

An update from the IAC Forum January - March 2020

From January - March 2020 there have been three meetings of the IAC Forum. Staff members involved in the different ACP workstreams have attended to inform forum members' of their work and discuss any ideas or concerns the group has.

The following workstreams have attended:

- Mental Health
- Urgent and Emergency Care
- Ageing Well

Mental Health



An overview of The Sheffield Mental Health Transformation Plan

Forum members' were asked to consider what '**parity of esteem**'; a concept defined as tackling mental health with the same priority as physical health issues, meant to them. They were also asked to consider what the challenges are in achieving genuine parity of esteem, and how do we overcome these.

Additionally, forum members' were asked to **consider what mental health services would look like in the future; when trying to describe a perfect model of care, support and treatment, what would be different.**

Forum members' views and experiences highlighted that:

- **Funding** for mental health services should be **contingent with the rising demand.**

- Staff need to be trained in order to be more sensitive to mental health issues.
- There was a concern that the idea to provide localized mental health care may lead to decrease in the quality of care for people with certain conditions which are not prevalent in certain areas.
- It was suggested that if people don't seek help on mental health issues, this may prevent the generation of evidence.
- It was felt that mental health and physical health are not seen as equally important.

Urgent and Emergency Care

Sheffield ACP
Accountable Care Partnership

Can't get an appointment?
Stop. Think. Plan B not A+E

Did you know you can still get an appointment to see a GP at the weekend? If you're in need of urgent care you can book a GP Hub appointment by calling 111 when your GP surgery is closed.
#PlanBnotAandE

Can't get an appointment?
Stop. Think. Plan B not A+E

#Sheffield Minor Injuries Unit and Walk-in Centre, both are open 365 days a year, so next time you need urgent care take a moment to consider all your options before heading to A+E. Find out more about your urgent care options on our website:

Sheffield ACP
Accountable Care Partnership

One of the best places to get advice when you've got a nasty cold or flu is your local pharmacy. Pharmacists are fully trained medical professionals who can help you get back to feeling yourself in no time.

I can help your cold and flu.

Stop. Think. Is A+E your only option?

Did you know there's both a Minor Injuries Unit and a Walk-in Centre in #Sheffield? So next time you need urgent care take a moment to consider all your options before heading to #A+E. Find out more about the services and how the can help on our website.

Stop. Think. Is A+E your only option?

Your local pharmacist is a trained medical professional who can help you with a number of things, from chickenpox and rashes to dressing minor wounds and muscular pain. So next time you need urgent care treatment, take a moment to consider all your options before you act.

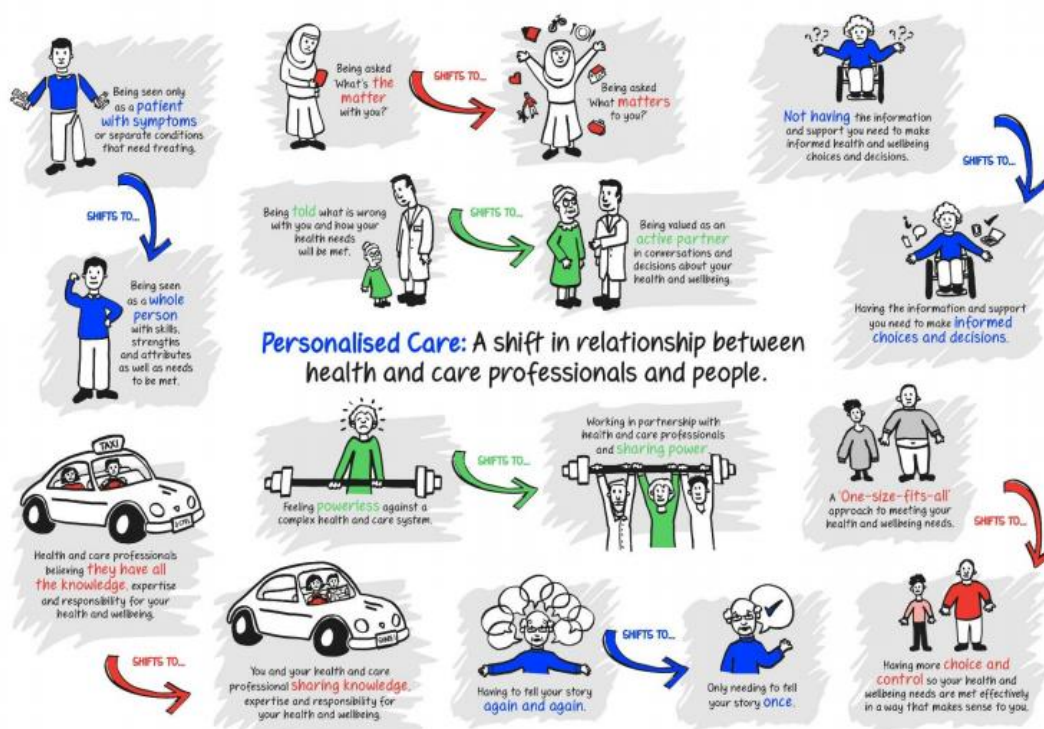
Stop. Think. Is A+E your only option?

