Review of Health Protection Indicators

The Public Health Outcome Framework has been reviewed to assess our position in Sheffield. It is worth noting that there is a time lag with this data so some of it refers to data which is a few years old.

Areas for concern

- Uptake of certain early years childhood vaccinations (against diseases like measles, polio and tetanus) has been decreasing and is below the Yorkshire & Humber average (2021/22).
- Uptake of first dose (by age 1) of MenB vaccine, which helps to protect against meningitis and sepsis, is also decreasing and is below Yorkshire & Humber and England averages (2021/22). The trend is unclear for the booster dose given at 2 years of age.
- Female uptake of the HPV vaccine, which protects against some cancers including cervical cancer, continues to decrease (2021/22). Uptake for dose one has been falling year-on-year since 2017/18, uptake for dose two trending downward since 2018/19.
- The proportion receiving the MenACWY vaccine (2021/22), which is given to young people to protect against meningitis and septicaemia, has fallen 9% since 2019/20.
- Uptake of the flu vaccine in children aged 2 to 3, while higher than before the pandemic, fell 5.9% from 2021/22 to 45.3% in 2022/23, but remains above Yorkshire & Humber and England averages.
- Uptake of the flu vaccine in those 'at risk' decreased 4.9% into 2022/23, but remains above Yorkshire & Humber and England averages.

Areas where there has been improvement

- Uptake of the flu vaccine in children of primary school age rose into 2022, though remains below Yorkshire & Humber and England averages.
- Tuberculosis (TB) incidence (three-year average) continued to decrease year-on-year through 2019/21.

4.0 KEY ISSUES IN HEALTH PROTECTION

4.1 Sexually Transmitted Infections

We have seen a substantial increase in the number of cases of Gonorrhoea and Syphilis in Sheffield during 2023. The Sheffield Sexually Transmitted Infections Strategy Group has reformed to look at ways to address this increase through increasing testing for groups where Syphilis testing is lower and also to develop an STI prevention plan.

4.2 Reviewing the Mass Treatment and Vaccination plan

The review of the Mass Treatment and Vaccination Plan is continuing to plan how the city would respond in the event of an incident requiring a response which is outside normal capacity and response. A number of working groups are inputting to the plan with good representation from colleagues with a range of expertise from health and social care organisations and the VCF sector. Each organisation also needs to consider their internal response plans to respond to an incident requiring mass vaccination and treatment.

4.3 Increasing capacity for Community Infection Prevention and Control in the city

Good practice in Infection Prevention and Control is an important component of reducing the risk from infectious diseases and heath care acquired infections. Capacity for Community Infection Prevention and Control support in Sheffield has been raised as an issue for a number of years. This follows regional audits and benchmarking showing that Sheffield has a low level of support for Infection Prevention and Control for community based providers. During Covid additional capacity was available to support a broader range of providers to have good practice in IPC; this included supported living and domiciliary care.

A proposal is being taken to Sheffield Adult Health and Social Care Committee to fund a Community Infection Prevention and Control team for Sheffield from the Public Health Grant. This would add to the 2 Infection Prevention and Control nurses who work for the ICB delivering support to primary care and care homes.

5.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

5.1 **Continue to work as a system** We need to continue to work as a system to address health protection risks – for example with the Mass Vaccination and Treatment Plan

5.2 **Monitoring surveillance data** to enable us to identify emerging risks quickly -an example of this has been identifying increases in STIs so that we can take action.

5.3 **Strengthening the system – capacity** We continue to be a lean system in Sheffield and we will continue to seek opportunities to increase capacity.

6.0 RECOMMENDATIONS

The Board are recommended to:

- Consider the PHOF indicators and areas where Sheffield has health protection risks and the role your part of the system has in influencing or improving those areas.
- Link to your representative on the Sheffield Mass Vaccination and Treatment Plan to ensure that there is a good fit between your organisational plans and the city wide MTV Plan as its updated.
- Be aware of the increase in levels of Gonorrhoea and Syphilis and increase testing.
- Infection Prevention and Control – support work to increase capacity in the city

Ruth Granger September 2023

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HEALTH AND WELLBEING BOARD PAPER
FORMAL PUBLIC MEETING

Report of:	Greg Fell
Date:	28th September 2023
Subject:	Collaborating for Health: update following conference
Author of Report:	Eleanor Rutter

Summary:

This paper provides a short summary of the outputs from "Collaborating for Health, a Health & Wellbeing Board sponsored conference, and a brief update on next steps, with a proposal to bring a proposition on new ways of working to the Board at a later meeting for discussion and endorsement.

Questions for the Health and Wellbeing Board:

N/A

Recommendations for the Health and Wellbeing Board:

The Health & Wellbeing Board are recommended to:

- Note the update on the conference event; and
- Agree to receive a fully developed proposition at a future meeting.

Background Papers:

- Appendix: Collaborating for Health – Speaker key points

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This topic addresses overall health inequalities and is potentially supportive of all ambitions in the Health & Wellbeing Strategy.

Who has contributed to this paper?

