Health & Care Public (H&CP) forum meeting Tuesday 10th January 2023: Summary of the key points and updates

- The H&CP forum were joined by Scott Froggat, Travel Plan Co-Ordinator from Sheffield Teaching Hospitals to provide an update and gain comments on patient transport at the Northern General Hospital site.

- The H&CP forum were also joined by Nick Deayton, Programme Manager from Compassionate Sheffield to provide an update and gain comments on the programme of work.

Patient transport at the Northern General Hospital site

Key updates included:

- The Northern General site used to have a courtesy bus for transport around the site however this was stopped due to lack of funding and low patient use.

- City Taxis are now being used instead to help patients travel across the site. This contract is coming to an end and they are looking at providing their own minibus service with wheelchair access.

- The H1 bus gets people from one hospital site to another - £1 for public, free for employees. They are currently looking at joining together with Children's Hospital site too.

- Forum members views and experiences highlighted that:

    - Disability access on a minibus – will there be ramps, people to help etc? Will it be accessible for all types of wheelchairs? It must also consider e.g., those who have to keep their leg out of the wheelchair who would need more space.

    - One member's experience with the courtesy bus involved waiting a long time, and not know if/when/where it was running. Information would need to be available at wards, entrances, outside by stops etc. so patients know how to access it.

    - Could the onsite transport service also collect people from bus stops and car parks and all the main entrances.

    - Will there be an infection control measures for the bus e.g. mask wearing. There have been issues with taxi drives not being keen on taking people who are unwell with infectious illnesses in their cars, this will be an issue on buses too with multiple passengers.

Compassionate Sheffield

Key updates included:

Compassionate Sheffield_Health and (

Compassionate Sheffield_Summary R

- The embedded documents above were talked through to provide an update on the Compassionate Sheffield programme following the meeting in April 2022.

- Community engagements demonstrates Michael West's four behaviours of compassionate leadership:

    1. Attending – being there

    2. Understanding - listening

    3. Empathising - relating

    4. Helping – taking action

- Covid Memorial Activity – Over 1000 stories have been gathered, 54 Covid Memorial Grants distributed, a free exhibition at the Millenium Gallery from Saturday 25th February – Sunday 5th March, details here.

- Navigating End of Life – Partnering with End-of-Life Douglas to deliver a three-day in person training session for Navigating the End of Life. The workshop has been delivered to Sheffield Mind, SCCCC and St Luke's currently and there will be another cohort beginning later this month. 100% of attendees from the first cohort have shared that they have already applied what they have learnt.

- Advance Care Planning – Partnering with Foundry Primary Care Network to produce 3 videos for the Yemini, Roma and Pakistani communities on the topic. These will be finished and promoted in March.

- Death Cafes run as part of Festival of Debate to de-mystify death and provide platforms for collective and public support, further information here.

- Forum members views and experiences highlighted that:

    - One member of the forum was interested in what training schools might have to help young people deal with loss. Young people can be dealing with a number of losses e.g. older family members, siblings, friends etc.

    - One member feels that conversations around death, loss, planning etc. are more difficult as most people don't know their GPs as well

anymore – in the past GPs would know more about which of their patients might need support around loss, or conversations about their own future death.

The next meeting of the H&CP forum can be viewed here.

Further information on the work of the H&CP forum can be viewed here.

Health & Care Public (H&CP) forum meeting Tuesday 10th February 2023: Summary of the key points and updates

- The H&CP forum were joined by Adam Batty, Community, Wellbeing, and Health Inequalities Manager at Voluntary Action Sheffield to provide an overview of the Diabetes Action Hub.
- The H&CP forum were also joined by Rachel Salmon, Senior EDI Manager and Caroline Drew, Occupational Safety Manager at Sheffield Teaching Hospitals NHSFT to provide an overview of the PROUD behaviours framework and involvement opportunity.

Diabetes Action Hub

Key updates included:

- This new 3-year project is aiming to address unequal access to services that support and treat people with Type 2 Diabetes.

- The project is working with 7 community partners who are embedded in communities facing health inequalities.

- They are looking to bring together a diverse range of stakeholders to look at where actions can be taken with a steering group and task groups – examples include: connecting services better, creating community-led services, redistributing resources.

- Forum members views and experiences to questions highlighted that:

1. What does good practice look like?

    - Using databases such as Sheffield Insights and Acorn

    - Diabetes UK website has a questionnaire people can take to find out their diabetes risk, this could be a helpful tool.

    - Good involvement makes people feel welcome and valued, doesn't discount things that people say, and gives them feedback on what happens next.

    - Getting into workplaces and unions might be helpful to access working-age adults who don't regularly visit their GPs.

    - Questionnaires to be given out in pharmacies to people with Type 2 Diabetes.

2. How would they identify if involvement is tokenistic?

    - The project needs to have a clear understanding of what it's asking people to do and be upfront about involvement. For example, full co-production, working together from the beginning to end, equal decision making, or just asking people's experiences at one stage of the project.

Name it correctly e.g., if it is not co-production that's fine, but don't call it that.

PROUD Behaviours framework for patients & public

Key updates included:

Healthwatch Forum -
14 February 2023 PR(

- The embedded Powerpoint was presented that outlined the drafted PROUD behaviours framework for patients/visitors. PROUD stands for:

1. Patients first

2. Respect

3. Ownership

4. Unity

5. Delivery

- Forum members views and experiences highlighted that:

  - Knowing how people want to be addressed is important e.g., referring to patient's guardian by relation or name.

  - Not being able to get hold of people/services causes conflict and frustration. By the time patients get to speak to someone, they can sometimes go against these values and behaviours. Is there work that can be done to help underlying issues causing these behaviours?

  - Difference in cultural expectations of hospital experiences may lead to different behaviours too – when sharing the values/behaviours it's important to be mindful of this.

  - Kindness is a key behaviour – when staff are kind, patients are more likely to cooperate, and treatment can be more efficient.

  - One forum member has experienced hospital staff not respecting the perspectives of families/carers even though they are often experts.

The next meeting of the H&CP forum can be viewed here.

Further information on the work of the H&CP forum can be viewed here.

Health & Care Public (H&CP) forum meeting Tuesday 13th March 2023: Summary of the key points and updates

- The H&CP forum were joined by Rebecca Joyce, Strategy and Partnerships Director, Sheffield Children's NHS Foundation Trust (NHSFT) and Sarah Baker, Improvement Project Manager, Sheffield NHSFT to provide an overview of the Sheffield Children's NHS FT Clinical Strategy & Sheffield Children's NHSFT Quality, Safety, Experience Strategy exploring patient and public opportunities in both.

Key updates included:

📊
SCFT Clincial
Strategy & Safety an

- Rebecca Joyce shared an update on the work of Sheffield Children's NHSFT to ensure all their plans and strategies fit together under the Caring Together strategy and have the same strategic intent.

- The embedded Powerpoint outlines the current strategies of Sheffield Children's NHSFT and presents the themes of the Clinical Strategy 2022 – 2027.

- Paper copies of the strategies discussed will be sent to Forum members.

