Public Document Pack

Sheffield Health and Wellbeing Board

Sheffield City Council • Sheffield Clinical Commissioning Group

Thursday 10 December 2020 at 3.00 pm

To be held as a video conference.

The Press and Public are Welcome to Attend

Membership

Chief Superintendent Stuart Barton	South Yorkshire Police
Dr Nikki Bates	Governing Body Member, Clinical Commissioning Group
Jayne Brown	Sheffield Health & Social Care Trust
Nicki Doherty	Director of Delivery Care out of Hospital, Clinical Commissioning Group
Councillor Jackie Drayton	Cabinet Member for Children and Young People
Greg Fell	Director of Public Health, Sheffield City Council
Jane Ginniver	
Phil Holmes	Director of Adult Services, Sheffield City Council
Dr Terry Hudsen	NHS Sheffield CCG
David Hughes	Sheffield Teaching Hospitals NHS Foundation Trust
Alison Knowles	Locality Director, NHS England
Councillor George Lindars-Hammond	Cabinet Member for Health and Social Care
Laraine Manley	Executive Director, Place
Clare Mappin	The Burton Street Foundation
Dr Zak McMurray	Clinical Director, Clinical Commissioning Group
Alison Metcalfe	
Prof Chris Newman	University of Sheffield
Judy Robinson	Chair, Healthwatch Sheffield
David Warwicker	
Councillor Paul Wood	

Sheffield City Council

SHEFFIELD'S HEALTH AND WELLBEING BOARD

Sheffield City Council ● Sheffield Clinical Commissioning Group

Sheffield's Health and Wellbeing Board started to meet in shadow form in January 2012 and became a statutory group in April 2013. The Health and Social Care Act 2012 states that every local authority needs a Health and Wellbeing Board. It is a group of local GPs, local Councillors, a representative of Sheffield citizens, and senior managers in the NHS and the local authority, all of whom seek to make local government and local health services better for local people. Its terms of reference sets out how it will operate.

Sheffield's Health and Wellbeing Board has a formal public meeting every three months as well as a range of public events held at least once a quarter.

Sheffield's Health and Wellbeing Board has a website which tells you more about what we do. http://www.sheffield.gov.uk/home/public-health/health-wellbeing-board

PUBLIC ACCESS TO THE MEETING

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Meetings are normally open to the public but sometimes the Board may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last.

If you require any further information please contact Abby Brownsword on 0114 273 35033 or email abby.brownsword@sheffield.gov.uk

FACILITIES

N/A

SHEFFIELD HEALTH AND WELLBEING BOARD AGENDA

Sheffield City Council ● Sheffield Clinical Commissioning Group

10 DECEMBER 2020

Order of Business

1. Apologies for Absence

2. Declarations of Interest (Pages 5 - 8)
Members to declare any interests they have in the business to be considered at the meeting.

3. Public Questions
To receive any questions from members of the public.

4. NHS Sheffield CCG Commissioning Plan (Pages 9 - 22)
Report of the Deputy Accountable Officer, NHS Sheffield CCG

5. Health and Wellbeing Board and Engagement (Pages 23 - 30)
Report of the Director of Public Health, SCC

6. Healthwatch Update

7. Covid-19 Rapid Health Impact Assessments (Pages 31 - 46)
Report of the Director of Public Health, SCC

8. Minutes of the Previous Meeting (Pages 47 - 54)
Minutes of a meeting held on 24th September 2020.

9. Date and Time of Next Meeting
The next meeting of the Health and Wellbeing Board will be on Thursday 25th March 2020 at 3pm.

This page is intentionally left blank

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of:	Brian Hughes, Deputy Accountable Officer, NHS Sheffield CCG
Date:	1st December 2020
Subject:	**Sheffield CCG Commissioning Plan 2020/21**
Author of Report:	Sandie Buchan, Director of Commissioning Development, NHS Sheffield CCG

Summary:

This paper presents Health and Wellbeing Board with Sheffield CCG's refreshed commissioning intentions for the remainder of 2020/21 as well as the progress to date on the development of the 2021/22 commissioning intentions with Sheffield City Council, to provide assurance on the alignment and continued commitment to the Health and Wellbeing strategy

Questions for the Health and Wellbeing Board:

1. Do the CCG commissioning intentions assure the Health and Wellbeing Board the actions will address the priorities of the Health and Wellbeing strategy?
2. Are the 2020/21 aligned commissioning intentions between Sheffield CCG and Sheffield City Council the right focus to continue to progress?
3. Are there any gaps within the commissioning plan to ensure delivery of the Health and Wellbeing objectives?
4. Does the Board agree to delegate approval of the Better Care Fund expenditure to Chairs subject to the next public meeting?

Recommendations for the Health and Wellbeing Board:

- To be assured on the alignment of Sheffield CCG's commissioning intentions to the objectives of the Health and Wellbeing strategy.
- To assure the Health and Wellbeing Board on progress with Joint Commissioning Intentions.
- To provide an update on the Better Care Fund planning process.

Background Papers:

- Health and Wellbeing Strategy
- NHS Long Term Plan
- Social Care Green Paper
- Spending Review
- Sheffield CCG 2020/21 Operational Plan

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

All nine ambitions have been considered as part of the development of SCCG's commissioning intentions for 2020/21 as well as the ongoing development for 2021/22.

Who has contributed to this paper?

John Doyle, Director of Strategy & Commissioning, Sheffield City Council

Jenny Milner, Head of Integration, Sheffield CCG & Sheffield City Council

Sheffield CCG Commissioning Plan 2020/21

1.0 SUMMARY

1.1 2020 has been a challenging year. The COVID-19 pandemic has tested the health and care system like never before to ensure our population remains safe and those who need treatment and support receive it, whilst managing the challenges of the pandemic and maintaining the wellbeing of our staff. We are currently in wave two with the NHS again being placed in level 4 command and control response on 9th November 2020.

1.2 As a result, Sheffield CCG (SCCG) have stopped to refresh the organisation's commissioning intentions for 2020/21 to ensure the following issues have been factored into our thinking:

- Identified commissioning implications arising from COVID and its consequences.
- Prioritisation of commissioning intentions to include priorities within the Sir Simon Stevens phase three of the COVID-19 pandemic letter and include greater weighting on reducing health inequalities.
- The agreed Health and Wellbeing ambitions and Sheffield Accountable Care Partnership (ACP) near term priorities are embedded within our commissioning work and continues to address inequalities across the health and care system in Sheffield.
- Delivering local outcomes and national requirements including those detailed within the NHS Long Term Plan alongside our joint commissioning colleagues at Sheffield City Council.
- Identified areas of wider Integrated Care System (ICS) delivery across South Yorkshire and Bassetlaw.

1.3 This paper provides Health and Wellbeing Board with the developed commissioning intentions for the remainder of 2020/21 as well as the progress to date on the development of the 2021/22 commissioning intentions to date, to provide assurance on the alignment and continued commitment to the Health and Wellbeing strategy.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 The Department of Health and Social Care published an important letter to all sectors of the NHS on 31 July 2020, entitled "Third Phase NHS response to COVID-19" (frequently referred to as "the Phase Three guidance") This was followed by detailed implementation guidance, and a requirement for an in-year planning submission.

The guidance included a requirement for the NHS to put eight “High Impact Actions” into practice, in order to tackle the health inequalities which have been both exposed by, and worsened by, COVID-19 and the response to it. These are the High Impact Actions:

1. Protect the most vulnerable
2. Restore NHS services inclusively
3. Digitally enabled pathways that are inclusive
4. Accelerate preventative programmes
5. Support people with mental health problems
6. Named executive board member and boards to publish a five-year action plan
7. Ensure complete datasets
8. Collaborate on planning and engage with communities

We are learning and listening to our population from wave 1 of COVID by reaching out to contacts in the community to find out how they have been coping with the pandemic and subsequent restrictions. We have received over 400 comments and logged them against protected characteristics, so we have been able to analyse the feedback by different communities. As time as gone on, the feedback has also moved beyond being COVID specific. We are planning on this now being a regular part of our work, where we are continually reaching out to our communities, recording their feedback, and using this to inform and influence our commissioning priorities. We have used this feedback as part of the review of this plan and subsequent commissioning intentions.

We are currently reviewing how we will monitor whether our commissioning priorities have made the necessary impact on reducing health inequalities. We are developing this with our colleagues at Sheffield City Council as part of our joint commissioning priorities.

3.0 COMMISSIONING PLAN

3.1 Introduction

The Health and Wellbeing strategy detail nine ambitions that have been identified as the key pillars of a healthy life and key to reducing inequalities. These are:

1. Every child achieves a level of development in their early years for the best start in life
2. Every child is included in their education and access their local school

3. Every child and young person has a successful transition to adulthood
4. Everyone has access to a home that supports their health
5. Everyone has a fulfilling occupation and the resources to support their needs
6. Everyone can safely walk or cycle in their local area regardless of age or ability
7. Everyone has equitable access to care and support shaped around them
8. Everyone has the level of meaningful social contact that they want
9. Everyone lives the end of their life with dignity in the place of their choice

The Joint Commissioning Committee, established in June 2019, is committed to ensuring new models of care delivers the outcomes required for the City of Sheffield that are aligned to these nine ambitions. NHS Sheffield CCG (SCCG) and Sheffield City Council (SCC) have been working together to develop and deliver commissioning intentions that not only achieve the outcomes identified within the nine objectives but also achieve national requirements as described in the NHS Long Term Plan, Social Care Green Paper and the Spending Review to name a few.