This paper has been developed with support and input from:

Bev Ryton, NHS Sheffield
Dan Spicer, Sheffield City Council
Elaine Goddard, Sheffield City Council
Emma Dickinson, Sheffield City Council
Helen Sims, Voluntary Action Sheffield
Helen Steers, Voluntary Action Sheffield
Isobel Howie, Sheffield City Council
Judy Robinson, Healthwatch Sheffield
Lucy Ettridge, NHS Sheffield
Megan Ohri, SOAR
Matt Dean, ZEST

COLLABORATING FOR HEALTH: CONFERENCE UPDATE

1.0 SUMMARY

1.1 In June 2023, the Health and Wellbeing Board sponsored a conference focused on working differently with and in communities to build good health and wellbeing, titled "Collaborating for Health". The event focused on how citizens, voluntary and community sector organisations, and statutory services can work together differently within existing resources to achieve better outcomes, and heard from speakers both from inside and outside Sheffield on how things could be done differently.

1.2 This paper provides a short summary of the outputs from that conference, and a brief update on next steps, with a proposal to bring a proposition on new ways of working to the Board at a later meeting for discussion and endorsement.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 Health and wellbeing is created in the local environments in which people live their lives. Adopting a strengths-based, asset-focused, and locally tailored approach to health creation can bring all partners together to maximise the impact of resources in local areas and reduce health inequalities.

3.0 CONTEXT FOR THE EVENT

3.1 Citizen-led approaches to health and wellbeing have been gathering momentum for the past decade with evidence of positive outcomes for citizens and communities. In Sheffield, a number of pieces of work have developed in response to this, or incorporating the principles of these approaches, including:

- The People Keeping Well programme;
- UKSPF Community Development Work;
- Community Champions Programme;
- Compassionate Sheffield;
- NHS Sheffield's Model Neighbourhood work;
- What Matters to You; and
- Team Around the Person

3.2 This event was set up to help city stakeholders consider how to maximise the benefits they can offer, beginning the process of developing a single, strengths-focused approach to working in and with communities to provide coherence across the health and wellbeing system.

3.3 The event was planned collaboratively by a small group drawn from across Sheffield City Council (SCC), NHS Sheffield, Healthwatch Sheffield, and the Voluntary and Community Sector (VCS).

4.0 SUMMARY OF THE EVENT

4.1 Following a welcome from Matt Dean, Chief Executive of ZEST, the event took place in two main sections.

4.2 The first, chaired by Greg Fell, Director of Public Health for Sheffield, focused on learning from outside Sheffield on the importance of a community focused approach. This heard from Donna Hall, former Chief Executive of Wigan Council and Chair of New Local, and Alison Haskins, Chair of Locality and Chief Executive of Halifax Opportunities Trust. Following this, attendees discussed on their tables "If Sheffield could take one thing from the talks, what is it?".

4.3 The second, chaired by Megan Ohri, Partnership Manager at SOAR, looked at a small sample of work going on in Sheffield, hearing about the BAMER-5 VCS organisations' work to support the Covid-19 vaccination programme, collaboration between Heeley Development Trust and Heeley Plus Primary Care Network to support the health of local people, work led by Disability Sheffield and Healthwatch Sheffield to engage with people with Learning Disabilities, and work to bring Sheffield's Community Development & Health programme into workforce development in SCC. Attendees reflected on these, and discussed on their tables:

- One key lesson for the city; and
- One big thing we need to do to take this forward

4.4 The outputs from both sessions were collated to inform follow up work from the event.

4.5 A more detailed summary of key points raised during the event is appended.

5.0 KEY OUTPUTS AND OUTCOMES FROM THE EVENT

5.1 The two keynote talks were positively received, in particular Donna Hall's comments.

- Donna discussed the change undertaken in Wigan and work led by New Local: in particular she talked through how the approach that developed into the Wigan Deal was not just about investment in communities but also about a wholesale change in the approach public services took, including rethinking the role and skills of staff.
- Alison Haskins talked about the value and contributions voluntary, community and social enterprises can deliver, and the ways in which relationships with and support from statutory services can help maximise the impact of this.

Even as a small sample of what is going on, the examples of work in Sheffield and experiences of those attending showed that we have much to build on.

5.2 There was a lot of enthusiasm in the room and commitment to develop a new way of working in Sheffield, and to commit time to being involved in this.

5.3 However this was tempered by limited attendance from senior leaders in statutory services, though there were mitigating circumstances around this such as the event coinciding with the junior doctors strike, and the launch of Sheffield's work on Family Hubs.

5.4 In both the table discussions and the first and second sessions of the event there were some clear themes that emerged:

- The importance of shared purpose
- The centrality of power dynamics, and the need to devolve power
- The importance of financial investment, and its links to power dynamics
- The need for clear understanding of each part of the system, respective capabilities and the resultant roles they should play
- The necessity of trust, particularly statutory bodies trusting VCS partners
- A focus on strengths-based, local approaches
- A clear commitment to addressing inequalities

5.5 As well as the consistent themes identified above, there were a number of other, less frequently made points that feel important to consider in how this works develops:

- There was a lot of support for the approach taken in Wigan, but the point was made that we need to develop an authentic Sheffield approach
- This work takes commitment and grit to drive change; Wigan and Calderdale wanted to transfer power, but are we sure the intent is there where it needs to be in Sheffield?
- A different, supportive, humble approach to leadership to encourage creativity and risk taking would be welcome
- A desire to work in and focus on relatively small local areas of 30-50k people, or on 142 neighbourhoods in Sheffield

5.6 The developing City Goals were raised spontaneously in the room, with a clear view that their eventual form and content will be highly relevant to success in this space. The development of a new Joint Health & Wellbeing Strategy, scheduled to be published during 2024, is also important, and the outcome of this work is seen as being central to the "how" aspects of that document.