Urgent and Emergency Care Social Media Campaign: Stop. Think. Plan B not A+E
Forum members' recited their experiences of receiving emergency care. Themes considered included: availability of health care professionals, waiting times, hospital discharges and care after hospital discharge.

Forum members' views and experiences highlighted that:

- We need to ensure that urgent and emergency services are resilient to cope with high demand of activity.
- Patients are experiencing long waiting times for medications prior to discharge.
- Patients are being left without support at home after discharge.
- There are long waiting times for epilepsy appointments which may lead to patients needing to go to A&E.

Ageing Well



West Yorkshire and Harrogate Personalised Care Shift Infographic

Forum members' were asked to consider what **culture change is needed across the health and care system to enable the shift to personalised care.**

Forum members' views and experiences highlighted that:

It would **mean consultants 'giving up power'**, based on many of their own experiences interacting with health and care services in Sheffield this seemed like **a big challenge to overcome.**

Current enablers to achieving this culture shift include:

- The **Royal College of General Practitioners (GPs)** have introduced **personalised care modules into postgraduate courses nationally**; several social work and nursing postgraduate courses also have.
- **Co-production** as a concept is often **put into various commissioning/service delivery contracts** to encourage its use as part of day-to-day work.
- In the **Long Term Plan NHS England** are committed to **building the infrastructure for social prescribing in primary care**, aiming to recruit

1,000 new social prescribing link workers by 2020/21:

<https://www.england.nhs.uk/personalisedcare/social-prescribing/>

Forum members' views and experiences regarding link workers highlighted that:

- This may **work well for smaller systems like Primary Care Networks, but what about bigger systems like the Department for Work and Pensions (DWP)**
- Link workers would need to **work flexibly rather than taking a 'one size fits all' approach across different neighbourhoods.**

Forum members' were asked to consider **what good personalised care planning would look like**; their thoughts highlighted that:

- **Relationship building** is important
- **People need to feel like a valued partner** in creating their care plan
- **Transparency** is crucial.

Other work supported by the IAC Forum

- Input into the priorities of Healthwatch Sheffield
- Development of public facing information for the ACP including the Sheffield ACP Website: <https://www.sheffieldacp.org.uk/> and a quarterly newsletter.

IAC Forum Meeting 14th April 2020: Summary of the key points & updates

- Forum members' devised ground rules for Zoom meetings:
 - All members' will **mute their microphones** when they are not speaking to reduce the likelihood of background noises or an echo that may make it difficult to hear the speaker.
 - Members' would **write questions in the chat box** if they had a question whilst another member was speaking, this would be monitored by the meeting facilitator.
- **ACP workstream activities have been postponed** as the health and care workforce are responding to the outbreak of Covid-19. Conversations are continuing about what could be learned from the present situation; how can we grow and sustain the cross-system working that has been demonstrated over the last few weeks.
- A number of cross-organisational groups have been established to support the city's response to Covid-19. You can read about some of these groups established here:
https://www.sheffielddcp.org.uk/news/?filter_category=covid-19
- Some **healthcare services have been temporarily suspended** for two reasons predominantly: to free up capacity for the Covid-19 crisis response; to reduce the risk of infection to Covid-19. Clinicians are taking a case-by-case approach when deciding which services to suspend.
- We need to ensure that people are **seeking medical assistance when needed** through remote consultations with General Practitioner (GP); they are **#StillHereForYou**: <https://www.youtube.com/watch?v=0QKQCVfNtRQ&t=0s>
- **Person-centred working**, Chief Executive Officers (CEOs) are continuing to implement person-centred working practises in their organisations, but it is difficult to have cross-organisational meetings about this currently.
- We should start to consider some of the **positives that have come from us being forced into different ways of working**. For example the use of telephone appointments with GPs, this has been met positively by the medical professional and patients, and these ways of working should be maintained as we see things going 'back to normal'.

