

IAC Forum meeting 12th January 2021: Summary of key points and updates

- The IAC Forum was joined by Mark Tuckett, Director of Sheffield ACP following [September's meeting](#) to update the present a draft version of the 10 year vision for Health and Social Care in Sheffield.
- The vision has been developed working with Nuffield Trust and PPL from over 80 conversations across partners of [Sheffield ACP](#) and service users.
- The vision is designed to:
 - **Be a catalyst for change**, shared investment in new models of care and the enablers to deliver these
 - **Focus on the issues we agree can only be addressed together**
 - **Recognise the importance of Sheffield as a place and the broader role of the ACP in the city in supporting the development of communities, institutions and the local economy.**
 - **The start of a broader conversation** within and across our partners, with our patients and service users, and our communities on our next steps.
- A draft version of the priorities for the vision have been identified:
 - Reducing inequality
 - Delivering on the promise of person-centred care
 - Co-designing services with families, neighbourhoods and communities
 - Mainstreaming integration with care as close to people's homes
 - **Promotion of ill-health and wellbeing in everything we do**
- These priorities will be themed into three strands:
 1. **Tackling inequality**, our health and care offer will better reflect people's circumstances, the communities in which they live, and those with which they identify
 2. **Moving from collaboration to integration**, people will find it easier to access high-quality health and care services
 3. **People at the heart of our vision**, our approach will be much more attuned and responsive to people's motivation, ability, wants and needs.
- Forum members' views and experiences highlighted that:

- **Are conversations enough to make change?** To make things change you need to have a debate, then make a plan and then take action.
- When research is conducted on services, it's important to include people who work in the services, and people who receive the services. It is important to **ensure that this type of work for improving services are always co-designed and co-produced.**
- **Data sharing is important for person-centred care** which could be beneficial through two routes: 1) organisations sharing data for service evaluation and planning, 2) sharing of personal-level data for the care of the individual. However there are still concerns around data sharing, examples include: confidentiality and anonymity, the patient/service user knowing who the data is being shared with, the opportunity to opt out of data sharing agreements.
- **Throughout Covid-19 community organisations have been really good at identifying people who are struggling in different areas**, especially those who are isolated. We need to work with these organisations as they understand their communities.
- **How can community and voluntary organisations plan for the next 10 years when they do not know what funding is coming into the organisation?** How can we enable voluntary organisations to get longer-term funding so they can focus on long term plans?
- We need to **ensure funding for health and care services go to local organisations that understand the communities they serve.**
- There is a need to learn from reviews of social care, and agreed need for consideration for how social care can be provided as close to a person's home.

Improving Accountable Care (IAC) forum meeting 12th January 2021: Summary of key points and updates

- The IAC Forum was joined by Jo Tsoneva from Sheffield Clinical Commissioning Group (CCG) to give an update on pharmacy following [November's](#) meeting.
- The IAC Forum was also joined by three staff members from the Office for National Statistics (ONS) to provide an overview and answer any questions about the upcoming Census.

Pharmacy

- IAC members' were asked to consider two questions either from the perspective of a patient/service user and a carer (if applicable) indicating on a scale of 1-10 how much they agreed with the following statements:
 1. For patient/service user: My medicines help me to be as healthy and well as I can be.
 2. For a carer: The medicines help the person that I care for to be as healthy and well as they can be
- Forum members' views and experiences highlighted that:
 - There are varied experiences of using a prescription order line with one member finding it tiresome as the same automated message is repeated whilst waiting and couldn't receive assistance. On the other hand, some other members' find the order line works well for them, they can get through quickly to receive their medication, and they believe it should be rolled out more widely.
 - One member has their prescriptions sent to their nominated pharmacy through the order line, which is then delivered to their home, sometimes even on the same day. It's good when pharmacies work in the community.
 - Some members' highlighted someone taking the medicine will understand what's for, but their carers' may not know this which raises safeguarding concerns.
 - A member noted good practice that some pharmacies review medication with patients annually so the patient understands what's for, and it gives the pharmacist the opportunity to talk about whether the medication is suitable and effective.
 - There is a lack of parity about the importance of medicines related to mental health.

- One member experienced a problem with medication changes in hospitals without consulting the patient.
- One member noted not everyone can take tablets. It's important to find out when form of medication is best for the individual as part of person-centred practice.
- One member noted during the Covid-19 pandemic, it has been difficult as a carer to receive a medication review for the person they care for due to difficulty contacting health professionals to perform the review.
- Members discussed collecting medication when shielding or self-isolating. The link below is for Sheffield City Council's Community Helpline where support can be received for delivering medications without charge if you have no one else to support you or if you are self-isolating: [Coronavirus - Support for people \(sheffield.gov.uk\)](https://www.sheffield.gov.uk/coronavirus-support-for-people)
- IAC members' were then asked to consider what would help improve their situation?
- Forum members' thoughts and views highlighted that:
 - There needs to be more rigor around the systems that conduct home visits. Carer's should read notes on the medication to gather awareness about specific, important details e.g. timing of medication delivery.
 - Patients need to have a medical professional they can go to who they feel comfortable with to have honest and open conversations about changes to medications.
 - A leaflet should be included with people's medication that gives information about options of collection if they are self-isolating or shielding.

Census 2021

The presentation below was shared with IAC members' outlining the Census 2021 purpose and approach:

<https://drive.google.com/file/d/1fgmrF1sSyB0iDTM4KVFgMILLqblpJ399/view?usp=sharing>

Key updates from the speakers included:

- The census is a survey that happens every 10 years; it is a legal requirement that every person is represented in the census as it gives the most detailed information we have on our society to inform decisions on a number of

policies including planning and development, public health and social care, housing , education, transport etc. that improves lives.

