



**what**  
**would you do?**

It's your NHS. Have your say.

**The responses of people  
in Sheffield to the  
NHS Long Term Plan  
November 2019**

**healthwatch**  
Sheffield



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# About Healthwatch Sheffield

We are here to help adults, children and young people influence and improve how local services are designed and run. We are completely independent and not part of the NHS or Sheffield City Council. You can tell us about your experience of:

## 1. Health services

(GPs, dentists, opticians, pharmacies and hospitals etc)

## 2. Social Care Services

(care at home, residential and nursing homes, personal budgets etc)

We use your feedback to make evidence-based recommendations to the organisations that design, pay for, and run our local services.

## Acknowledgements

Thank you to all the people who took the time to share their views and experiences with us.

We would also like to thank the following groups and organisations for their help and support:

- Sheffield Futures
- Chilypep
- Burton Street Foundation
- Zest Centre
- Sheffield Chinese Community Centre
- Newfield Green Local History Group
- Stocksbridge Leisure Centre
- Lowedges Age Well Friendship Group
- Shiregreen Women's Group
- Meersbrook Park Lunch Club
- Young Healthwatch
- IKEA Sheffield
- Crystal Peaks Shopping Centre
- Fox Valley Shopping Centre
- Sheffield City Council
- Vestry Hall Introduction to Community Development and Health Course
- The Snug Fourth Trimester Group
- Rainbow Heron Arts Café
- Sheffield Hallam University
- St Timothy's Church Lunch Club
- Primrose Children's Centre
- St Mary's Handsworth Lunch Club
- Boots Sheffield Central
- Sheffield Association for Voluntary Teaching of English and the Fir Vale Aspiring Communities Together Centre
- Stocksbridge and Upper Don Community Health Forum



# Introduction: The NHS Long Term Plan

The NHS published its Long Term Plan (LTP) on 7 January 2019. The Plan, which was developed in partnership with frontline health and care staff, patients and their families, sets out how the NHS will develop over the next 10 years. The full report can be found here: [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/). It sets out the following priorities for change:

**Doing things differently** - giving people more control over their own health and the care they receive. Encouraging health teams to work better together and to work more closely with other community assets at a neighbourhood level.

**Preventing illness and tackling health inequalities** - investing more money in preventing premature birth, obesity, smoking, problem drinking, gambling, and taking action on poor air quality.

**Backing the NHS workforce** - increase staffing and training places, making the NHS a better place to work.

**Make better use of digital technology** - providing more convenient access to services and information for patients and staff, a new NHS app as a 'digital front door', and an option of 'digital first' GP access.

**Getting the most out of taxpayers' investment in the NHS** - identify ways to reduce duplication and make better use of the NHS' combined buying power to get commonality and cut administration costs.

**Specific action** on supporting people living with a range of **specific conditions** (autism, learning difficulties, mental illnesses, dementia, heart and lung disease and cancer).<sup>1</sup>

The Healthwatch Sheffield Strategic Advisory Group provided a response to the NHS Long Term Plan which can be found in Appendix 1.

## Why we did this work

Having been commissioned by NHS England, Healthwatch England asked the national network of Healthwatch organisations to hear from local people about what they thought of Long Term Plan proposals and then produce reports for the local area.

Each area's report will be shared with Healthwatch England to produce a national evidence base that will inform the way the plan will be delivered.

Sheffield is part of the South Yorkshire and Bassetlaw Integrated Care System (ICS) which is made up of 23 organisations from the NHS, local authorities and key voluntary and independent organisations in the region.

Each Healthwatch within this area (Sheffield, Rotherham, Barnsley, Doncaster and Nottingham & Nottinghamshire) worked together by using a [survey](#) produced by Healthwatch Doncaster to gather people's views. The findings were used to produce a [report](#) which has been shared with Healthwatch England and the ICS so that people's views can influence plans to deliver the LTP within South Yorkshire and Bassetlaw, and nationally.

In addition to the survey we visited groups in the community and used ballot boxes to capture what people in Sheffield think about the LTP.

This report sets out our findings for Sheffield and will be shared with health and care decision makers in the city who decide how local services are designed, delivered and funded.



# What We Did and Who We Heard From

Between January and April 2019 we gathered people's views of the Long Term Plan proposals and asked what they thought worked well with Health and Social Care services at the moment, what could be improved and ideas about how to make things better.