The next Zoom meeting is on Tuesday 12th May 2020, 1pm-2pm.

IAC Forum Meeting 12th May 2020 - Summary of key points & updates

- Consultants working on the **person-centred care workforce training** will gain input from forum members through a group session and conversations with individuals (dates and times to follow).
- An action plan is being developed to address issues with **mental health crisis care** reported by the Care Quality Commission (CQC) following their inspection of Sheffield Health and Social care NHS Foundation Trust.
- Sheffield has set up 2 **Covid-19 testing sites** in Sheffield for key workers. Having to use the Public Health England regional testing site at Doncaster/Sheffield airport is thought to be an issue for members of the public who are unwell and have to get themselves there.
- The **benefits of testing were questioned** as people still don't know whether they have had Covid-19, can catch it again or spread it.
- **Hospital deaths have reduced significantly** in recent weeks. Some days there were no deaths at all.
- The number of **deaths in the community is reducing but is still an issue**.
- **Care homes** have had support from the health and care system to cope in the pandemic e.g. infection control protocols have been shared, there has been support with sourcing PPE and training staff to wear it properly and support on topics such as End of Life Care.
- Some **BAME communities** have been disproportionately affected by Covid-19. This is thought to be due to a combination of factors including reluctance to use services and institutional racism.
- The impact of Covid-19 on BAME communities could help to highlight that **care environments can be hostile and unsuitable for some groups** of people, like those with disabilities, language or communication needs.
- The health and care system wants to know which of **the new ways of working resulting from the pandemic** people would like to continue and which ones they would like to stop happening in the future.
- Forum members' views and experiences highlighted that:
 - there are **benefits to having phone/online appointments** but professionals not knowing the patient and lack of people skills will still lead to poor experiences,
 - some people may need **encouragement to attend hospital appointments**
 - Messaging should be used to keep **unnecessary use of A & E** at lower levels than it was before the pandemic,
 - It is important to have **good communication** with the public about upcoming changes to services/guidance.

The next Zoom meeting is on Tuesday 9th June 2020, 1pm -2pm.

IAC Forum Meeting 9th June 2020: Summary of the key points & updates

- **Recruiting new members' to the IAC Forum**, members' recognised that attendance to the IAC Forum had decreased since the meetings began being held on Zoom. It was agreed that a summary of the minutes would be uploaded onto the ACP website after every meeting to keep the public updated on conversations happening within the forum, to try and recruit some new members' to the IAC Forum. These can be seen here:
<https://www.sheffieldacp.org.uk/what-we-do/patient-public-involvement-group/>
- A General Practitioner (GP) delivering the **person-centred care workforce training, 'What Matters to You' workshop** has scheduled a group session, and individual conversations with forum members' to hear their views and experiences of person-centred care.
- **All members' of the public can now have access to a Covid-19 test** if they are experiencing symptoms of Covid-19. The nearest Public Health England testing site for Sheffield residents is at Meadowhall bus station.
- The third cohort of **Leading Sheffield**, a system leadership programme delivered across the partners of the ACP aiming to bring health and social care workers together from statutory (NHS, City Council) and non-statutory organisations (Voluntary and Community organisations) to improve health outcomes in specific parts of the city, is now being planned to be delivered virtually with shorter, more frequent sessions; and more content delivered through recommended reading.
- There is a planned **patient and public involvement session** within the programme where IAC members' will share their experiences of using the health and care system, participants will then get the opportunity to ask questions to members'.
- Forum members views and experiences highlighted that:
 - It would be good to get the **voice of a person facing these health challenges involved throughout the programme**; a suggestion was made to have an IAC forum member as a consultant in each challenge group to guide participants in getting the voices of people experiencing health challenges to inform their work.
- The ACP have written a document that outlines how **they intend to work as an ACP** given the context of Covid19:
<https://drive.google.com/file/d/1YIDVDVDI0QS1IVYTswuJlqZt-fmMu-Dn/view>
- The outlined approach will be developed in the next few months, and a new reporting mechanism on the progress of the priorities of the ACP will be developed.