- The Quality, Safety and Experience Strategy is currently being developed. An overview of the consultation process so far was presented, and Forum members were asked to give their views and experience to influence the strategy with three questions:

1. What does safety mean to you?

2. What does quality mean to you?

3. What does good experience look like?

- Forum members views and experiences to questions highlighted that:

- Good experience takes a whole family approach, asking questions to find out who's involved in the care and whether any extra support needs to be provided.

- Quality, start looking at health inequalities early.

- Listening to families and carers, having to battle against professionals who think they know best without communicating makes an experience poor.

- Other needs, wider thinking approach, while the children are under the Trust care, professionals should work to identify if there are any other needs outside of what's being treated for.

- Toys & games, things for children to do whilst waiting for their appointment makes a big difference to their experience.

- Predictability, is everything happening as you would expect them to? Time management, explanations of delays, knowing what will happen when you attend your appointment, this makes a good experience.

Care Experience and Engagement Strategy Development

Key updates included:

CEEG summary
journey.pptx

- The embedded Powerpoint was presented by Sarah Baker that outlined the engagement journey to date in developing the strategies and an outline of current engagement activity with the public.

- Forum members views and experiences highlighted that:

    - Text received after appointments, does this feedback go anywhere and where can it be followed up? Communication preferences are not always heard, some people would prefer to provide feedback through a letter, email.

    - Champions for specific issues, e.g. an Autism champion, if a model like this were to be adopted there would need to be a clear route for impact.

    - Working in schools could be useful, holding peer conversations, some children may be more willing to do surveys/talks with professionals to give feedback

    - Reintroduce 'good listener' and being a 'good do-er', this was a previous exercise at Sheffield Children's NHSFT

    - Asking the right questions, closed questions mean you won't find any information further than the responses, more opportunity to speak freely.

    - Feedback/Transparency, sometimes there are reasons you cannot act on feedback for genuine reasons, there needs to still be a way to ensure people feel heard in these situations.

    - Accessibility to give feedback, how can we measure how people really feel and still learn from it if they do not share it in a way we expect?

The next meeting of the H&CP forum can be viewed here.

Further information on the work of the H&CP forum can be viewed here.

Health & Care Public (H&CP) forum meeting Tuesday 11ᵗʰ April 2023: Summary of the key points and updates

- The H&CP forum were joined by Emma Latimer, Executive Place Director for Sheffield, NHS South Yorkshire Integrated Care Board to discuss the new governance arrangements in the health and care system in Sheffield.

Key updates included:

Health and Care Public Forum - 11 April

- Emma used the embedded Powerpoint above to share an overview of the new governance arrangements in the health and care system in Sheffield with the introduction of the NHS South Yorkshire Integrated Care Board and Integrated Care Partnership in Sheffield.

- The below diagram displayed the different and joint functions of the NHS South Yorkshire Integrated Care Board alongside South Yorkshire Integrated Care Partnership.
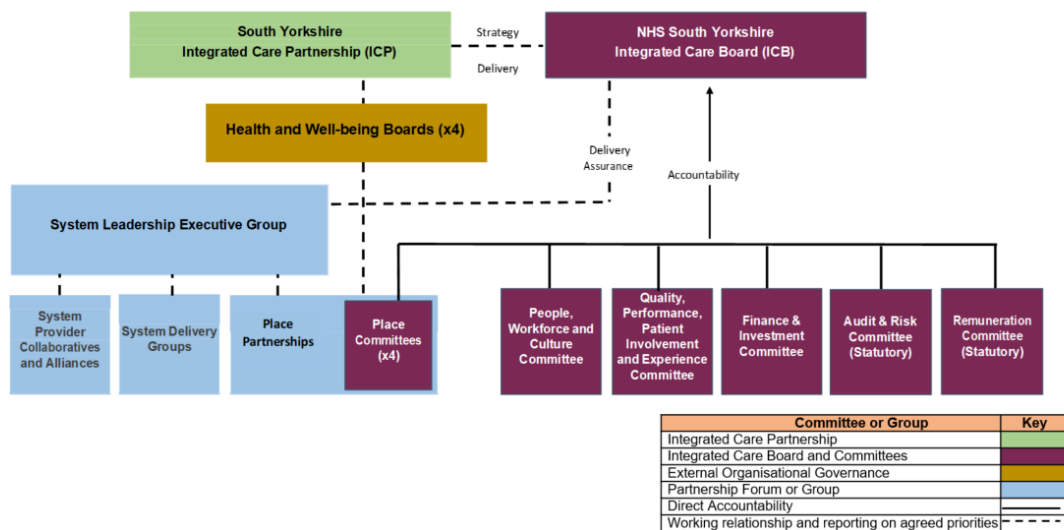
- The refreshed Sheffield place delivery structure below was then talked through with the functions of each monitoring group and the importance of transparency was emphasised in displaying these structures to understand how money and resource is used. These delivery groups will be underpinned by culture change initiatives such as developing a compassionate leadership framework for Sheffield.

Sheffield Place Framework Governance Structure
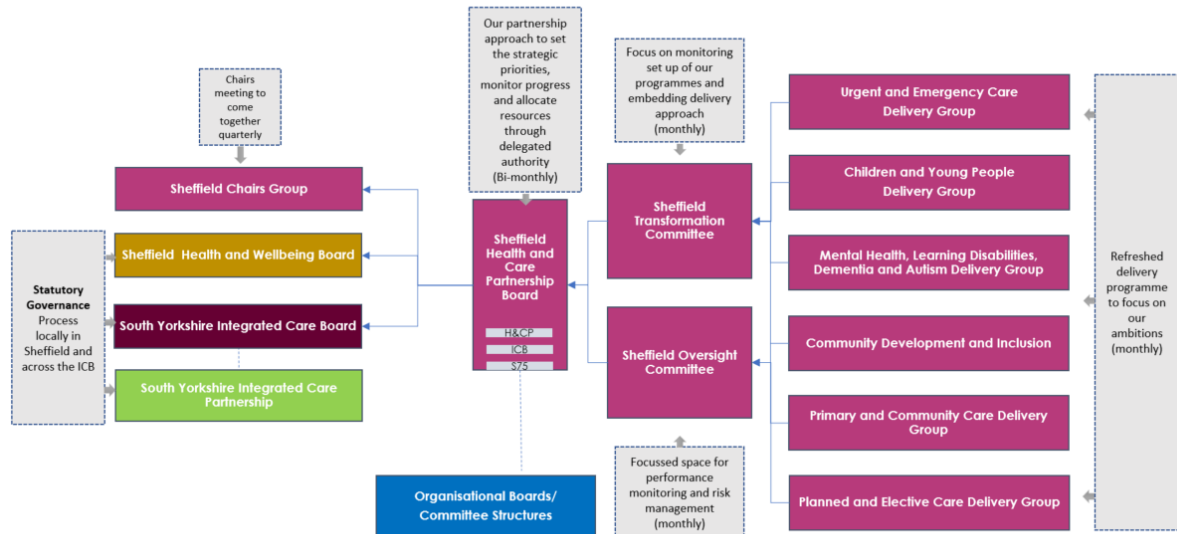
- Forum members were reminded of [the Sheffield Health and Care Partnership 10-year vision for Health and Care in 2030](#) – for our health and care services to be joined up, and seamless; to reduce and remove health inequalities in a way that involves people, their experiences and communities at the centre.

