

Sheffield Health and Wellbeing Board

Event Report

A 2020 Vision of Health and Social
Care in Sheffield



Engagement Event

28 May 2015



1. Introduction to the event

[NHS England's Five Year Forward View](#) has set out a vision for the future of the NHS by 2020. It looks at how health services need to change over the next five years if they are to close the widening gaps in the health of the population, quality of care, and the funding of services.



It has provided a useful prompt for further discussion about the future shape of health and social care services in Sheffield with partners and the public, building on the engagement work undertaken by health and social care providers and commissioners.

It was agreed that this discussion would be most powerful and effective if all partners worked together to engage with the public. This will then create a strong, clear consensus on health and social care in Sheffield, which will support and enable change over the next five years.

The health and social care system needs to evolve to meet new challenges: people are living longer, with more complex health issues and higher expectations of the care they want to receive. It also needs to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them. These changes mean that people need to take a longer term view ahead to consider the possible futures on offer, and the choices that are faced. The only way this can be done is by having a more engaged relationship with patients, carers and citizens, to promote wellbeing and prevent ill-health.

To this end, it was decided to use the Sheffield Health and Wellbeing Board's May engagement event as a way for the public to hear about and contribute to a vision for health and social care in Sheffield by 2020.

Partners for the event included:

- Healthwatch Sheffield
- NHS Sheffield Clinical Commissioning Group (CCG)
- Sheffield Children's NHS Foundation Trust
- Sheffield City Council
- Sheffield Health & Social Care NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust



A 2020 Vision of Health and Social Care in Sheffield

Accident Emergency

The Health and Social Care system needs to evolve to meet new challenges: we are living longer, with more complex health issues and higher expectations of the care we want to receive. It also needs to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them. These changes mean that we need to take a longer term view ahead to consider the possible futures on offer, and the choices that we face. The only way we can do this is by having a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health.

We would like to invite you to an event that will give an opportunity to hear and contribute to a vision for health and social care across the City in 2020.

Thursday 28th May 2015 at 2pm
Sheffield Town Hall, Pinstone Street, Sheffield. S1 2HH

Book a place at the event at: <http://2020visionsheffield.eventbrite.co.uk/>
or call us on 0114 273 6815

healthwatch NHS Sheffield Sheffield Children's NHS Foundation Trust Sheffield Teaching Hospitals NHS Foundation Trust

The event had been advertised in advance by the CCG's 'Involve Me' network, and invitations were distributed through Sheffield Health and Wellbeing Board e-newsletter's mailing list.

Attendees included representatives from voluntary and community sector organisations, the universities, charities, public health, libraries, home care organisations and housing associations.

In addition there were patients and users of social care services, members of the public, family carers, Health and Wellbeing Board members and representatives from partner organisations. In total 71 people attended.

2. Presentation and interactive voting



Following registration and refreshments, the event opened with a clear introduction by Dr Tim Moorhead, joint chair of Sheffield Health and Wellbeing Board.

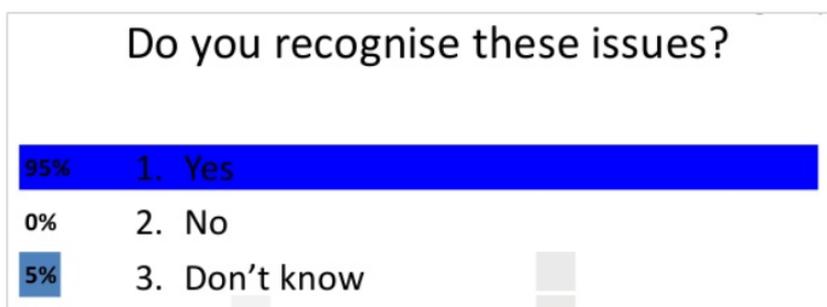
This was followed by a presentation by Tim Furness, Director of Business Planning and Partnerships at NHS Sheffield Clinical Commissioning Group.

The presentation was interspersed with interactive voting on the issues raised.