The next Zoom meeting is on Tuesday 14th July 2020, 1-2pm

IAC Forum Meeting 14th July 2020: Summary of the key points & updates

- Four new members' joined the IAC Forum discussion; all IAC members' introduced themselves.
- The ACP have been publishing case studies about how individuals from health and care organisations are coming together to solve the problems presented to the health and care system in response to the Covid-19 outbreak. These can be seen here: https://www.sheffieldacp.org.uk/news/?filter_category=covid-19
- A discussion was held on how the work of the ACP would progress in a way that would give people a voice. Forum members' views and experiences highlighted that:
 - Whilst the Zoom platform works for some, another form of contact is needed for those who don't have access to technology.
A dial in option is available through a telephone; all members' also have been given the opportunity to contribute after the meeting.
 - To be inclusive, the voices of the wider community need to be considered. Certain groups such as the Black Asian Minority Ethnic and Refugee (BAMER) community, single parents; the groups that have been found to be most affected by the current situation.
 - People are not "hard to reach", they are just "seldom-heard"¹. It is our job to reach them - we do not want them to feel isolated by using the term "hard to reach" because it makes people feel as though it's their fault.
- Healthwatch have been notified of concerns that those with learning difficulties have found it difficult understanding governmental guidelines and follow rules in relation to Covid-19 throughout these past few months; many report increases in challenging behaviours displayed due to a lack of understanding of this circumstantial change.
The ACP Mental Health and Learning Disabilities, and Planned Care boards are some of the few boards that have restarted working as their work is seen as critical. They are currently discussing both pressing challenges and new ways of working.
- A discussion was held on how Healthwatch Sheffield can keep volunteers connected during these times. Forum members' views and experiences highlighted that:
 - A newsletter could be designed by Healthwatch Sheffield containing information on new research/reports published, list of current projects being run. This would be something to keep volunteers engaged with work across the health and care system then it can be easier for the volunteer to connect with the work they are interested in.

The next Zoom meeting is on Tuesday 18th August 2020, 1-2pm.

¹ Seldom-heard groups are under-represented people who use or might potentially use social services and who are less likely to be heard by social service professionals and decision-makers

IAC Forum meeting 18th August 2020: Summary of key points & updates

- The ACP Planned Care and Digital Delivery Programme lead, attended the IAC Forum to give an update, and a discussion on the delivery of elective care in Sheffield under the current restrictions of Covid-19.

Key updates from them included:

- Whilst many elective care procedures have been delayed, they have not stopped. These procedures are taking place at a reduced rate due to capacity, cleaning procedures, among other considerations. Whilst we are aware this is causing challenges for people, improvements are being made with more virtual clinics and appointments being made available, since then waiting lists have been reducing.
 - There is currently work underway to ensure effective virtual clinical activities. For example, for skin/dermatology consultations, patients are encouraged to send images before GP appointment.
 - There is cross-organisational work underway between the partners of the ACP to develop a communication strategy for elective care. Everyone is encouraged to still book an appointment with their GP if they feel unwell.
 - GPs are making it clear that individuals who would receive support when attending a medical appointment can still have this, with one other person there to support them. The ACP are working to ensure that people know this.
 - The ACP are exploring different ways that patients can be treated, this includes where they are being treated, and who they are being treated by. Whilst this is happening, they are ensuring that all treatment is still patient-centred.
- Forum members' views and experiences highlighted that:

Points from the IAC members' are in the black text.

Responses from the speakers are in the blue text.

- The public should be involved in decision making, offering people who use a service a chance to have input, so these services work effectively for them.

Currently partners of the ACP and local government decide what they can do realistically. Once they have the structure, they will then start to involve the public more.

- Digital inclusion is a skillset, consultants aren't always the best at discussing things with patients over the phone or through over virtual means. Could there be training on different digital packages.

There has been engagement with universities to see how they can provide training for various packages. One of the primary issues is that different organisations are choosing different digital packages, which makes organising this training more difficult.

- The IAC Forum received an update on [Leading Sheffield](#), a system leadership programme delivered across the partners of the ACP aiming to bring health and social care workers together from statutory (NHS, City Council) and non-statutory organisations (Voluntary and Community organisations) to improve health outcomes in specific parts of the city, is now being planned to be delivered virtually with shorter, more frequent sessions; and more content delivered through recommended reading.
- In addition to the patient and public involvement session, four individuals from the IAC Forum were asked to volunteer to [work with the Challenge Groups](#). Their role will be to ensure that citizens' voices are considered within the Challenge Group conversations.

The next meeting will start 10 minutes early to ensure we're all logged on and people can have a brief chat.