In total we heard from  
**1271 people**



We visited **26**  
**different places**  
**or groups**

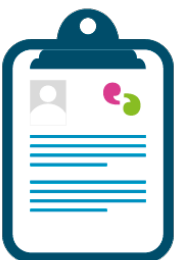
We used several different ways to hear from people:



**Ballots- 659 people voted**  
to give their opinion on elements of the Long Term Plan.  
We also recorded people's comments.



**Conversation Groups- 176 people took part** in discussions at groups we visited.



**Survey- 436 people completed** a survey, either online or on paper, which broadly covered all areas of the Long Term Plan.

# What Did We Find Out?

## Key Themes

What we heard from people in Sheffield split into 4 different themes:

1. **Choice and Control, Prevention and Maintaining Independence**
2. **Care in Your Neighbourhood**
3. **Mental Health**
4. **Digital**

You'll find things people told us from the ballots, conversations and survey under these headings through the report- look out for the 3 different symbols:



Ballots



Conversation  
Groups



Survey

## What were the key messages across these themes?

- **The importance of support in your community;** this included both NHS services being available and accessible near to where you live, and voluntary sector groups or organisations as a means of support.
- **Person-centred care;** being involved in decisions and having advice tailored to you. This included acknowledgement of your care as whole, rather than focussing on different conditions or illnesses separately, as well as considering what might aid your access to services, e.g. translation.
- **The importance of prevention of illnesses,** including early treatment of illnesses to stop people getting to crisis point, and education to help you stay well.
- **Concerns around the expansion of digital technologies;** it was felt that people who didn't have access to the internet or weren't confident with technology were at risk of exclusion.



# Choice and Control, Prevention and Maintaining Independence

## What does the NHS Long Term Plan say?

**The NHS is committed to people having more choice and personalised care when they need it by:**

- Supporting and training staff to have conversations which will make sure patients are engaged in decisions about their care
- Increasing the number of Personal Health Budgets; where people get control of the funding that would be spent on them to best improve their own conditions and take control of their treatments

**In order to help people stay well, the NHS will:**

- Help people to stop smoking
- Help people to be a healthy weight which will help prevent diabetes
- Help to lower pollution and air quality so fewer people go into hospital because of related breathing problems
- Help people to drink less alcohol

**Over the next 5 years the NHS will increase support for people to manage their own health by:**

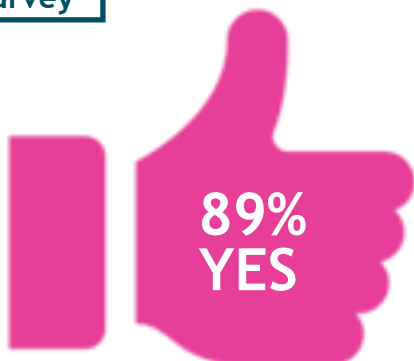
- Focussing on specific areas of health; such as diabetes prevention and management
- Increasing social prescribing; where people are prescribed different activities, such as exercise or volunteering, to improve their health and wellbeing
- Improving personalised care at the end of life, ensuring people are supported to receive the best quality care and die in the place they choose<sup>1</sup>



We asked

**“Do you agree these are the right things to focus on?”**

(431 people answered)



# Choice and Control, Prevention and Maintaining Independence



## People agreed with

- a holistic approach and the importance of focussing on activities in promoting health and wellbeing
- prevention being better for the individual and more cost effective for the NHS in the long term
- educating and supporting people to make healthier choices- increasing their choice and responsibility

## People disagreed because

- they felt staffing levels or systemic issues in the NHS need resolving before any of these priorities can happen
- they felt individuals are unlikely to take responsibility for their own health and focussing on this could be wasting money
- they felt other health conditions were being missed out, such as mental health support



“Helping people to stay well and preventing avoidable illnesses is very important. This can also help NHS to plan how to distribute the limited resources.”

“The promises you have stated are good, but cannot be properly executed until staffing is fixed, therefore it would be a waste of money and time.”

“Everyone should be prescribed a variety of activities so they are not lonely, able to make friends and not sat in house looking at same four walls & television.”





**“To be able to take greater care and control of your health, what would you need? What could services do differently?”** (348 people answered)

## Joined-up, consistent care:

- better communication between services.
- appropriate sharing of health records so you know exactly what's happening with your care, and services can more easily share information to make a smoother care pathway.
- provide more follow-ups and ongoing support, especially for long term health conditions.

## Improve access:

- easier and quicker access to services, especially GP appointments.
- more choice about where and when you're seen, with quicker, more responsive care available locally and out of hours.