5.7 NHS Sheffield's developing approach to working with people and communities is also strongly connected, and internal SCC work that is beginning on the question of

engagement with the city and its communities, and the importance of VCS partners in that work is also relevant.

5.8 A strong message from Donna Hall was about the importance of senior political and officer buy-in to the success of the Wigan Deal.

5.9 We will also need to think about how this helps support and provide coherence to the existing and developing work in this space, to reinforce our approach to working together to tackle inequalities and improve outcomes.

6.0 NEXT STEPS

6.1 The group that planned the event, with the addition of some other committed individuals, has taken on the task of considering next steps. Their suggestion is that a clear proposition is developed that sets out a Sheffield approach to enable citizens, voluntary and community sector organisations, and statutory services to work together to create health and wellbeing. This will be developed over the coming months and presented to the Board for discussion and endorsement.

6.2 This will build on the overarching themes identified in the conference, setting out the value of taking a strengths-based, community-led approach to prevention, with investment into communities and changes in statutory sector ways of working to support and enable this. It will link with other work in this space to draw out and establish the key underpinning success factors, using these to develop a framework for investment in health creation, alongside a set of goals over the short, medium and long term.

6.3 This will set out:

- A set of clear agreed statements about how health is created for individuals and in communities, and how this is central to reducing inequalities;
- A clear position on how the system needs to work in support of this; and
- A clear set of ambitions and actions on what needs to change as a consequence.

6.4 Development of this will be led by the broad group that supported the development of the conference event, but this will take a co-production approach supported by independent facilitation. This work will engage with key stakeholders including:

- Conference attendees, as those who have committed time and energy to this work already and offered further involvement;
- The broader voluntary and community sector, as key institutions with roots in their places and communities;
- Voice organisations representing & reflecting the concerns & needs of citizens, patients, carers, etc. both individually & collectively;

- Health and wellbeing system leadership, both organisational and political, as drivers of any change that may result from this work.

6.5 This will ensure that we:

- Maintain an open approach, sharing this work as it develops with all those who want to contribute
- Actively seek to engage senior leaders in the city and specifically system around health and wellbeing to address the issues identified above, using forums such as the Health & Care Partnership as well more individual routes, to ensure the buy-in and ownership necessary to support change.

6.6 This work is seen as important in its own right, but will also be key to the development of the Joint Local Health & Wellbeing Strategy.

7.0 RECOMMENDATIONS

7.1 The Health & Wellbeing Board are recommended to:

- Note the update on the conference event;
- Sponsor the proposed work and commit to engaging in the development process; and
- Agree to receive a fully developed proposition at a future meeting.

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Collaborating for Health – Speaker key points

This document provides a note of the key points made by speakers and in plenary at the Collaborating for Health conference at St Mary's Community Centre on 14th June 2023.

Matt Dean, CEO of Zest: Opening the Conference

Matt reflected on the range of community champions and advocates in the room, and offered some food for thought for the afternoon:

- We know about the complexity of the challenges ahead
- We need to also reflect on how far we've come, such as the development of the People Keeping Well framework: this took people with it and is a key building block, and started to mainstream the community first approach
- What factors have enabled and inspired us in developing this approach? What are the factors that have held us back? What can we learn from other places?
- We all need to come together to agree the shared priorities.
- We should reflection the importance of connections and how we work together as set out in Cormac Russell's latest text:

    > 'we are not disabled, we are dis but not disabled, we are disconnected. We don't need services, we need community'.

- We have to listen, compromise, cede control, acknowledge our rich interdependence, and connect and listen beyond our own organisation's boundaries.

Greg Fell, Director of Public Health: Chairing the First Session

Greg set out his thoughts on the purpose of the event and what we are trying to get to:

- The conception of this event is: there's no more money, so we need to think differently about how we work to achieve what we want.
- The HWB strategy needs to be a CITY thing, it's owned by all of us.
- This is definitely not about state stepping back but the need to clarify who has what roles in this space.
- This is about Health Creation (not prevention).
- We have plenty of our own ideas and brilliant ideas of shining practice. But we equally want to steal other people's brilliant ideas.

Donna Hall

Donna reflected on her experience as Chief Executive of Wigan Council and subsequent work with New Local:

- Seen some really good practice but also lots of talk and not a lot of action in some places.
- The acid test is: what difference is that conversation going to make the people I work with.
- We need to really tackle the health inequalities and differential outcomes.
- **Wigan Deal** started off in 2011 trying to rethink the role of public services in place.
- Previously we'd been a good performing council but very paternalistic, very top down and transactional and doing to people.
- Wigan did some work with Hilary Cottam and recommend her book Radical Help, focused on building good health into communities and neighbourhoods.

- We needed to redress the balance of public services in the place.
- Did an experiment of 25 families on a Wigan council estate; these families were people with children on the edge of being sent into care.
- Wigan were spending quarter or half a million pounds per year without showing positive outcomes for the families. 80% of time was on assessment, referral, strict criteria for being referred for services. E.g. low BMI threshold for eating disorder services.
- Created a Community Investment Fund – streamlined approach to assessment and referral, looking similar work in Brazil – 230,000 community health support workers supporting families and communities.
- Not called 'social prescribing' because not about a GP, but about connecting people with available support. Introduced neighbourhood teams, worked intensively across sectors and partnerships.
- Everyone in the patch, even the job centre was supporting people (based on risk categorisation). Worked intensively with those at risk of having a fall.
- Schools and GPs used to reach out – they are the two most trusted assets in the neighbourhood.
- Used 'anthropology' to retrain staff so it wasn't just about putting people in boxes, developed the Be Wigan experience to support this, about how everyone works together to help people in a very human way.
- Invested in assets – 13million into 500 next projects. These were things the community told us they wanted, like a Rugby memories group that supported people with dementia but wasn't exclusive to those.
- Also looked at adult day centres – they were not functioning well, so found different ways of investing in the community.
- We managed to add an additional 7 years of healthy life expectancy in the most deprived wards.
- This healthy life expectancy gap is what we should all be focused on and public services can't do this without communities.
- New Local with 7 councils up and down the council focused on bringing community power into public services. Resident voice in every aspect of the design of services.
- Looked at sexual health services and redesigned this with young people with lived experience. Created a different relationship between citizen and state.