[View the slides from the full presentation](#)

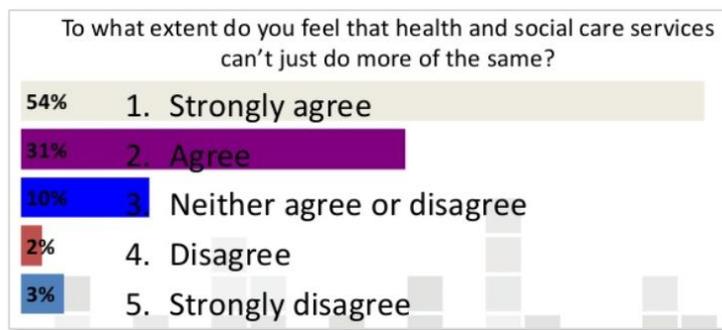
The presentation addressed the reasons why care provision needs to change:

- increasing hospital activity
- demand for long term care
- winter pressures
- funding challenges
- technological advances
- public expectation.



The room was asked to vote on whether they recognised these issues; 95% agreed.

There was more variation in answers when the room was asked the second question:



The presentation then highlighted Sheffield's aims over the next five years, from the perspectives of the [Joint Health and Wellbeing Strategy](#), the CCG's Prospectus and the Council's Corporate Priorities. Common themes across all three are improved health and wellbeing, affordable and accessible services and reduced inequalities.

Tim Furness explained the methods of consultation and engagement that have already been used to gather the public's views. These include the development of the Joint Health and Wellbeing Strategy, Right First Time, the Council's budget conversations, the CCG's commissioning intentions, Patient Opinion and the work of Healthwatch.



The conclusions of public consultation have been summarised thus:

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Our thinking so far - aims

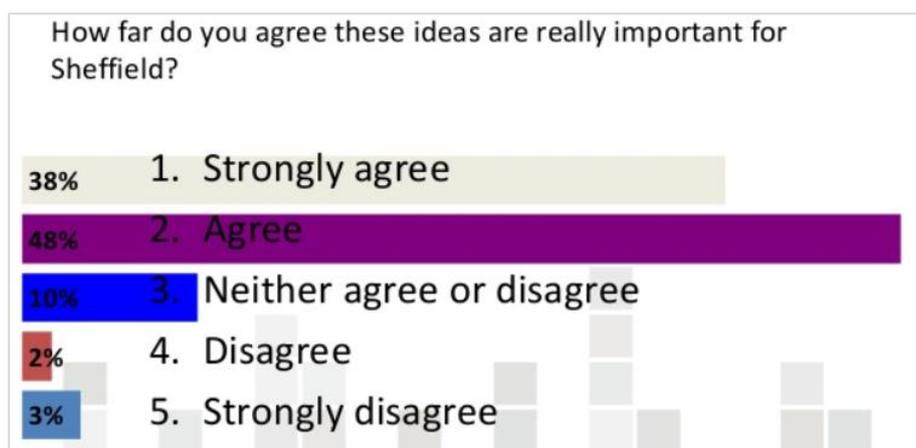
- Reducing need for A&E attendance and emergency admissions (20% reduction target)
- More local specialist diagnosis and management of health problems, making best use of technology, reducing hospital outpatient attendances
- Single assessment for long term care and pooled health and social care budgets, helping people to stay at home where possible and reducing placements in care outside Sheffield
- Development of specialist services in Sheffield to provide care to South Yorkshire and wider populations
- Reducing the gaps in life expectancy in Sheffield
- Quality of care and patient experience must continue to be improved

The presentation explained what these aims would mean in practice:

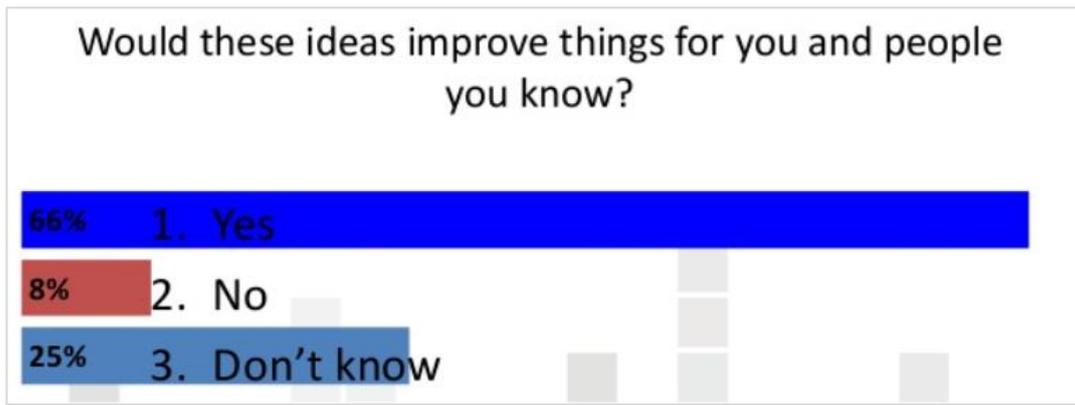
- ensuring all children have the best possible start in life
- supporting people to care for themselves through information and advice and the use of pharmacies
- more emphasis on helping people to stay well and preventing problems
- risk identification and care planning for those most at risk of major problems
- stronger primary and community services, including local voluntary, community and faith (VCF) organisations
- GP practices working together in local areas, offering more services, but sometimes in nearby practices
- integrated health and social care services
- better recognition of the connection between mental health and physical health issues
- improved responses to mental health crises
- fewer outpatient attendances, replaced by more local services and use of technology
- review and possible changes to urgent care services
- fewer general hospital beds in the city
- more beds being used to provide specialist care to the wider population
- seven day working where that achieves better outcomes.



There was then an opportunity to vote on this:



Most of the attendees felt that these were positive ideas:



At the end of the presentation questions were taken from the floor on prevention services for children and young people regarding drugs and alcohol, Expert Patients and GP shortages.

4. 'Open space' facilitated discussions, information stall and digital ideas wall



Following the presentation, the attendees were encouraged to join the open space facilitated discussions. There were six discussion areas, and participants could stay as long or as short as they wished in each one.

During this time further refreshments were available, and there was an information stall run by Healthwatch Sheffield.

An exciting aspect of this time was the digital ideas wall and digital upskilling session run by Heeley Development Trust's Online Centre.

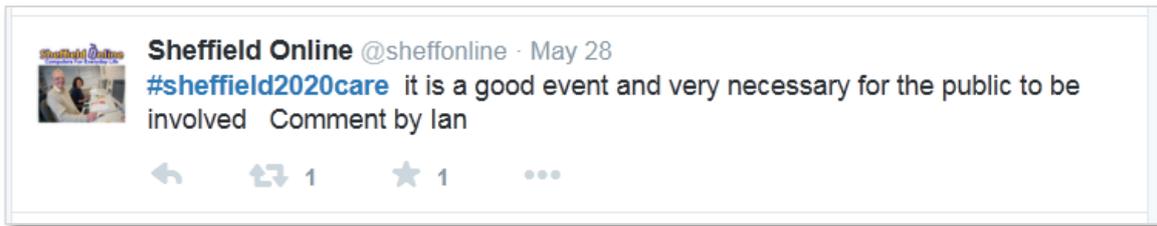
Attendees were given demonstrations in the use of iPads and Twitter. They were asked for their opinions, which were added to Twitter using the hashtag [#Sheffield2020Care](https://twitter.com/Sheffield2020Care)



#Sheffield2020Care

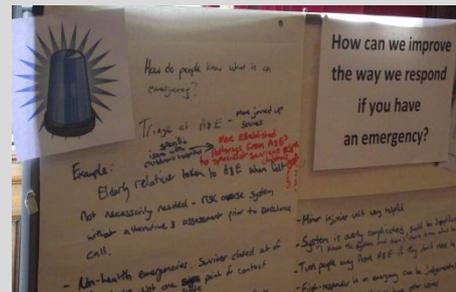
All the Twitter comments were projected onto a screen, showing the live discussion both inside and outside the room.





The comments captured by the facilitators and participants are summarised below. The full details are available in the downloadable [Report Appendix](#).

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



The main discussion in this space centred on how we help people to make the right choice in an emergency. Many people felt that the system was too complicated with too much choice and this resulted in people making inappropriate choices. Some participants suggested that the system should choose for them through the use of smarter triage at various stages of the process, NHS 111, 999 and A&E.

It was also suggested that suitable and appropriate alternatives should be available as part of this triage, such as GP appointments available to book, video calls, access to specialist advice and clear pathways to specialist services such as children's drug and alcohol services.



