

Healthwatch Sheffield Strategic Advisory Group business meeting

Tuesday 4th July 2023, 10am-12noon

Room 5, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW

Present: Judy Robinson (Chair), Trish Edney, Tim Furness, Lucy Fox

In attendance: Lucy Davies (Chief Officer)

Apologies: Verni Tannam, Janet Harris, Mark Gamsu

Action Notes: Holly Robson (Operational Support Officer)

Item	
1	Welcome and apologies
	Judy welcomed the group to the meeting. Apologies from Verni, Janet and Mark.
2	Declaration of interests
	None declared.
3	Matters arising from the previous meeting
	Minutes agreed as a correct record. No matters arising.
4	NHS South Yorkshire forward plan
	<p>Lucy Davies shared the NHS South Yorkshire (Integrated Care Board - ICB) Forward Plan and a summary document. An initial version has been sent to NHS England but there is scope for comments. SAG agreed we will write an individual Sheffield response and keep other South Yorkshire Healthwatch informed.</p> <p>SAG believe this plan is a good start but raised the following concerns/additional thoughts:</p> <ul style="list-style-type: none"> • The outcomes are measurable but the plan doesn't explicitly state the targets – we would like to see KPIs referenced. • The ICB did ask Healthwatch to support engagement on this which is positive. However it's hard to see how some of the experiences we gathered fed into the plan. We would like to see more of this engagement threaded through the plan. • We appreciate it's a South Yorkshire plan, but there are specifics relating to different communities and places that are important – health and care are not the same everywhere/for everyone, and we would like to see consideration of this. We want to see engagement - including resource and capacity - retained at a Place level rather than being centralised. Good engagement needs specific knowledge and relationships in local areas. • The plan mentions looking at things through a health inequalities lens but it would be helpful to talk about this in more explicit terms and to understand exactly what the ICB mean by this. • The issue of race equality is underplayed across the plan. For example there is nothing about specifics of ethnicity in relation to improving mental health services. Race and

ethnicity need to be explicitly addressed, but words relating to race in general and specific ethnicities barely appear in the documents.

- There are few references to access for underserved communities geographically – for instance the additional challenges in some areas when talking about access to services.
- We would like to see opportunities for continued listening and involvement as the plan develops – not just initial consultation.
- Finance – the ICB will be losing one third of their budget which is very significant, but there's not much discussion of this. It would be good to see discussion of how they will allocate resources in the future – issues around capacity, ensuring that inequalities work etc does not get overlooked (in relation to the 'left shift' of funding into communities and how much resource there will really be for this). We would also welcome a discussion around proportionate universalism. Will spending for work on health inequality be subject to budget restrictions, or ring fenced? If services are likely to be reduced, what are the trade-offs and where is the conversation with the public about this?
- There are aspects of the plan that don't seem to come from the consultation engagement and what people said their priorities are. It would be helpful if the document could set the plan in context of national targets etc, so people can see where these additional aspects have come from.
- The ambition is good (though might not all be feasible; there are a lot of outcomes) but it only has meaning if commitments follow through into actions. We would therefore like to see how progress will be reviewed and how this will be communicated/reported.
- We would like to see some explanation of what partnership and collaboration means to the ICB. Partnerships with VCS organisations are listed as an enabler to help with a shifting focus to prevention etc – though these partnerships should also be listed as an outcome. There's a lot of reliance on VCS organisations to deliver work but not a lot of funding or resources going to them.
- There's nothing about transition from child to adult services.
- There are not many mentions of local authorities or mayoralty – an odd absence considering how public health focused much of this plan is.
- In the foreword, the aim to eliminate health inequalities within 5 years undervalues the severity of these. We could ask how much progress they expect to make in 5 years.
- Some outcomes on the diagram are not clear – for instance what the aim is around people's place of death. The wording is sometimes unclear and ambiguous – for example what is the target around "admissions for falls in older people?" Is it quicker admission, fewer falls, or something else?
- The number of outcomes makes it hard to understand what the ICB considers its main priorities to be.
- Is the overall aim to "eliminate" health inequalities, or reduce them?
- If practitioners like GPs were involved in these conversations too, it would be helpful in terms of assessing feasibility of these plans.

Draft comments to be sent round for any additional thoughts. Lucy Davies and Judy will shape a response and send it round for final comment. (Possibly share this draft with Greg Fell too to see if he has additional thoughts to add).

Healthwatch need to feed back about this to people who took part in engagement – we could share the report and our response once it's finished.

	Lucy Fox will look at the West Yorkshire plan to see how this compares to the South Yorkshire one.
5	Healthwatch representation at meetings
	<p>Lucy Davies shared a draft outline of the Healthwatch approach to meeting representation and asked for comment. SAG agreed this was a helpful document. Additions/challenges brought by SAG members were:</p> <p>Why do we join boards and committees?</p> <ul style="list-style-type: none"> • Add 'bring insights <i>and information</i>' to the system • Add 'holding them to account' as a new point <p>How do we decide what to attend?</p> <ul style="list-style-type: none"> • Change 'are we the <i>right</i> people to attend' to <i>best</i> • We could expand the short-term meetings to include 'emerging concerns' as well as 'current priorities' • When we agree to attend something, we should have a conversation about our role and have a clear understanding of where we fit within the Terms of Reference. Is our role clear and agreed? This might include a review system too. <p>How do we represent?</p> <ul style="list-style-type: none"> • More carefully define the lived experience point (or add a separate point) – it helps you go to the meeting but you must remember who you are representing. This is also about not bringing personal agendas into meetings too strongly. Add 'credibility <i>in representation</i>' to this headline point. • The meeting report form should be amended/simplified – with just key points/prompts. • How else do we share this information? We could add this in to SAG meeting agendas, but there are also other people who represent us in meetings – non-SAG volunteers, or representatives from other South Yorkshire Healthwatch. The list of meetings we attend on a quarterly basis (as included in the quarterly reports) could be brought to SAG too. <p>Lucy to amend the document.</p> <p>Next steps: We have identified some meeting gaps that we think are most important and will seek to fill these. Lucy to do some work on this – when are the meetings, any Terms of Reference etc.</p>
6	Any other business
	None.
7	Date of next meeting
	Tuesday 1 st August 2023, 5-6pm on Zoom Then Thursday 21 st September, 10am-12noon in person – this is a public meeting. We could turn this into the Healthwatch 10 year anniversary event.