Questions

- Has the approach and the improvements been sustained?
  - Humility as leaders is important, need to keep triangulating and checking.
  - Case conferences that involve communities. Having community support workers makes huge difference in areas of high poverty.
  - Need to not deviate from the model of community power – not a project but a complete mindset shift. Involves giving power to communities. Smaller life expectancy gap is being sustained in most wards.
- What barriers needed to be overcome to shift values?
  - Personal and professional ego. Failure to put yourself in the shoes of the resident. Also people failing to work together around the person and community – complexity of social care, need to put the person first, not start with the service.

- What was the most significant first step?
    - Clarity of purpose – the deal sets it out really simply. Constancy of purpose, not keeping chopping and changing strategy and sticking with it, letting the community driving it.
    - Three things kicked it off – having no money (needed to save 160million), people were doing ad hoc things, but needed to reimagine our role (enabling community power), then the work with Hilary Cottam and didn't just treat it as a project but rolled it out into everything.
    - It takes a different type of leader to drive that – recognising, I haven't got the answers but the community have – that's political and managerial leadership.

Alison Haskins

Alison reflected on her experience as Chair of Locality and as Chief Executive of Halifax Opportunities Trust, set up 21 years ago – a big but local organisation. Set up deliberately to contribute to the regeneration of west/central Halifax.

- A community anchor is a place-based organisation, as defined by the local community. Usually run out of buildings in the local community and run by the local community.
- There is growing recognition of the role of community anchors. Sheffield is blessed with incredibly brilliant range of local anchors.
- In Halifax Calderdale Council has shown real commitment from the top for this community led approach. It's a Keep It Local council – encourages council to procure locally, understanding the benefits of working with their local VCS organisations, supported by LM3 theory. Should lobby to get Sheffield to signed up to this.
- Lots of community asset transfers in Calderdale and there is a community anchor policy which recognises the importance of those local organisations.
- Public health match for UKSPF – Calderdale got 3million pounds which has been put into VCS. Working with local people to decide how they want to spend the money.
- Most of our health is determined by the social determinants of health. 5 principles of wellbeing as set out by Five Ways to Wellbeing.
- As well as individual wellbeing there is community wellbeing – need to think about both because it's so important and helps individual wellbeing as well.
- Community anchors are grassroots and have real roots in communities. Other organisations can parachute in and be like astroturf, not putting roots into it.
- There are specific organisations who do specific things really well – if it's about community support then it needs to be done with and through community organisations.
- Key is consistency around this work – not ad hoc projects and funding projects.Also need to always ask is this the right organisation?
- Do we stereotype community organisations as less skilled, professional or capable?
- Are we really really really committed to working with community partners as equals – this is how we see the change.
- Calderdale council have worked to build capacity within the community anchors – for example, tender for children's services had social value built in. Community anchors strategy is about recognising the value of investing in community anchors.

- How do we challenge the stereotypes – educate people about the sector and call things out when you need to.
- Environment, circumstances and leadership – makes a difference in this space. Calderdale is a small council and has had to work in different ways – supporting establishment of community anchors.

Table exercise and Break

Session 1 Plenary Feedback

Following the break Greg and Alison reflected on the output from the table exercises:

- Things that sprang out – changing mindsets and hearts and minds; Sheffield 'deal' – a plan on a page; moving from talk to action (accelerating and leveraging to next level); wellbeing economics, want to be a keeping it local council.
- Getting the structural side right – having something to aim for. And then having the cultural side to match.
- Making sure we are joined-up – linking with Sheffield City Goals, ensuring that we don't duplicate.
- We don't always get the insights back and understand the impact around the action that takes place – so we don't build as much as we should on what we're doing really well.
- Isn't a collective story at the moment about how we devolve power to communities and to VCS – this is happening across the city from different organisations but not joined-up.
- There is something about the dissonance between the way that statutory services are commissioned and monitored and the desire for communities to be at the heart of delivery (NHS related).
- Something about what the community anchors are doing to come together and articulate what they want to do together, not just looking to the council, NHS etc. Then ask the public sector orgs to help us resource that – community anchor network?
- Community anchors are important local institutions but they're not everything – we have to work in partnership to revitalise local democracy, because you can't have a single community voice. People need to be mobilised.

Megan Ohri, Partnership Manager at SOAR: Chairing the Second Session

Megan introduced the second session focused on Sheffield:

- Everyone is fired up now but we want to reflect what is happening locally, and being honest about the challenges.
- We need to reflect on the power dynamic and horizontal bonds – this is what it really is, not 'partnerships'.

Our Sheffield: building on positive approaches

Covid-19 Vaccinations Programme

- There's a lot of talk about ceding power – but it is just a concept.
- We have a very powerful BAME community sector in Sheffield. We should be very proud of that, but we haven't been able to sell this in the same way many other cities have done.

