Sheffield Health and Wellbeing Board Engagement Event
'A 2020 Vision of Health and Social Care in Sheffield'
28 May 2015

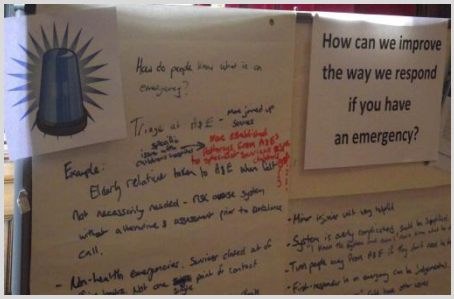
1. Appendix to Event Report: Facilitated Discussions

The comments collected in this document are the views of the attendees of the event. Participants were encouraged to move around the open space discussion areas and join in as and where they wished.

Download and read the full Event Report or the Report Summary

How can we improve the way we respond if you have an emergency?

Facilitator: Richard Kennedy, Yorkshire and Humber Commissioning Support Unit



- How do people know what is an emergency?
- Triage at A&E – more joined up services
- Example: elderly relative taken to A&E when felt not necessarily needed – risk averse system without alternative or assessment prior to ambulance call (comment noted x3)
- Specific issue with Children's Hospital – more established pathways from A&Es to specialist services especially children's drug and alcohol
- Non-health emergencies – services closed out of office hours, not one single point of contact
- NHS 111 should be properly trained rather than following a computer flowchart
- 24 hour Walk-In Centre to alleviate A&E
- Walk-In Centre is too far out of the way; should be more centrally located or in more than one location. Public transport access is currently a problem
- Charges for inappropriate use? This comment was disagreed with x5 more than agreed
- New technology. Video call for emergency triage
- Minor Injuries Unit very helpful
- System is overly complicated; should be simplified. "I know the system and even I don't know what to do!"
- Turn people away from A&E if they don't need to be there
- First Responder in an emergency can be judgemental. "You're just drunk" – but could have other issues. Make a judgement without being judgemental

- Disability equality training for First Responders and paramedics, not just equality training. "If you can communicate with me, you can communicate with most people"
- Recognition of Personal Assistants (PAs) for communication and other preferences. Wouldn't be allowed in the ambulance, but it would benefit the patient to have PAs there
- Easier access to emergency specialist information and advice, rather than gatekeeper GP receptionist
- More autonomy for people to make their own decisions and be trusted to know that they need or want

How can we better help you to stay well?

Facilitator: Josie Billings, Sheffield City Council

- More income available for Voluntary Action Sheffield (VAS), this is critical. Needs minimum funding – for every £1 spent, people get back £5 in value.
- Be inclusive – people want to be part of a group
- Age Better Project – approach isolation and loneliness concerns. Age Better Project will advertise and let people know about what they can offer. Will do this online, but appreciate that their information will need to be available in libraries and GP surgeries
- Bring back Expert Patients and make it available for everyone
- Who can we go to, to answer the question "What is available?"
- Do we have any out-reach services?
- Helping me stay well – need to be services available in individual communities
- Can I access services locally? Why do I need to travel to town to find out about services that are local to me?
- Use our local community resources better
- Local politics can be a barrier
- Improve information available for people in the community – especially if you don't have the internet
- We'd like a one stop shop of information: what's in the community, what care do I qualify for, where's my local GP etc? Also information about peer groups and self-help groups
- More self-help groups tell people where they are and not only information on computer
- Self-help mental support in old age – you can only empower yourself
- Bring back Expert Elders and charge people for this service. Income generation and spend less on drugs
- Public health needs to be accessed more than it is

- Support international models – link this to public health
- Go and look at other models, for example look at joined up care in Gloucestershire
- Think positively
- Support individuals and families to get out of fuel poverty – warmer and drier homes, improves health, fewer visits to GP and hospital (eg South Yorkshire Energy Centre at Heeley City Farm)
- Promote local food growing, improved food knowledge, diet, physical activity and wellbeing (eg Energy Centre at Heeley City Farm)
- Never give in – keep busy
- Enjoy life
- Professionals firstly need to know what the problem is. They need to listen / understand what's being said. Just because they've had the training doesn't make them professionals
- It is not just health professionals who are part of the team, we are all part of the team

What other areas (in addition to those in the presentation) are important?