3.2 2020/21 Commissioning Plan

The Joint Commissioning Committee agreed to focus on:

- Giving a single commissioning voice
- Owning a single commissioner plan
- Ensuring new models of care that deliver the outcomes required by the City
- Building on Better Care Fund and Section 75, driving forward change

This will be based on the following principles:

- A preventative model built into delivery at all levels of complexity
- Care closer to home or a home via Neighbourhoods, Localities, Primary Care Networks
- Reduction in health inequalities in Sheffield
- Person centred commissioning joined up with placement and brokerage
- Improved people experience and outcomes
- Effective and efficient use of resources whilst ensuring safe and effective standards of service
- Collective management of risk and benefits

The Committee will ensure, in the first instance, delivery of outcomes in the three priority areas of focus: Frailty, SEND and Mental Health. Appendix 1 details the aligned commissioning intentions that SCCG and SCC are jointly working on for the remainder of 2020/21. These are currently being worked through and finalised with the Joint Commissioning Committee however reflect the strong approach to integration and joint working. This aim to deliver the ambitions of the Health and Wellbeing Board, requirements of the Better Care Fund, whilst considering the Rapid Health Impact Assessments, Adult Social Care Review, the NHS Long Term Plan as well as the Accountable Care Partnership priorities.

Alongside the aligned commissioning intentions, as part of the annual commissioning cycle, SCCG completed a detailed piece of work ensuring that the overarching strategy of Sheffield CCG remains fit for purpose and recognises the new challenges and requirements during the current phase of the COVID-19 pandemic. Appendix 2 details the vision and objectives of SCCG as well as a number of challenges which face our City, which we have identified together with our partners. The CCG has also developed a number of principles which guide our work: these help us make sure our work is true to our vision and values, and fulfils our purpose. SCCG's commissioning plan detail our commissioning intentions, which are the things we will do this year to improve services and people's experience of these. They are what we need to plan/buy/monitor or do to ensure people get the right care and treatment.

Appendix 3 shows how we have aligned our commissioning intentions to the agreed challenges that face our city. This shows what we are going to do to address these challenges in 2020/21 and what the benefits will be for the Sheffield population.

All of our commissioning intentions were prioritised using a list of criteria to ensure that we were delivering the right changes to the health services across Sheffield that linked to our vision and our objectives. These criteria ensured our intentions looked at:

- Addressing our challenges and adds value to service users
- Reducing health inequalities
- Ensuring value to taxpayers
- Meeting our strategic principles
- Considering the level of risk

Part of the prioritisation process included alignment to the wider strategic picture and national requirements. This included but not limited to: Long Term Plan commitments,

Joint Commissioning Committee (JCC) objectives, the nine objectives of the Health and Wellbeing strategy, the Accountable Care Partnership (ACP) objectives and the wider South Yorkshire & Bassetlaw (SY&B) Integrated Care System (ICS) objectives. We also identified additional commissioning implications that have risen from COVID and its consequences.

3.3 2021/22 Commissioning Plan

During the next few months, further work will be undertaken to enable us to:

- Reach a mutual understanding with SCC colleagues around the challenges we jointly face as commissioners and their root causes, having considered the Rapid Health Impact Assessments and Adult Social Care Review;
- Agree the outcomes we want to achieve in order to address the challenges (these may be joint outcomes or single contributory ones);
- Develop, understand and agree the joint commissioning intentions (either 2021-22 or beyond) that will start to deliver the outcomes and address the challenges.

3.4 Better Care Fund planning requirements and template for 2020/21

The national team are considering the minimum legal requirements to ensure minimum pressure is placed on systems at this time. It is expected that guidance and the template will be issued by the end of December and will be limited to the approval of the financial aspects of the Better Care Fund for sign off of the expenditure and oversight by Health and Wellbeing Board. Once issued it will be shared with Chairs of the Board for consideration and delegated approval as required to enable submission, with a copy progressing to the next public meeting.

4.0 QUESTIONS FOR THE BOARD

1. Do the CCG commissioning intentions assure the Health and Wellbeing Board the actions will address the priorities of the Health and Wellbeing strategy?
2. Are the 2020/21 aligned commissioning intentions between Sheffield CCG and Sheffield City Council the right focus to continue to progress?
3. Are there any gaps within the commissioning plan to ensure delivery of the Health and Wellbeing objectives?
4. Does the Board agree to delegate approval of the Better Care Fund expenditure to Chairs subject to the next public meeting?

5.0 RECOMMENDATIONS

- To be assured on the alignment of Sheffield CCG's commissioning intentions to the objectives of the Health and Wellbeing strategy.
- To assure the Health and Wellbeing Board on progress with Joint Commissioning Intentions.
- To provide an update on the Better Care Fund planning process.

Appendix 1: 2020/21 Aligned Commissioning Intentions

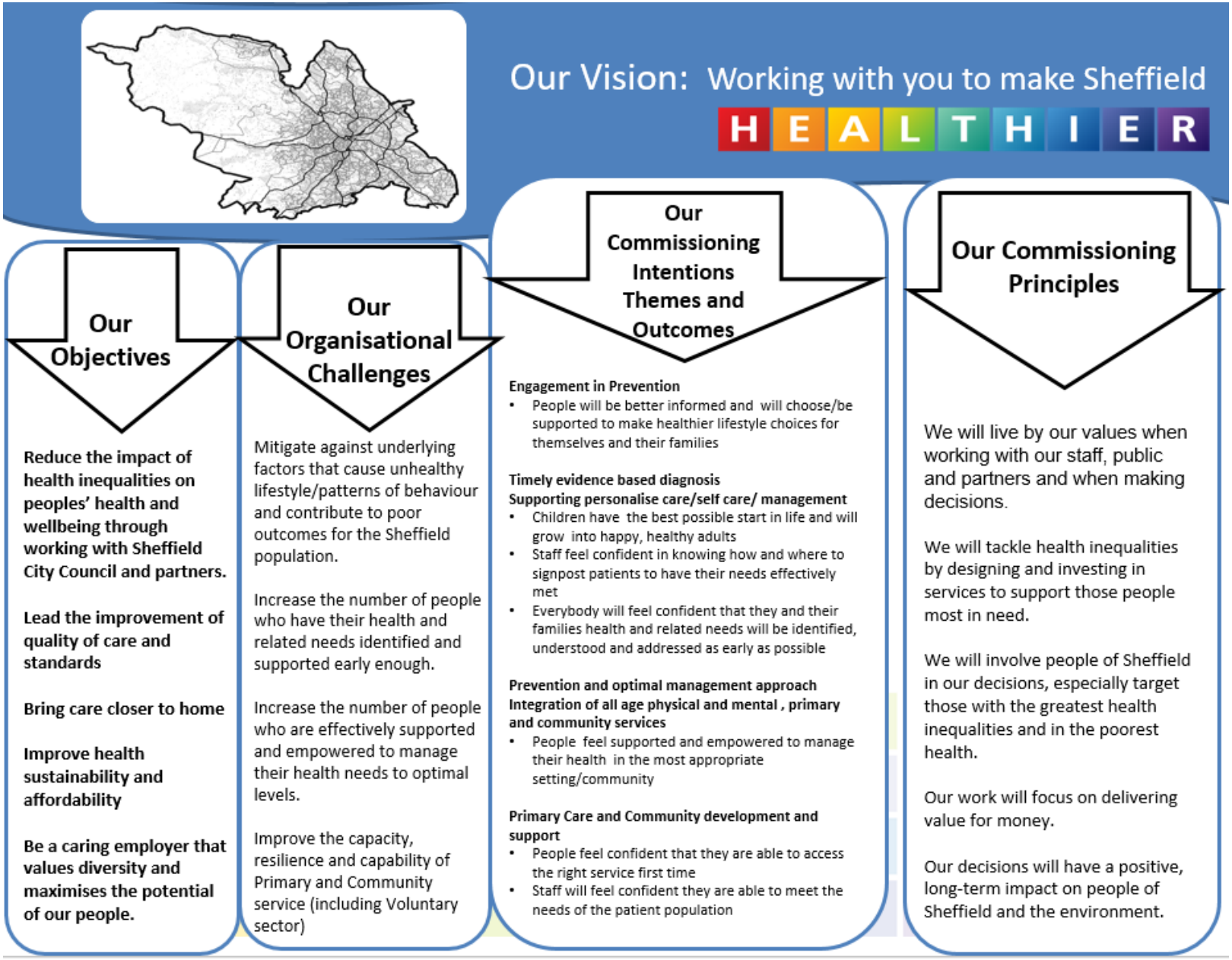
COMMUNITIES	
Resilient Communities	Working with all partners in communities to raise aspiration, resilience, prevention etc. Maximising the benefits of population health management to enable resilient communities. Commissioning the new Social Impact Bond project for adults with complex needs. Joint Commissioning Intentions include: • Loneliness Rapid Health Impact Assessment – future developments • Support effective and inclusive multidisciplinary team working and integration at practice/network or neighbourhood level • Maximise opportunities to deliver more services in the community
Voluntary and community sector	This is an area of review and the key questions being considered are: Primary care networks, SCC, VCS to work more closely together at a local level? How can the Joint Commissioning Committee enable Resilient Communities? What would the relationship be between the system and Volunteer Co-ordinators Forum (VCF)? How do we ensure this is sustainable and organisations invest in building relationships with people and partners? What would success look like and how would we know? Joint Commissioning Intentions include: • Explore opportunities to develop all age social prescribing • Maximising opportunities to deliver more services in the community • Development of a community capacity building approach • Develop a refresh of the all age carer's strategy for the City
ALL AGE	
On-going care	Integration of health and social care across on-going care services: • **Independent Sector Resilience:** Market shaping and sustainability of the care home market. Building on home first principles and recovery, establish a robust discharge home to assess service, work with care home and supported living providers to ensure a sustainable level of provision in Sheffield to meet future needs.