The provisional dates and times for the next meetings of the IAC Forum are as follows:

- **Tuesday, 13th October 2020, 13.00-14.00**
- **Tuesday, 10th November 2020, 13.00-14.00**
- **Tuesday, 8th December 2020, 13.00-14.00**
- **Tuesday, 12th January 2021, 13.00-14.00**

IAC Forum meeting 8th September 2020: Summary of key points & updates

- The CEO of Nuffield Trust attended the IAC Forum to gather views on what we want health and care to look like across Sheffield; a collection of these views from a diverse range of people will feed into a 5-10 year vision being developed.

Key updates from them included:

The questions considered throughout the session were:

- What's it like to be a patient or professional in the health and care system?
 - What has been your experience of accessing health and care services?
 - Do you recognise any major changes in the way health and care services are being delivered i.e. where they are being delivered and by whom, particularly since the start of the Covid-19 response?
- Forum members' views and experiences highlighted that:

Points from the IAC members' are in the black text.

Points from speakers are in the blue text.

What have people's experiences of accessing health and care services throughout the past six months? What do we want to maintain, or build on?

Health and care services haven't really worked - appointments with services have been difficult to make, some people have also been scared to access services when needed.

Hopefully there will be an opportunity to repair these problems. How has using phone or video services been working for you? Do you like this, would you like to keep this?

Regular check-ups and access to prescriptions through phone consultations has been useful - the difficulty is accessing urgent care.

Phone appointments are difficult for non-verbal communicators who would usually have someone to support them in face-to-face appointments, this can be more difficult if you don't know the person or professional you are communicating with.

There is support that needs to be in place to enable some people to use remote appointment systems.

How important is continuity of care to you - would you rather be seen quickly or by a health professional you know?

For routine check-ups seeing a health professional you don't know and being seen quickly could work well. However, for more serious issues e.g. mental health issues it's better to see someone you trust and feel comfortable with, then you wouldn't have to repeat information.

This should be the patient's decision; some surgeries don't offer this choice.

Being seen by the same health professional is preferable, but not if you're waiting too long, this could cause more harm to the patient.

In the UK, NHS Mental Health services are provided separately from GP services. Should these services be more integrated or kept separate?

It would help the patient a lot more if they didn't have to spend as much time repeating themselves. It can take time to know and trust the professional supporting you; this creates less time supporting the patient with the mental health issue.

How do healthcare services keep a check of different needs of patients?

In other countries there is an increasing use of shared care records, where a patients' requirements are stated once and shared between health and care organisations, the patient controls how much detail each service can see.

Having a joined-up working between physical and mental health services is essential for people with Learning Disabilities and Autism. Not doing so is damaging.

In terms of the coordination of care with people with complex needs, is there a way of caring for more than one symptom at an appointment, rather than having numerous visits to different healthcare professionals?

Experience of diabetes care, when going for an eye check, foot checks are performed while you wait for the eye drops to work, this works efficiently.

Video consultations should be used more frequently than phone consultations; this would give health professionals a better indication of a patient's health, they are then better able to determine if further intervention is needed.

Who are the groups who we don't usually hear from? How can we reach out to these groups?

There are lots of people who don't have English as a first language who don't realise they need to go to the GP.

Approach homeless sector organisations through soup kitchens, homeless shelters.

Place value on reaching seldom-heard groupsⁱ; very beneficial because it can give you rich data that you wouldn't be able to get otherwise. Approach these groups by speaking to carers, voluntary groups and providers.

Those from seldom-heard groups need to be kept well informed about what services are available. Decision-makers need to be proactive and ask what works best for people from seldom-heard groups rather than making assumptions about what is best for them.

The next meeting will start 10 minutes early to ensure we're all logged on and people can have a brief chat.

The provisional dates and times for the next meetings of the IAC Forum are as follows:

- Tuesday, 10th November 2020, 13.00-14.00**
- Tuesday, 8th December 2020, 13.00-14.00**
- Tuesday, 12th January 2021, 13.00-14.00**

ⁱ Seldom-heard groups are under-represented people who use or might potentially use social services and who are less likely to be heard by social service professionals and decision-makers

IAC Forum Meeting 13th October 2020: Summary of key points & updates

- Opportunity: Sheffield Health and Social Care (SHSC) NHS Foundation Trust are working in partnership with Sheffield Flourish to arrange a co-creation session for their Organisational Development Strategy; Service Users and Carers are encouraged to attend. This will be held on Microsoft Teams on Wednesday 18th November 2pm-3.30pm. Members' can find more information on this event and register for free here:
<https://www.eventbrite.co.uk/e/organisational-development-strategy-shsc-workshop-tickets-126821296913>
- Three staff members of Sheffield Clinical Commissioning Group (CCG) attended the IAC Forum to give strategic updates on Flu Vaccinations and All-Age Mental Health Crisis Care.