- The next census will take place on Sunday 21st March 2021. For the first time, digital copies will be provided first, paper copies can then be requested if needed.
- Three Census Engagement Managers have been appointed by the Office for National Statistics split between three localities in Sheffield to ensure everyone is aware of the census and supported in completing this, their details are below:

Mandy Holden, West Sheffield

amanda.holden04@field.census.gov.uk

07452 935229

Richard Crowther, North-East Sheffield

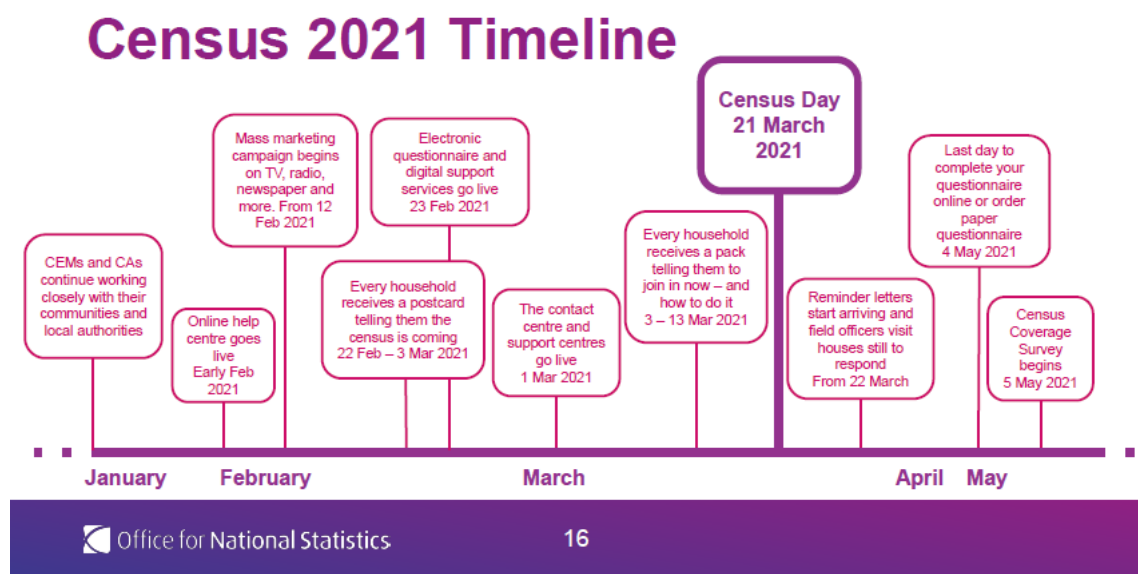
richard.crowther36@field.census.gov.uk

07452 939598

Richard Foster, South-East Sheffield

richard.foster85@field.census.gov.uk

07452 917516



- 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.

- Is the Census available in large print? Can it be made clear that there is a large print copy on the information leaflets about the census? Will people know about the large print copy before they have to complete the Census?

Support in large print is available, and information on how to get any help you need will be included in the information pack sent with your census invitation letter. If a respondent needs large print, this can be requested via our website www.census.gov.uk or our national freephone helpline on 0800 141 2021. Additionally, our field officers can provide advice on this if they visit. Our 'How to get help' leaflet is available in large print [here](#).

- Are there any new features and questions in this Census versus the last one in 2011?

Every census asks slightly different questions, as the makeup of our society changes, and we have 3 new questions in Census 2021. For the first time we will be asking respondents whether they have previously served in the Armed Forces. We will also be asking questions on sexual orientation and gender identity, though these will be voluntary and will only be asked of those aged 16 or over.

The biggest new feature is the electronic questionnaire, which will make responding easier and quicker than ever.

- Is there a question about unpaid carers?

There is Question 24 which asks about unpaid care; this is "Do you look after, or given any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age? Exclude anything you do as part of your paid employment."

- Is there a question about disabilities? Does it break this down in specific categories?

There are three questions which are relevant to this question. Question 21 asks how the respondent's health is in general terms, with options ranging from very good to very bad.

Question 22 asks whether the respondent has any physical or mental health conditions or illnesses expected to last 12 months or more (this is a yes/no question). Question 23 asks whether these conditions or illnesses reduce the respondent's ability to carry out day-to-day activities (possible responses are 'a lot', 'a little', or 'not at all'. Census 2021 does not ask about specific categories of illness or disability, but instead focuses on the impact those conditions have on a person's daily life.

How will disabled people such as those who live in supported living; those with communication needs, etc. be assisted to complete the survey?

Census 2021 provides a range of support for people to respond, whatever their circumstances are. Our field officers will be able to advise householders on the support options available to ensure that everyone can take part. Support options are also available in the [accessibility section](#) of our website.