- We met as black community leaders at the very start of the pandemic – to plan for how we were going to work together to deliver for communities. There were a lot of good initiatives which came from this.
- A lot of awful things from the pandemic but one good thing is that by accident, but not by planning, we did come together.
- We didn't have prior experience of engaging properly. We must never forget how well we worked together and capture the lessons to be prepared for the future.
- We have huge expertise and experience in our communities – we don't need a new strategy or a new idea.
- We want you to see us, not just for us to see you – come out to us and show humility and respect.
- You need to value us for our role in the community. People have got used to be told what to do and need to be listened to.
- When covid hit Sheffield, there was a disproportionate impact on black and minoritized ethnic communities.
- Public Health recognised that we had to get people together from all backgrounds to address this.
- Fir Vale was hit hard early on (care homes). It started people panicking and the council were recognising the issue.
- This was where the BAMER PH group came from – gave an opportunity for people to express their views openly and do so in a safe space.
- Resources were invested, we felt equal, we had a pot of money that was just for us and our communities.
- We had the opportunity to co-ordinate, co-produce and deliver the services at the grassroots. We built the confidence of those communities.
- At the end of it I felt a change in the city, there was more openness to us and a focus on us. There was independent evaluation from the University of Sheffield and a report that can be shared

Heeley Trust

- Heeley Trust uses an asset-based approach – this takes relationships, partnership working and action planning.
- But it is really hard work to make this happen – we've been working on our own Heeley Deal really.
- We have good relationships with NHS now but this has taken hard work as well to establish this.
- Took on social prescribing work – the information was out of date, so we took an ABCD approach and went out into communities and asked them things.
- We also collaborated around vaccinations and worked through PKW etc.
- But we also have to be accountable for everything.
- Building trusting relationships takes a really long time – the idea of a community anchor is that you are doing this not just for yourself but all the smaller groups in your area.
- Represent our community and translate the conversations that are happening on the ground into these kind of spaces.

- Care – this is part of the carers economy – so much unpaid work. Hold our community memory, put all this work around the edges.
- This isn't funded or recognised: all of the stuff we have to do to join that up and make it work.
- Issues around community development work and where this sits – bringing people in to do community development when it would be better situated in the community groups.

Disability Sheffield and Healthwatch

- Sheffield Voices have been working a lot with Healthwatch and we are focused on learning from collaboration and innovation.
- Healthwatch wanted to get involved in the development of the new Working Adults Framework.
- We went out to people to do workshops – drama, art, music, magician – engaging people on their own level.
- This learning from that project has also fed into other co-design projects. A focus on fun creative activity meant that people could get involved as much or as little as they wanted to.
- Not leading the conversation, but listening to what people want to tell you. Because it's a relaxed space it's a really good vehicle for listening to people who are seldom heard – e.g. using drama to act out or play the role of director.
- But you do need to be clear from the outset what you are doing and what your expectations are. Asked very open questions, what do you love? What worries you? What are you looking forward to? Visualisation of where you want to go, where the bus is going to take you.
- Captured visual minutes. Draw them on A5 post it notes so people could see what we were recording.
- Gave ownership of the post it notes to other people too – it's about the power, we're not the only ones to have the power to collect and capture the information.
- Worked with support workers to incorporate questions into people's daily routine and what works for them.
- Now meeting back with people to talk about what's been done with what they've said.
- Coming out of the project is 50% representation on the Learning Disability Partnership board.
- Pilot project – we speak, you listen – originally called the community sharing hub (was an event for adults with learning disabilities to come together).
- Been doing this for a year now and the pilot has helped commissioners to hear lived experience. The events are accessible and out in the community so we can keep the feedback loop open.
- Commissioners come to the events. It's an ongoing project not about one off consultations.
- The events are themed but people come along and speak about whatever they need to – average 40 participants, happens monthly.

Community Development & Health

- Important to focus on self-care in these critical roles.
- Staff going into traumatised communities – need to not leave there traumatised but also having done something useful, positive.

- A model was developed – plan was to get everybody to come and do community development, self reflection, respite, experience affirmation but also getting challenged, to reorient themselves and make adjustments, rediscover or recultivate their personal agency, build the courage.
- People are loved and cherished so they can reflect on whether they are inclusive, do they empower people etc. 16 week programme.
- The experience starts to spill over to work life, personal life, professional adjustments, looking at things differently.
- This helps formal and informal transformation – changes to systems and processes, radical change in how things are done.
- Not enough to build the courage of the frontline workers but need to do that with CLT, with middle managers and service managers.
- Community health – council staff as the community and need community (organisational council) health as well as the individuals.
- Gives people an opportunity to reflect, to say that things need to get better and be the change - this requires courage, fortitude and understanding yourself.
- We have to invest if we want people to have the skills.

Table Exercise

Session 2 Plenary

Megan chaired rapid feedback from table facilitators:

- Humility in leadership
- We don't necessarily understand Sheffield communities as well as we should – equality of voice and representation
- Long-term consistent funding – lots of pilots, less longevity
- Trust, commitment to change
- Human qualities to work together to identify who is best to do what. Our leaders need to make us feel safe to be creative and take risks. Compassionate leadership.
- Community anchors should invite the statutory bodies to an event, where they speak and lead. And then the statutory bodies listen and do something. Because community anchors keep being asked to similar events.
- All parts of the system need to be transparent and accountable, like the VCS is
- Why are some organisations deemed as more important or heard more?
- To create trust and maintain it we need collaboration across sectors for a shared goal.
- Team around the person model needs to be built upon

Cllr Angela Argenzio: closing comments

Cllr Argenzio closed the event in her role as co-Chair of the Health & Wellbeing Board:

- From today we can see that we are committed to addressing the social determinants of health.
- We need to build on what we've talked about today to build a new system to address this – a genuine partnership of equals.
- Want to change the culture of the council – it's a big job and we need your help.