	• **Homecare provision:** Transformation of homecare services to support home first principles including rapid and dementia response, 24/7 support and a more flexible and responsive outcomes focused commissioning approach. • **Carers Services:** Review provision to informal carers to include preventing carer breakdown and carers breaks. Carers have the largest impact in relation to support packages for life outcome. Joint Commissioning Intentions include: • Adult social care strategic review (including crisis and reablement care at home and care in accommodation) • Universal approach to personalised care and support planning • Develop strategy and plan to enable more people to die in preferred place • Provider market sustainability and development
Mental Health	New models of crisis care – for adults and children Primary care and community/neighbourhood/schools mental health services and investing in prevention/early help Improve capacity and response times through reconfiguration/review of community mental health services (secondary care) Watch and respond to post COVID 'surge' in demand Implement NHS Long Term Plan investment priorities Parity of esteem across mental and physical health An integrated approach to the new provider collaborative delivery of new models of care moving patients from NHS England beds. Joint Commissioning Intentions include: • Reviewing and recommissioning specialist psychological and emotional trauma services, including sexual abuse counselling • New outreach provision for rough sleepers and homeless people (PHE grant) • Recommissioning of Mental Health and complex needs supported living schemes • Develop services for young people, including transitions (16-18 CAMHS) within an all age approach • Improve access to Mental Health, LD and Autism Services • New crisis care mental health pathway for children and adults • Primary Care Mental Health Service roll out • Review and sustain employment support programme (individual placement support) for people with severe mental illness

	• Implement multiagency practice model for children's social care including embedded mental health, domestic abuse and drug/alcohol workers • Implement single eating disorders pathway • Roll out suicide reduction programme
Children and Families	**Emotional Wellbeing and Mental Health:** Through our Local Transformation Plan we are transforming our mental health services for children and young people by improving access to services. We are increasing capacity and developing new models of care, delivering more early intervention and providing better support for the Sheffield workforce. **Community Health:** Joining up Children's Primary and Secondary Care, Children's Education, Social Care and Family Support Services to ensure families get early help and care close to home. **Maternity and Best Start:** Improving the health and wellbeing of women and babies by ensuring we plan together between health and public health and provide evidence based models of care that ensure every child has the best start in life. Revise the local offer of Maternity care within localities. **Inclusion and SEND agenda:** Not just those with complex needs. Looking at how we support children to receive the relevant support that enables them to engage in an education setting appropriate to their need. Joint Commissioning Intentions include: • Supporting effective transitions • Joint packages of care/continuing health care (CHC) approach • Review of the 0-19 health service • Develop a community based offer of children's healthcare (prioritising palliative and complex care), working with Primary Care Networks • Implementation of the Great Start in Life Strategy • Further develop a joint commissioning plan for inclusion and SEND
Learning Disabilities	**Social Inclusion:** A shift in culture and practice towards promoting people's social inclusion, and reducing people's reliance on institutionalised forms of care as their only form of support. **Employment and volunteering opportunities:** Improving employment support and access to wider community based volunteering.

	Support for family carers: Making sure families have access to high quality support to help them continue caring at home, if that is what they want to do. **Direct payments:** Stimulate diverse, innovative support to make sure the right services are available. **Moving away from traditional or institutional forms of care:** Make sure all people with learning disability have access to community-based services that promote independence, wellbeing and social inclusion. **Advocacy:** Clear vision and plan for making sure the right advocacy support is available when people need it. **Develop our supported living, day activities and direct payment market:** To maximise independence, choice and control for people who use these services. Joint Commissioning Intentions include: • Refresh of the Learning Disability Strategy for the City • Development of a market position statement for supported living that enables the availability of appropriate forms of care • Commission infrastructure to implement and oversee the management of personal health budgets • Ensure coordinated transitions to adulthood that supports independence and offers integrated support where appropriate • Joint packages of CHC

Appendix 2: Sheffield CCG Plan on a page 2020/21



Appendix 3: 2020/21 SCCG Commissioning Intentions

Challenge 1: Mitigate against underlying factors that cause unhealthy lifestyle/patterns of behaviour and contribute to poor outcomes for the Sheffield population

Why is it a priority?
People who lead unhealthy lifestyles are more likely to develop key health conditions and have shorter lives.
More people in Sheffield die from smoking related causes than the England average.
Children who are born prematurely often have special educational needs (SEN) doing less well at school and increasing demand on services.
Children who are overweight or obese are at risk of developing long term health conditions such as diabetes, mental health issues and likely to have shorter length of healthy life.

Commissioning Intentions:
All organisations working together to prevent flu and pneumonia and stays in hospital as a result of these conditions.
Support Primary Care Networks to improve the health of their patients through funding / information / service specifications / support Quality Outcome Framework delivery.
Work with the Integrated Care System and Sheffield City Council to commission and monitor the implementation of QUIT (smoking cessation programme).
Diabetes Prevention: Promote Type 2 diabetes remission through "Very Low Calorie Diet".
Put in place systems to alert staff to patients in secondary care who should be on a statin and/or not achieving blood pressure.
Roll-out our local Suicide Reduction Programme.

Examples of outputs:
- Pathways developed to make sure that patients receive consistent healthy lifestyle messages when they see NHS and social care staff.
- Support for patients to avoid smoking whilst in hospital.

Examples of benefits:
- Further reductions in smoking in pregnancy and when give birth and lower levels of overweight pregnant women.
- Reduction in childhood obesity rates.
- Reduction in the number of suicides.

Challenge 3: Increase the number of people who are effectively supported and empowered to manage their health needs to optimal levels

Why is it a priority?
Optimal management of conditions improves quality of life and helps to reduce, prevent and delay development of other conditions
Children whose health needs are not optimally managed from an early age are likely to have poorer long term outcomes in relation to health and education and poorer social and economic outcomes.

Commissioning Intentions:
Improve crisis response services across a range of settings including intermediate care, care homes and mental health services (Psychiatric Decisions Unit and all-age mental health crisis response and home treatment service).
Increase capacity for Out of Hours emergency assessments and short term care for people with dementia.
Improve health outcomes for people with COPD.
Complete End of Life Health Needs Assessment, develop strategy and plan to enable more people to die in preferred place.
Commission revised models of outpatients, advice and guidance services and pathways.
Review current community pharmacist hypertension management for Cardio Vascular Disease.
Assess the population need for access to specialist psychological and emotional trauma services for specific groups.
Review the model for the High Intensity User service.
Commission an advice and support service for people living with and beyond cancer to cover areas of greatest health inequality.
Work with the Integrated Care System to implement regional waiting list management.
Re-commission an all-age phlebotomy service.
Support effective and inclusive multidisciplinary team working and integration at practice / network or neighbourhood level.
Improve children's community based healthcare offer (focusing on neurodevelopmental, complex and EOLC pathways).
Review children's community therapies. Improve transition from children's to adult services.
Commission integrated community services.
Implement a single eating disorders pathway with a single point of access across CYP and adult services.
Review the current specialist perinatal mental health services pathway and commission an enhanced level of service.
Ensure high quality, resourced pathways and services in Sheffield for people with and recovering from COVID-19.

Examples of outputs:
- More and better community services.
- High quality support to families and carers of people with dementia.

Examples of benefits:
- Increase in number of people who feel supported to manage their own condition.
- Demand on specialist services will be reduced.

Challenge 2: Increase the number of people who have their health and related needs identified and supported early enough

Why is it a priority?
Early support or diagnosis makes conditions easier to treat, helps people get better faster and costs less money in the long run.
Supporting children who have experienced Adverse Childhood Experiences (ACEs) as soon as possible is the best way to support them to learn, do well at school, improve their physical and mental health and get a job.

Commissioning Intentions:
Increase the uptake of annual health checks in primary care for people with a learning disability or a serious mental illness.
Design, develop and commission a pilot health check for people with autism.
Agree next steps following an evidence based review of the need for a rapid access diagnostic centre.
Review, develop and agree next steps for improving access and reducing waiting times for mental health services, learning disability services and autistic spectrum condition services.
Review and improve Child and Adolescent Mental Health Services access and pathway.
Increase referrals and self-referrals into all services offered by Improving Access to Psychological Therapies.
Support Sheffield City Council to review the 0-19 service (health visitor and school nurses).
Review the mental health element of Homeless Assessment Team.
Promote and commission 'trauma informed' training and support for health services and professionals.
Commission community based diagnostics services.
Agree universal all age citywide approach to personalised care and support planning.
Improve the use of urgent care pathways.
Improve awareness/usage of social prescribing for staff across all services.
Commission infrastructure to implement and oversee the management of personal health budgets.

Examples of outputs:
- Mental Health Support Teams will be operating across all schools in Sheffield.
- Better access to neurodevelopmental services.

Examples of benefits:
- Improved uptake of cancer screening
- Reduced waiting times for services
- People will be diagnosed earlier

Challenge 4: Improve the capacity, resilience and capability of Primary and Community services (including Voluntary sector)

Why is it a priority?
We need excellent, local, joined-up, sustainable primary and community support to deliver the interventions necessary to enable people to live their lives to the full.
Member practices have highlighted that Primary Care Mental Health is an area of concern that requires improvement.

Commissioning Intentions:

Estates:
Make best use of capital investment to provide a primary care estate fit for the 21st century.
Build capacity and resilience in primary care through the development of existing properties where these demonstrate value for money.

Workforce:
Support the recruitment and development of new primary care roles including care navigators, primary care paramedics, primary care physiotherapists, pharmacists and social prescribing.
Develop a robust approach to resilience including workforce recruitment and retention and support to vulnerable practices.
Work with Primary Care to support transfer of services and patient care requirements from secondary to primary care in order to respond to workload increase in primary care.
Recommission primary care translation services to commence October 2020.

Examples of outputs:
- Implement digital and physical infrastructure to share clinical knowledge, skills and expertise across the healthcare system.
- Increase the range of staff working in Primary Care

Examples of benefits:
- Improved access to primary care services
- Improved quality and consistency of services provided
- Increased efficiency

HEALTH AND WELLBEING BOARD PAPER

Report of:	Greg Fell
Date:	10th December 2020
Subject:	Health and Wellbeing Board: Future Engagement
Author of Report:	Rosie May

Summary:

This paper will outline previous engagement approaches taken by the Health & Wellbeing Board and reflect on what approaches the Board might want to take in the future. It will outline a number of questions that the Board should consider in deciding the methods, target groups and resourcing of any new approaches. It will recommend that a working group is established to draw up an engagement plan for the Board and that this group works with other Boards and partners in the city to ensure a joined up approach to engagement which asks the right people, the right questions at the right time and in the right way.

Questions for the Health and Wellbeing Board:

- What lessons should be drawn from previous engagement approaches? What can be improved?
- Where are the gaps in the Board's engagement approach?
- Are there any particular groups the Board should prioritise in future engagement? How can relationships be established/deepened with these groups?
- Are there any themes or ambitions which the Board should prioritise in future?
- What current best practise in engagement should the Board explore? What is possible within COVID-secure guidelines?
- How can the Board work with other partners and Boards across the city to ensure efficient and collaborative engagement approaches?
- How will we know our engagement has had a meaningful impact on the implementation of the strategy?