Provisional dates for future IAC forum meetings:

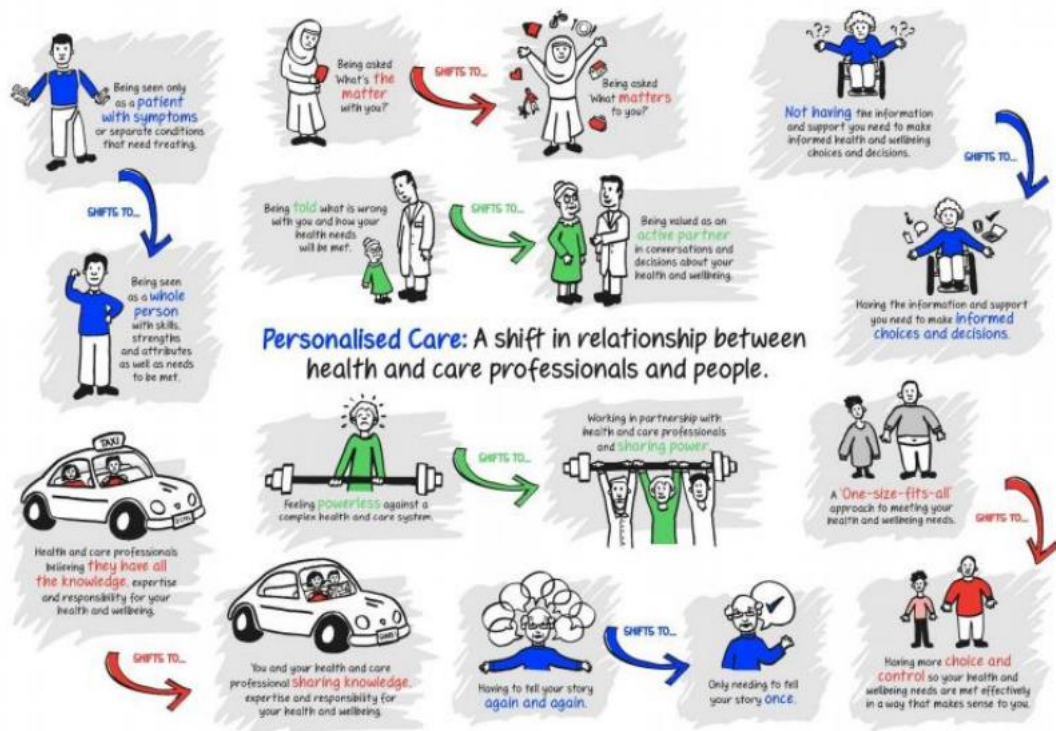
- Tuesday, 13 April 2021, 13:00-14:30
- Tuesday, 11 May 2021, 13:00-14:30
- Tuesday, 8 June 2021, 13:00

Improving Accountable Care (IAC) forum meeting 9th March 2021: Summary of key points and updates

- The IAC Forum was joined by Eileen Hall from Sheffield Clinical Commissioning Group to give an update on personalised care activity in Sheffield .
- The IAC Forum was also joined by Emma Dickinson to give an update on digital inclusion activity in Sheffield.

Personalised Care

- Forum members' were given the following definition of personalised care
“personalised care means people having choice and control over decisions that affect their health and wellbeing within a system that harnesses the expertise, capacity and potential of people, families and communities in delivering better outcomes and reducing health inequalities”
- They were also shown the infographics below to describe a personalised approach to care:



West Yorkshire and Harrogate Personalised Care Shift Infographic



-
- Members' were then presented with the Personalised Care commitments set out in the NHS Long Term Plan that are to:
 - Accelerate the roll out of **Personalised Health Budgets** - Up to 200,000 people will benefit from these by 2023/24
 - Over 1000 trained **social prescribing link workers** by 2020/21 and 900,000 people referred to social prescribing link workers by 2023/24
 - Ramp up support for people to **self-manage** their own health
 - People have a choice of **options for quick elective care**, including choice at the point of referral and proactively for people waiting for six months
 - Support and help **train staff to have personalised care conversations**
 - Use **decision-support tools** and ensure **the least five effective interventions are not routinely performed**, potentially avoiding needless harm.
- Forum members' views and experiences highlighted that:
 - Similar work outlined is taking place in the local authority, it would be nice if this all linked together.
 - One member told their experience of the difficulty arranging a care package, pinning down every hour of activity, thought care was always focussed around money, rather than the person being cared for.

- It was suggested empowerment is a great goal for people with Learning Disabilities although it was difficult to see it happening if the system is required to accommodate and spend.
- Some members' highlighted there needs to be more on the job training. It would be a good people who are training, with permission of care users, to go out and meet service users that experience care in real life rather than learn about this in a learning environment.
- One member asked how the personalised care approach is working in hospitals. Another member recounted a positive experience while their relative was in hospital. They though staff were very supportive considering their high work-loads and are very appreciative of the work they do.
- Some members' discussed if people who are using care aren't involved, then it's not personalised. It is not personalised if there is no flexibility.
- A member noted social workers should have specialisms, and should be able to help people with specific disabilities as they've done so before.

Digital Inclusion

The following things are happening in Sheffield in response to digital inclusion:

- Development of a digital inclusion strategy for Sheffield
- Cross-city board set-up for digital inclusion
- [Laptops for kids](#)
- [Heeley Trust](#) - Sheffield Online are delivering key parts of the city's 'digital inclusion' and 'Wellbeing strategies', getting people online, delivering learning such as English and maths, supporting people into jobs and helping people stay well.
- [Good Things Foundation](#), running digital inclusion programmes including [Future Digital Inclusion](#), [Lloyds Banking Group digital inclusion programme](#) and [Helping vulnerable people start and stay safe online](#).
- The following [podcast](#) focusses on tackling the digital divide.
- Forum members' views and experiences highlighted that:
 - When developing digital inclusion tools, you have to give people a reason for wanting to use technology. E.g. asking people what they want to use it for? Giving people the choice is important, and people should know they can ask questions.