- Emma outlined in the Powerpoint embedded above outlined the current challenges but also intentions to overcome these.

- Points from forum members are in the black text.

- Responses from speakers are in the blue text.

- Was the funding discussed just for the NHS care or also for social care/local authority?

- The £1.1 billion is NHS money – but there is additional social care funding. The partnership is looking at this funding too, and hope to use their money to best effect across the partnership through the Better Care Fund.

- Can we collaborate with private businesses? For instance, some areas of the city have a shortage of pharmacists, and audiology/eyesight services.

- There is a challenge over the number of licenses (e.g. pharmacies) in each area so this can be limiting, however Emma agreed there are lots of opportunities to work with private businesses, for instance in relation to employment opportunities.

- How are we to get more junior doctors in place? The increase of trainee nurse associates has been positive.

- Emma agreed there are lots more opportunities for roles like trainee nurse associates. The junior doctor recruitment is more difficult because of entry requirements – however the issue of retention may be a more major issue than recruitment for this group. The system needs to acknowledge the pressure doctors are under and do something about it. The developing Compassionate Leadership framework will pay attention to this but there's a lot of work to be done on workforce planning and looking at staff more widely.

- Health services need to understand their own power dynamics in order to fully coproduce work. Not understanding power dynamics prevents real engagement. They also need to understand how people from different cultures engage with services to work effectively with them. You need to be able to listen and understand different needs.

- Emma agreed that the system needs to be compassionate in terms of how many people carry out work – staff don't always have time to reflect on their work and what they can learn from it. The ICB are trying to shift this power dynamic, working with the Kings Fund on how to create culture change. On coproduction, the ICB are trying to shift this power dynamic, wanting to meet people at their own place at a time that works for them.

- Members commented positively that bringing in views from outside Sheffield has been helpful in developing new services – it brings new perspectives.

The next meeting of the H&CP forum can be viewed here.

Further information on the work of the H&CP forum can be viewed here.

Health & Care Public (H&CP) forum meeting Tuesday 9th May 2023: Summary of the key points and updates

- The H&CP forum were joined by Chloe Wilks, Heeley City Farm and Safe Places to provide an overview of the work to improve experience of taxis for people with accessibility needs.
- The H&CP forum were re-joined by Jo Tsoneva, Pharmacy Development Manager at South Yorkshire Integrated Care Board following last November's meeting to provide an update for the re-procurement of the Extended Hour Community Pharmacy Service.

Key updates included:

Heeley Farm
Accessible Taxi.pptx

- The embedded Powerpoint and linked video outlines the current work at Heeley City Farm and Safe Places to improve experiences of taxis for people with accessibility needs.

- Forum members views and experiences to questions highlighted that:

- Forum members questions and comments are shown in the blue text.

- Responses from the Speaker are shown in the black text.

- Are taxi drivers who have the accessibility training evaluated at the end?

- The course is accredited and there is an exam that attendees must take at the end.

- Is there a chance that every taxi driver has undertaken the training?

- Around 3,000 taxi drivers are predicted to have undertaken the training over the past three years. The training is run for a whole day and dedicating time for this can be difficult.

- Are parents and carers who may accompany those with accessibility needs in a taxi included in the training?

- Parents and Carers are included, particularly how they feel when something goes wrong and whether they would feel safe putting their child in a taxi.

- The automated nature of an interaction with taxi companies can make it difficult for them to communicate their needs and taxi companies don't clearly communicate their intentions about arrival if you have additional needs.

- A lot of work is taking place with taxi companies, but sadly this a countrywide issue that would be difficult to tackle without policy change.

- Do wheelchair taxis now have the correct anchorage points?

- Drivers of wheelchair taxis must have an additional license, anchorage points and specialist training on how to load, anchors and help strap someone in. The training videos are really trying to amplify the issue and include a walkthrough of how to strap someone in safely if they have a wheelchair and also to give them an option of getting out of the wheelchair and being seated.

- We need to include as many people with different impairments as possible as well or carers of people who are disabled in order to communicate to taxi drivers what they need to think of when they are picking up clients with additional needs.

- One member reported a problem with getting taxis to pick them up outside of central Sheffield, especially in more rural areas of Sheffield.

- One member reported feeling as though taxi drivers do not offer as much help (e.g. opening the door, helping exit the vehicle), and this has become worse since Covid, particularly for disadvantaged disabled people. The forum felt it would be useful if taxi drivers offered assistance to everyone as disabilities are not always visible.

Re-procurement of the Extended Community Pharmacy Service

Key updates included:

Sheffield Extended Pharmacy Service.do   Where can I get help with my medic   PRINT - Where can I get help with my me

- The forum members were thanked for their work on the pharmacy leaflet embedded above following November's meeting.

- The Extended Community Pharmacy Service contract finishes at the end of March 2024 and is being put back out to tender.

- A draft survey embedded above has been produced asking about individuals current use of the service, and forum members were asked to comment on this.

- Forum members views and experiences to questions highlighted that:

- Forum members questions and comments are shown in the blue text.

- Responses from the Speaker are shown in the black text.

- Many members felt the central location of Wicker pharmacy was a positive aspect of the service, and is easily accessible by bus route and on foot. However, the road structure (e.g. bus gates, large ring road) make the Wicker pharmacy difficult to access by car.

- Multiple members suggested that there was an opportunity for the out of hours pharmacy to be attached to another service such as a GP, walk-in-centre, 24h supermarket or hospital. However, other members questioned the accessibility of the two Sheffield hospitals in terms of parking and public transport.

- Can the phone service quality of the provider be considered?

- This is a useful detail to consider for the specification. At Wicker pharmacy they are still able to provide a service over the phone.

- Can prescriptions be delivered at urgent notice?

- Wicker pharmacy have an arrangement with White Knight motorbike delivery service in order to deliver medications to palliative care patients.

- Are people outside the pharmaceutical system encouraged to be a part of the tender process?

- Previously those from outside South Yorkshire pharmaceutical system and service-users were welcomed to attend.

- The survey will be adapted from the forum's comments and they will be kept updated with progress.

Further updates

- The HCP Director's Report was delivered in April and can be seen here. Any comments on content accessibility are welcomed.

- Healthwatch Sheffield will be carrying out some work on End of Life Care. A focus group will be held for members of the public that are relatives or friend of somebody that has died in the last two years. There will be an online and in-person focus group, anyone interested should contact l.cook@healthwatchsheffield.co.uk to organise involvement.

- The Landing Event for the Leading Sheffield programme took place successfully last month. All forum members were thanked for their participation throughout.

The next meeting of the H&CP forum can be viewed here.

Further information on the work of the H&CP forum can be viewed here.

Health & Care Public (H&CP) forum meeting Tuesday 13th June 2023: Summary of the key points and updates

- The H&CP forum were re-joined by Greg Westley, Pharmaceutical Lead, NHS South Yorkshire Integrated Care Board following last month's meeting to provide an update on the work to support vulnerable and housebound people with their medicines, and ideas to improve things.
- The H&CP forum were joined by Nicky Peterson, Community Matron/Advanced Nurse Practitioner from Sheffield Teaching Hospital NHS Foundation Trust to provide an overview of virtual wards.