Recommendations for the Health and Wellbeing Board:

The Health & Wellbeing Board are recommended to:

- Establish an Engagement Working Group to develop a coherent proposal for consideration at the Board's March 2021 public meeting.

Background Papers:

Information on University of Sheffield's proposed Evaluation approach

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

All of them: the strategy cannot be fully realised without meaningful public engagement

Who has contributed to this paper?

Adele Robinson; Head of Equalities and Engagement, Sheffield City Council

HEALTH AND WELLBEING BOARD: FUTURE ENGAGEMENT

1.0 SUMMARY

1.1 This paper will outline previous engagement approaches taken by the Health & Wellbeing Board and reflect on what approaches the Board might want to take in the future. It will outline a number of questions that the Board should consider in deciding the methods, target groups and resourcing of any new approaches. It will recommend that a working group is established to draw up an engagement plan for the Board and that this group works with other Boards and partners in the city to ensure a joined up approach to engagement which asks the right people, the right questions at the right time and in the right way.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 The Joint Health and Wellbeing Strategy (JHWBS) has the eradication of health inequalities at its heart. Healthy life expectancy is the best overall measure of both health and health inequalities. In Sheffield, the gap between the best and worst off is around 20 years. The goal of the JHWBS is therefore: **We will close the gap in healthy life expectancy in Sheffield by improving the health and wellbeing of the poorest and most vulnerable the fastest**

2.2 It is only possible to close this gap by working in partnership with those most affected by health inequalities. These groups include but are not limited to people living in poverty, those with unstable housing and employment, disabled people, BAME people and older people. Closing the gap cannot be 'done to' people, but in collaboration with them, listening to and understanding lived experiences and needs. By establishing a programme of meaningful engagement, the Board will be able to ensure its work is tailored to the real needs of the citizens of Sheffield and allocate resources in the most efficient way.

3.0 BACKGROUND

3.1 The Health and Wellbeing Board has a responsibility to engage with the public in the development and implementation of its strategy to improve the health and wellbeing of the citizens of Sheffield. Healthwatch Sheffield is the Board's statutory partner for engagement. The Board's Terms of Reference state that:

> "Healthwatch Sheffield is the Board's statutory partner for involving Sheffield people in discussions and decision-making around health and wellbeing in the city. It is expected that the Healthwatch Sheffield representative(s) will clearly ensure Sheffield people's views are included in all Board discussions, with Elected Members, and other Independent Voice members also having a role in this regard."

3.2 The Joint Health and Wellbeing Board has always seen engagement as integral to its successful functioning, and has tried a number of different engagement approaches in the past, with differing levels of scale and to varying degrees of success.

3.3 Initially the Board's approach to engagement focused on two large scale in-person consultation and engagement events per year, linked to Public Board meetings, based on themes arrived at in discussion with services and Healthwatch Sheffield. As part of the review of the Board in 2017, these were discontinued as they were felt to have a limited connection to the broader agendas of the Board.

3.4 Following this, the Board sought ways to bring voice and lived experience of people and service users into Board discussions– with some successes, for example in relation to discussions around the Dementia strategy, but not enough consistent progress has been made in terms of influencing the strategy or the work of members of the Board more generally.

3.5 In 2018 Healthwatch were commissioned to carry out a programme of engagement around the new JHWBS. Much previous engagement had naturally focussed on people's operational experiences of specific services in the city, so Healthwatch were asked to engage around the broader health and wellbeing picture: i.e. talking to people about what supports their health, focused on the themes of the Strategy but not confined to these.

The Terms of Reference for this work state that Healthwatch will:

- engage with the public on the issues affecting health and wellbeing in Sheffield through a range of means, ensuring the output from this engagement is linked to the Board's Forward Plan, and is fed into and reflected in Board discussions. This work will:
- Provide an avenue for members of the public to impact on the Board's discussions and work;
- Engage the public and/or providers in the development of the Joint Health & Wellbeing Strategy;
- Develop the Board's understanding of local people's and providers' experiences and priorities for health and wellbeing;
- Communicate the work of the Board in shaping health and wellbeing in Sheffield;
- Develop a shared perspective of the ways in which providers can contribute to the Board's delivery.

By and large these principles should stand for any engagement that the Board may want to take beyond the commissioned work of Healthwatch. It is clear however that some members of the public may find it easier to influence the work of the Board than other more marginalised groups and that the Board needs to take extra measures to ensure all citizens have an opportunity to influence the work of the Board.

COVID-19 has had an impact on the work Healthwatch has been able to carry out this year, but in the previous to this as part of the commission above they have carried out a number of projects meeting with people in diverse locations. The Board has received an interim report on engagement work to date, which included talking to young families at Sheffield by the Sea in the Peace Gardens, with older people in the Moor Market, or with ESOL speakers as part of the New Beginnings programme. This engagement has been very valuable in terms of understanding how people view their lives, Sheffield, and health generally, in comparison to much engagement work which tends to be service-focused. There are some challenges in translating this engagement into clear actions for the Board and mapping recommendations onto the strategy. The commission for this work ends in March 2021 and at this stage no plans have been put in place for further work.

4.0 CURRENT CONTEXT: COVID AND INEQUALITIES

4.1 The Board commitment in the Terms of Reference to 'develop and maintain a vision for a city free from inequalities in health and wellbeing, taking a view of the whole population from pre-birth to end of life' means that as well as general public engagement with its work, a focus on engagement with marginalised groups is essential. COVID-19 has worsened many health inequalities and it has become ever more important to prioritise engagement with groups most severely affected in order to understand their perspectives and pressures and to implement the strategy effectively.

4.2 The groups most severely affected by health inequalities include (but are not limited to) BAMER people, disabled people, people living in poverty and older people. The Public Health England report, '*Beyond the Data, Understanding the Impact of COVID-19 on BAME communities' (*June 2020) states that 'It is clear from discussions with stakeholders that COVID-19 in their view did not create health inequalities, but rather the pandemic exposed and exacerbated longstanding inequalities affecting BAME groups in the UK'. BAMER and other marginalised groups have been well engaged by anchor institutions during the pandemic and the Board must prioritise the upkeep of these relationships in any future engagement work.

4.3 It is important to note that COVID has familiarised many people with a number of digital, collaborative technologies that they may not have used before such as video meetings. Though the use of these cannot fully replace in-person conversations, they do make engagement a lot more accessible for a number of people including disabled people who may struggle to attend physical meetings and those with caring responsibilities as well as working age adults who cannot attend in person meetings during the day but can join in a short zoom discussion. The Board should consider how best to capitalise on new ways of working digitally when establishing any engagement approach.

5.0 FUTURE OPTIONS

5.1 The Board committed to "maintain a citizen's panel" as part of its recent Terms of Reference review as part of its response to the PHE report noted above, reflecting a desire to bring a more diverse range of voices into Board discussions and the development of strategy in Sheffield. The exact format of this is yet to be confirmed but this could take the form of an invitee list of people who could be invited to make contributions to Board meetings on a semi-regular basis. Making a success of this will be a key component of the Board's future approach to engagement.

5.2 Public engagement is an ever-evolving field and there are a huge array of options for the Board to consider in identifying what it would like to take forward. It is important to consider the following things when deciding on any engagement approach:

5.2.1 Who the Board wants to engage with: who constitutes the 'public'? Does the Board want to engage with individuals, organisations representing groups of individuals or both?

5.2.2 Does the Board prefer broader engagement with a larger number of people or focussed engagement with smaller, more targeted demographic groups?

5.2.3 How do we ensure that any engagement carried on behalf of the Board meets the ethical standards of all partners involved, meets the information-seeking

requirements of all , is compliant GDPR regulations and is shareable beyond the Board to ensure better-informed decision making across the city?

5.2.4 What questions does the Board need the answers to? Engagement styles will vary according to the subject matter.

5.2.5 How much funding is available and how time-limited is the need for engagement? Good quality engagement can be both costly and time-consuming, however the better planned and resourced it is, the more useful it will be in terms of being tailored to answer specific questions and provide clear direction to the Board instead of a raft of generalised information that can be hard to show movement on.

5.2.6 How the Board will demonstrate back to any participants in engagement projects that they have understood what is needed and are able to act on recommendations or to encourage partners to act on them?

5.3 There are a number of existing engagement structures in the City that the Board could consider making more/better use of in addition to commissioning any new engagement work. Many of these structures are used by organisations in isolation: pooling consultation and engagement between partners would mean the avoidance of over-consultation with certain groups on the same issues, freeing up more resource to deepen relationships and develop two-way dialogue about progress.

6.0 EXISTING ASSETS AND NETWORKS

6.1 There are a number of existing engagement structures in the City that the Board should consider making more/better use of in addition to commissioning any new engagement work. Many of these structures are used by organisations in isolation: pooling consultation and engagement between partners would mean the avoidance of over-consultation with certain groups on the same issues, freeing up more resource to deepen relationships and develop two-way dialogue about progress. Assets for engagement work that exists in the city already include:

6.1.1 Elected members and their local/ward networks

6.1.2 Board members' own networks

6.1.3 All Board members' Equality and Engagement teams

6.1.4 The Equality Partnership Network

6.1.5 Healthwatch Sheffield

6.1.6 Local structures that have been established as part of COVID response

6.1.7 VCS Networks

6.1.8 Citizenspace surveys

6.1.9 The Public Health COVID/ BAME Group (Sarah Hepworth/Shahida Siddique),

6.1.10 Big City Conversation,

6.1.11 Every Child Matters consultation

7.0 EVALUATION

7.1 Evaluation of any engagement work to ensure that the Board is speaking to everyone it needs to and making effective change will be crucial. The University of Sheffield Public Health team has committed to working with SCC and the HWBB to evaluate engagement practice in the city and make recommendations for its improvement. (See appendix 1 for proposal)

8.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

8.1 There are a number of existing engagement opportunities to take up: the Board should initially consider whether or not these are sufficient to meet its needs to understand the most effective way to implement the strategy.