- University students are interested in digital exclusion. They want to get involved and are helping by doing fundraising and offering volunteering support. However they feel that most of this discussion is short-term, filling in the gaps. What are some of the long term solutions to digital exclusion?
- Having access to things digitally improves people's mental health, especially for people who are isolated, being able to see people helps.
- The council is demonstrating good practice by making a volunteer available to enable a person to join virtual meetings.
- Some local meetings are changing digital platforms this will exclude people. Participants of these meetings are not included in these conversations. Learning how to use new platforms can be challenging if you are not digitally aware.
- A forum member queried whether something could be done by the government/local council to promote the advantages of what technology can do for people. One suggestion was writing a leaflet about using technology containing information about contacting services and costs. It could also define digital terms such as Wi-Fi.
- It can be difficult to explain what's going wrong on your screen when the person who is helping you cannot see your screen. WhatsApp video was suggested as a way of having this conversation.
- Forum members suggested a buddy system might be helpful, where you can learn from each other. One member attended a Zoom meeting once a month where the chair was competent in technology and they could call others in the meeting if they were having trouble with technology.
- It was asked once lockdown eases, can Healthwatch run some digital training in a face-to-face setting to support people to use technology? This suggestion was seen as very useful and is going to be explored.

Provisional dates for future IAC forum meetings:

- Tuesday 11th May 2021, 13:00-14:30pm
- Tuesday, 8th June 2021, 13:00-14:30pm
- Tuesday, 13th July 2021, 13:00-14:30pm
- Tuesday, 10th August 2021, 13:00 - 14:30pm
- Tuesday 14th September 2021, 13:00 - 14:30pm
- Tuesday 12th October 2021, 13:00 - 14:30pm

Improving Accountable Care (IAC) forum meeting 13th April 2021: Summary of key points and updates

- The IAC Forum was joined by Maggie Blair from Sheffield Accountable Care Partnership to gather ideas from the forum for a city-wide Long Covid event to be held in the Summer.
- The IAC Forum was also joined by Chris Boyle and Paul Higginbottom from Sheffield City Council to talk about the Homecare Transformation Programme.

Long Covid

- It was explained a Long Covid event is in the planning for the Summer to bring health and care organisations in the city together to consider how the health and care system are organised to deal with the challenges presented by Long Covid.
- A scoping meeting is planned, organisations invited include all the ACP partner organisations.
- Forum members' views and experiences highlighted that:
 - Long Covid displays differently for every person it impacts, what's the definition of Long Covid? (Find more information [here](#))
 - Are those who've had Long Covid and the public being invited? Suggestions of organisations to involve included Disability Sheffield, Sheffield Voices, Sheffield ME & Fibromyalgia Group and someone from the Department for Work and Pensions.
 - Support groups could be set-up for those experiencing Long Covid via GP practices then expanded. Could be good to see smaller groups on specific support needs, these could be held online.
 - A survey should be conducted of Long Covid sufferers to highlight what and how widespread the problems are; this could provide some data for the prioritisation of problems.
 - Consider the shared experiences of those with Long Covid and those living with chronic fatigue syndrome.

Homecare Transformation Programme

- This programme is guided by the Healthwatch Home Care Report (2019): [Home Care Report | Healthwatch Sheffield](#)
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Provisional dates for future IAC forum meetings:

- Tuesday, 8th June 2021, 13:00-14:30pm
- Tuesday, 13th July 2021, 13:00-14:30pm
- Tuesday, 10th August 2021, 13:00 - 14:30pm
- Tuesday 14th September 2021, 13:00 - 14:30pm
- Tuesday 12th October 2021, 13:00 - 14:30pm

Improving Accountable Care (IAC) forum meeting 11th May 2021: Summary of key points and updates

- The IAC Forum was joined by **Marie Crowder** from the **University of Sheffield** to invite IAC members to participate in a research project: **Partnership work in Sheffield on community engagement and links to wellbeing, health and addressing health inequalities.**
- The IAC Forum was joined by **Maggie Blair** from **Sheffield Accountable Care Partnership** to provide an update for the **preparations for a city-wide Long Covid event** from the previous meeting.
- **Esme Harvard** presented on the **NHS Volunteer Embed and Evaluate project.**

Research Project

The Sheffield focus for the research project is: Partnership work in Sheffield on community engagement and links to wellbeing, health and addressing health inequalities. The participant information sheet and consent form are presented below. Members are to contact m.crowder@sheffield.ac.uk for more information.



Information_sheet_for_residents_communi



ConsentForm-SCHAR
RMAR2021v3.docx

Long Covid

Maggie Blair attended the IAC forum to give an update from the initial scoping meeting for a city-wide Long Covid event. Details are presented in the previous meeting notes below:



IAC Forum Meeting
13th April 2021.pdf

Forum members' views and experiences highlighted that:

- The **public would like organisations to reflect reality - life isn't split into separate blocks and experiences don't exist in silo.** Decision makers need to understand this.
- In terms of joined-up working, **isn't it too much of a demand to expect professionals to have knowledge of all the other organisations?** For example, if someone is going in to someone's home as a paid carer, are they expected to know about all the support that other organisations can offer, such as benefits advice?
- **Joined up working is about looking and listening to the whole person.** Challenges arise if this project was to grow to a bigger scale - would there be

a strand looking at IT infrastructure? Professionals might need to have access to a shared case history, but historically this information sharing hasn't always worked well. Other things like guidelines and definitions vary between different organisations as well.

- A lot of the issues that paid carers experience centre around the information they are given. They can't see things in people's records at a glance (which meds have been given etc.) as there's so much to go through and information can get buried - simpler things like tick boxes and pictures would be useful to pass information on to the next carer.