Flu Vaccinations

- Key updates from the speakers included:
 - Impact levels of the flu peak in December so the flu vaccination campaign begins before this predicted peak, August-September time.
 - Sheffield's Flu Plan is wide, covering different organisations and individuals including Pharmacies, GPs, Care Homes, homeless people, people with Learning Disabilities, etc. The list of people that are eligible for a free vaccine can be found [here](#).
 - The vaccine can be administered using a nasal spray; this is usually used when vaccinating young children and people with Learning Disabilities.
 - There is a higher demand for the flu vaccination this year in particular compared to previous years. Social distancing procedures in place to prevent the spread of Covid-19 have caused some delay for some in receiving the vaccine, but everyone at risk of being impacted by the flu will be vaccinated before flu season.
 - There is a national communications plan and local communications initiatives to support the flu strategy. Black African Minority Ethnic (BAME) groups are more likely to be in at risk flu groups due to higher than average rates of health conditions such as diabetes and heart disease. In anticipation of this Sheffield CCG has given £20,000 to fund BAME community organisations to help raise awareness of the availability and importance of flu vaccinations. This work is currently underway, examples of activities include socially distanced conversations with people while their food parcels are being delivered, educational films

being promoted via Facebook and Twitter all delivered in community languages and tailored appropriately.

- More people are currently being trained to deliver the vaccine, one group being foundation dentists; currently 22 volunteers in Sheffield work one day a week to provide support in vaccinations. Sheffield Hospitals can also vaccinate in-patients and outpatients.
- To try and reach groups at risk of flu, there is a proactive call and recall system through letters and text messages to encourage people to attend their vaccination. Uptake figures are being monitored to see who is receiving the vaccine and which groups they might need to target for further communication messages.
- Forum members' views and experiences highlighted that:

Points from the IAC members' are in the black text.

Responses from the speakers are in the blue text.

- What is the involvement of Community Mental Health teams that make home visits, run clinics to administer the vaccine?

The Community Mental Health team has been considered but the team are not trained to give the vaccine. In addition, they do not have the staff capacity. People with severe mental health conditions are invited to get the vaccine at their GP if they have another condition which makes them eligible.

- There have been news reports that having a flu vaccine might prevent someone contracting Covid-19. Is there any evidence of this?

Neither of the speakers were clinicians but advised there is limited evidence that the flu vaccine might prevent Covid-19 exposure. However, it will prevent people getting ill from the flu which is a respiratory condition. People are also encouraged to get a jab for Pneumonia which is one for life.

- Fourth year dental students would also be willing to be trained to administer the Covid-19 vaccine.

The speakers are going to explore this possibility.

All-age Mental Health Crisis Care

The speaker provided an overview of the Mental Health Crisis Care Strategy using the slide [here](#).

- The speaker explained that as per the NHS Long-Term plan, the hope is to move towards one mental health service that works for patients of all ages. The shaping of the pictured model is ongoing and further engagement has been scheduled. The hope is that the model would be flexible and will evolve with changing needs.
- Forum members' views and experiences highlighted that:

Points from the IAC members' are in the black text.

Responses from the speakers are in the blue text.

- One IAC member who had supported someone through a mental health crisis was concerned that this could be seen as a one-size-fits-all model. People experiencing crisis rarely experience them in the same way. The model may not be a good fit for many people entering the system or already in the system who might experience crisis. People may go back or skip stages.

People can come at different points in the model and they don't have to follow the same steps as another. It may be appropriate to change the way the model is presented.

- What is the time frame for delivering this?

They are looking for some immediate solutions and changes to ease winter pressures, and pressures from Covid-19 and some of these solutions may fit with the longer-term vision. There is also more engagement to do with carers, LGBTQ+ groups, people with Learning Disabilities and autism. The engagement work will be carried out until Christmas time. In the meantime, work streams will be created to work out the more specific details in the model. The hope is to start implementing some of the changes in the beginning of 2021.