- Not all conversations are going to be easy, but we need to accept that to make change happen.
- Next steps – a round-up of the outcomes of the conference and bring people back together to deliver.

HEALTH AND WELLBEING BOARD PAPER
FORMAL PUBLIC MEETING

Report of:	Greg Fell, Director of Public Health
Date:	28th September 2023
Subject:	Co-opting of a Board Member
Author of Report:	Dan Spicer, 2734554

Summary:

This paper proposes that the Board co-opt the Chief Executive of Sheffield Health & Social Care Trust as a member.

Questions for the Health and Wellbeing Board:

N/A

Recommendations for the Health and Wellbeing Board:

The Board are recommended to:

- Agree to co-opt the Chief Executive of Sheffield Health & Social Care Trust as a Board member, pending a full review of the Board's Terms of Reference as part of broader review of strategic partnerships

Background Papers:

None

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This relates to the Board's overall work so covers all ambitions in the Strategy.

Who has contributed to this paper?

This paper has been produced following discussions with the Board's Steering Group.

CO-OPTING OF A BOARD MEMBER

1.0 SUMMARY

1.1 This paper proposes that the Board co-opt the Chief Executive of Sheffield Health & Social Care Trust as a member.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 This will support action on health inequalities by ensuring broad system involvement in strategic discussions.

3.0 REPRESENTATION OF NHS PROVIDERS ON HEALTH AND WELLBEING BOARD

3.1 Through the Health & Wellbeing Board Terms of Reference Review completed in 2022, it was agreed that the membership of the Board would be adjusted so that there was one place for NHS Providers. It was to be agreed between Sheffield Teaching Hospitals, Sheffield Children's Hospital, and Sheffield Health & Social Care Trust who would take up this place and bring a provider view into Board discussions.

3.2 Following this process, it has not been possible to agree who should take this place on the Board, with concerns from each Trust that no-one is able to represent the whole provider system and that coordination to support this will not be feasible.

3.3 Sheffield Children's Hospital are represented on the Board by virtue of the Chief Nurse occupying the place reserved for partners working with and for children and young people, while the Medical Director of Sheffield Teaching Hospitals has taken the place for NHS providers as continuity while this issue was being resolved. This means that only Sheffield Health and Social Care Trust is unrepresented on the Board.

3.4 Discussions have been underway for some time to address this issue, and the result of these is that it is proposed that the Chief Executive of Sheffield Health & Social Care Trust be co-opted onto the Board.

3.5 This is to be seen as an interim measure, with a full review of the Board's Terms of Reference expected to be undertaken in the near future as part of a broader review of strategic partnerships in Sheffield, in response to the anticipated publication and agreement of the Sheffield City Goals. This review will fully consider the balance of constituencies represented on the Board in the context of its agreed purpose.

4.0 RECOMMENDATIONS

4.1 The Board are recommended to:

- Agree to co-opt the Chief Executive of Sheffield Health & Social Care Trust as a Board member, pending a full review of the Board's Terms of Reference as part of broader review of strategic partnerships

HWBB Forward Plan - Public Meetings

Month	Type	Topics	Topic Leads	Ambition	Time	Additional invitees and notes	Chair
28th September 2023	Public	BCF Update	Martin Smith		00:10		Cllr Argenzio
		Health Protection	Ruth Granger		00:15		
		Collaborating for Health: update	Eleanor Rutter		00:05		
		Co-opting a new member	Greg Fell		00:05		
		Children & Young People Special	Bethan Plant		02:00		
		Forward Plan	Greg Fell		00:05		
					02:40		
14th December 2023	Public	Healthwatch Update	Judy Robinson		00:10		Dr McMurray
		BCF Update	Martin Smith		00:10		
		Update on Joint Health & Wellbeing Strategy	Susan Hird			SH request for as early as possible	
		Joint Strategic Needs Assessment	Chris Gibbons				
		Collaborating for Health Conference - update	Eleanor Rutter				
		NHS Sheffield Neighbourhoods Work	Eleanor Rutter/Lucy Ettridge				
		Follow up from Mental Health Workshop	Greg Fell				
		Assessing spending decisions against our Strategy	Chris Gibbons/Jackie Mills			To include NHS SY as well as place level plans	
		Winter Planning - our approach to prevention	TBC			Focus on prevention of admissions	
		Forward Plan	Greg Fell		00:05		
					00:25		
28th March 2024	Public	Healthwatch Update	Judy Robinson		00:10	Meeting inside PERP - guidance needed	Cllr Argenzio
		BCF Update	Martin Smith		00:10		
		Employment and Health	Ruth Granger/Laura Hayfield		00:45	30-45 mins requested	
		Forward Plan	Greg Fell		00:05		
					01:10		
27th June 2024	Public	Healthwatch Update	Judy Robinson		00:10		Dr McMurray
		BCF Update	Martin Smith		00:10		
		Joint Health & Wellbeing Strategy Sign Off	Susan Hird				
		Forward Plan	Greg Fell		00:05		
					00:25		