The group ended with a discussion on the importance of good communication between staff, patients and carers with disability equality training being suggested as a way to highlight how to communicate with those with the most significant communication issues.

How can we better help you to stay well?



This discussion area felt that professionals first need to understand what the problem is. They need to listen and understand what's being said. Participants suggested that there should be more self-help groups and a return of Expert Patients and Expert Elders to help others in similar situations.

Generally it was felt that people need to know where they can go and what is available, and that this information should not just be available on the internet. Suggestions for this included in libraries and at GP surgeries.

The Ageing Better Project was highlighted a positive approach for tackling concerns about loneliness and isolation. Participants felt that local services are key to staying well in local communities, without having to travel into the city to access services.



The group also came up with ideas for people to help themselves, such as keeping busy, enjoying life and self-empowering. The promotion of local food-growing, improved food knowledge, diet and physical activity were all felt to be important.

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

What's missing?



This area gave an opportunity for participants to voice their opinions using the written medium on a vibrant post-it note wall.

A common theme that emerged was that there should be a cultural change and better links between the CCG, the Council and all stakeholders, looking at the interest of the citizens rather than the organisations.



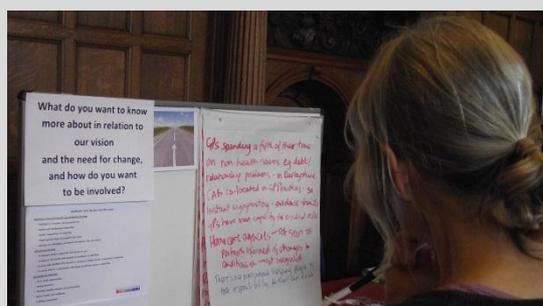
Prevention was highlighted as key; participants felt that Public Health should invest to save provide people with information to support themselves. A number of comments pointed to the need for health education, better links with schools, teaching children and young people about managing minor illnesses, and providing universal basic drug and alcohol education in all schools and youth clubs.

People were vocal about a perceived lack of use of the voluntary, community and faith sector, and keen to involve it, for example in GP surgeries to help patients, and to help people leave hospital more quickly.

A suggestion was made that the Citizens' Advice Bureaux could be co-located alongside GP surgeries, in order to reduce the amount of GP time spent on non-health issues and to increase the ease of direct referrals. Another suggestion was to support families to get out of fuel poverty, as keeping warm and living in drier houses would lead to fewer illnesses.

There were many comments about the lack of joined-up and partnership working, where different agencies are unaware of the services provided by others.

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?



Under the subheading of 'vision', the discussion in this group focused on how the under-funded social care sector can be improved when demand is increasing and resources are reducing. Participants wanted to know how progress and outcomes would be measured, how they would know if objectives are being achieved, how the public could be kept involved, how the workforce could be kept motivated, and how young people's services could be involved in consultation.



It was felt that the vision should include an aim about helping people to take responsibility for their own health and wellbeing.

Under a second subheading of involvement, people were concerned to be involved in the early planning stages in order to influence choices with true co-production before a draft strategy is developed.

It was felt that there needs to be more real involvement of those receiving social care, and the ability to influence that care. The involvement of home care agencies was also seen as important.

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



The discussion in this area drew on the need to tackle the root causes such as a poor diet, lack of exercise, alcohol dependency, smoking and social isolation.



It was felt that there is a need to build people's resilience and bring education and people in care together

The group had a discussion on the theme of individual responsibility versus community cohesion.



They felt that ‘deprived’ means different things in different areas, and that this work should go beyond the standard deprivation measures to include indicators such as computer or internet access.

Housing was seen to be a gap which would collate more social and social inequalities; a suggestion was that private housing landlords should be included in strategic work.

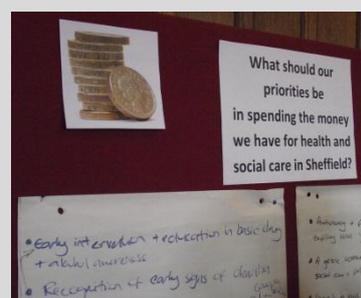
Ideas included linking schools, care homes and housing, which would involve overcoming Disclosure and Barring Service (DBS, formerly CRB) issues, and addressing low levels of social capital in communities (for example parks).

Participants suggested that health and social care professionals need to visit key areas and proactively send the right people to seek answers.