Key updates included:

Sheffield Extended Pharmacy Service.do   Where can I get help with my medici   PRINT - Where can I get help with my me

- The forum members were thanked for their work on the pharmacy leaflet embedded above following November's meeting.

- A key theme from conversations is an experience of poor communication between GPs, and the challenge this presents for patients and/or carers. A considerable amount of work has gone not improving communication between GPs and pharmacies. The work has been centred on encouraging the two parties to understand each other's goals and include each other within conversations.

- A trial is underway to see if sharing hospital discharge summaries with pharmacies could be beneficial. The first trial group will be those who use Nomad Packs as these are particularly high-risk medication if taken wrong. The longer-term goal would be to make hospital discharge summaries digital to avoid delays in accessing the information.

- Current scoping of a digital Medicines Administration Record (MAR) chart service. In a digital format, the MAR Chart would be easier to keep up-to-date with any medication changes as it would be updated instantly.

- Communications have been delivered to GP practices to raise the profile of the repeat dispensing services, as there appeared to be some disparity in who knew about the service at the last session.

- YOURMeds was shown, a digital medicines box that can be programmed by the pharmacy to help people take their medication at the right time. The device is fitted with a SIM card that will contact up to five named people if medication is not taken at the correct time or the incorrect medication is taken, for example. A small trial of up to 30 people over six months is currently being run in Sheffield to look at the effectiveness of the product.

- Forum members views and experiences to questions highlighted that:

- Forum members questions and comments are shown in the blue text.

- Responses from the Speaker are shown in the black text.

Are the NOMAD and MAR Chart used together?

- The NOMAD Pack and MAR chart are not used simultaneously. The NOMAD pack is used to retain independence, and it's not recommended for Carers to administer from the NOMAD pack. A combination may be used for some medications, one set of medicine could be taken using the NOMAD pack, another using the MAR chart.

- One member acknowledged that it wouldn't be good practice to supply people with YOURMeds device if they avoid taking medicines.

- The YOURMeds system will be an opt-in service for those that it is most appropriate for.

- Does YOURMeds have a video and audio output?

- Yes. There's audio with three different settings for the volume, and a screen display.

- Is there some leeway with the time you take the tablets? For example, if you have to take them before or after food, it dosen't seem appropriate the device would essentially be telling you not to eat.

- There will be an allowance of up to an hour before the alarm goes off.

- YOURMeds sounds great – I'm hopeful it will prevent errors when Carers are giving medications.

- This system can potentially reduce the chance of error such as medications being given too near to each other but it's hard for Carers to give an exact time of day they will arrive. However, there's no limit to how many times a day the alarm could go off on the YOURMeds device.

- One member shared their difficulties with non-standardised medication packaging. They don't need and their Carers can have issues with reading too, therefore it is difficult to know which tablet is which because the packaging looks the same.

Virtual wards

Key updates included:

- The following definition of a virtual ward was provided "A safe and efficient and alternative to NHS bedded care, that is enabled by technology. Virtual wards support people who would otherwise be in hospital to receive the acute care, monitoring and treatment in their own homes. This includes preventable, avoidable admissions or supporting early discharge"

- Some principles ang guidance for a virtual ward include:

1. The home environment must be safe as well as sustainable.
2. Patients must consent to being on the virtual ward.
3. There are certain criteria to admit people onto the virtual ward.
4. There must be access to clinical support and guidance.
5. Time on the virtual ward is limited.
6. A contingency plan must be in place for if a patient deteriorates – patients are still under the care of the hospital/consultants so there is a very clear idea of what do if this does happen.
7. The process is heavily guided by clinical governance with multi-disciplinary teams having been involved in the set-up.
8. An integrated service so it uses services already in the community and brings them together.

- Virtual wards are not based on the same as Hospital at Home or remote monitoring. Remote monitoring was trialled in Sheffield a couple of years ago but it was unsuccessful. There's a wide range of health and social care professionals involved in the initiatives including community matrons, physiotherapists, occupational therapists.

- To be eligible for a virtual ward you must be over 65; not too unstable medically; registered with a Sheffield GP; have to be seen by the healthcare professional who refers you to the service; have been identified as moderately to severely frail. There were 10 beds at the start of the year, currently there are 30, end of the year hopefully 60.

Frailty Virtual Ward
Patient Information

- Admission to the virtual ward is not appropriate in cases where complex diagnostic investigation is needed. The patient must have new and increased care needs that can't be supported by existing services to be referred.

- Forum members were asked to review the embedded information leaflet on virtual wards prior to the meeting.

- Forum members questions and comments are shown in the blue text.

- Responses from the Speaker are shown in the black text.

- Can the leaflet include a picture of someone smiling in bed as this might make the leaflet more reassuring.

- Can the leaflet include the definition of virtual wards given?

- One member found the concept of a virtual ward useful, especially if someone is less mobile and in hospital as most people do not want to be in hospital.

- One member felt the fixed 14-day service wasn't flexible enough, and it should be tailored more to peoples needs. Although, another member read the that the service is up to 14 days depending on needs and care.

- The team currently don't have any social care attached to them so the patients that are admitted must have something in place already. This is a barrier with what currently stops more people being able to use the service.

- One member commented it seemed like a good method of freeing up hospital beds, but it could mean more work for staff. The right resources are needed to ensure that staff can do assessments in people's home.

- The team currently has one dedicated Occupational Therapist and Physiotherapist. They are more able to plan their visits in advance.

- One member found it unclear as to whether a virtual ward is for people who are in hospital, or people already out of hospital.

- One member felt it was a shame that the service can't be used for further demographics and shared their experience of their younger disabled family member not being able to leave hospital.

- Hopefully this is just the beginning, and the service will hopefully be extended. The respiratory, heart failure and surgical teams have already expressed interest. It has been a slow start due to building the relationship between primary and secondary care. Helping consultants to understand the concept of still being in charge of patients even though they're being cared for in the community has taken time.

- Members thought the service was good so long as proper out of hours support was provided.

The next meeting of the H&CP forum can be viewed here.

Further information on the work of the H&CP forum can be viewed here.

Health & Care Public (H&CP) forum meeting Tuesday 7th July 2023: Summary of the key points and updates

- The H&CP forum were re-joined by Paul Higginbottom, Strategic Commissioning and Partnership Manager, Sheffield City Council and James Lampert, NRS Healthcare provide an overview of the work on Technology Enabled Care.
- The H&CP forum were joined by Maggie Blair, Place-based Workforce Lead, Sheffield Health and Care Partnership to provide a recap of the last cohort of the Leading Sheffield programme and opportunities for public involvement in the next cohort.

Technology Enabled Care

Key updates included:

Fourm Session Plan_.pptx

- The presenters use the embedded Powerpoint to introduce technology enabled care, the work that was taking place in Sheffield including the products being trialled and asked the forum members a series of questions about their use of technology enabled care.

- Technology enabled care is equipment placed in people's homes such as carelines, pendants and smoke detectors that when activated go through to an alarm receiving centre to summon help.