**Increase provision** for mental health support meaning you can be seen more quickly.

**Listen to and communicate with patients:**  
people want non-judgemental, personalised care. For example, interpreting services for non-English speakers so they can better manage their health and understand their care.

**Give clear, uncomplicated information** about what support services are available or what care you can access. Have different ways that people can find the information- not everyone is online but some people prefer this.

## Increase links with community groups:

- groups can provide opportunities for self-help with lifestyle advice, affordable classes, educational talks and health events.
- being in your own community allows more specific knowledge and tailored provision, such as being able to speak your own language.

# Choice and Control, Prevention and Maintaining Independence



## Women mainly from BME (black and minority ethnic) backgrounds

Learners from Introduction to Community Development and Health Course, Vestry Hall, Spring 2019

- Recognised the importance of **improving the accessibility of healthy food** by shopping locally, and of the availability of healthy choices
- Felt that **laws, policies and regulation** are important in helping people live healthier lifestyles, and that we could **replicate examples of good practice** from other cities too
- Thought that it was important to have different **community based support** for root causes of things like alcohol abuse or other unhealthy choices

## Young people (aged between 13-24)

Young Healthwatch, Sheffield Futures' Young Advisors, Chilyep's STAMP Group, Rainbow Heron Arts Café

- Were passionate that **lack of money should not be a barrier** to being healthy
- **Support for travelling easily and affordably** around the city was important to them too. They suggested:
  - \* a specific reduced-cost or free bus pass, given to those who can't afford standard prices - this should be the same colour as the normal one to prevent bullying
  - \* better bus services and bike access around the city
  - \* more access to parks and green spaces
- Felt **schools had an important part to play** in young people's health, with:
  - \* accessible, affordable extra curricular activities with better facilities to support them
  - \* lifestyle support- such as cookery classes and 'life lessons' classes about healthy diets or future lifestyle choices
  - \* services coming in to schools, such as the police, to make links and increase wellbeing of students



When taking part in our ballots, people of all ages agreed that schools are an essential point in educating young people and families to have a healthy start in life.

## Adults with learning disabilities

Burton Street Foundation

- **Recognised the importance of healthy lifestyle choices and exercise**, and that the NHS should play a part in supporting people with this and that **more support is needed**
- Were passionate about the **importance of hobbies and contact with other people**, especially the people they are closest to, to **support their health and wellbeing**
- Felt that people have **different wishes** when it comes to wanting to live independently, and this should be taken into consideration rather than trying to push everyone towards independent living



The Burton Street Foundation focus group telling us about their experiences of the doctor, dentist and optician.

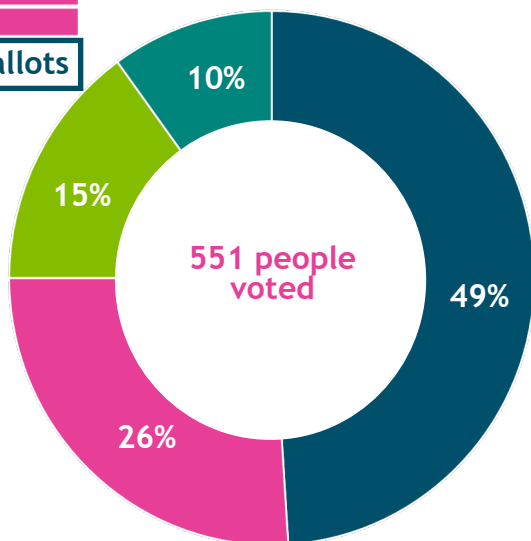
# Choice and Control, Prevention and Maintaining Independence

## Parents of young babies

The Snug 4th Trimester Group, Zest Centre Library and Weighing Clinic, Primrose Children's Centre Breastfeeding Group, Stocksbridge Leisure Centre

We asked "What steps could be taken by individuals to improve their own health- should these be supported by the NHS?" People felt that single mothers and those with no family network were in greatest need of specific help. They felt support should be:

- Collaborative, with services working together more smoothly
- Timely and consistent information and support at the right time, for example focussed support around how you're feeding your baby after you've had the baby, and consistency about the advice you're receiving from different professionals
- Increased- more midwives (there were concerns over shortages of midwives)
- There for all, with everyone having access to a broad range of information, available in different formats, and knowing what's available to help them
- From the same, consistent small team of health professionals as much as possible and specialist when needed
- Available in more groups and classes, pre and post-natal. Covering different things like physical health advice and taking care of mum as well as baby
- Flexible, with choice of how support is delivered- e.g. Digital options if that works for you but also ensuring face to face options are still available
- Available in the community and specific to needs- e.g. ensuring translators are available if required



"What do you think would help the most in Sheffield?"