8.2 Regardless of whether the Board decides to commission new engagement approaches or use existing channels, it may be beneficial for an engagement working group to be established in order to map out a collaborative approach to future engagement. By avoiding partners duplicating engagement approaches on similar issues this would ensure that resource is freed up to ensure better quality engagement on key issues agreed by all, with findings that are shareable across the Board and across partnerships. The membership of this group should be decided by the Board and work could begin as soon as possible.

8.3 Any engagement plan needs to be properly resourced by the Board and its members. Good quality engagement can be time consuming and expensive, though the rewards reaped by ensuring targeted tailored and actionable responses is invaluable. The existing resource for Healthwatch has been relatively limited and expires in March. The working group should work to identify engagement resource across the system that could be pooled to enhance the budget for engagement allowing wider reach or deepening of relationships.

8.4 The groups should also carry out research into current best practice engagement approaches for local authorities and make recommendations to the Board.

8.5 Any engagement plan should include analysis of JSNA data to identify priority groups suffering the greatest health inequalities for to ensure effective targeting of resource.

8.6 The Board should agree to work with Sheffield University Public Health engagement team to explore and evaluate various engagement models for the city (info in appendix attached) and

8.7 As part of this process the working group should work with the SCC Equalities and &Engagement team to identify how the newly relaunched Equality Partnership Networks can be tapped into to fulfil he Board's commitment of September 2020 to establish citizens panel.

9.0 QUESTIONS FOR THE BOARD

- What lessons should be drawn from previous engagement approaches? What can be improved?
- Where are the gaps in the Board's engagement approach?
- Are there any particular groups the Board should prioritise in future engagement? How can relationships be established/deepened with these groups?
- Are there any themes or ambitions which the Board should prioritise in future?

- What current best practise in engagement should the Board explore? What is possible within COVID- secure guidelines?
- How can the Board work with other partners and Boards across the city to ensure efficient and collaborative engagement approaches?
- How will we know our engagement has had a meaningful impact on the implementation of the strategy?

10.0RECOMMENDATIONS

10.1The Health & Wellbeing Board are recommended to:

- Establish an Engagement Working Group to develop a coherent proposal for consideration at the Board's March 2021 public meeting.

HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of:	Greg Fell
Date:	2nd December 2020
Subject:	Covid-19 Rapid Health Impact Assessments
Author of Report:	Eleanor Rutter

Summary:

This paper summarises the work done to produce rapid assessments of the impact of the Covid-19 pandemic on the health and wellbeing of Sheffield residents, and discussions around the recommendations made by the authors of these. It asks the Board to note the impacts identified and recommendations made, and to work to share these with appropriate stakeholders for discussion.

Questions for the Health and Wellbeing Board:

Recommendations for the Health and Wellbeing Board:

The Board are asked to:

1. Note the impact on health and wellbeing identified in the RHIAs
2. Notes the recommendations made by practitioners in the field and those contributing to the RHIA
3. Note the action taken already in response to the pandemic, which have been identified in the RHIA
4. Commit to considering those recommendations as part of our approach to implementing the Health and Wellbeing Strategy and give due consideration to whether any of the 9

objectives outlined within the strategy need modifying in the future in response to the learning from the RHIA. This ties in to the learning produced during the summer workshops with respect to: learning from the crisis response; new opportunities; new challenges and the changing context; and the strategic role of the Board

5. Commit to sharing the recommendations with partners (some of whom may sit outside the immediate sphere of influence of the Board)
6. In relation to point 5 above, commit to receiving ongoing feedback from or engaging in dialogue with partners regarding those recommendations

Background Papers:

- *Summary of RHIA Recommendations*

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This applies to the Health & Wellbeing Strategy in its entirety.

Who has contributed to this paper?

Jess Wilson – Health Improvement Principal, Sheffield City Council

Dan Spicer – Strategy & Partnerships Manager, Sheffield City Council

Rosie May – Policy & Improvement Officer, Sheffield City Council

COVID-19 RAPID HEALTH IMPACT ASSESSMENTS

1.0 SUMMARY

1.1 This paper summarises the work done to produce rapid assessments of the impact of the Covid-19 pandemic on the health and wellbeing of Sheffield residents, and discussions around the recommendations made by the authors of these. It asks the Board to note the impacts identified and recommendations made, and to work to share these with appropriate stakeholders for discussion.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 Health inequalities, and the unequal impact of the pandemic, have been a key theme in 2020. These assessments seek to identify these unequal impacts and make suggestions for addressing them.

3.0 INTRODUCTION

3.1 In April 2020, the Health and Wellbeing Board commissioned a health impact assessment to provide a systematic review of the impact on health and wellbeing of the Covid-19 pandemic and societal response to it (i.e. 'lockdown-1'). The aim was to understand and document people's experience, in order to be able to mitigate against the worst effects of second and subsequent waves and to provide an evidence base for recovery activities.

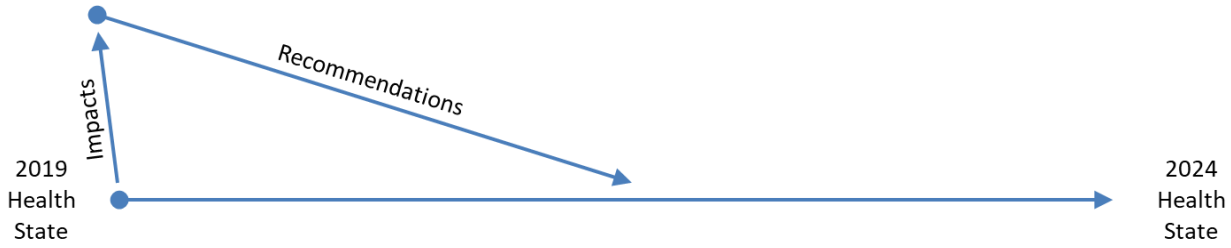
3.2 The Sheffield, Covid-19 Health Impact Assessment was received by the Board at its September meeting and its recommended direction of travel broadly supported, with some concerns about whether the Health & Wellbeing Board was the right body to endorse and own all the recommendations produced. A follow up discussion was arranged for the Board's November Strategy Development Session for these issues to be worked through.

3.3 Sheffield is now several weeks into its second wave of Covid-19 and the country was put into 'Lockdown Two' on 5th November 2020. Sheffield will exit lockdown into newly defined Tier 3 restrictions on 2nd December 2020.

4.0 THE ASSESSMENTS AND RECOMMENDATIONS

4.1 The Covid-19 Rapid Health Impact Assessments (RHIAs) were commissioned on behalf of the Health & Wellbeing Board, in the context of the Board's Health & Wellbeing Strategy. This sets out the Board's approach to and key points of focus for improving the health and wellbeing of Sheffielders between 2019 and 2024, with a central aim of reducing, and eventually eliminating, health inequalities in Sheffield.

4.2 The diagram below attempts to illustrate the challenge: the Health & Wellbeing Strategy sets out a journey to improve health outcomes between 2019 and 2024, which Covid-19 has knocked off course. The job of the RHIAs was to quantify this and identify recommendations to get back on track.



4.3 Each RHIA was written by a cross-city team of stakeholders. Rapidity was a necessity if the aim of mitigating against the worst effects of second and subsequent waves was to be met. This resulted in a 'rawness' of data which was recognised by board members as giving them authenticity and urgency but was not without issue.

4.4 The complete set of recommendations totalled almost 100 in number and were disparate in their scope and approach – included at appendix 1. Some stakeholders, whilst experts in their own subject area, were not aware of the Health and Wellbeing Strategy, the delivery of which is the primary responsibility of the board. This resulted in a number of issues:

- Some authors made recommendations which aimed to deliver a perfect state rather than to get the H&WB strategy back on track, following the devastating impact of the pandemic; and
- These recommendations themselves haven't been discussed widely and subjected to scrutiny to ensure they will deliver all that is needed.

4.5 Discussion at the Board's September public meeting raised concerns that the breadth and scope of the resulting recommendations meant that they required further consideration, with particular concerns over ownership of recommendations that were outside the Board's scope, or that focused on operational issues within specific organisations.

4.6 In particular there were concerns around accountability and assurance mechanisms around the recommendations, especially where delivery is not within the Board's gift.

4.7 A further discussion was organised for the Board's November Strategy Development Session to work these questions through. This discussion considered the recommendations in three categories:

- Recommendations that are already happening in existing workstreams
- Recommendations that require immediate action – indeed, could be considered urgent given the current, second wave and lockdown.
- Strategic, long term interventions which the board may wish to scrutinise further. These could themselves be considered to be of two, main types:

- Recommendations which may map onto the current health and wellbeing strategy ambitions as new, additional objectives
- Large sets of recommendations which the board may want to scrutinise on a 'whole theme' basis in order to understand whether they are things that the board endorse but are the responsibility of another board or partnership group OR whether the H&WB board should be recognising and taking action on bigger challenges in order to deliver the ambitions in the Strategy.

4.8 However following this discussion, similar concerns remained in place, alongside a view that given the urgency of responding to the second wave of the pandemic, there is a need to ensure the impact assessment and resulting recommendations are shared where appropriate with speed.

5.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

5.1 As a result, it is suggested that the Board seek to share the intelligence and recommendations generated through the RHIAs with relevant partners as fast as possible for consideration as part of work to respond to and recover from the impacts of Covid-19.

5.2 This approach is intended to get the intelligence into the public domain so that it can be used, and to share the recommendations for consideration with relevant stakeholders. It is not intended to act as full endorsement of all the recommendations, recognising that many of them extend beyond the Board's Terms of Reference.