- Sheffield City Council has received two grants for 2023-24 to invest in improving the technology we use that enable proactive and preventative care, to deliver the best possible service experience and outcomes for people. They are keen to talk to people about their ideas and what matters to them. The plan, after consultation and trials with Sheffield University, a proposed new service will go to Health and Social Care Policy Committee in December.

- The following product trials will take place in some Care Homes across the city and be evaluated by Sheffield University including talking to people in receipt of care, families, carers, and care provider workforces:

1. Aquarate – Digital Hydration Monitoring in Care Homes

2. Connected Care Platform (Short Term Care) – passive sensors around the home to enable healthcare visits for medication reminders, safety checks, security checks etc.

3. Connected Care Platform (Long Term Care) passive sensors around the home to enable healthcare visits for medication reminders, safety checks, security checks etc.

4. Medicine Management

5. KOMP Virtual Home Care – 23-inch screen in home to enable healthcare visits for medication reminders, safety checks, security checks etc.

- Forum members views and experiences to questions highlighted that:

- Forum members questions and comments are shown in the blue text.

- Responses and questions from the Speaker are shown in the black text.

How do you think technology could be useful to you right now and in the future?

- Functions for switching lights on and off also temperature control were suggestions given by a forum member from previous experience.

- Control over the blinds. A forum member shared a story of a family member being left in direct sunlight for long periods of time making them unwell.

- Resolve the issue of misplaced equipment e.g., if the TV remote is lost, allowing the user to switch the television off without it.

- A fire safety system. A forum member shared they were often worried about their family member they care for accidently starting a fire when alone at home.

- A tracking system. A forum member shared this could be useful in cases where those being cared for get lost.

- Blood pressure monitoring as a method of measuring movement levels within the falls alert system.

- The ability to call someone without physically ringing them. A forum member shared they currently use Alexa for this, and it's particularly useful if a carer forgets something which happens frequently.

- Falls alarm system that alerts carers to come within 30 minutes to ensure the service user was not on the floor, and an alarm that alerted carers if a service user with dementia leaves the house. A forum member shared these features had been particularly useful in the past.

Is there anything that concerns you about technology enabled care?

- A forum member expressed there must be scope for visually impaired or deaf people to use technology enabled care.

- Will the technology be accessible to people who don't have English as a first language?

- We are doing a joint bid with Sheffield Teaching Hospitals about Devices for Dignity, and are keen to do a piece of work with the Somali community on

some of technology we're going to be testing to ensure it is useful for everyone.

- Technology shouldn't be a replacement for in-person services but enhance what already exists. Care requires empathy and companionship, and technology can create isolation.

- Technology enabled care works best when complimenting a wider care package. Technology should not be seen as an enabler to improve people's outcomes. Technology enabled care is all about choice of the person in receipt of care.

- Several forum members highlighted digital poverty as a barrier to technology enabled care. This included the cost associated with electricity and broadband, inconsistent mobile signal across Sheffield, and needing the knowledge to use equipment.

- Previously, forum members have highlighted issues around data sharing and PAs having access to information.

- We have spent the last three months on a data protection impact assessment covering all the tests of change. The Information Governance team within the Council are working to ensure that privacy is protected.

Leading Sheffield

Key updates included:

- The presenter thanked everyone for their engagement and participation in the last cohort of Leading Sheffield which ran from March – April this year, and asked that they share any comments about the experience as well as recommendations for the next cohort running from October – December this year.

- Forum members questions and comments are shown in the blue text.

- Responses from the Speaker are shown in the black text.

What was your experience like as a public involvement advisor last cohort?

- The experience was an opportunity to share ideas for improving services form a variety of perspectives, e.g. from some experiencing mental and/or physical disability, and this was felt to be very beneficial for discussions.

- Members of the forum can easily bring their personal experience to the conversation which can in turn encourage people to share their personal stories.

- As members of the forum are not part of the healthcare system, they have an ability to speak more freely and frankly and therefore challenge ideas more easily.

- There was a good cross-section of people, and forum members felt that they could interact with people from a range of departments within healthcare services as well as the council and voluntary sector.

- The venues were, unfortunately, inaccessible for those with disabilities which prevented access for some forum members.

- This was recognised by the project team and participants. Thorough research has been completed to confirm venues for the next cohort that have improved access for everyone.

- One member found the experience very beneficial, and they have got a lot out of it sharing they have met with their allocated Challenge Group socially afterwards.

How can we improve your experience for the next cohort and how would you like to be involved?

- Ensure all forum members are made to feel embedded within the group they are assigned to, as this is what seems to have contributed to whether the experience was positive.

- Match the lived experience of the person providing the patient voice to the wicked problem being focussed on. The more relevant their lived experience is to the wicked problem, the more informed the answers will be.

- Recruit people with lived experience onto the programme so that the individual is an equal member within the group rather than an additional component of the group. One member found they were included at the start, after they made their contributions, they were no longer included in the group's discussions.

- Involve the public in deciding the wicked problems. These could be suggested by different communities supported by voluntary sector organisations. Voluntary sector workers could then invite someone with lived experience that they support to the group.

- The forum members can consider developing some training about involving patients and the public or the importance of hearing the public perspective and set this as pre-work.

- Form a patient and public involvement advisory panel. The panel could oversee patient and public involvement from the outset using the 'What We Do and How We Do It' framework for consultation.

- Involve the community centres that are used as venues for Challenge Group days.

- The forum could undertake a workshop to come up with some wicked problems for the cohort that are systemic and encourage different sectors to come together and solve problems as well as helping people to be comfortable leading with an unpredictable and complex environment.

The next meeting of the H&CP forum can be viewed here.

Further information on the work of the H&CP forum can be viewed here.

Health & Care Public (H&CP) forum meeting Tuesday 8th August 2023: Summary of the key points and updates

- The H&CP forum were re-joined by Emma Latimer, Executive Place Director for Sheffield, South Yorkshire ICB to provide an overview of the Sheffield Place Plan 2023-25 and the priority areas.
- The H&CP forum thought of Leading Sheffield Wicked Problems
- The H&CP received an update on some HCP Work Programmes

Sheffield Place Plan

- The presenter provided an overview of Our Sheffield Place Plan (2023 – 25) following the meeting in April 2023

Key updates included:

- The priority areas identified area:

1. Discharge and further development of the 'Home First' model

2. Same Day Access to Care

3. Mental Health Crisis (All Ages)

4. Neurodiversity Services and Support

5. Building a Model Neighbourhood

- The first four priorities mirror the current national NHS priorities. and were chosen because they have been a longstanding focus with a partnership approach needed.

- The Model Neighbourhood priority has been chosen to address the health inequalities facing the North East of Sheffield.

- There will be a focus on incorporating a diverse range of voices and lived experience across all the priorities.

- Forum members views and experiences to questions highlighted that:

- Forum members questions and comments are shown in the blue text.

- Responses and questions from the Speaker are shown in the black text.

- Have you established baseline statistics to measure improvement?

- Each of the four priorities will have a baseline, particularly the four national NHS priorities. The change will be measured over a short periods to provide more relatable outcomes and help to achieve greater accountability.

- How do you ensure your broader priorities align with those of your staff?