NHS Embed and Evaluate Project

Esme Harvard presented the below presentation on the NHS Volunteer Responders Embed and Evaluate project, the following link was sent to members' before the meeting for context: <https://nhsvolunteerresponders.org.uk/services/help>



NHS Volunteer
Responders - IAC foru

Two questions were asked following the presentation:

1. **Have you used a volunteering programme during the pandemic, if so what was your experience of this?**
2. **How would you define a successful volunteering programme?**

Forum members' views and experiences highlighted that:

- One member saw **local programmes to support the Covid-19 vaccination delivery**. Volunteers helped to organise car parking, taking care of people through showing them where to go and looking out for people who needed help with mobility. **They thought it was amazing.**
- One members **family member tried to volunteer but was told they were too old.**
- Members agreed **the success of volunteering has been that's has been organised locally.**
- **We need to understand what's worked well, what hasn't worked well, and why?** We need to learn from it as we have a model that has clearly worked to a large degree. Once the pandemic has levelled off enough for us to make better assessments of what has happened and why it's happened, we'll need to do that learning in case we need to put this model in place again for the winter.

- **To find out whether a volunteering service has been good, we need to ask why the individuals needed the service, what tasks they were helped with, and if they needed help with anything else that they weren't offered.** Important factors are also timeliness and how people are treated, so that people feel confident using the service and feel that they're getting their independence back. We need to also remember that people haven't been out for a long time and might be worried, or might be worried about how long they might be sat waiting to return home.
- **When people are transported to appointments by ambulance rather than by volunteers using their own cars, we need to look at what's different so we can improve the volunteering offer.** In ambulances, people are trained to lift patients, and are allowed to park where the general public can't. One member said they normally get a taxi to hospital rather than drive themselves because it's much more difficult to get close to the hospital, and these are access challenges that volunteers would face too. To recognise and support volunteers, perhaps there could be some sort of badge so they can have additional access to help them do their jobs.

ACP Update

The ACP Directors report from March 2021 seen below was shared with forum members' before the meeting. It was explained that this document is primarily written for the health and care workforce to update them on the activities of the ACP hence some of the language may be difficult to understand.



ACP Director report
March 2021.doc

Forum members' views and experiences highlighted that:

- It would be **useful to see some timescales and metrics or case studies for the work that is currently underway.**

Provisional dates for future IAC forum meetings:

- Tuesday, 13th July 2021, 13:00-14:30pm
- Tuesday, 10th August 2021, 13:00 - 14:30pm
- Tuesday 14th September 2021, 13:00 - 14:30pm
- Tuesday 12th October 2021, 13:00 - 14:30pm

Improving Accountable Care (IAC) forum meeting 8th June 2021: Summary of key points and updates



IAC Forum Health and Care Bill June 21.



IAC Forum Public and patient involvement d

WMTY Day 2021

- **Esme Harvard** outlined **What Matters to You (WMTY) Day 2021** on Wednesday 9th June. WMTY Day happens annually and aims to encourage and support meaningful conversations between people who provide health and care services and the people, families, carers who receive health and social care. More information circulated before the meeting can be found here: [What matters to you?](#). Members were encouraged to share WMTY anonymously here: https://jamboard.google.com/d/1WbhEYOMEoL_rD-zkOlygfCECS8dRcbTa_0GNAQAxP_I/viewer

The Health and Care Bill

- The following documents were circulated before the meeting giving a:
 - Timeline and key points from the White Paper: [‘Innovation and Integration: working together to improve health and social care for all’](#) (11th February 2021)
 - Our overall approach and response to the White Paper
 - Our DRAFT 10-year vision



IAC Forum Health and Care Bill June 21.



IAC Forum Public and patient involvement d

Forum members’ view and experiences highlighted that:

- There were two concerns noted with the White Paper: the **additional powers for the Secretary of State** and this causing the NHS to be politicised, the **introduction of new trusts** and the **impact of this on good working relationships between current trusts**.
- One member doesn’t like the terms ‘**outcome**’ or ‘**product**’, there should be a focus on ‘**better health**’ and ‘**happiness**’.
- **City Councils should have a similar governor function to Foundation Trusts**. The governors are not just there for public engagement but also to observe directors at executive board and comment on how they are

performing. A board of governance observing how the executives perform would be ideal.

ACP 10-year vision case studies

Sheffield ACP are putting together a vision to communicate what we want care and support in Sheffield to be like for people in 10 years' time, so that more people know what we're working towards. They are looking for three people to tell their stories in a short video, these will be made available to the public on their website. You can be filmed but remain anonymous if you wish.

More details can be found [here](#).

Forum members' views and experiences highlighted that:

- It is important to seek and learn from both positives and negative experiences/case studies. These should be anonymised.
- The case studies should be completed to give information about the realities of someone's life, without the people in the case study being stigmatised. The people who write the case studies usually don't know the full experience of the person.
- Could the case studies be used as a training/learning exercise? For example it would be good to stop the video and ask professionals how they might deal with a situation. E.g. professionals watching a video of a patient about to be treated at hospital rather than the home and then asked if this could be prevented from happening.

Make Patient and Public Involvement Better Together: A toolkit for professionals



Making-PPI-Better-Together-June-2021-2.p

The above toolkit was developed by Healthwatch Sheffield with a purpose to support the improvement of Patient and Public Involvement across the ACP. This toolkit is to be continually updated based on feedback and ideas from professionals. If you've any suggestions please contact Healthwatch Sheffield using the contact details [here](#)

Provisional dates for future IAC forum meetings:

- Tuesday, 14 September 2021, 13:00-14:30
- Tuesday, 12 October 2021, 13:00-14:30

Improving Accountable Care (IAC) forum meeting Tuesday 13th July 2021: Summary of the key points and updates

- The IAC forum was joined by Jo Tsoneva from Sheffield Clinical Commissioning Group (CCG) to receive an update on pharmacy, items including: the prescription order line, stoma appliance ordering and information about where to get help with medicines.
- The IAC forum was also joined by David Oliver from Sheffield City Council to talk about digital inclusion.