Strategy Key			
1	Every child achieves a level of development in their early years for the best start in life	6	Everyone can safely walk or cycle in their local area regardless of age or ability
2	Every child is included in their education and can access their local school	7	Everyone has equitable access to care and support shaped around them
3	Every child and young person has a successful transition to adulthood	8	Everyone has the level of meaningful social contact that they want
4	Everyone has access to a home that supports their health	9	Everyone lives the end of their life with dignity in the place of their choice
5	Everyone has a fulfilling occupation and the resources to support their needs	HI	Overall Health Inequalities Goal

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Sheffield Health & Wellbeing Board

Children & Young People's Themed Workshop Pre -Reading

Thursday 28th September 2023

Welcome to the Sheffield Health & Wellbeing Board Children & Young People's Themed Workshop. This pre-reading material is provided to help you prepare for the workshop before attending. Please take time to read this information before the meeting. We hope that it:

- Provides some detail on how the session will be facilitated and expectations from you as participants.
- Sets the context and provides some data/information on Children & Young People living in Sheffield.
- Encourages you to access and watch some video material in advance of the session provided by our Voluntary and Community sector partners working with Children, Young People and Families across the city.
- Shares some information on our governance structures for leading Children and Young People's Health & Wellbeing.

We hope that you find having some dedicated time to consider children's health and wellbeing both a powerful and useful process. Children and young people are future adults, they are our future service users and our citizens of Sheffield.

We'd encourage you to follow the links below and watch these videos in advance to help shape your thinking of what it's like to be a child/young person living in Sheffield:

- Young carers and education https://youtu.be/h30GesV8vhg
- Powerful poem written by young carers https://youtu.be/A1aialRYG50
- cared for parents talking about importance of identification and support Help for families — Sheffield Young Carers | Dedicated to helping young carers across Sheffield
- https://youtu.be/J0BY5P5j1zg and the campaign information is here: Young Carers National Voice — Sheffield Young Carers | Dedicated to helping young carers across Sheffield

If you have any questions in advance of the workshop please contact:

healthandwellbeingboard@sheffield.gov.uk

Sheffield Health & Wellbeing Board

Children & Young People's Themed Workshop

AGENDA

28th September 2023

2.50 p.m.	Introduction to the Workshop and the Character Profiles
3.00 p.m.	The Health & Wellbeing of Children & Young People living in Sheffield: Context
3.10 p.m.	Taking a Life Course Approach Pregnancy Early Years to Reception
3.40 p.m.	Break
3.50 p.m.	Infant to Junior Secondary School
4.20 p.m.	College and Post 16 years+
4.40 p.m.	So What? – Commitment and Action
5.00 p.m.	Close

How the workshop will be delivered: Ways of Working:

Colleagues working and leading Children and Young People's health and wellbeing across Sheffield have committed to a set of ways of working. These ways of working are helping us to develop our relationships with each other and to change culture and behaviours within our partnership and transformation programmes to ultimately help us to improve outcomes for children and young people.

We hope that you will agree that these are all behaviours that we would all wish to exhibit on a daily basis, but we are all human and in reality, corporate agendas and cultures, organisational and individual priorities and sometimes even having a bad day can make it really hard to maintain these.

We are sharing these with you in advance of the workshop. We hope that you will find the facilitation and methods used in the workshop interesting and engaging. You may at times find the approach takes you out of your familiar 'meeting style' environment but we would ask that you engage as much as you are able to and adhere to our ways of working even if some of what we ask you to do or think about makes you feel uncomfortable or upset.

Introduction to Character Profiles

On arrival to the workshop individual Board members will be provided with a Character Profile. We will give you time to read your profile at the start of the workshop. These profiles are designed to ask you to step into the shoes of a child, young person and their life/circumstances and situation.

The profiles have been collated by our Voluntary and Community Sector partners to demonstrate different people's lived experiences. These reflect the real life experiences of children and young people within our city. Throughout the workshop we will refer to the different Character Profiles and a range of characteristics, some of which your character may possess. At points during the workshop we will ask you to reflect on what you have heard and how the Health and Wellbeing Board might be able to support your character. Hopefully the characters will help bring the session content and discussions a bit more to life and will aid a focus on the 'so what' towards the end of the session.

Children and Young People's Health and Wellbeing: The Governance Structure for leading and prioritising children and young people in Sheffield:

The Children and Young People's Delivery Group (CYPDG) has citywide leadership and strategic oversight for Children and Young People's Health and Wellbeing. This strategic group sits within the city's governance arrangements to improve outcomes for children and young people in the city.

It brings together multi-agency partners and system leaders across the city to focus on the agreed Sheffield priorities for children and young people.

Our city priorities are outlined below:

CYP Delivery Group Priorities

Priority		Reasoning / Context
1	**Empower parents/carers to support their children and young people (Early Help)** • Transform family hubs • Improve support to meet the needs of neurodiverse Children, Young People and their families • Transform the short breaks offer for disabled children and young people	*Early Help Framework* *Inclusion, Early Years, Contextual Safeguarding, Clinical Strategy Strategies* *Core20Plus5 for Children and Young People* *New Inspection frameworks* *Increasing demand, increasing complexity and increasing health waiting times* *Insufficient inclusion and limited special school capacity* *Lack of placements for Looked After Children* *ICP Strategy and CYP Alliance work* *Patient Engagement/feedback* *Trauma Informed approach* *High and rising exclusions and permanent exclusions.*
2	**Expand the Inclusion model and integrate health services within this** • Complete role out of the Inclusion locality model • Transform health service community offer into School Localities and Primary Care Networks • Develop offer to better support Looked After Children within communities to enable more looked after children and young people to be cared for in local provision reducing the need for external placements and children being placed at a distance	