- Ultimately, focus should be directed to the people NHS staff and patients, and the strategy is being developed so it resonates with people's daily lives. Compassionate leadership and collaboration will enable this.

- Achievements within the NHS need to be publicised to demonstrate the results of spending.

- The partnership is reassessing how this is achieved and how audiences are targeted different e.g., through social media.

- The Sheffield Place Partnership Plan needs to be accessible to governors and other non-medically trained people.

- Different languages are used for different audiences, and this sometimes means that services don't connect effectively with people.

- How will you maintain focus on the chosen priorities?

- By 'leading beyond authority' and working across partnerships. This is not about hierarchical power, but mutual accountability and having a common purpose of serving the population and looking after staff.

Wicked Problems – Leading Sheffield

Wicked Problems.pptx

Key updates included:

• The above presentation was shared on Wicked Problems after last month's meeting where the forum agreed to consider some for the next cohort of Leading Sheffield.

• A "Wicked Problem" is a social, cultural, or institutional problem that is difficult to solve. They are persistent and beyond the abilities of a single organisation or profession to solve. Wicked problems require collaboration and new approaches to listening to those that suffer their effects.

• Forum members identified the following Wicked Problems to consider:

1. How can technology be used to tackle the root cause of problems facing health and social care?
2. How do we ensure that technology works for everybody in a world where its use is rapidly increasing?
3. If we were to start from scratch, how would we design services?
4. How can we better support people being discharged from hospital?

5. How do we better adapt our hospital and community care to the ageing population and changing demographics of older people?
6. How can we develop better networks for public engagement?
7. How can we better incorporate lived experience into training and development for the workforce?
8. How can we improve transitional care for young adults with complex physical and/or mental health needs?

HCP update

- The above presentation was given to outline some of the key pieces of work from the following Sheffield HCP Work Programmes:

1. Ageing Well – Team Around the Person, ReSPECT, GoodHydration Project!

2. Mental Health, Learning Disabilities, Dementia & Autism (MHLDDA) – Physical Health Strategy for MHLDDA, Mental Health Safe Space for people aged 16-17-year-olds

3. Workforce – Learning and Development Resources and Training, Person-Centred Approaches

- The full update from July – August can be read here.

- The forum was reminded of the upcoming Sheffield Health and Care Partnership Board where they could ask questions before the meeting which would be answered in the minutes published on the website or book their places to attend in-person. Meetings of the Sheffield Health and Care Partnership Board can be viewed here.

- Forum members comments are shown in the blue text.

- Responses and questions from the Speaker are shown in the black text.

- One member explained free face-to-face training they provide on Autism that has not been taken up with groups recently.

- The opportunity will be shared across the partnership and feedback will be gathered on whether partners have come across the training opportunity previously.

- The GoodHydration Project! will be useful in hospital wards also.

The next meeting of the H&CP forum can be viewed here.

Further information on the work of the H&CP forum can be viewed here

Health & Care Public (H&CP) forum meeting Tuesday 12th September 2023: Summary of the key points and updates

- The H&CP forum were re-joined by Nick Deayton, Compassionate Sheffield Programme Manager to provide an update on the Compassionate Sheffield programme.
- The H&CP forum were updated with plans on Leading Sheffield and opportunities for their involvement.

Compassionate Sheffield

- The presenter provided an update on the Compassionate Sheffield programme following the meeting in January.

Key updates included:

- Compassionate Sheffield works with individuals, communities and organisations to improve people's experiences of end-of-life care and bereavement.

- Compassionate Sheffield challenges the notion that death is a medical event but is rather a personal and social event.

- Compassionate Sheffield has recently set up the "Activated Citizens Network", which will provide an opportunity for people to work more closely with Compassionate Sheffield. Forum members were invited to join the Network if they were interested.

- Forum members were asked to consider the following question not only in relation to healthcare professionals, but also the role of the community. "What is the importance of compassion when thinking about end of life, death, and bereavement?"

- Forum members views and experiences to the question highlighted that:

- One forum member compared two contrasting experiences of care for their elderly family member as an example of how compassion can have a positive impact on end-of-life care. They felt one of the missing elements in their negative experience was compassion from the staff members towards their family member.

- The idea that compassion can be expressed through seemingly small actions was touched on multiple times. This might include: washing someone's hair, painting someone's nails, playing them music etc.

- Several forum members found complaints procedures unsatisfactory, especially when trying to access information to make a complaint.

- Acknowledging death and planning ahead for end-of-life and palliative care can make the experience easier. In order for this to be possible, people need to be aware of the options available to them and where to seek advice. It is important that doctors are able to have conversations that set expectations of loved ones so the appropriate preparations can be made.

- Forum members were show a draft video about advanced care planning in the Yemeni and Roma communities.

- Forum members views and experiences to the video highlighted that:

- The video is missing a youth perspective as well as individuals with pre-existing conditions and disabilities.

- One member shared a personal experience detailing how important it is for young people to be involved in conversations around death and the importance of community institutions, such as schools, in supporting bereaved young people.

- Members praised the cultural diversity of the video.

Leading Sheffield

Key updates included:

- The Leading Sheffield Steering Group have considered all Wicked Problems suggested, four of the H&CP Forum's suggestions are going to be used for the October – December 2023 cohort:

1. What specifically can we do to improve the transitions between children and adult services in both health and care services including those with complex, physical and/or mental health needs?

2. Working as a system, how, specifically, can technology be used to tackle the root cause of problems facing health and social care?

3. How, as a system, can we better manage the future of increasing prevalence of complex diseases and comorbidities?

4. How do we better adapt our hospital and community care to the ageing population and changing demographics of older people across the system?

- Forum members were presented with the following involvement opportunities for this cohort:

- Launch Event – Wednesday 4th October (11am – 12.15pm) Presentation on Patient & Public Involvement & Choosing Wicked Problem, (Niagara Conference & Leisure Centre, Niagara Road, Sheffield, S6 1LU)

- Challenge Groups – 2 hours on each of the dates below at a choice of one of three Challenge Group community venues:

  o Wednesday 11th October (10am – 4pm)

  o Thursday 19th October (10am – 4pm)

  o Thursday 9th November (10am – 4pm)

  o Wednesday 15th November (10am – 4pm)

- The choice of three Challenge Group venues over the four days are:

  o SOAR Works Enterprise Centre, 14 Knutton Road, Parson Cross, Sheffield, S5 9NU

  o Israac Somali Community Association, Vestry Hall, 54 Cemetery Road, Sheffield, S11 8FP

  o The Hope Centre, Bernard Road, Sheffield, S2 5BQ

- Forum members should get in touch if they would like to be involved in this cohort of Leading Sheffield, particularly if they have any relevant experience for a particular Wicked Problem or know an individual or group that does.

The next meeting of the H&CP forum can be viewed here.

Further information on the work of the H&CP forum can be viewed here

Health & Care Public (H&CP) forum meeting Tuesday 10th October 2023:
Summary of the key points and updates

- The H&CP forum were joined by Janet Kerr, Operations Director (Deputy Director Adult Social Care), Sheffield City Council and Sarah Burt, Deputy Director Commissioning (Sheffield), South Yorkshire ICB to provide an overview and gain forum members views on the Sheffield Discharge model.
- The H&CP forum commented on the Virtual Wards patient feedback form.