- Better training in medical schools about nutrition and what is needed for a healthy weight to talk to patients in an informed and sensitive way
- Going digital with self-help information
- Advice about low calorie diets
- Making hospitals have healthier food: less food and drinks high in fat, salt and sugar

"...people should take responsibility, but may need support to do so."

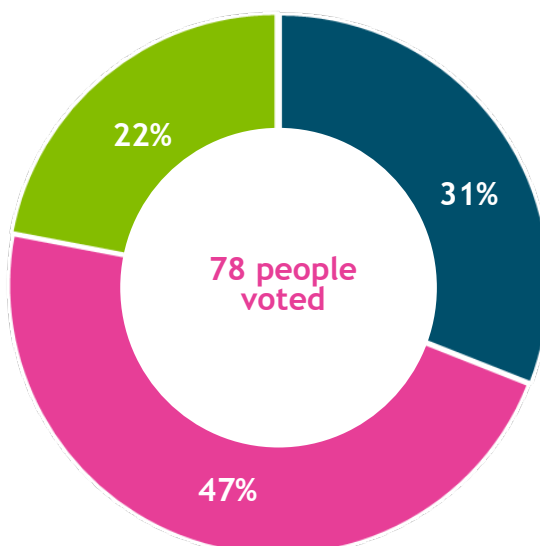
"Should not just advise about low calories should be about healthy eating as a whole."

"More time for doctors (GPs) to be able to talk to people about health and wellbeing."

"Make resources and choices available to people e.g. 6 week gym membership... - give support mechanisms."

"Have more staff - investment in people."

"Person-to-person care & information most important."



"The NHS Long Term Plan increases funding for primary and community care by at least £4.5billion. Where would you put the money?"

- Supporting people with long term health conditions
- Prevention- helping people to stay well
- GP Services

## What does the NHS Long Term Plan say?

The NHS Long Term Plan outlines commitments to improve local, in your neighbourhood, care, with spend on these services to be at least £4.5billion higher in 5 years time. Some key areas include:

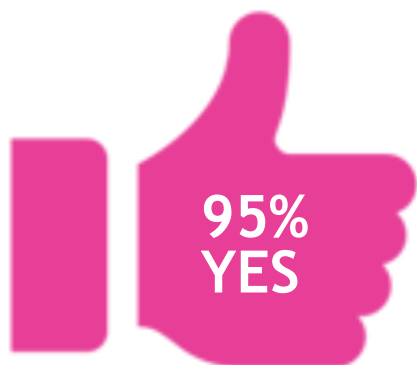
- **New Urgent Community Response Services-** so that community based teams can respond within 2 hours to support people with the highest needs (such as people with long term conditions) and reduce the chances of them needing admission to hospital
- **Improved reablement care-** giving people the care they need within 2 days to help ensure timely transfer from hospital to community
- **Primary Care Networks, bringing together GP practices to support the needs of their neighbourhoods.** The network teams will also include pharmacists, district nurses, community geriatricians, dementia workers, physiotherapists, podiatrists, chiropractors, social care and voluntary sector staff as well as GPs. Along with working together, they will be expected to take a forward-thinking approach to health by 2020/21 through looking in depth at what the needs of their local population are and making sure the services fit those needs
- **Upgrading NHS support to care home residents-** including ensuring each care home is supported by a consistent team of health professionals, that residents get regular pharmacist-led medicine reviews, and providing more timely, responsive emergency support
- **Greater recognition and support of carers**
- **Extending independence as we age-** through greater use of tools to identify people living in communities who are most 'at risk' of becoming unwell, and through the use of new technologies such as home based, wearable monitoring equipment<sup>2</sup>



We asked

**“Do you agree these are the right things to focus on?”**

(374 people answered)





## Older adults

Sheffield Chinese Community Centre, Newfield Green Local History Group, Handsworth Lunch Club, Lowedges Age Well Friendship Group, Shiregreen Women's Group, Meersbrook Park Lunch Club, St Timothy's Church Lunch Club, St Mary's Handsworth Lunch Club, Stocksbridge and Upper Don Community Health Forum