6.0 QUESTIONS FOR THE BOARD

6.1

7.0 RECOMMENDATIONS

7.1 With the above in mind, the Board are asked to:

7. Note the impact on health and wellbeing identified in the RHIAs
8. Notes the recommendations made by practitioners in the field and those contributing to the RHIA
9. Note the action taken already in response to the pandemic, which have been identified in the RHIA
10. Commit to considering those recommendations as part of our approach to implementing the Health and Wellbeing Strategy and give due consideration to whether any of the 9 objectives outlined within the strategy need modifying in the future in response to the learning from the RHIA. This ties in to the learning produced during the summer workshops with respect to: learning from the crisis

response; new opportunities; new challenges and the changing context; and the strategic role of the Board

11. Commit to sharing the recommendations with partners (some of whom may sit outside the immediate sphere of influence of the Board)
12. In relation to point 5 above, commit to receiving ongoing feedback from or engaging in dialogue with partners regarding those recommendations

Appendix 1

Rapid Health Impact Assessments – summary of recommendations across all themes

Green – already happening or are being dealt with elsewhere

Orange – require immediate action in light of second wave, may need assurance they are being actioned

Blue – Longer term/strategic recommendations. Some may map onto the H&WB strategy ambitions; some may be the responsibility of other boards or organisations

Theme	Suggested recommendations	New recommendation or linking to existing strategy(ies)
1. Active travel	1.1 For the City to harness Active Travel	Existing – this is being done through existing work programmes. Transforming Cities Fund and the Emergency Active Travel Fund are examples of capital investment that are helping the city develop a cycle network. E-Bike trials, cycle events and training are other programmes of work that utilise revenue funding to help establish behavioural change for active travel use.
	1.2 To continue to support bus services and public transport in the medium to long term	Existing – working with the transport operators and SYPTE, SCRMCA to establish how physical improvements to the highway network can prioritise public transport and the use of shared marketing and promotion material in the medium term to build confidence in public transport use.
	1.3 To improve data collection and evidence of localised investment benefits	New
	1.4 To invest in local areas that support none car based short trips	Existing – with our transport habits potentially changing, there is a need to invest in local transport solutions. This is being undertaken through the

		Transport Capital Programme, but also the Council's own funded Road Safety Fund to support accessibility within local communities.
2. Employment	2.1 How the city should define economic success, considering outcomes other than growth, such as health and wellbeing	New
	2.2 Work with communities of Sheffield, for example via voluntary and community sector organisations, to ensure what matters to people is considered in the development of the renewed strategy	New
	2.3 The Universal Basic Income trial	New – this has been previously discussed but there is now greater emphasis
3. Health behaviours	3.1 Seek to influence high-level strategic conversations about recovery and next steps for the city	New
	3.2 Existing public health strategies must be implemented and investment maintained or in some cases increased to enable maximum impact amongst high risk populations	Existing strategies – Food, Tobacco Control, Move More, Alcohol, Great Start in Life
	3.3 Accelerate efforts to develop culturally competent health promotion and disease prevention programmes.	Links to existing (as above). But with increased emphasis
	3.4 Policy leads and commissioners need to ensure the voices of all communities are heard in the development of strategies and interventions; in particular the BAMER community, those experiencing socio-economic disadvantage and those living with disabilities.	Links to existing (as above). But with increased emphasis – we should be doing this but are we doing it well enough
	3.5 Enhance messaging around the connection between a range of health behaviours and physical health and mental well-being.	Existing strategies - Food, Tobacco Control, Move More, Alcohol, Great Start in Life
	3.6 Ensure that gambling is reflected as a contributory factor in relevant strategies including for poverty, mental wellbeing and other addictions	New
4. Education and skills	4.1 Continue to provide a wide range of support and advice to schools and families and make sure those services are Covid secure	Existing
	4.2 Continue clear communications with schools, providers and other settings – including developing a resource library so that schools can access key documents	Existing – e.g Director's bulletin
	4.3 Maintaining the school enquiries and complaints service	Existing
	4.4 Maintaining links with DFE and Ofsted to ensure schools have the latest information and guidance	Existing

	4.5 Ensure Sheffield schools have access to any grants from government for summer schools and additional catch up lessons	Recently started and ongoing
	4.6 Learn Sheffield will also continue to support schools	Existing
	4.7 Provide support needed for children at key moments of transition	Existing
	4.8 Ongoing support to families from the SEND team. This includes focussing on the process and resource for assessment of needs so that schools can understand the impact on learning and put appropriate provision in place. This will require support from those with greater expertise e.g. Educational Psychology, specialist teachers, locality SENCOs	Existing
	4.9 Encouraging schools to targeting resources for catch up for all pupils but especially those with SEND or those who are in a vulnerable group where the gap has widened	Existing
	4.10 Development and training on catch up curriculums so that schools ensure that they address needs beyond the teaching and learning e.g.: managing mental health and trauma	New: Begun with support of Learn Sheffield
	4.11 It is also likely that even next academic year there will be a combination of home learning and face to face teaching in schools. It is important that the LA acts to share best practice across our schools as to the best way to support our young people in this new learning environment. For example when children return, schools could build a display/symbol/stories about the period of home learning. Schools could become the hub for recovery within their community.	New: Begun with support of Learn Sheffield We plan to develop an Education and Skills online resource library where this sort of information can be securely shared via Schoolpoint.
	4.12 Continue to provide a wide range of support and advice to schools and families and make sure those services are Covid secure	Exisiting – e.g through support of H and S team.
5. Poverty and income	5.1 Ensure a collective, city-wide approach to developing responses to poverty	New
	5.2 Plan for poverty and demand for support services to increase	New
	5.3 Build on and nurture good partnership working on the ground	New
	5.4 Prioritise making digital access available to disadvantaged people and communities in the city	New (ish) We have known about this issue for a long time – there have been projects i.e. BCIS; infrastructure, skills but not with people in communities
	5.5 Increase take-up of benefits and support in the city. Also explore introducing 'financial healthchecks' for households in response to the crisis.	New

	5.6 Plan, predict and disseminate widely: we should focus on how this work can continue to evolve and inform wider activities across the city, as well as future responses.	New
	5.7 Seek to influence high-level strategic conversations about recovery and next steps for the city	New
6. Loneliness and social isolation	6.1 Invest in the VCF sector to build Resilient Communities **a.** *Short term:* Build more capacity in the VCF workforce to undertake more 'check and chat' call **b.** *Longer term:* Create an environment for people in their communities to become leaders: i. Recruit, develop and support more people to peer support each other ii. Support people to develop social activities (digital and COVID-19 safe face to face) – a reason to get together with meaning and purpose to people eg knitting, sporting memories **c.** *Short to medium term:* The pandemic saw a community response in way we haven't before, we need to support mutual aid groups to flourish and find a place post the immediate crisis	New (ish) a. New b. New but we are talking this in the emerging Early Help Strategy c. New
	6.2 Workforce and the system recognise that Loneliness (separator or lack of social connection) is trauma in children and adults. All staff across the system need to be trained to recognise this	New
	6.3 Help people and families manage the risk of covid so that they are not too frightened to re-engage in their life	New
	6.5 Reduce digital exclusion	New (ish) We have known about this for a long time – there have been projects ie BCIS; infrastructure, skills but not with people in communities
	6.6 Support small community and volunteer led building and activities to reopen or start activities in a sustainable and covid safe way	New
	6.7 Support people to develop the tools to manage living by themselves (needs to connect to the work of the mental wellbeing HIA	New
7. Domestic and sexual abuse	7.1 Invest in services for all those impacted by domestic abuse – victims / survivors, children and perpetrators, and increase capacity where needed to ensure needs are met	Links to existing Domestic and Sexual Abuse Strategy. But with increased emphasis on capacity

	7.2 Ensure there is adequate provision of good quality, safe, appropriate emergency accommodation with specialist support	Links to existing (as above). But with increased emphasis on increasing capacity
	7.3 Improve responses from agencies and employers	In existing strategy (as above).
	7.4 Prevent domestic and sexual abuse in the future by increasing understanding of the dynamics of abuse and the impact of trauma, and by branding Sheffield as a city where we foster healthy relationships	Links to existing (as above). But with increased emphasis re. city branding aim
	7.5 Work with organisations such as the Local Government Association to raise national issues	
8. Access to health and care services (Healthcare)	8.1 We therefore strongly recommend that this RHIA document be made available to sub-population subject matter experts in order for an impact rating to be allocated against each development area (for example, voluntary sector, carer/patient groups, condition support groups). Transparency: Subject-matter experts should be requested to contribute to detail around impact and mitigating actions which could be implemented to ensure equity across our population. One potential approach would be to implement a website dedicated to consultation with all groups whereby major health and social service changes would be required to be reviewed. Individual groups would be responsible for providing a response for the population they represent. An ICS level approach would ensure consistency and avoid duplication of effort. Such a resource would be valuable in many areas beyond health and social care.	New – and important to achieve
	8.2 Develop MDS for protected characteristics via an ICS model for minimum data collection which can be replicated at each individual place level.	New
	8.3 Seek to influence high-level strategic conversations for future system integration and provision of integrated patient services.	New Opportunities
	8.4 Building on new ways of working and lock-in the benefits. ICS should monitor to ensure post-pandemic developments are consistently and equitably implemented across the South Yorkshire and Basset Law Region.	New
	8.5 Address digital exclusion Establish digital access points in GP practices/schools/suitable venues. We recommend that service providers, including adult health, child health, community services, and social services collaboratively develop a plan to implement digital service points patients can easily access .	New -
	Identify and implement appropriate off the shelf or bespoke Apps.	New