What's missing?

Facilitator: Carrie McKenzie, Healthwatch Sheffield

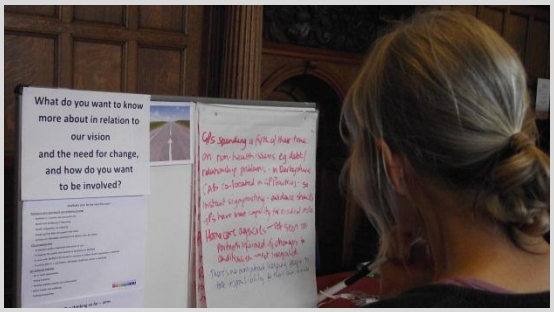
- Common sense approach – better without targets!
- Lack of voluntary use in all areas. Should be at GP surgeries to help patients
- Agree with "Our thinking so far – aims" as this will show whether the Council is right or wrong in its interpretation
- Involvement of the faith communities in the city who are key to facilitating the spiritual wellbeing of the city
- Crucial to continue to fund Voluntary Action Sheffield so it can support the local voluntary, community and faith sector
- Health education should be a priority for the Clinical Commissioning Group
- How you work with the private care sector to reduce demand for urgent care
- Consultants talking to each other where patients have multiple complex issues – saves time and intervention occurs earlier
- Both primary and acute care need to develop a shared thinking approach that considers the patient pathway not the specialist service.
- Prevention and early intervention saves money in the long term – unless serious or critical, simple treatments could be provided at home or in groups
- More demand on GPs – from where you going to get them?
- Provision of universal basic drug and alcohol education in all schools and youth clubs as part of prevention and early intervention activities

- Could all GP practices work to the same level and 'smarter'? No need for 24/7 but a 5 day week 9-5 (or whatever) but not close at lunchtimes and one ½ day. This does not necessarily mean GPs are there all of the time but at least someone who can help and signpost
- Inform and empower NHS frontline staff to 'guide' people to alternative services and also preventative advice so the work 'is spread'
- Are we going to ring fence the NHS money the CCG gets, so that the long term care and other areas have the money to work with?
- You haven't said much, if anything, about social care
- Public health speculate to accumulate
- NHS is too complicated now – GP or A&E (in-between services just say – see your GP or get to A&E)
- Save costs! Why do GPs charge for additional 'basic' services – eg signing a letter? As a teacher we never charged for references for pupils and ex-pupils! Why the fee and who gets the money?
- More local specialist diagnosis reducing hospital outpatients. More GPs trained in special areas
- We need an adult debate about quality of life and a person's choice – one of which maybe to manage their death
- Preventative measures – recent Citizens Advice Bureau (CAB) study of GPs throughout the UK has shown that 20% of GP time is spent on non-health issues – this cost to GPs could be removed if, like Derbyshire, CAB services were located alongside GP practices and GPs referred directly to these services (document published May 2015)
- Cultural charge between GPs and carers keep people at home
- Will some NHS funding be allocated to fund the huge gaps in social care?
- How do services co-operate eg GPs charging SCC for letters?
- Start one new organisation with the £270m Better Care Fund – new job descriptions and person specifications – an integrated service with 1 employer
- Housing
- More opportunities and support to work
- Effect of austerity on health
- Educate the young about what is or isn't an emergency
- We need to define and debate rights and responsibilities (individuals, services and organisations)
- Will specialists be moved into primary care?
- Focus on prevention to prevent later use of specialist services
- How are you going to bring about the structural and cultural changes needed to achieve integration?
- Support people and families to get out of fuel poverty – keep warm, drier houses, less illness (South Yorkshire Energy Centre at Heeley City Farm)
- How to remove organisational interests (empires / money) for the benefit of citizens
- Better links with schools
- Teach young people to manage minor illnesses so that they can teach their parents!
- Continuity of care for people in long-term conditions – named GP should be extended – not just for over 75s, but for people with long-term conditions.