Pharmacy

- It was explained Sheffield CCG has taken the difficult decision to stop providing the Prescription Order Line service available in some general practices by 30th September due to unsuccessfully finding an NHS provider to extend the Prescription Order to all Line to all general practices. Sheffield CCG would like to understand how the closure of this service will affect you and what support you will need to order your medications through completing this form: <https://www.surveymonkey.co.uk/r/2GDSJXP>
- Forum members views and experiences highlighted that:
 - Not having this service will take their independence away from them. They will now have to depend on another person to order their medication for them.
 - The relative of one member has just started using this service as part of building their confidence. In the past, the relative has found it very stressful ordering medicine online. If they order medicine through the pharmacy, they have to wait a long time and relative cannot cope with this.
 - One member has previously registered for ordering repeat prescriptions electronically but found it quicker and easier to phone the GP surgery because:
 1. They could discuss any problems with prescription items with the GP receptionist
 2. They have more confidence that it will get processed and sent to the pharmacist within three days.
- Members were asked to consider the information they receive about where to get help with medicines, what format is most helpful to receive this information?
- Forum members views and experiences highlighted that:

- Standardising the support from pharmacies might be useful
- One member asked who would be best to contact for specific information in relation to taking medicines - are these questions for a specialist pharmacist or will all pharmacies be able to provide this information?
- It would be good to empower patients with more clinical knowledge about their medication, the leaflets in prescription packets do not always do this e.g., provide information on the best time of day to take medication

Digital inclusion

- The PowerPoint below on digital inclusion was presented covering:
 1. Understanding the problem
 2. City-wide consultations
 3. Taking action



DO DI Presentation
Slides 20210713.pptx

- The forum members were then asked to consider a series of questions:
 1. **Do you access health and care services electronically?**
 - One member found phoning someone relatively easy and convenient. Their second preference is email but some healthcare providers don't give you this option. They find texting difficult and recognises not everyone has smart phones.
 2. **How easy do you find it to access healthcare services electronically?**
 - One member explained that without the support of a family member they would not be able to cope with everything going digital. They see a lot of people in a similar position either because lack of experience or lack of funding.
 - One member recounted a few years ago when they had the opportunity to learn about technology, they didn't take up the opportunity. They felt overwhelmed by technology. They suggested that those who can handle it should be encouraged to use it.
 3. **What are the barriers preventing you?**
 - One member suggested there was a gap in public information in terms of the following:

1. Explanations of terminology and connections between them e.g., broadband, internet, Wi-Fi, Bluetooth, fibre, router, smart-phone, tablet, laptop etc.
 2. Explanations of compatibility, some apps are only available for smart-phones and laptops
 3. Explanations and indications of costs of hardware, software and telephone services, what is needed and who do you contact to become digitally included?
- Several points were raised thoughts were raised in relation to the NHS app and NHS Covid Pass:
 1. **How easy is it to access the NHS app and download the Covid app?**
 - One member recounted it's not easy registering for the app. They were asked to give various details they didn't have so eventually gave up.
 2. **What are the barriers preventing you?**
 - One member explained it doesn't say at the beginning of the login procedure what information will be needed
 - There are options for downloading to an email or a pdf. However, it seems to assume that the user has either a printer or a smart phone in which to hold the QR code. There seems to be no option for a printed version.
 3. **What could we do to remove the barrier?**
 - One member suggested an explanatory leaflet would be useful. This should include the following:
 1. The web address to access the NHS app
 2. A brief description of what it can be used for
 3. Place for the individuals to put passwords to access each facility
 - All members agreed the options should be shown at each stage.
 - The following website contains information on the NHS Covid Pass service, if you have any further questions that are not covered in these sources you can call 119 to speak to someone:
<https://www.nhs.uk/conditions/coronavirus-covid-19/covid-pass/>
<https://healthwatchhalton.co.uk/news/how-to-access-your-nhs-covid-pass/>
 - **Provisional dates for next meetings:**

Tuesday, 14 September 2021, 13:00-14:30

Tuesday, 12 October 2021, 13:00-14:30

Tuesday, 9 November 2021, 13:00-14:30

Tuesday, 14 December 2021, 13:00-14:30

Improving Accountable Care (IAC) forum meeting Tuesday 14th September 2021: Summary of the key points and updates

- The IAC forum was joined by Nichola Shearstone and Charlotte Murrie (Sheffield City Council) to give an update on the drafted 2021-2030 Adult Health and Social Care Strategy ‘Living the life you want to live’ and engagement opportunities following last [November’s meeting](#)
- The IAC forum was also joined by Kathryn Robertshaw (Sheffield ACP) to give an overview of the [ACP integration priorities](#) and current areas of work

[The 2021-2030 Adult Health and Social Care Strategy ‘Living the life you want to live’](#)

Key updates included:

- Following last November’s meeting the consultation stage of the strategy is now complete, and a drafted version of the strategy is going through various engagement events early October that members can attend.
- The strategy is intended to go through further consultation and final approval routes from November 2021 - March 2022
- The six commitments of the drafted strategy are:
 1. [Support people to live a fulfilling life at home](#), connected to the community and resources around them, and provide care and support where needed
 2. [Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis](#)
 3. [Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home](#)
 4. [Make sure support is led by ‘what matters to you’](#), with helpful information and easier to understand steps
 5. [Recognise and value the social care workforce, including unpaid carers, and the contributions they make to our city](#)
 6. [Make sure there is a good choice of affordable care and support available, with a focus on people’s experiences and improving quality](#)
- Forum members views and experiences highlighted that:
 - [If it’s a long-term plan, is there a way of breaking it down yearly and sharing what’s happened each year, or what the focus is each year?](#)

- The strategy needs to use a process where the council can measure what's been said about Adult Social Care, this can be achieved through co-production.
- Members highlighted a number of local and national issues for Adult Social Care. These included workforce, lack of funding, growing demand, navigating the system and concerns for unpaid adult and young carers.