Sheffield Discharge Delivery Model

Key updates included:

- The primary aims of the discharge programme are to improve the experience of hospital discharge for patients and their next-of-kin as well as staff.
- Discharge to Assess model (read more here) – NHS England Guidance – Wherever possible, people should return to their home for assessment, and that alternative pathways should be provided for those that cannot go straight home i.e., not a hospital bed.
- Services that people can be referred to in Sheffield as part of the discharge process if they need extra support:
  1. **Community Intermediate Care Services (CICS)** – Provide care for people that have been discharged from hospital that still need clinical monitoring e.g., blood pressure monitoring.
  2. **Short-Term Intervention Team (STIT)** – Similar to CICS, but no clinical intervention is provided. People receive care from STIT if CICS is no longer available.
  3. **Independent sector care** – People require continuing care after STIT, they may undergo an assessment and receive independent sector care. This can be provided immediately after hospital discharge e.g. if they already have a home care provider or need ongoing care straight away.
- Work is ongoing to improve collaborative working, and regular multi-disciplinary meetings take place between social workers, hospital staff and continuing healthcare staff to discuss best approach for patients.

Forum members views and experiences to questions highlighted that:

- Forum members questions and comments are shown in the blue text.
- Responses and questions from the Speaker are shown in the black text.

- A forum member described being an expert in their ongoing condition, receiving ongoing care at home, discussions from the hospital bed about their care gets them home faster as they are not waiting for a service to conduct as assessment.
- The speakers emphasised these types of discussions would not be prevented. Ideally, a patient will return home when the service is available.
- A forum described the prospect of multiple services entering a patient's home following a stay in hospital overwhelming.
- The speakers explained by having the assessment taking place in the patient's home, it would give services a better idea of what equipment will work best and ensure only necessary services and individuals will enter the patient's home and avoid over-allocation of equipment.
- Several forum members described negative experiences and complications for themselves personally, or family and friends, due to prolonged hospital stays.
- This programme of work aims to make sure patients are discharged from hospital at the optimum time during their length of stay.
- Forum members thought there needs to be provision within the Discharge to Assess model for outlier cases e.g. who takes responsibility when a patient is being discharged from an out-of-are hospital? What happens if a patient is sent home and they struggle to live independently whilst waiting for an assessment?
- Often the issue is around clarity of who to contact, and we could look at this information when reviewing messaging. There's an out-of-hours social care service that can help during the evenings and weekends. The out-of-are hospital liaises with Social Workers from Sheffield NHS Foundation Trusts to ensure that the patient receives appropriate care.
- Forum members thought the programme required the right level of financial resourcing and an adequate resourcing to ensure long term success and wondered what is being done differently to achieve the priority this year as it has been a priority for a number of years?
- The city has committed a significant amount of funding to the programme, and investing in people – patients, carers and staff – is crucial. As the programme progresses, the pathway may undergo refinement based on how patients experience the Discharge to Assess model. The programme has senior leadership engagement.
- Have you asked staff what they think of the programme?

- The first Discharge Summit was held in June where most of the discharge pathway/senior managers were present. The majority are supportive despite the short-term disruption they may experience.

Virtual Ward Patient Feedback Form

Forum members commented on the embedded Virtual Ward Patient Feedback Form after the June meeting:

- The inclusion of additional data may be useful:
  - Demographic information
  - Date the form was filled in
  - Length of stay on the ward

- A space for contact details and permission for further contact like patient and family feedback.

- Providing a digital copy and opportunity to email the form.

- Provide space for any additional comments

- Change of wording to "anything you particularly disliked" to something more constructive and neutral "are there any areas in which you think we could have improved?

The next meeting of the H&CP forum can be viewed here.

Further information on the work of the H&CP forum can be viewed here

- The H&CP forum were joined by Aisling Redmond, Patient Experience Manger at Sheffield Teaching Hospitals and Karen Harrison, Health Improvement Principle at Sheffield City Council/South Yorkshire Integrated Care Board who are taking part in Leading Sheffield to gain the forum's perspective on their recommendations to address the question 'Working as a system, how, specifically, can technology be used to tackle the root cause of problems facing health and social care?'

Leading Sheffield Challenge Group: Working as a system, how, specifically, can technology be used to tackle the root cause of problems facing health and social care?

Key updates included:

- There are three key criteria to the solutions: easy-to-use, opt-in, and invisible (meaning system-facing so the service user isn't required to use technology)
- The Challenge Group suggests two potential solutions which were graded on low cost, high impact:
  1. Community-based appointment booking system: Devices located in the community that people can use to book appointments – people may require support to use the devices for the first time.
  2. Online forum for the Sheffield health and care system: a cross-sector online forum to share projects, and connect professionals with different areas of expertise.
- The Challenge Group suggested two potential solutions which were graded high cost, high impact:
  1. Shared Care Record: enable patient information to be shared between primary and secondary care as well as other organisations involved in the wider health and care system.
  2. Use of Artificial Intelligence (AI):
     2.1 For accessibility: Using AI to automatically generate information in an accessible format for patients that need it e.g. if someone does not speak English, using AI to translate communications into the language they do speak.
     2.2 For disease detection, prevention and treatment: Using AI to detect where diseases are more prevalent in Sheffield, and where preventative measures can be implemented and would be most effective.

Forum members views and experiences to questions highlighted that:

- Forum members questions and comments are shown in the blue text.
- Responses and questions from the Speaker are shown in the black text.

- There needs to be focus on developing pre-existing systems in our communities e.g. having a volunteer based in GPs to assist with booking appointments.
- Need to consider the logistics of communicating changes to booking systems.
- One forum member stated that a system they previously found useful was an online interface where they got to select an appointment from a list of dates and times.
- There needs to be a variety of choices when it comes to booking and communications for appointments to fit the needs of different patients and their circumstances.
- Information being shared with schools would be very beneficial to ensure they are treated appropriately e.g., pupils not being punished for missing school with a health condition.
- A shared record could help prevent silo-thinking. There needs to be more communication between sectors, and regions of the UK.
- One forum member thought most records are still paper-based and the software used for digital records needs to be standardised to facilitate digitalisation.
- There have been previous unsuccessful attempts to digitise the information, and if digitisation is to be successful, it will require major investment. One forum member drew attention to the Yorkshire and Humber Care Record and wondered whether there had been any progress on this particular project.
- Not everyone may be comfortable with information being shared in this way.
- One member shared a story about a carer who preferred not to have access to patient records as they wanted to focus on how the person they were caring for was on the day.

Everyone was invited to the Leading Sheffield Landing Event on Friday 1st December, 9.30am – 2.30pm at Sheffield Town Hall where the solutions to this question will be presented by one Challenge Group alongside two groups addressing the following question "How do we better adapt our hospital and community care to the ageing population and changing demographics of older people across the system?"

- Some forum members felt it was be beneficial if there were some direct action as a result of Leading Sheffield. Targeting senior managers to attend might result in ideas being taken forward.

- The next meeting of the H&CP forum can be viewed here.