	8.6 Expand Community Services	Existing strategy
	8.7 Primary Care Networks (PCN) Implementation and development of new roles to support personalisation and the value of non-medicalised interventions should be acknowledged and developed	New
	8.8 Increase Rates of 'hear/see and treat' via Yorkshire Ambulance Service	New/existing
	8.9 Ensure equitable access to face-to-face appointments	Existing
	8.10 Review and respond to evidence developed during the pandemic e.g. on use of technology	New
	8.11 Implement a programme to embed patient self-care within clinical pathways	New
	8.12 Personalised Care: Action should be taken to identify the system level work already in train and as a result agree and respond to any gaps, particularly in regard to provision across the protected characteristics populations.	New element of an existing strategy
	8.13 Homelessness - Implement learning from the citywide partnership work supporting rough sleepers and the homeless during COVID. Robust joined-up communications would have a significant positive impact with regards to supporting the majority of vulnerable people across the city.	New
9. Access to health and care services (social care)	9.1 Ensure that the whole system partnership approach cemented during the pandemic is maintained into business and usual working and included within the strategy review of all Adult Social Care Services.	New
	9.2 Enable discussions, which including individuals and their advocates at each stage, to use the learning from the pandemic around alternative approaches and locations for service delivery to create tailored responses to care needs.	New
	9.3 Promote nurture and support community led initiatives to facilitate a broad range of informal care and support activities within localities and neighbourhoods building upon the excellent work of the VCF sector linked to localised demographic need.	New
	9.4 Adopt a health and social care whole system approach to the identification and provision of assistive technology to help meet health and social care needs across the city	New
	9.5 Utilise and consolidate the upsurge in the use of virtual communication channels and tools to achieve the right levels of contact with people who have care and support needs to monitor ensure their wellbeing	New
	9.6 Create additional resilience within services in preparation for the anticipated upsurge in Covid-19 cases through Autumn and into Winter. Specifically ensure the appropriate care and support staffing	New

	capacity to ensure excess demand can be met across all sectors, including independent providers.	
	9.7 Increase data capture and conversations to better understand and tackle inequality in access and provision of service delivery, particularly where this is felt by BAME people and within BAME communities.	New
	9.8 Learning from the experiences of delivery partners working across the health and social care sector during this crisis to redesign processes and practice that previously inhibited the ability of the system as to deliver holistic joined up and straightforward care and support to people who need it throughout a person's pathway.	New
10. Housing and Homelessness	10.1 Immediate: Reinstate Choice Based Lettings and associated activities	New – but now in progress – CBL coming back online
	10.2 Immediate: Review and modify communications strategies in light of the 'new normal'	New – will be utilising existing Steering Groups to review
	10.3 Longer term: Adopt and adapt governance structures to embed true partnership working into all housing projects and programmes going forward	New – will utilise existing and newly-formed Steering Groups
	10.4 Longer term: Ensure frontline workers have the tools to provide a person-centred approach to services	Already in strategy – Prevention Toolkit – to be started shortly
	10.5 Longer term: Identify gaps in order to provide a complimentary suite of housing options	Already in strategy – In progress now via Housing Options subgroup
	10.6 Longer term: Modify relevant project initiation processes to ensure it is business-as-usual to embed service users at the centre of service development	Already in strategy – recent co-production survey and new Steering Groups are moving this forward
11. End of Life	11.1 Where financially viable consider retaining or reinitiating pandemic response to end of life care in acute hospital, community services and specialist palliative care in the event of further COVID-19 wave and phase 3 response.	
	11.2 Continue to enable development of care home, adult social care and Primary and Community Care Communities of Practice as a means of training, reflection and support through Primary and Community Care Project ECHO work and Care Home VOICES Care Home Manager's Forum, Care Home and Domiciliary Care Group.	
	11.3 Support maintenance of alternative approaches to care enhancing communication with the general public to support understanding and access to the range of options and enhanced multi-disciplinary working.	
	11.4 Maintain and develop a representative Citywide End of Life Care Group	

	11.5 Develop Sheffield End of Life Intelligence collaboration	
	11.6 Implement a public health approach to end of life care (expanding the health care focused approach to include the community as genuine partners). Continue to develop the Compassionate Communities and Compassionate Cities approach to this and consider synergies with the STH Flow Coaching Academy End of Life programme.	
	11.7 Consider the findings of the *Supporting adults bereaved in Sheffield: bereavement care pathway, gaps in provision and recommendations for improved bereavement care* (August 2020). Support delivery of recommendations through the End of Life Group and Compassionate Cities approach where appropriate.	
12. Mental Wellbeing	12.1 If the city is going meet the demand for mental health services that existed prior to the pandemic and adapt to the predicted upsurge in demand following the pandemic, greater investment will be required in the coming 18 months – 3 years. System leaders should strive to increase the proportion of healthcare spend on mental health services from the current 12%. This investment should also be disproportionately allocated in order to tackle inequalities and support prevention.	
	12.2 The VCS sector should see additional resources to enable an ongoing community conversation between the people of Sheffield and the health system. A strengthened VCSE sector would help us to develop a framework for rapid and progressive commissioning of mental health services which enables a timely response to changing community mental health support needs and service demands.	
	12.3 Given the disproportionate impact of Covid-19 on BAME communities, it is imperative that we work with and invest in BAME-led VCSE organizations to understand community needs, develop partnerships based on trust and develop culturally competent services.	
	12.4 The H&WBB is asked to support the identification of Public Health intelligence capacity to work with commissioners, expert providers and experts by experience to quantify the predicted increase in demand. This is necessary to assess the city's ability to meet need, map the projected resource gap, and to support a city-wide public health response to the pandemic.	
	12.5 Sir Simon Steven's letter to NHS organisations in August 2020 emphasises the need for investment in early intervention and prevention support for mental health as part of the phase 3 response to Covid-19.	

	H&WBB is asked to support the continued investment in & development of a Primary Care MH & Wellbeing Offer including IAPT & social prescribing and encourage greater working with the VCS sector to further development interventions that de-stigmatise & encourage easy access to wellbeing support.	
	12.6 Covid-19 has provided an urgent and timely opportunity to review the provision of bereavement care in Sheffield. One of the work streams of the Sheffield Psychology Board was tasked with this review and at bereavement. H&WBB is asked to support the establishment of a comprehensive bereavement offer for Sheffield in line with the recommendations of the SPB work stream.	
	12.7 H&WBB should oversee the preparation across the system for both a V-shaped and a W-shaped recession during the next five years, with resources (financial and human) to respond either to a single, deep recession this year or to a series of economic shocks each of which will create additional need for mental health support.	
	12.8 The impact of the pandemic on the mental health and wellbeing of children and young people has been substantial and is increasing, leading to further pressure on the city-wide problem of waiting lists and under funding of young peoples' mental health services. The H&WBB is asked to recognise the range of mental health services delivered by the VCS and support them to work with mental health care providers to develop a coordinated and youth-led provision across the city that prioritises early intervention, prevention and emotional wellbeing, and to support the call for increased funding to children and young people's mental health services.	
	12.9 Recognising that COVID-19 is a multi-system disease that affects both physical and mental health it is essential that mental health and psychological interventions are embedded in post-COVID care, support and treatment pathways.	
	12.10 This RIA has demonstrated the massive shift to digital delivery of mental health and wellbeing services and interventions since the start of the lockdown. Despite some easing of restrictions, there is still the potential for further lockdowns during any subsequent waves of Covid-19 spread meaning that digital delivery of services is planned to continue in the 'new normal'. There needs to be a review of the level of engagement with digital technology, particularly of people with severe and enduring mental health issues. Digital inclusion is not just about whether people have access to technology, it is also	

	about whether or not they are able to engage with services via technology. H&WBB is encouraged to resource the VCSE sector to carry out community research on access to MH services and to ensure that the patient experience is considered in future service development plans	

SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 24 September 2020

NOTE: This meeting was held as a remote meeting in accordance with the provisions of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

PRESENT: Councillor George Lindars-Hammond (Chair) – Cabinet Member for Health and Social Care, SCC
Una Jennings - District Commander for Sheffield, South Yorkshire Police
Councillor Dawn Dale - SCC
Councillor Garry Weatherall - SCC
Greg Fell - Director of Public Health, SCC
John Doyle - Director of Business Strategy, SCC
Terry Hudsen - GP Governing Body Chair, Sheffield CCG
Brian Hughes - Deputy Accountable Officer, Sheffield CCG
Claire Mappin - Managing Director, Burton Street Foundation
Judy Robinson - Chair, Healthwatch Sheffield
David Warwicker - Governing Body GP, Sheffield CCG
Mark Tuckett - Director, ACP
Maddy Desforges - Chief Executive Officer, Voluntary Action Sheffield
Mike Potts – Health and Social Care Trust
Kathryn Robertshaw –
Toni Schwarz -

Also present were Eleanor Rutter - Consultant in Public Health, SCC (in respect of Minute No. 4) Clive Clarke, Chair of the Impact of Covid-19 on BAME Communities Strategy Group, and North East & Yorkshire Regional Director of Inclusion (formally Deputy Chief Executive, SHSC), Sarah Hepworth - Health Improvement Principal, Shahida Siddique - Chief Executive Officer – Faithstar (in respect of Minute No. 5) and Lucy Davies – Healthwatch Sheffield (in respect of Minute No. 8).

.....

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Jackie Drayton and Paul Wood, and Sara Storey.

1.2 Councillors Dawn Dale and Garry Weatherall acted as substitutes for Councillors Jackie Drayton and Paul Wood, respectively.

2. DECLARATIONS OF INTEREST

2.1 No declarations of interest were made.

3. PUBLIC QUESTIONS

3.1 Question 1 – Received from Mr. Howard Gordon

The strict criteria for the Disabled Persons Council Tax reduction and Bus Pass discriminates against some people living with dementia and other disabilities.

The only qualification for a School/Under 24/Older persons Bus Pass is age, yet people with disabilities face significant barriers to attain equality of services and attain their rights regardless of diagnosis under International Law including via articles 9,19,20,25,26 & 30 of the United Nations Convention on the Rights of Disabilities, through the strict criteria imposed on them.

Will the Health and Wellbeing board act to ensure that Sheffield City Council uphold the rights and protected characteristics of people with Disabilities under International Law and remove the strict criteria for the Disabled Persons Council Tax Reduction and Bus Pass, replacing the criteria with a persons diagnosis, thereby redressing the inequality that some with a disability face in this and other matters.

3.1 The Chair responded with an offer to discuss the issue in person. Bus pass need was assessed by the Council on behalf of South Yorkshire Passenger Transport Executive. A full written answer would be provided.