The ACP integration priorities and current areas of work

Key updates included:

- The speaker used the slide pictured below to give a quick overview of the ACP integration priorities and other areas of work. More information can be accessed on our [website](#)

Sheffield
Accountable Care
Partnership **ACP**

ACP Delivery Areas and Priorities

| | | | |
|--|---|--------------------------------|-------------------------|
| Children and Young People | End of Life <small>(May sit under Ageing Well in future)</small> | Estate Development | Equity and Inclusion |
| Community Model of Delivery <small>(Team around a person)</small> | Mental Health <small>(ACP EDG focus on crisis MH)</small> | Outcomes Framework development | Pharmacy Transformation |
| Planned Care | System Leadership Development | Workforce Development | Primary Care |



- The speaker also presented the following slide to give an indication of areas of work in development for the ACP

Areas in development



- Forum members views and experiences highlighted that:

Point from forum members are in the black text

Points from speakers are shown in the blue text

- Are the public involved in any of these delivery areas or priorities?

Speakers from the ACP integration priorities and other delivery areas attend the forum every month. The discussions had help shape and add to the development and delivery of the work of the ACP. You can find discussions from previous meetings [here](#).

- The power balance is unequal for decision making in the city. Those making decisions need to share the power with those affected by the changes they want to make. Public involvement hasn't worked in the past because their experience hasn't been valued by decision makers.
- **Children & Young people:** there is a delayed assessment for neurodevelopmental needs, how are these needs met without a diagnosis?

There is a [Children's and Young Person's Neurodevelopmental Transformation programme](#) in Sheffield, one aim is to ensure children's difficulties are picked up early and they are well supported.

Members chose to hear more about the following areas of work at future meetings:

1. Children and Young People Neurodevelopmental programme
2. Equity and Inclusion
3. Primary Care
4. Health and Care Integration/Development of the Integrated Care Partnership (post March 2022)

- **Provisional dates for next meetings:**

Tuesday, 9 November 2021, 13:00-14:30

Tuesday, 14 December 2021, 13:00-14:30

Improving Accountable Care (IAC) forum meeting Tuesday 14th October 2021: Summary of the key points and updates

- The IAC forum was joined by Mark Tuckett (Sheffield Accountable Care Partnership) to give an update on [the health and care bill](#) following the meeting in [June](#)
- The IAC forum was also joined by Rachel Dhillon (Sheffield CCG) to provide an overview of the Sheffield Neurodevelopment Programme and engagement opportunities.

The Health and Care Bill update

- The links in the document below were circulated to members before the meeting to give some background to the Health and Care Bill



Links to
information about t

- **Key updates included:**
 - This update follows from that given in [June](#) this year.
 - The Health and Care Bill sets out key laws to reform the delivery and organisation of health and care services in England to promote more joined-up services. The laws are expected to come into effect by 1st April 2022.
 - The new arrangements will mean that a South Yorkshire Integrated Care Board should and be formed with 4 Clinical Commissioning Groups in the region (Barnsley, Doncaster, Rotherham and Sheffield) will cease to exist. The focus will be on integration and collaboration between providers in the health and care system rather than competition.
 - The IAC Forum will have an important role to play in helping to think about how diverse patient and public voice will be represented in the new structures in Sheffield, and influence decision making.
 -
- 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

- As the public and service users, we've heard a lot about NHS structures over the years and how the want to ask for our views and listen to them. How will this be different and more useful. There needs to be a commitment to having experts by experience at all levels, will they be at the Integrated Care Board level?

It is not clear at this time as individual board positions are yet to be confirmed. It's expected that experts by experience and Voluntary Community Sector will be represented in the Integrated Care Partnership.

- I have experience of working outside of Sheffield with organisations working on integrated care. Can the ICB get in touch with other areas to learn from what they've done in terms of staff, governance and transfer of arrangements instead of starting a plan from scratch?
Work from other areas has been looked at.
- Voice and representation needs to be visible in the early days, it will be important in terms of building confidence in the ICB.

Sheffield Children and Young People's Neurodevelopment Programme

- Key updates included:
 - The speaker used the below presentation to provide an overview of the programme including programme aims, the journey so far, achievements and outputs, plans for the future.
 - Patient and Public involvement methods include the following parent/carer survey: www.surveymonkey.co.uk/r/SheffieldNeurodevelopment and workshops, more information can be found here: [Neurodevelopment Transformation Programme \(sheffielddccg.nhs.uk\)](http://NeurodevelopmentTransformationProgramme(sheffielddccg.nhs.uk))



IAC 19_10_21.pdf

- Forum members views and experiences highlighted that:

The speaker asked members if anyone had a child with neurodevelopment disability, or knew someone that had, could they think about their experience of getting information.