Another practical idea was targeting resources (for example dental care) to bring deprived areas to the same level as affluent areas.



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



This open space promoted lively discussion, with the need to invest in better monitoring and measurement services as one conclusion.

Participants wanted more preventative services such as Activity Sheffield and early intervention such as basic drug and alcohol awareness. They also highlighted the importance of improving home equipment and adaptations to enable people to continue to live independently at home.

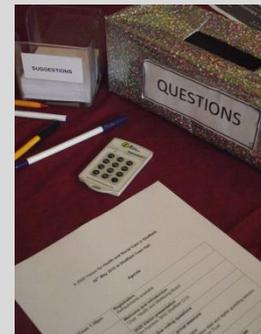
There was a suggestion to invest in vaccination programmes to prevent illnesses, particularly within vulnerable groups. Support for people with long term conditions was seen as important, to help patients manage their illness and stay well.

A common theme was increased investment in social care; better social care is seen as likely to reduce the need for health services or admission to hospital. Key to this is support for carers.

Other suggestions included improving transport, the use of voluntary groups such as 'Walking for Health', using libraries as community information hubs, and a generic communication system for health and social care and palliative care across Sheffield.



Questions and suggestions box feedback



Participants were also encouraged to submit their written ideas to the questions boxes on each table. The common themes were the desire to see real change and integrated working, how assistive technology will be utilised, the use of social media as a communication channel, how to involve providers and those who are 'unreached', and the importance of self-help groups.

Full details are available in the appendix.

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Summary of Discussions

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

- How do people know what is an emergency?
- Health services must be joined up?
- People taken to A&E when not necessarily needed – there needs to be more assessment before an ambulance is called.
- Non health emergency services closed out of hours and there's no single point of contact.

How can we better help you to stay well?

- Professionals first need to understand what the problem is. They need to listen and understand what's been said. We are all part of the team!
- Bring back expert patients and expert elders.
- Improve information for people not on the internet.
- We need more self help groups
- Age Better Project - approach isolation and loneliness.

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Summary of Discussions

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

- Cultural change and better links between the CCG, the Council and all stakeholders
- Looking at the interest of the citizens more rather than organisations
- Prevention – Public Health should invest to save and provide people with information to support themselves.

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?

- How will we measure the outcomes and know if we're achieving the objectives?
- How will we communicate our successes or our need to further develop services to the citizens of Sheffield?
- We want to be involved from the start of the planning – not when you have already developed a draft strategy or set of proposals – please support true co-production and let us know how to get involved in all aspects of health and social care

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Summary of Discussions

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

- Tackle the root causes such as a poor diet, lack of exercise, alcohol dependency and social isolation
- We need to build people's resilience
- Bring education and people in care together

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

- Invest in better monitoring and measurement services
- More preventative services, such as Activity Sheffield
- Improving home equipment and adaptations to enable people to remain living independently
- Invest in vaccination programmes to prevent illnesses, particularly within vulnerable groups

To conclude the event, the attendees gathered around the tables, and were shown a summary of the facilitated discussions, which had been collated by the facilitating officers.

[View the slides from the full presentation](#)

5. Further information from the event

- [Download the presentation and read the Report Appendix of the full comments from the open space facilitated discussions and the comments boxes](#)
- [#Sheffield2020Care on Twitter](#)
- [Read the Storify summary of the event](#)
- [Watch a video giving an introduction to Sheffield2020Care](#)

6. Next steps

Between June and September 2015 it is planned that there will be more meetings, similar to this event, at all the partner organisations. There will be web-based opportunities to comment, and discussion between organisations. To keep informed of further events and opportunities to be involved:

- [Sign up to Sheffield Health and Wellbeing Board's e-newsletter](#)
- [Join the Sheffield Clinical Commissioning Group's 'Involve Me' Network](#)
- [Join Healthwatch Sheffield's Mailing List](#)

NHS Sheffield Clinical Commissioning Group will then reflect on what people have said and publish a short document setting out their plans and the action required to make changes. There will then be further engagement and consultation on specific changes, to develop and test ideas.

7. 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.

www.sheffield.gov.uk

www.sheffieldccg.nhs.uk

www.healthwatchsheffield.co.uk

www.england.nhs.uk