3.3 Question 2 – Received from Natasha Wilson

I would like to pose the question as to how the city is facilitating essential family visits to people with dementia in care homes? Even with the rise in infection rates & covid positive homes, it is of paramount importance that people in their last months/summer/winter of their lives are allowed to have some degree of quality to it, which involves having loves ones surrounding them.
John's Campaign lead on his & have launched a judicial review in to this: https://johnscampaign.org.uk/#/
It would be useful for Sheffield care and nursing homes to have a minimum consistent standard approach. As this is here to stay for the foreseeable, I think we need to explore:

need to explore:

- Ways of updating family & friends; e.g all homes to readdress their media consent procedures for residents and have Facebook Groups & WhatsApp Groups for individual homes or even better specific floors. Newsletters for people who aren't online. Frequential texts so that relatives aren't having to do the contacting or just be contacted in an emergency. Updates about wellbeing & occupation aside from just "falls", "nutrition" etc.
- Could a new role be created for a member of existing staff or a volunteer to lead in facilitating this. I seemingly remember an update being sent in May/June time from SCC asking for social care staff to volunteer themselves for just that, so to free care staff for care tasks and have a volunteer helping with video calls etc. The offers were never took up as far

as I'm aware.
It seems a relatively small ask considering how long this will go on for. Some homes do this, but others don't. I feel consistency & minimum expectations are needed in our new approach.

3.4 Greg Fell responded that a full written response would be provided, as this was a big issue. Most care homes were facilitating essential visits within Government guidelines and trying to balance the benefits with the risks.

3.5 The Chair explained that a Task and Finish Group was looking at the challenges involved.

4. COVID-19: RAPID HEALTH IMPACT ASSESSMENTS

4.1 Eleanor Rutter gave a presentation which looked at:-

- Themes and key messages
- Crosscutting themes
- Limitations and gaps
- Theme recommendations

4.2 The themes included inequality, neighbourhoods and communities, digital inclusivity, mental health, access to health and care, employment and poverty, communications and engagement and limitations and gaps.

4.3 Greg Fell explained that it was a living document and it was hoped to use it to help implement the Health and Wellbeing Strategy.

4.4 Maddy Desforges said that it was an amazing piece of work, but there were some inconsistencies within the groupings. How did the work help to build resilient communities? It may be worth revisiting the strategy to help give structure to the Health Impact assessments and move them forward. Eleanor Rutter agreed, but this was a discussion for the Board. The structure of the recommendations coud be looked at as time allowed.

4.5 Mark Tuckett asked if it was clear where the recommendations would go and Eleanor informed the meeting that the End of Life Group was still meeting, but the recommendations needed some thought. It was possible that the Accountable Care Partnership (ACP) may be involved. It needed to be wider than the usual structures. Greg Fell felt that it would be up to Board Members to direct the recommendations to the most suitable place. The whole report was quite large, but would be shared on the website.

4.6 Terry Hudsen thanked all those involved for pulling the information together and felt that it gave a strong insight into the city. The information may need to be plugged in to what was happening nationally. He was keen to keep partnerships going, in particular addressing inequality and equality.

4.7 Brian Hughes liked the rawness of the recommendations, but how does the Board

own them? It would be helpful to align them with the State of Sheffield report. How do all the documents connect together?

4.8 David Warwicker noted that there was a difference between working on than sharing as perfect. The report needed to be given to partners so they could start working on the recommendations.

4.9 The Chair (Councillor George Lindars-Hammond) thanked Eleanor for the report and noted that the Board would commit to sharing the report quickly and efficiently to promote the findings.

4.10 Questions for the Health and Wellbeing Board:

1. How can the Board ensure that the evidence base and recommendations of these impact assessments are acted on?

It is the responsibility of Board Members to direct the report as appropriate.

2. Which groups and stakeholders do the board believe this report should be shared with?

The report should be shared wider than the usual stakeholders.

4.11 **AGREED** that:-

1. The full set of recommendations and endorse their delivery via appropriate governance structures;

2. To incorporate the evidence base generated through this work, and recommendations produced as a result, into implementing the Joint Health & Wellbeing Strategy;

3. A future Strategy Development session be considered to look at the findings of this work in more detail, and combine with the findings of work in other quarters to assess the impact of Covid-19; and

4. To support development and delivery of a communications strategy.

5. HEALTH INEQUALITIES AND IMPACT OF COVID-19 ON BAME COMMUNITIES AND HOW HEALTH AND SOCIAL CARE ARE WORKING WITH COMMUNITIES TO TACKLE IT

5.1 Clive Clarke, Chair of the Impact of Covid-19 on BAME Communities Strategy Group, and North East & Yorkshire Regional Director of Inclusion (formally Deputy Chief Executive, SHSC) attended the meeting and introduced the report. Sarah Hepworth (Health Improvement Principal) and Shahida Siddique (Chief Executive Officer - Faithstar) attended the meeting and gave a presentation entitled 'Impacts of Covid19 on Black, Asian and Ethnic Minorities in Sheffield'

5.2 The presentation looked at:

- PHE reports on Covid19 impact on risks and outcomes
- What we did and why?
- Who attends the group?
- Methodology and ethos of group
- Why are BAME populations being hit harder by Covid19 in Sheffield?
- Key impacts- lived experience
- BAME Community Organisations
- Development of Trust

5.3 It was noted that the impact on the BAME community was indisputable and the ACP had identified the need to establish a group to look at how to manage the impact. The Group included BAME community representatives who had helped to produce the proposals.

5.4 Five themes had been identified, including:

- Improving diagnosis dates
- Update on flu vaccinations in BAME communities
- Having a BAME community voice on the ACP
- Writing to various CEO's asking for implementation plans
- Asking the ACP for firmer proposals

5.5 It had been difficult to formulate a BAME impact assessment due to lack of data and it became evident that there was a need to talk to the communities and allow them space to talk about their experiences of Covid-19. A methodology to the group had been organised which included a range of different leaderships.

5.6 BAME communities had been hit harder on a geographical level and the group wanted to collect lived experiences, develop trust, be proactive and ensure that people were being heard.

5.7 Brian Hughes thanked Sarah and Shahida for their work and asked how do we listen and learn and take forward what we have learned? Greg Fell said that this would start with the recommendations from the Group. The methodology was also very good and could be applied elsewhere. Effort was needed to take forward the recommendations.

5.8 Shahida Siddique explained that an intersectional approach was very important to the citizens of Sheffield and would place citizens at the heart of the issue.

5.9 Judy Robinson stated that health inequality within the BAME community was not new. What would be done now to make a difference? Shahida Siddique explained that the group aimed to promote proactive inclusivity and there was a need to look at how to develop policy and strategy and ensure community involvement.

5.10 Mike Potts felt that it was good to see the rawness of the report, but it needed to

be distilled into a more structured way. How do we continue to deliver? No conversation had taken place of any capability to deliver and an honest conversation needed to take place regarding what could and couldn't be delivered.

5.11 Shahida Siddique explained that communities were tired of recommendations and the Group had started an action log titled 'You Said, We Did' so that group members could see progress made.

5.12 Terry Hudsen said that he was fully supportive of the report and all those involved must commit to making progress against the recommendations.

5.13 Kathryn Robertshaw informed the meeting that the ACP had put a response to NHS England, but there was more work to be done. More BAME representation on different bodies was required.

5.14 The Chair felt that the group fully endorsed what had been heard today and he was impressed by the breadth of work undertaken so far.

5.15 The Board are asked:

1) Comment on the work done to date - *As seen above*.

2) Are there any other areas that the Board feel need to be pursued as a priority – *Ensuring that the recommendations are followed up and carried out.*

3) How can the board be kept up to date with this aspect of inequalities work steam? *By trying to ensure more BAME representatives on appropriate groups/bodies.*

5.16 **AGREED** that the Board:-

1) Note the summary document with the appendices;

2) Recognise that work is ongoing, the next deadline is the production of proposals of detailed action focused proposals, to go back to the Executive Delivery Board;

3) Note the work to address the national recommendations;

4) Note that this work will be feed into the new formed Race Equalities Commission as supporting evidence of good practice in the city to address the disparities of risk to Covid19 in workplace settings for Black, Asian and Ethnic Minorities; and

5) Request a report back in the next 6 months.

6. BETTER CARE FUND UPDATE

6.1 Jennie Milner from the Better Care Fund attended the meeting and gave the presentation.

6.2 The presentation looked at:

- Priorities
- 2019 Better Care Fund Plan
- 2019/2020 Budget
- Performance Indicators
- Making a Difference
- Successes and Challenges

6.3 The priorities included urgent care, people keeping well, active support and recovery, ongoing care, mental health, independent living (equipment) and Capital.

6.4 Greg Fell said that the Better Care Fund was well led and well executed, patient experience was also important.

6.5 David Warwicker felt that the Better Care Fund was moving towards a situation where frontline care staff did not have to ask if a patient required health or social care which was a broadly shared goal.

6.6 The Chair thanked the team for all their hard work.

6.7 **AGREED** that the Better Care Fund Update be noted.

7. TERMS OF REFERENCE

7.1 Greg Fell presented the report and thanked Dan Spicer for putting the revised Terms of Reference together.

7.2 The Board was now focussed on delivering the Health and Wellbeing Strategy. The Board was not as representative as it could be, but there was a need to avoid tokenism. There were also no children or young people representatives. Membership also didn't cover housing. Effort was needed to look at different ways of working and the size of the Board.

7.3 **AGREED** that the Terms of Reference, now submitted, be approved.

8. HEALTHWATCH UPDATE

8.1 Lucy Davies from Healthwatch Sheffield attended the meeting and gave the update.

8.2 A survey had been carried out and 570 responses had been gathered online and via paper copies. The survey showed there was continued confusion regarding

the messages being published, and a continuing impact on mental health.

8.3 Concerns raised included ability to access dental care, which was a national concern, the move to digital consultations was also of concern as not everyone could access the technology needed.

8.4 Praise was given to frontline social care staff, but there were concerns around paid direct services and restrictions around care home visitation.

8.5 Challenges included contacting those with whom only informal contact had been made prior to Covid-19. E.g. those who had previously attended drop-in centres etc. How do we contact those that we haven't heard from?

8.6 The Chair noted the difficulties and that it was important to reflect on how contact could be made.

8.7 **AGREED** that the Healthwatch Sheffield Update be noted.

9. MINUTES OF THE PREVIOUS MEETING

9.1 **AGREED** that the minutes of the meeting held on 30th January 2020 be approved as a correct record.

10. DATE AND TIME OF NEXT MEETING

10.1 The next meeting of the Health and Wellbeing Board would be held on Thursday 10th December 2020 at 3pm.