1. Where did you go to for information and how helpful was this?
 2. What would have been useful to you while you were waiting for your child to be assessed if it had been available, and how helpful would this have been?
- A member with an autistic child set up a weekly support group in the North because every source of information to access was in the centre of Sheffield. They thought the transformation plans were brilliant as they addressed the issues that parents brought every week (diagnosis, waiting times, being unsure about where to get help or advice)
 - The charity Autism Hope has produced a guide in partnership with Healthwatch Sheffield of what support is available, this can help manage parent's expectations, more information can be viewed here: [Autism HOPE | Resources \(autismhopepa.org\)](http://AutismHOPE|Resources(autismhopepa.org))

- More support needs to be given to parents including mental health and crisis support
- Parents of children who are undiagnosed often don't know what's happening. Better communication is needed on where their child is on the waiting list and reassurance that something is happening. It would be helpful if the referral letter was sent to parents & carers.

Provisional dates for next meetings:

Tuesday, 9 November 2021, 13:00-14:30

Tuesday, 14 December 2021, 13:00-14:30

Improving Accountable Care (IAC) forum meeting Tuesday 9th November: Summary of the key points and updates

- The IAC forum was joined by Helen Steers (Voluntary Action Sheffield; VAS) to discuss the role of the Voluntary Community Sector (VCS) within the Health and Care System in Sheffield
- The IAC forum was also joined by Pam Daniels (Voluntary Action Sheffield) to discuss promoting equality and engagement within Black, Asian and Minority Ethnic (BAME) communities

The role of the VCS within the Health and Care System in Sheffield

Key updates included:

The following was shared about the VCS and some of the work VAS are leading on:

- There are over 3500 VCS organisations in Sheffield many have links to health and wellbeing.
- Some of these organisations are commissioned by statutory services, others are not funded in this way but still help to meet needs that are not being met by statutory services.
- During lockdown, VCS organisations came together and worked in partnership with statutory organisations to help a lot of vulnerable people who couldn't access food and/or medication and those with a range of support needs. They also helped people to access vaccinations and helped to produce targeted information for particular communities and bespoke communications.
- The VCS Hubs network was developed during lockdown to share information and so that organisations were better connected and could support each other during the pandemic.
- The Health and Wellbeing team at VAS focus on supporting the VCS to help people to stay well and stop escalation of their care needs and support those who are experiencing health inequalities. Current work areas include:
 1. Running the **Autism Partnership Network** - Brings together Autism support organisations to share opportunities and intelligence, and helps the health and care system think about what support people need, how accessible it is and how to identify support needs.
 2. **Move More** - Helping particular groups of people overcome the barriers they experience in relation to accessing physical health opportunities.
 3. **Diabetes project** - Connecting people who aren't getting the support they need through statutory services with help from the VCS.
 4. Helping to **shape the VCS role at 'Place'** level within the Integrated Care System (ICS).

- Forum members views and experiences highlighted that:
 - Lockdown has shown how well the VCS works across the city, it wouldn't have been possible to support people without the third sector.
 - Longer term funding is needed for the sector to better support people

Promoting equality and engagement with BAME communities

Key updates included:

The following priorities of Pam's role as Equality and Engagement Lead at VAS were identified:

1. Introducing and connecting people from BAME organisations, identifying what they have got in common to bring them together.
2. Going out into communities to find out how they feel about institutions including VAS.
3. Supporting people from a BAME background to be involved in decision making.

Some ambitions identified included:

1. More cohesion, more people from BAME communities working within existing 'white' dominated structures as well as setting up separate organisations.
2. 25% of trustees to boards be from minority ethnic backgrounds.
3. People will feel heard and included at meetings and language such as acronyms should not be a barrier.
4. Communities will work better together.

- Forum members views and experiences highlighted that:
 - There aren't enough people from BAME backgrounds in paid positions, what can we do about that?
 - A standard recruitment process with interviews doesn't show the potential of those from a BAME background, a similar experience to those with Autism.

Sheffield Health and Care Partnership (HCP) updates

- The forum were informed on the name change to Sheffield Health and Care Partnership (HCP) from Sheffield Accountable Care Partnership (ACP) to precede their 10 year-vision for health and care in Sheffield. This vision can be read [here](#).
- A video has been produced to accompany the vision telling the stories of three people's experiences of health and care in Sheffield. The video describes how the vision will support people's experiences of care under the three pillars of the vision:

- 1) Moving from collaboration to integration,
- 2) Tackling inequalities, and
- 3) People at the heart of our vision.

The full video can be viewed [here](#).

Individual stories can be watched on the vision webpage [here](#).

- A discussion was had on the HCP Director's report that is circulated to HCP Board every 2 months. The report is written for health and care staff across Sheffield to update on the key strategic programmes of activity. It is recognised some of the content may not be accessible to the forum or the general public because of the intended audience.
- Forum members were asked to consider how we could make the report more accessible to the public.
- Forum members views and experiences highlighted that:
 - Write a one-page summary which signposts to further information
 - A paragraph is needed at the beginning outlining what the Sheffield HCP is.
 - The Director's Report describes things well that have happened but does not say what progress has been made against what is hoped to be achieve - you can't tell what's going on.
 - Don't use 'management speak' if you're trying to attract the public, use simplified language and avoid abbreviations at all costs.
 - Share information on the HCP wider than the website, information could be shared through the local press and into communities through GP surgeries, dentists, libraries and third sector magazines.
- **Provisional dates for next meetings:**

Tuesday, 14 December 2021, 13:00-14:30

Tuesday, 11 January 2022, 13:00-14:30

Tuesday, 8 February 2022, 13:00-14.30