- There isn't appropriate provision for 16 and 17 year olds who go to the Northern General Hospital during a Mental Health crisis. This is relevant since the vision includes a point about having a Children and Young People (CYP) Mental Health Nurse in A&E.
- For some young people experiencing poor mental health and multiple impairments, other issues (e.g. epilepsy) may get prioritised because Mental Health is not perceived by professionals as being a major issue.

The speaker would be interested in exploring solutions or answers to these issues. The engagement work is underpinned by a “you said, we did” approach, which is intended to ensure all feedback is taken on board.

- Could health passports ¹be used in the Crisis Care model?

The speaker will take the suggestion of health passports back to the workstreams involved in the Crisis Care model.

- Have carers’ been involved in coproducing this?

Carers’ have been identified as a gap in engagement up until now, there are plans to seek the views of carers’ in upcoming engagement work.

- How does the model fit together with other parts of the system? Is SHSC involved in this strategy? The IAC member heard that mental health care is going to be delivered in community hubs rather than city wide services. Where do the hubs fit into this model?

There were representatives from SHSC in the workshops. There is currently a transformation programme for Community mental health services. The slide above is a conceptual model only and the work streams will work out how specific aspects such as Community Hubs might fit in to the crisis care strategy. This model is specific to Mental Health Crisis Care. There has been engagement with other stakeholders in the system such as the Police, Yorkshire Ambulance Service, SHSC, and the Children’s Hospital. The model may look a bit fragmented at the moment.

- Will people with lived experience continue to be a voice in this work at the decision making panels and boards? - This should be a norm.

They will continue to be involved in engagement up until Christmas. It’s then down to the work streams to plan future engagement and ensure that these voices are still being included. The decision making is done by the Programme Board which includes Healthwatch and Chilypep; but there are no experts by experience.

The speaker will explore the possibility of having people with lived experience on the Programme Board.

¹ A health passport is a document about you and your health needs. It also contains other useful information, such as your interests, likes, dislikes and preferred method of communication.

Dates for future IAC Forum Zoom meetings. These are all provisional and subject to change:

- **Tuesday, 10th November 2020, 13.00-14.30**
- **Tuesday, 8th December 2020, 13.00-14.30**
- **Tuesday, 12th January 2021, 13.00-14.30**

IAC forum Meeting 10th November 2020: Summary of key points & updates

- Two staff members from Sheffield City Council (SCC) attended the IAC forum to give an overview of a Strategic Review of Adult Social Care; and one staff member from Sheffield Clinical Commissioning Group (CCG) attended the forum to give an update on activities in pharmacy.

Strategic Review of Adult Social Care



Leaflet_Strategic

Review of Adult Social Care



Easy Read_Leaflet

Strategic Review of Adult Social Care

Leaflets about the Strategic Review of Adult Social Care, the leaflet explains how this review will take place and how the public can engage/contribute towards the review to make adult social care better in Sheffield.

The below presentation was presented in the forum outlining:

- [Why](#) a Strategic Review of Adult Social Care is taking place?
- [What do we want to achieve](#) from this review?
- [How will the review take place?](#)
- The [consultation stage](#) of the review



Presentation on
Strategic Review of Adult Social Care

After the presentation two questions were asked to IAC members’:

1. [What do people want to see in Adult Social Care services?](#)
 2. [How can these services work for the users?](#)
- Forum members’ views and experiences highlighted that:
 1. *What do people want to see in Adult Social Care services?*
 - We need [more specialist knowledge in services \(e.g. mental health, drugs, autism\)](#). Everyone could have a base level of knowledge and everyone could have specialist knowledge in a particular area. Gaps can be identified using a demand-led approach. One member has found that generic social workers cannot provide the right support for adults with learning disabilities.

- People with lived experiences need to be able to share their feedback to support long term planning of service delivery.
- The idea about “resilient communities” needs to be supported by the whole local authority. The local authorities should have a responsibility to ensure that people have access to shops and services that benefit their wellbeing, e.g. vegetable shops.
- Encouraging independent activities could be done by working with the voluntary sector and returning funding to levels from 10 years ago e.g. if several disabled people share an interest they should be able to use their funding to employ someone to support them to pursue this interest.
- Testicular cancer should be included in annual health checks - people with particular needs may not be able to perform that check on their own.