**Felt that support is especially needed for older adults including day-to-day help, considering individual needs and prioritising the frail and isolated.**

**Recognised the importance of care in your own community to help you stay well, including:**

- Groups for support- both NHS and voluntary sector/community groups
- Improving transport and access to community venues and activities- helping people to stay active
- NHS health checks available locally
- More support for carers, including respite
- Improve access to GPs- make it easier to get an appointment

**Said that steps should be taken to support individuals to manage their own health, such as:**

- Using different ways to help people be conscious of their own health
- Holding focus groups to encourage and ensure conversation happens around the needs of different groups
- Having clear places to 'go' to access information- these should be both digital and physical, such as a library or GP practice, to allow for different requirements

**Thought that use of technology should be carefully considered- older adults often don't use technology and not everyone can afford it. Technology such as bracelet alarms, which allow people to call for help if they fall, would be used more if they were free and better monitored.**



People filling out our survey at the Sheffield Chinese Community Centre

# Mental Health

## What does the NHS Long Term Plan say?

There will be a further £2.3 billion spent on mental health services by 2023/24. The NHS Long Term Plan says that money will be committed to supporting people's mental health including:

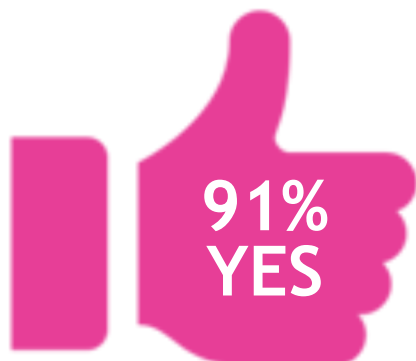
- **Expanding crisis services**, including ensuring they are available 24/7 for adults and children
- **Creating new mental health support teams in schools and colleges**
- **Increasing funding** into children's eating disorder services
- **Expanding specialist mental health services** for women before and during pregnancy and post-natally
- **Creating new, more joined up ways** for professionals to support those with serious mental illness
- **Creating the best care environments** for people who need to stay in hospital to receive mental health care and support
- **Expanding employment services** to support those with mental health conditions who wish to work to find and keep suitable employment
- **Introduction of a new waiting time target** for mental health services
- **Increased focus on suicide prevention**<sup>3</sup>



We asked

**“Do you agree these are the right things to focus on?”**

(380 people answered)





## People agreed with

- Increasing support for young people including increased resource within schools
- Support for services to work better together- increasing the information about what support is available is important too
- Investment to increase staffing and resources, but felt focus is needed to ensure the money is divided and spent on the right things
- Help around employment and the importance of having the right job for you with support for your wellbeing at work

## People disagreed because

- There should be more focus on prevention, including early intervention and support prior to crisis point
- Support needs to be more flexible and available when needed, including in the community and considering mental and physical health together
- Other services need attention too, e.g. dementia and autism
- Sometimes the NHS is too quick to label someone with a mental health issue
- Targets are not always helpful- focus moves from individual need
- We need to educate society about mental health and increase understanding



“ ‘Expansion of crisis services...’, this service plays a vital part to save people's life; to support people to cope and solve problems before the matters come into crisis. Also it can help to prevent serious long-term problems...”

“More preventative early support not only helps breakdown stigmas and getting people to come forward who need help, it helps those who do have the low level mental ill health not reach that crisis point.”



# Mental Health



## Parents of young babies

The Snug 4th Trimester Group, Zest Centre Library and Weighing Clinic, Primrose Children's Centre Breastfeeding Group, Stocksbridge Leisure Centre

We asked- how should women be supported with their mental health before, during and after pregnancy? Parents felt that:

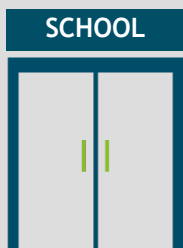
- There should be professionals available for mums to talk to which could help reduce isolation too
- They need better signposting and information about what support is available to women and at what stage
- It was important to have post-natal groups with mum's needs being focussed on as well as baby's- ongoing support for at least a couple of years after having the baby
- Services should work better together
- GP checks should feel less of a tick-box exercise with more attention being paid to mum's wellbeing
- Recognition of pre-existing conditions was important



## Young people (aged between 13-24)

Children and young people want **flexible support and personalised care, which is decided with them**, including:

- Services that are available at times which suit young people (not shut by 2.30pm)
- Treating people as a whole, not as a set of separate problems
- Having options about how they have contact with services; face to face support in a place that suits the individual, or better use of online resources (although these should be well monitored)
- More consideration of the 'right' time for a young person to transition to adult services and better, more consistent support and advice around this
- Ensuring all people are catered for equally—students, men etc



- Better information available about services—knowing what support is available when, including how to support their friends
- Quality specialist support in schools. Not using teaching staff as they're already over-stretched. This should take into consideration how and where in the school you're seen so your mental health needs aren't public knowledge in the school
- Being made to feel valued and listened to



“Young people often feel “imposter syndrome”....I felt, when told by nurses that they needed to see another patient because they were in more urgent need, that maybe I shouldn't be there”

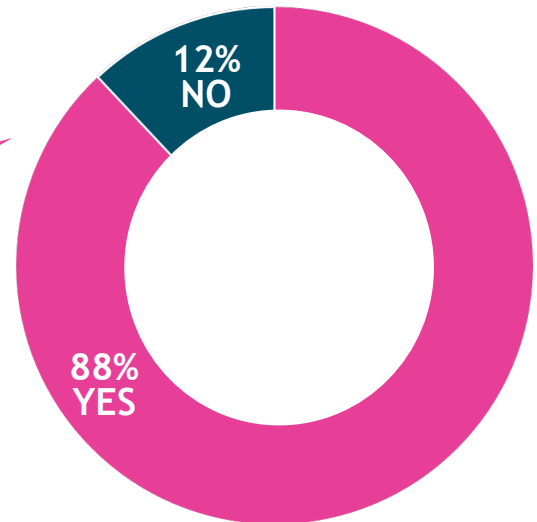
# Mental Health



We asked  
**“Do you think people’s mental and physical health should be treated together?”**

(380 people answered)

“They affect each other; if you need to have a limb amputated, or just break your leg, it greatly impacts your life circumstances. You can’t move as much as you would otherwise. That impacts your mental health, so it needs be considered as being connected, not separate.”



**We asked “If you, or someone you care for, has already accessed help and support for mental wellbeing and emotional health, what would you like to see improved?”**

(202 people answered)

#### **Increase access to services:**

- Wait times are too long. You want to be seen more quickly initially and decrease the wait in between appointments too
- There should be more clinics and more inpatient facility available
- It should be easier to make contact with services, especially out of hours
- Accessing support through your GP should be easier. There should be specialist knowledge available within GP services but understanding of support needs and services available should be better across the board
- It would be better to be able to re-access services quickly if problems re-occur

#### **Personalised, flexible care:**

- Increase one-to-one, face-to-face care
- Treatment shouldn’t be limited to a set number of sessions- this set number may not work for everyone
- There should be a wider range of therapies available, including increasing the offer of counselling, and medication shouldn’t necessarily be the first choice for treatment
- People should have a say in their care, having choices around their treatment options
- Individual needs, such as not speaking English, shouldn’t be a barrier to getting help

**Services should work better together** to give a smoother pathway, making sure there aren’t gaps in the care that’s offered, for example ensuring 16-18 year olds have the same access to support as everyone else.

#### **Support should be available in your own community:**

- More services based in your own area, e.g. drop-in cafés, and bespoke support around additional help needed, such as for non-English speakers
- Increase awareness of mental health within communities so people feel more able to speak up
- Have help available for families who are supporting someone with mental illness

**Better signposting and information** about the services and support networks available, including where they are and how to access them.

#### **Increased crisis care as well as prevention:**

- Quicker care happening in the event of a crisis and better coordinated ongoing care
- Earlier access available to support, not just when there is a crisis

## What does the NHS Long Term Plan say?

The NHS Long Term Plan makes many commitments to more care being carried out digitally, and to increasing use of different technologies. These include:

- Creating straightforward digital access to NHS services, and helping patients and their carers manage their health—such as developing **digital maternity records** to allow pregnant mothers to access their own records with an app
- Ensuring that clinicians can access and interact with patient records and care plans wherever they are
- Using technology to support the NHS to predict and prevent events that would otherwise have led to a hospital admission
- Protecting patients' privacy and giving them control over their medical record
- Patients being able to use digital devices to book and manage GP or hospital appointments
- Receiving test results more quickly through digital devices



We asked

**“Do you have any other comments about accessing the NHS using digital and online services?”**

(169 people answered)





## People were positive about digital services because

- People felt that the flexibility of access to services that could be offered is a real positive impact of the development of digital services
- It was felt that increased use of digital technologies could make services more efficient, including improving the availability and sharing of information and the making of GP appointments