- Co-design starts with communities 'fuzzy framework' principles – community development to empower
- NHS and social care staff need to feel respected by the system, not squeezed and exploited
- Help people take reasonability for own health and wellbeing
- How do you as an individual get the support that's out there?
- Information for people / public to keep them connected and well
- Training for GPs – how many are specialists in diagnosis eg Alzheimer's
- Only 1 GP specialises in diabetes
- Barriers – us and them between NHS/Sheffield City Council and voluntary community faith sector
- Voluntary sector does lots of valuable work in supporting people to stay well – need support themselves from Voluntary Action Sheffield (VAS) – this is crucial for them to thrive and survive
- Massive impact of voluntary community faith sector – how do GPs and others find out?
- Better use of voluntary organisations so terminally ill people can go home – ramp and stairlift provided temporarily
- Providers not seen as 'partners' in care with Health and Wellbeing Board (just carers)
- Who else can the Clinical Commissioning Group CCG partner with to make efficiencies? Private sector?

What do you want to know more about in relation to our vision and the need for change, and how do you want to be involved?

Facilitators: Mel Rice and Louisa Willoughby, Sheffield City Council



Vision

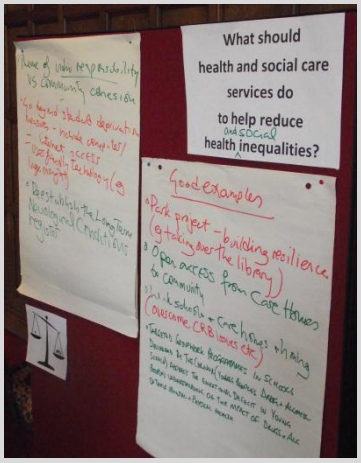
- How will you improve social care? Currently to my knowledge in a poor state and under-funded
- How will it be measured?
- How will we know if it's successful?
- How do we keep public involved and engaged in journey?
- How will this be achieved when demand is increasing and resources are reducing?
- How will we keep the workforce motivated in times of being asked to do more with less in times of constant change?
- Involve young people's services in consultation about this vision – specifically, speak to The Corner (Young People's Drug and Alcohol Service) and Chilypep for views directly from young people

Involvement

- Need to involve people at the start of planning – so we can influence choices – not just 'here are our ideas'
- More involvement in the detail, not just strategic vision (starred comment)
- Needs to be more real involvement of those receiving social care – and the ability to influence that care
- Carers' rights
- GPs spending a fifth of their time on non-health issues eg debt / relationship problems. In Derbyshire Citizens Advice Bureaus are co-located in GP Practices for instant signposting – evidence shows that GPs now have more capacity for their medical role
- Home Care agencies – not seen as partners or informed of changes to conditions etc – not integrated
- There are no aims about helping people to take responsibility for their own health and wellbeing
- Single assessment and ongoing continued review is really important – especially if they have a progressive condition – shouldn't have to change their carers if funding shifts
- Need more funding for preventative services
- More investment in Activity Sheffield
- Recognise huge value preventative services can achieve
- More joined up thinking and working right across the board eg Sheffield International Venues.
- Education now to get the message out – information and advice – people taking responsibility for themselves
- Public Health initiatives – integrate into all frontline practice
- Rule out worse scenarios first, to promote better diagnosis, saving time and money in long run, through prescriptions and appointments that are not needed

What should health and social care services do to help reduce health (and social care) inequalities?