2. *How can these services work better for the users?*

- One member faced issues with care packages and direct payments. They found it problematic that they had to log and predict care expenses down to the penny. This was especially challenging when they would need to predict how much might be spent e.g. on a day out. This member found there was no flexibility, and this made it hard to manage.
- It would be useful if the person could be included in all communication about their care.
- When a paid carer goes on maternity leave or sick leave, it is not clear who has to pay for this and for replacement carers; these contingencies are not factored in.
- There are some opportunities for experts by experience e.g. in academia. This member wanted to know if there are similar roles in the local authority for experts by experience to shape social care practice.

Pharmacy

- Key updates from the speaker included:
 - The joint working project between community pharmacists and their local surgery has been stalled due to the increasing work pressure on community pharmacists during Covid-19 as they were the most accessible form of healthcare open to the public.
 - Prescriptions can now be ordered online, it is understood that whilst a move to more virtual healthcare appoints can be inaccessible for some, many people approve of the virtual prescription ordering process.

- Currently, there is an ongoing piece of work looking into how people access stoma products. They are trying to understand the needs of people who need stoma products. They are looking at creating a phone line for people who need stoma appliances, specialist care and advice.
- There is a need to ensure that vulnerable and housebound people are taking their medications correctly. They are currently looking into how to make sure these people are getting support with their medications.

Forum members' views and experiences highlighted that:

Ordering of prescriptions:

- One member recognised when ordering repeat prescriptions through a phone number given by their GP surgery this worked well as the phone line had longer opening hours than the surgery. If a patient orders anything that's not on the repeat prescriptions, a member of staff gets in contact with the GP surgery to double check. It would be good if it were easier to access this number
- When you receive a bag of medications, a sticker with the number could be written on it. This might encourage people to call the number for future prescriptions.
- One member mentioned it was helpful when the call operator prompted them about an item they would normally order. This is good practice and helps people not forget about ordering important medication.
- Many forum members' agreed to receive a text when prescriptions are ready for collection is helpful.

Medicine support for vulnerable and housebound people

- One member recalled an experience visiting a relative where they discovered medication was duplicated, and the relative was taking the prescription at the wrong time. It's very important for people to be seen at home so healthcare professionals can address these issues.
- Members agreed that the NOMAD system² for taking medication is useful.

Dates for future IAC forum Zoom meetings. These are provisional and subject to change:

- **Tuesday 8th December, 13.00pm - 14.30pm**

² Drugs are dispensed into monitored dosage systems by the pharmacy.

- Tuesday 12th January, 13.00pm - 14.30pm

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AC forum Meeting 8th December 2020: Summary of key points & updates

- The IAC Forum was updated on the Covid-19 vaccination programme in Sheffield and was joined by Healthwatch Sheffield Chief Officer for a discussion on volunteer engagement.

Covid-19 Vaccination programme in Sheffield

- An update was given on the Covid-19 vaccination programme in Sheffield, updated information and a list of frequently asked questions can be viewed here: [COVID-19 vaccine FAQs \(sheffielddccc.nhs.uk\)](https://www.sheffielddccc.nhs.uk/covid-19-vaccine-faqs)

- Forum members views and experiences highlighted that:

There should be a wide a range of vaccination points as possible - not only at city but also at district level.

Even though a vaccine is available, there needs to be an awareness campaign to still keep with the rules and regulations, etc.

Initially there was inadequate treatment of vulnerable people who were left alone and isolated. This did not just impact the vulnerable person but also their friends and relatives who couldn't see them. Hopefully vulnerable people will be at the centre of planning this time.

Update and discussion with Healthwatch Sheffield Chief Officer

- Continuing the conversation from July's meeting, IAC members' were updated on the work being completed to ensure Healthwatch Sheffield volunteers were connected during these times.

- Forum members views and experiences highlighted that:

The monthly updates from Healthwatch about opportunities, what's going on, and what Healthwatch Sheffield are hearing about is really useful. As someone who has been involved with Healthwatch for a long time, this information is very welcome; they've been able to stay connected. This person welcomes when the time comes they can get involved in things in the community once again.

Contributing to the meeting over the phone after the meeting is really helpful.

Dates for future IAC forum Zoom meetings. These are provisional and subject to change:

- Tuesday 12th January, 13.00pm - 14.30pm
- Tuesday 9th February, 13.00pm - 14.30pm

- **Tuesday 9th March, 13.00pm - 14.30pm**
- **Tuesday 13th April, 13.00pm - 14.30pm**
- **Tuesday 11th May, 13.00pm - 14.30pm**
- **Tuesday 8th June, 13.00pm - 14.30pm**