

Healthwatch Sheffield Strategic Advisory Group business meeting

Date & Time: 03/04/25, 10 am - 12 pm

Location: The Circle

Present: Trish Edney, Janet Harris, Lucy Davies, Judy Robinson

Apologies: Tim Furness, Mark Gamsu, Verni Tannam

Meeting notes: Mina Clarke

Item	
1	Welcome and apologies
	Apologies: Tim Furness, Mark Gamsu, Verni Tannam
2	Declarations of interest
	None
3	Matters arising from the previous meeting
	The previous minutes were agreed as a correct record.
	Sheffield Partnership Board Involvement Paper
	Lucy Davies and Judy Robinson have now met with Dan Spicer to discuss the involvement paper.
	MP Visit
	Holly Robson completed a write up of the social care roundtable session and shared it with MPs. Following the visit, Abtisam Mohamed wrote to the Secretary of State and received a response regarding social care which was shared with us.
	Fair and Healthy Sheffield Plan
	Lucy in the process of arranging a meeting with Sarah Dew (Strategy and Partnerships Director, STH). Follow-up meeting to be arranged closer to the time of the Health and Wellbeing Board's Fair and Health Sheffield Plan review.
4	SAG Governance and Strategy Refresh
	Recruitment to the SAG is currently live, and several high-quality applications have been received. This is in conjunction with the review of VAS structure that Peter Wozencroft (Chair of the VAS Board) is currently conducting, and we want to ensure that this is reflected in the Terms of Reference for the SAG.
	The strategy refresh has been held back due to a combination of waiting for the Dash review to take place and the NHS England dissolution and restructure. What has become apparent is that the key change for the strategy will be the context within which we work rather than what we want to achieve within our work. Healthwatch England are not expecting to hear from the DASH review until after the next parliamentary recess (22 nd April 2025).

5 Report from Meeting Representatives

Health Scrutiny – Continuing Healthcare

We agreed to do a referral to Scrutiny around Continuing Healthcare (CHC) which came out of concerns heard around reorganising CHC to fit the South Yorkshire footprint without clear involvement. The council were supportive of bringing this for discussion. The ICB responded with a paper outlining their reasoning for the decision – scrutiny committee has asked for the item to be brought back for discussion at a later point, and there was an additional commitment to set up a workshop, bringing together elected members, NHS staff, and members of the public interested in CHC. It was also discussed whether a Healthwatch briefing should be written for MPs.

Health and Wellbeing Board - Long Covid, Director of Public Health Report

We took an item about the Long Covid report to the Health and Wellbeing Board. Discussion mostly centred around the next steps for the Long Covid Hub. There are some continuing issues with referral to the service at the point of GP services. People with long covid are keen for a clinician led service. We are in a position where we need to ensure that we are advocating for a service that is co-designed, irrespective of the end model that is chosen for the Long Covid Hub.

An update was provided on the South Yorkshire Jobs Work initiative, which aims to address wider determinants of health and facilitate people returning to employment. The Sheffield City Council's growth strategy was also mentioned as a relevant ongoing activity. The Director of Public Health's was noted, and there was discussion around how to maintain accountability in light of the report. It is anticipated that the Poverty Truth Commission will generate recommendations that warrant close attention.

The Integrated Medicines Optimisation Committee (IMOC)

IMOC are developing standardised guidelines for certain conditions and drug treatments. NHS England are responsible for the commissioning of certain complex drug treatments so there is a question around who will be responsible in light of NHS reforms. There is the potential for patients to be disadvantaged by these evolving commissioning arrangements. Concern was raised regarding the ICBs efforts to ensure consistent treatment standards across the region; the immediate impact on Sheffield was questioned, but the principle of equitable access was emphasised.

Primary Care Commissioning Group

The Sheffield Primary Care Commissioning Group is responsible for monitoring GP practices in Sheffield. Update on current discussions relating to GP coverage and provision.

Same Day Urgent Care (SDUC)

Extensive work was undertaken in 2019 involving numerous stakeholders to identify problems and propose solutions for SDUC. Patient journeys were mapped, highlighting issues with fragmented pathways and referrals. A report was produced, but no significant changes were implemented, following disruption by the COVID-19 pandemic. There is renewed effort to resolve SDUC issues in Sheffield, with a targeted implementation date of December. The fundamental problems identified previously persist, including clinicians' lack of clarity on appropriate referral pathways.

	Sheffield's geography exacerbates the problem requiring patients to travel significant distances across the city for different services. There have been recent efforts to map patient movements within primary care and their interface with secondary care providers. This has revealed a highly complex referral landscape. The core principle of ensuring patients are seen by the appropriate clinician in the correct setting is agreed upon, and for this reason they are exploring different models to support this.
	Action
	 Consider writing a Healthwatch briefing on CHC for MPs Lucy to send Trish information about 111, option 2
6	Sheffield Health and Care Partnership – Involvement Task and Finish Group
	So far, the group have developed some shorter-term goals around how to input more voice into the Board meetings, with the longer-term aim of that driving better involvement work within the workstreams that feed into that Board meeting. Some of this work is dependent on support from the ICB's Involvement team, but this may not be possible given the current NHS reforms taking place. The group are set to meet again in May.
7	Health Service Reforms
	The government has announced the dissolution of NHS England, and it has been announced that ICBs will need to reduce their running costs by 50% by the end of quarter three. ICBs have been given a high-level overview of what will be expected from their roles going forward, but with very little detail. With regards to the timeline, the NHS and government will have a model of what they want to be delivered by ICBs by the end of April. ICBs will need to have written their plan and have it signed off by the end of May.
8	Feedback Volunteer Role
	A new volunteer role was included in the tender under the working title of "Visiting Volunteer", and this was about creating a volunteer role that would spend more time going into health and social care settings. Recently, we had two students on placement working on developing a description and training for the role. Some conversations have taken place between the hospitals around the logistics of the role and how this might look. Holly Robson will be responsible for promoting the role. The way in which the new role differs from Enter & View is that it is not focused solely on the service that is being visited, but rather a new way of connecting with the public about their experiences through these settings.
	 Action Lucy to share 180 Degrees consulting report with SAG members
9	A Neighbourhood Focus on Health and Care – Wybourn and Richmond Park update
	We are hosting some stakeholder lunches with people already connected to the area to see what they would like to see as part of the work. We will also be delivering several information sessions, building up to some larger events around different health topics. This is in partnership with Great Places Housing Group have supported us with funding.

10	Any Other Business
	Social Value Portal The Social Value Portal was the platform that the local authority started using in tender processes to ask organisations bidding for contracts to set out what social value they were going to add. It was felt that the portal did not capture social value effectively, and the cost was much higher than expected. We took this to the council and they have removed the portal from the contract. We are still committed to adding social value e.g., through student placements.
11	Date of next meeting and forward plan
	Tuesday 6 th May 2025, 5 pm – 6 pm