Facilitator: Fiona Goudie, Sheffield Health and Social Care NHS Foundation Trust



There was a consistency and consensus from participants on <u>what</u> needs to happen, with agreement that everyone in Sheffield needs 'A Good Start in Life' – education is key. There was strong agreement on tackling the root causes of:

- poor diet
- lack of exercise
- alcohol and other dependencies
- smoking
- social isolation
- inadequate housing. Housing was identified as a gap at the event; this will create more health and social inequalities in the future.

There was not a consensus on how to do this. Many examples of good practice or what should be done differently were given and are listed below. There was an emerging difference around solutions which support "individual responsibility" versus recognising the extent to which being disempowered undermines this. Also "heat maps" of the city showing deprivation don't map onto numbers of vulnerable frail older people in more affluent areas.

Ideas:

- Address low levels of social capital in communities (a good example of this being done locally is the Parks Community Project where the community is using the library differently)
- Re-regulate gambling (educate and consider local authority role in planning permission)
- Go beyond standard deprivation measures; "deprived" means different things in different areas. Include computer / internet access
- Re-establish the Long Term Neurological Conditions register
- Target resources (e.g. dental care) to bring deprived areas to same level as affluent areas
- Reality not just aspiration flow of information
- Flow of information and environment
- Health and social care need to visit key areas. Proactively send the right people to seek answers within communities
- Open access from care homes to community
- Link schools, care homes and housing (overcome DBS issues etc.)
- Targeted group work programmes in schools delivered by The Corner (Young People's Drug & Alcohol Service). Address the educational deficit in young peoples' understanding of the impact of drugs and alcohol on their mental and physical health.
- Exploit NHS & Social Care potential to insist on good design / green design / IT for all and user friendly technology.

What should our priorities be in spending the money we have for health and social care in Sheffield?

Facilitator: Sue Butler, Sheffield Teaching Hospitals NHS Foundation Trust

- Early intervention and education in basic drug and alcohol awareness
- Recognition of early signs of dementia
- Ensure night-staff have the skills, people skills and qualities to do the job (needs assessments). Spend money wisely
- Support dogs instead of Personal Assistants (invest to save)
- Invest in better monitoring / measurement of services. Be clear that what you are monitoring is fit for purpose, but don't make monitoring onerous.
- Preventative services eg Activity Sheffield
- Review of support for people with long-term conditions
- Improving home equipment and adaptations to enable people to return home
    - eg moving bed from upstairs to down instead of hospital providing downstairs bed
    - eg small stock of stair lifts
- Increased investment in social care, prevention or admission to hospital – better social care will be likely to reduce need for health services
- Careful selection and monitoring of contractors
- Autonomy and flexibility of workforce – employ more 'generic staff'
- Co-location of services 'one stop shop'
- A generic communication system for health and social care and palliative care across Sheffield
- Invest in more support and recognition for carers from the start – understand their needs
- Invest in improving transport and finding out what the public want from transport
- Invest in preventative medical interventions particularly with most vulnerable groups
- Not just prevention but also ongoing long-term support eg mental health / substance misuse
- Investment in charity / voluntary groups who help prevention eg 'Walking for Health'. Chairobics has run out of funding
- Set up libraries as 'community hubs' and providers of information and advice
- Meaningful bottom-up consultation to direct spending policy

2. Appendix to Event Report: Comments boxes

For those participants who wished to raise additional comments, boxes and paper were provided for this purpose on the tables.

Questions and suggestions box feedback

With responses from event organisers

Consider bottom-up referencing of existing and potential clinical problems via, for example:

- **TARAs**
- **Housing**
- **Food banks**
- **Etc.**

We recognise the organisations you mention as important wider determinants of health and social issues as referenced in the Sheffield Joint Health and Wellbeing Strategy 2013-18. We will take note of this in our plans.

Has the effect of the austerity measures upon increased disease, ill health and reduced wellbeing been quantified in terms of consequential increased demand upon the NHS, made worse by tightening budgets?

We have only been able reflect on the trends to date. We are not aware of any research that has been done around this matter that would help us. There would be significant challenges in quantifying due to the wide range of factors involved and problems with correctly attributing causes.