## People were concerned about the expansion of digital services because of

- **Equity of access.** They felt that some groups, especially older adults and non-English speakers, would be excluded from services with an increased focus on digital contact methods. It was suggested by many that additional support may help, but it was equally important that other options than digital access were available
- **A preference for face-to-face care,** or talking to someone over the phone, and that progression with digital care provision would remove or reduce this
- Not feeling reassured that data could be guaranteed to be **secure**
- Current issues with consistency and availability of quality online or digital services giving many people cause for **concern, over how digital services could be expanded successfully** without also becoming quickly outdated



"I would find this very useful as I'm more or less housebound; getting out is quite a struggle."

"I am not online have no computer tablet or mobile phone - I feel my needs are not being taken into consideration, I feel isolated."

"...I think a lot of people would worry about breaches of their personal information. ...it would be helpful for the NHS to do some campaigning around how they've improved their data security...This would help to give people confidence in the digital services."



Survey



## Adults with learning disabilities

Burton Street Foundation

Some of the group felt that using mobile phones helped them to stay in touch with family, friends and carers. Some liked receiving text message reminders or results, but others had experienced issues with being able to read messages and would have found phone calls easier.

The group felt it can be important to let carers know that you're happy but were worried about telling them what they'd done wrong.

## Young people (aged between 13-24)

Young Healthwatch, Sheffield Futures' Young Advisors, Chilypep's STAMP Group, Rainbow Heron Arts Café

Of the groups of young people we talked to, all discussed the use of digital technologies, especially social media, with positives and negatives being identified.

### Use of social media

#### Positives:

- Someone 'clinical' can sometimes put young people off accessing a service. They felt that alternative ways of accessing NHS support, with sites such as tumblr, could be positive
- It was felt that going online offers an important source of information and that NHS websites already felt reliable
- One group felt digital counselling was a positive way of accessing support

#### Negatives

- People need face-to-face support still, being on social media too much can have negative effects
- Searching for symptoms online can give false self-diagnosis and cause more worry
- Social media can be a dangerous place and can attract 'haters'. Any support mechanisms set up on here would need to be approached with a lot of consideration and caution

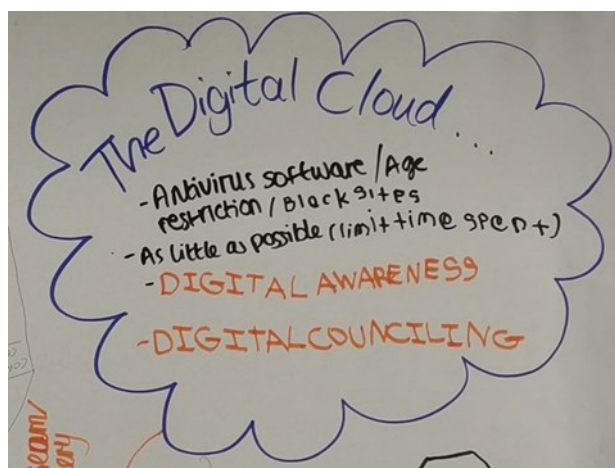


Image from 'Healthy Town' map created by Sheffield Futures young advisors.

## Parents of young babies

The Snug 4th Trimester Group, Zest Centre Library and Weighing Clinic, Primrose Children's Centre Breastfeeding Group, Stocksbridge Leisure Centre

Parents we spoke to about digital ways of using services felt that there was a definite place for them, however they were cautious that there needs to be choices about how services are accessed and that face-to-face support does not lose out.

They also recognised the importance of online support for parents, including forums and peer discussion groups, especially if this is needed 24 hours. It was felt that the internet is an important source of information but that guidance as to where to look was essential.

Developments such as the NHS app were seen as useful and could help with booking appointments and having digital notes. There was some caution, however, that apps can be unreliable.

# Appendix

## NHS Long Term Plan Healthwatch Sheffield Strategic Advisory Group Position Statement

*The Strategic Advisory Group welcomes the Long Term Plan (LTP) with its ambitions for improving health care and for changing the way services are managed and delivered.*

### KEY POINTS

- Increased spending at primary & community levels and boosting out of hospital care are positive changes;
- The governance arrangements for the new South Yorkshire and Bassetlaw Integrated Care System (ICS) are obscure and require clarity of role and much more accountability.
- There must be lay, Healthwatch and voluntary sector representation & independent members so that ICSs are understood by and are accountable to their populations.
- Local areas need the freedom to design the services that work for their populations- not to have something imposed from NHS England;
- Strongly support the intention of action on health inequalities
- Sheffield Healthwatch wants to see citizen engagement embedded in new structures.
- Social care is vital and so is improved funding to local authorities to make this happen.