CYP Delivery Group Priorities

Priority		Reasoning / Context
3	**Preparation for Adulthood (Transitions)** • Train the workforce (health, care, education and VCF) in preparing for adulthood • Improve the communication and accessible information for Children, Young People and their Families around how to prepare for adulthood • Complete SEND Accelerated Action Plan actions and actions necessary under new SEND framework	*Early Help Framework* *Inclusion, Early Years, Contextual Safeguarding, Clinical Strategy Strategies* *Core20Plus5 for Children and Young People* *New Inspection frameworks* *Increasing demand, increasing complexity and increasing health waiting times* *Insufficient inclusion and limited special school capacity* *Lack of placements for Looked After Children* *ICP Strategy and CYP Alliance work* *Patient Engagement/feedback* *Trauma Informed approach* *High and rising exclusions and permanent exclusions.*
4	**Increase focus and accountability across the system** • Streamline governance arrangements across the city • Increase cross service understanding of roles and responsibilities and clarify expectations of different services in order to further progress integrated ways of working and approaches	

The CYP Delivery Group is also overseeing the Children and Young People elements of the Health Care Partnership's priority to reduce neurodiverse waiting times. Further information on this in included here:
Paper-C-Neurodiversity-Waiting-Times-Programme-Brief.pdf (sheffieldhcp.org.uk)

Membership of the Children and Young People's Delivery Group includes:

Director of Children's Services, Sheffield City Council (Co-Chair)
Clinical Director, Children and Young People, Sheffield Place, ICB (Co-Chair)
Representative of Children and Young People's Network
Director, Sheffield Parent Carer Forum
Director, Children and Families, Sheffield City Council
Director, Education and Skills, Sheffield City Council
Director, Communities, Sheffield City Council
Director, Housing, Sheffield City Council
Deputy Chief Operating Officer, Sheffield Children's Hospital Foundation Trust
Chair of the Schools Forum
Deputy Director, Commissioning, Sheffield Place, ICB
Head of Children's Commissioning, Sheffield City Council
Public Health Principal, Sheffield City Council

Delivery of the priorities is managed via several transformation programmes which sit underneath the CYP Delivery Group. These programmes are all multi-agency and include parent/carer and/or children and young people representatives as equal partners. These programmes are sighted on a number of interdependencies with a range of strategies, Boards and other Delivery Groups such as the Mental Health, Learning Disabilities, Dementia and Autism Delivery Group and the Community Development and Inclusion Delivery Group.

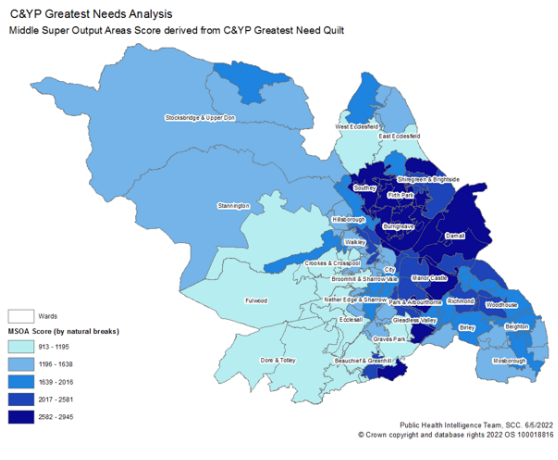
Children and Young People's Health and Wellbeing: Context and Demographics:

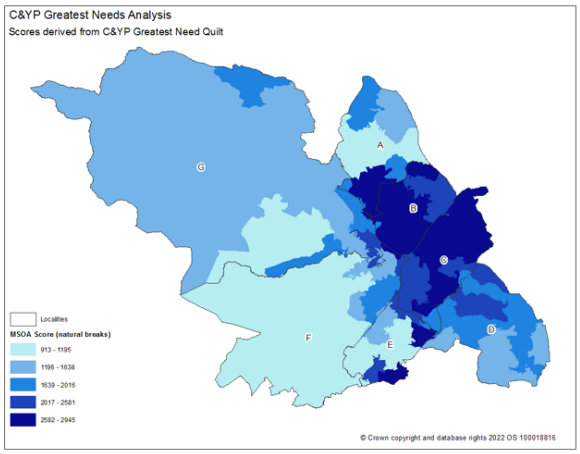
To help in advance of the workshop the following provides some high level data context. It is important that you read this information in advance of the workshop so that you have an understanding of some of the key data that will be discussed over the course of the workshop and will be used to illustrate key trends and inequalities.

In 2022 a data quilt-based analysis of greatest need was developed. Drawing on data from the Local Insights platform https://sheffield.communityinsight.org/ NHS partners and local authority public health and education data, we built a data quilt with 48 indicators at MSOA scale covering the following 4 domains:

- Care
- Health
- Population demographics
- Socio-economic factors

These indicators developed into a greatest need quilt highlighting significant differences between MSOAs. This data could then be mapped using Geographic Information System software and compared with other data and geographies (like school neighbourhoods in the map below right), including for example what we know about where resources are spent.





Other data is available via the PHE Fingertips Local Authority Health Profile for Sheffield here Local Authority Health Profiles - Data - OHID (phe.org.uk) and via the council JSNA website here www.sheffield.gov.uk/jsna

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