Has/have the financial benefits of use of technology i.e. assistive living or client management been included in the projected deficit?

We have included some projected financial benefits of using technology as part of the assumed savings from the integrated care work.

Not enough today about social care – essential that this improves.

Social care is an integral and equal part of what we want to achieve over the next five years. We will look to reflect this more in our future engagement opportunities.

Suggestion – Areas which suffer from poor health expectations need opportunities for work and income, not just health interventions. Question – Any ideas?

We agree with this comment which echoes the Health and Wellbeing Board's Health Inequalities Plan. We hope to explore this more in our engagement opportunities.

Could I request a copy of the summary (personal details removed for confidentiality).

This will be actioned. We will make a summary of the event and all future information available to everybody who has contributed.

Use of social media to spread the vision? = target groups through a variety of channels – TV, music, etc.

We will be looking to use a variety of methods to talk with as many people as we can about this. Social media platforms will be one of these methods.

How will you engage the service providers as well as the 'users'?
Engaging with the providers of services is a central part of our work, alongside our public engagement. The detail of this will form part of our engagement action plan.

What plan has been made to 'spread the word'? Key to change is creating an epidemic? Who to target.
This will form part of our engagement action plan.

Challenge – 'Interested' will always attend, participate and ultimately conform to any change. How will you 'reach' the disinterested or those who believe the system owes them?
This is always a significant challenge for us. The detail of this will form part of our engagement action plan.

CYP Early Intervention and Prevention teams and Children's Centres to access families and educate in terms of health and emotional wellbeing. A lot is happening already, but more could be done! This should be a priority.
We will take this suggestion into consideration. As with all proposals we will look for the appropriate evidence that shows that an intervention would result in a reduction in the demand for services which may be avoidable and more costly.

I have been involved with these processes for the past decade. Same questions, same answers. Want to see some actions.
We appreciate your frustration, but hope that you recognise that changes as transformative as those that are required take time to formulate and implement. We hope that the information we presented to you highlights the urgency and importance that significant change is required and our commitment to action this.

Not only about telling your story over and over to different agencies, have to say it over and over to staff in the same work place as staff move on, on holiday, sick etc. and nothing is shared.
We recognise the value in good, consistent communication between services as well as within services.

Make sure that everyone who attended is given the opportunity to attend all the other meetings over the next 3 months and give a good feedback to us after. Keep people involved.
We will make sure that all future information and opportunities are available to everybody who has contributed.

Having self-help group is a great idea, but they need to be recognised and patients referred to them by GP or practice nurse. This is not happening at the present.

We are aware that there are a lot of helpful services being provided in the community. We will consider ways that statutory services may be made more aware of the full extent and benefit these services may bring to patients/service users.

Be braver. Higher expectations of health and social care to work together. Still a disjointed process. Very different approaches from both.
We will take this into consideration. We certainly recognise that the challenges require bold approaches to future services.

There have been lots and lots of conversations (and events) talking about health and social care joining up, but the reality is that this just does not happen. When will we see any real change on this in Sheffield?
We have already started to see some health and social care services join up, but there is obviously still more that we can do. We are planning to make these specific changes over the next two years and in order to realise the potential savings and benefits in our plans, it is important that we make changes sooner, rather than later.

The CCG should fund the Expert Patient Programme in all areas of the city. At least 5 course each year.
We will take this suggestion into consideration. As with all proposals we will look for the appropriate evidence that shows that an intervention would result in a reduction in the demand for services which may be avoidable and more costly.

Download and read the full Event Report or the Report Summary

3. Contact us

To request a printed copy of this document, or if you have a query, please contact us:

Email: healthandwellbeingboard@sheffield.gov.uk
Website: www.sheffield.gov.uk/healthwellbeingboard
Telephone: 0114 27 36815
Postal address: Sheffield Health and Wellbeing Board, c/o Communities Commissioning , Sheffield City Council, Level 9 Moorfoot Building, Sheffield, S1 4PL.

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