- Further information on the work of the H&CP forum can be viewed here

Health & Care Public (H&CP) forum meeting Tuesday 12th December 2023: Summary of the key points and updates

- The H&CP forum were joined by Lucy Ettridge, Deputy Director of the Community Development Inclusion Programme at South Yorkshire Integrated Care Board to provide an overview of and seek feedback and views towards the Model Neighbourhood work in the North of Sheffield.

Model Neighbourhood

Key updates included:

- Lucy talked through the following webpages of information to provide an overview of the North East Neighbourhood Plan 2023 – 28 including the aims, objectives, principles and a case for change.
- Lucy emphasised this was a long term plan working with VCSE and Statutory partners through delivery group meetings to empower communities in the North East of Sheffield to live happier and healthier lives by connecting people to each other in communities, building community capacity of individuals and neighbourhoods, devolving power to communities.
- There will be a six stage approach carried out over five years:
  1. Sensemaking (September – December 23) Key areas: Issues, relationships and politics, previous investment, current funding.
  2. Initial investment in the VCS (October – March 23) Delivering direct awards and grants with a commitment to long term funding in years 2 – 5.
  3. Community engagement (January 24 to March 24) The approach will be multifaceted and tailored to audiences.
  4. Planning (March 2024) We will have a clear idea of the issues of people and possible solutions.
  5. Doing (Quarter one 2024/25 onwards) Long-term investment to the Voluntary Community Sector to collaborate, self-govern and deliver plans in each neighbourhood with frequent engagement.
  6. Participatory budgeting (Quarter one 2024/25 onwards) democratic process in which community members decide how to spend part of a public budget.

Forum members views and experiences to questions highlighted that:

- Forum members questions and comments are shown in the blue text.
- Responses and questions from the Speaker are shown in the black text.
- Several forum members commented on the need to learn from previous initiatives and how best to involve people in building communities with the key enablers to this being trust, representation from a variety of agencies, and ensuring that people from a diverse range of backgrounds are included.

- This scheme is different to previous similar schemes within these areas as we are using an upstream approach to empowering communities with a focus on prevention and early intervention that has not been implemented before. Parallel to this, there is a ring-fenced budget set aside to improve services. In order to ensure that this initiative works for communities, we are producing a sense making piece and external researcher New Local to help understand the areas. Previously, £50 million was invested in the area as part of the New Deal, but is hasn't had lasting change and we want to understand why this happened.
- Problems faced by communities are often assumed by external organisations, rather than coming from within the community. In order for members of these communities to come forward you will need to build trust that their efforts will have an effect, and that won't be easy. Those who come forward will have to be representative of their community.
- A key part of the plan is rebuilding trust in statutory services e.g., through Community Champions. We understand this process may be challenging, and this is why it's part of our long-term plan. The communities problems will be defined by the community, not us.
- More emphasis is needed on multi-agencies at a grass root level e.g. the police, private enterprise.
- This is about community priorities, and how they wish to resolve issues such as safety. It might be that safety isn't one of their priorities. If safety is, the solutions will be community based and that might not involve the police. If communities decide that they wish to work with a certain institution to achieve their goals, we can then try to coordinate this as a system with a system response plan to the neighbourhood plans.
- Will there be a body that is representative of the community/neighbourhood? There's still a great difficulty attracting certain demographics to participate despite efforts.
- The VCSE will be funded to lead engagement. We are committed to trying to involve a wide range of demographics, especially those who aren't usually involved. The "how" will continue to develop.
- Sheltered housing, local facilities and shops can help build community but isn't mentioned in the plan. Members shared the benefits of these facilities.
- Improving sheltered housing is out of the scope of this plan, but we are working closely with pre-existing sheltered housing schemes to bring together the voice of those who live in sheltered housing.
- There are institutional and systemic problems that need to be solved for plans like this to work. Systems can be slow to react to public responses, so a fundamental change is needed in those systems.

- This project is not a sliver bullet to all problems in the neighbourhood, it' about empowering communities to help them change their own lives. We know that public services need reforming but are constrained by current funding, and the limited public finance may not change. Despite this, we want to make improvements within communities and work is underway in the city to change the culture within the system.
- How will the outcomes of the project be monitored? What is the data sharing policy for the project?
- This is still to be agreed. We are working with New Local who are developing an evaluation framework that will include monitoring. The data sharing policy will be decided with the evaluation framework.

HCP Update Report

The latest Health and Care Partnership Update Report from September – October was talked through. This can be read here.

The next Health and Care Partnership Board will take place on Monday 6th February, 9.30am – 12.30pm at 722 Prince of Wales Road, Sheffield, S9 4DZ. Members can attend and ask questions before the meeting and details will be uploaded here nearer the time.

Forum members views and experiences to questions highlighted that:
- Forum members questions and comments are shown in the blue text.
- Responses and questions from the Speaker are shown in the black text.
- Can we have the contact details for people leading on these work areas.
- Sharing a full list of contacts for programmes is difficult at this point of time due to potential staff changes. We are happy to share the current contact if members have a particular interest in a topic.
- The current system is not equipped to care those experiencing problems related to dementia and mental health, and the problems within these services are continuing to deteriorate.
- This has been recognised by the Mental Health, Learning Disabilities, Dementia and Autism Delivery Group who have a series of specific priorities for improving services:
1. Supporting people experiencing a crisis in their mental health (*this is one of the HCP's five priorities for 23/24)
2. Reducing waiting lists for people awaiting a diagnosis of neurodiversity, and delivering the commitments of the Autism Strategy (*this is one of the HCP's five priorities for 23/24)
3. Improving access, flow and discharge in and out of acute mental health units, especially for those who have to be placed outside of Sheffield

4. Designing an integrated and holistic approach to children and young people's mental health and social care
5. Continuing the transformation of adult community and primary mental health and social care
6. Recommissioning learning disability services in the community
7. Delivering the commitments of the Dementia Strategy, including the memory assessment pathways
8. Seeing a transformation in substance misuse services through the commissioning of a new service.
   More information can be read here

- Can we hear from a national organisation like Dementia UK or Age UK to hear about what is being done across other Local Authorities?
- This would be a good idea but we need to ensure there is still an opportunity for influence.
- Could Healthwatch Sheffield provide a summary of their activities over the past year?
- Healthwatch Sheffield have shared an update like this in the Annual Report, and regularly provide updates in the Newsletter (volunteers should receive this) and Quarterly Report.
- Can we have more input into the work of the Council, particularly the decision-making process for defining the scope for projects e.g., licensing decisions.
- This can be done through the Local Area Committee meetings.

Travel update
- The forum members were given an update on the Travel at Sheffield Teaching Hospitals NHSFT presented in January:
- The Sustainable Travel Committee meetings have been paused for a few months whilst a re-evaluation of the group is taking place to determine how it feeds into the sustainability plans for Sheffield Teaching Hospitals.
- The H1 Bus has returned to full public and staff usage – the timetable is fully available on Travel South Yorkshire. The vehicle is suitable for wheelchair or pushchair access.
- The provision for transporting patients around the Northern General site has returned and will be accessed alongside the tender for the H1 service. The tender will take place in the middle of next year, and the feedback provided by the forum members will inform the process.

- The next meeting of the H&CP forum can be viewed here.

- Further information on the work of the H&CP forum can be viewed here