The proposals we support and where we have concerns is noted in more detail here.

### Specific

- Population health management is a positive step especially if this goes along with changing funding formulas to shift resources from acute provision to prevention;
- Increased spending at primary & community levels and boosting out of hospital care are positive changes;
- Improved support for people in care homes and better support for carers are welcome but improved provision for carers is long promised and hasn't happened. Work with carer's organisations to make support appropriate and aligned with needs is vital;
- Digital care is positive for some people but is not the answer to many problems. Digital care will disadvantage & exclude people without means or capacity. In some areas of Sheffield most people do not have consistent access to the internet and we are concerned that digital exclusion will mean services are not available to the most disadvantaged people;
- Agree that tailoring services to BAME groups is important to tackle specific health inequalities;
- Targeting support for people with learning difficulties is welcome.

### Re-structuring and governance

- Integrated Care System (ICS) are welcome when specialism and coordination over a larger area makes clinical sense
- The current ICS governance arrangements are obscure and require clarity of role and much more accountability.
- ICS governance, transparency and representation of citizens are concerns. The links to local government need strengthening There must be lay, Healthwatch and voluntary sector representation & independent members so that ICS are understood by and are accountable to their populations and so that the good ideas of citizen in their NHS are part of ICS thinking. These governance roles require a statutory framework and resourcing.
- As well as the proposed alterations to the footprint of health organisations, we support legislation or other changes to end competition and promote integration of care planning and delivery

### Working with places and their interests

- Specific places and their circumstances have to be taken seriously responded to flexibly by NHS England. A case in point is the Urgent Treatment Centre model which won't work everywhere. Sheffield showed that it wanted something different which was not imposed against local wishes.

- Local areas need the freedom to design the services that work for their populations- not to have something imposed from NHS England;
- Primary Care Networks (PCNs) are an interesting idea and they need to be aligned to wider neighbourhood organisations. The placing of link workers with PCNs could mean that effective local schemes are by-passed or duplicated: there needs to be flexibility in accordance with local circumstances. It is a concern that the costs of link workers are only partially covered and that support costs to Voluntary & Community Organisations are totally absent thus impacting on their capacity to be involved. This flawed model is in danger of draining the very voluntary organisations to which link workers will want to refer patients. The Social Prescribing scheme is too centrally driven.

### **Health inequalities**

- Strongly support the intention of action on health inequalities especially in a city like Sheffield with growing gaps between healthy life expectancy for affluent and disadvantaged people
- Agree that the role of Local Authorities is central to this aim of reducing health inequalities and coordinating action with the NHS is important. However, long years of austerity and cuts to local authorities such as Sheffield have reduced the capacity of councils to play a full role and this needs to change if the aim of the LTP is to be realised.
- We are particularly concerned about cuts to adult social care; to housing; to children's services and to Public Health;
- We particularly want to see improved funding for public health within local authorities;
- We think that undue focus on "behaviour change" is ill-advised and that wider determinants such as welfare benefit changes, low wages and other factors are more important;
- We welcome the changing funding regime to target more funds and measure outcomes to tackle the worst health inequalities; we will want to see convincing plans aligned to local priorities and we will be vigilant to see that these extra funds are used for this purpose.

### **Engagement and partnerships**

- We welcome the partnering with charities and other organisations and, in addition, we would like to see a re-iteration of the Five Year Forward View understanding of the "renewable energy of communities": the contribution communities make to health and the recognition of this wider role in conjunction with the NHS -not necessarily in a contractual way;
- We want to see citizen engagement embedded in new structures and that the role of Healthwatch is recognised in guidance and operational frameworks and requirements. We want working with local Healthwatch and other independent voice organisations to be the expected and usual way for NHS organisations to engage patients and citizens. We recommend that NHS organisations talk with Healthwatch to identify a number of vulnerable groups whose voice and needs are not met.

### **Social care**

Social care is vital and so is improved funding to local authorities to make this happen. The green paper and reversing cuts to Local Authorities and to benefits are essential elements to improving social care. Improved social care and community support are also essential to improve Delayed Transfer of Care.

July 2019