

SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 23 June 2022

PRESENT: Terry Hudson (GP Governing Body Chair, Sheffield CCG) (Chair)
Councillor Angela Argenzio (SCC)
Councillor Mick Rooney (SCC)
Councillor Douglas Johnson (SCC)
Dr David Black (NHS)
Greg Fell (Sheffield City Council)
Lucy Davies (Healthwatch)
Kathryn Robertshaw (HCP)
C.I Sarah Gilmour (South Yorkshire Police)
David Warwick
Helen Simms (VAS)
Sandie Buchan (Sheffield CCG)
Daniel Spicer (SCC)
Fiona Martinez (SCC)

1. APOLOGIES FOR ABSENCE

- 1.1 Apologies for absence were received from Councillors Dawn Dale, Jayne Dunn, and George Lindars-Hammond, and Benn Kemp, Zak McMurray, Sharon Mays, Chris Newman, Joe Rennie, Judy Robinson, Toni Schwarz, Eugene Walker and John Macilwraith.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest made.

3. PUBLIC QUESTIONS

- 3.1 No public questions were received.

4. HEALTHWATCH UPDATE - VERBAL UPDATE

- 4.1 Lucy Davies was in attendance to provide an update on Healthwatch.
- 4.2 Greg Fell stated that significant efforts had been made to support those with learning difficulties in accessing support. Greg Fell asked whether HealthWatch had received feedback that human communication was preferred to digital services. Lucy Davies stated that this feedback had been received.
- 4.3 Councillor Mick Rooney asked whether there was an understanding of how wide spread issues with NHS dentist provision in Sheffield were. He also asked whether a debate on fluoridation had taken place. He asked whether any members of the board were able to influence the provision of NHS dentistry.
- 4.4 Dr Terry Hudson stated that NHS dentistry was commissioned by NHS England.

He stated he would contact NHS England directly to ask for their representation at this meeting. On the scale of the issue with NHS dentistry, Lucy Davies stated that 35% of dentists in Sheffield did not accept NHS patients, and that those who did could not offer appointments within a year. Greg Fell stated that NHS dentistry was more easily accessible in Sheffield in comparison with the wider country. He stated that privatised dentistry was an issue. He stated that he felt NHS dentistry was working on this issue. He said there was a scheduled conversation on oral health due to take place in August or September. On fluoridation, he stated that a technical feasibility study had taken place on this. He said this had been difficult to complete, in part due to the pandemic. He said this needed a formal consultation. He stated that he felt there needed to be a debate on this, with a political steer given in order to progress.

4.5 Dr David Black asked how the HealthWatch research linked to those with autism and learning difficulties. Lucy Davies stated that as HealthWatch received feedback they fed this into the NHS experience team. She said that monthly insight reports were put together and distributed to all providers within the city. Dr Hudson stated the provider perspective was welcome.

4.6 Councillor Johnson asked who compiled the list of dentists which accept NHS patients, as he stated he had found when calling these locations, they often stated they were not accepting NHS patients. Dr Hudson stated a note would be made of this.

5. CITY STRATEGY

5.1 Greg Fell briefing introduced the paper. He stated there was not an economic or city strategy, and that this paper was working to introduce these things. He said a significant piece of work had been done on looking at the evidence base for a city strategy. He stated that health was a significant part of an economic strategy for Sheffield. He asked for engagement from the Sheffield Health and Wellbeing Board, and that the board note this paper.

5.2 Jen Rickard was in attendance to talk to the paper. She stated she felt the Council had a duty to carry out an economic assessment. She said this included a review of the environmental impact of the economy. She stated that happiness levels within Sheffield had decreased significantly.

5.3 Laura White highlighted the Community Voice and Insight Commission taking place. She stated that this work was community owned, and said she hoped collaboration would take place.

5.4 Dr Hudson asked if there were any responses to the questions set out in section 8 of the paper. In response to future policies and strategies, Sandie Buchan stated that the areas of focus of the Children's Health and Wellbeing Board had a significant influence on supporting health inequality across the city and on the health and wellbeing of parents. She stated Sheffield CCG's work could align with the City Strategy.

5.5 Dr Black stated Sheffield Teaching Hospitals would like to be involved in

developing the strategy. Laura White stated this was reassuring and she said there would be representation from Sheffield Teaching Hospitals on the task and finish group.

5.6 Kathryn Robertshaw expressed her support.

5.7 Greg Fell stated that levelling up was a key focus at the moment. He added that it was important to not duplicate work being done.

6. COST OF LIVING

6.1 Cat Arnold and Laurie Brenan were in attendance to discuss the cost-of-living crisis. Cat Arnold stated the cost-of-living crisis was expected to worsen into winter. She stated they had put together a draft action plan addressing issues such as accessing emergency support. She said the intention was to bring Sheffield partners together to support the health of individuals. Laurie Brenan said that considerable learning on reducing health inequalities had taken place following COVID-19. He stated all inflation indicators suggested the winter would be even more challenging.

6.2 Councillor Angela Argenzio asked whether the Council was capitalising on the community spirit demonstrated throughout COVID-19, in which neighbours supported one another.

6.3 Councillor Mick Rooney asked whether there was a policy to not evict individuals struggling to pay rent, and to not switch off energy supplies to those struggling to make bill payments. Greg Fell stated that social landlords tended to try to not evict those who had not made rent payments. Regarding energy, he stated there was not a policy, but he felt it could be led by the Government and amplified locally within Sheffield.

6.4 Kathryn Robertshaw stated she was happy to be a conduit to ensure collaboration with Sheffield partners.

6.5 David Warwicker said that factors such as the cost of living, cost of working, cost of fuel and cost of being a patient were important to note. He said he felt these issues would widen healthy inequality.

6.6 Councillor Johnson said that energy companies did have funds set aside for supporting the most vulnerable people. He added that some people in financial hardship would find it easier to apply for those funds. He said that avoiding a crisis involved removing inequalities.

6.7 Greg Fell thanked the Sheffield Citizens Advise Bureau for their work and added that their funding was being reduced. He encouraged institutions in Sheffield who had the ability to support the group to do so.

6.8 Lucy Davies stated that in terms of the cost of being a patient, there was a formula which worked out the price of care for those most in need and aimed to support them.

6.9 AGREED: That the Board noted the scale and nature of the cost-of-living crisis and the current and planned activity to respond to it.

6.10 AGREED: That the Board consider the role of statutory services in resourcing voluntary sector organisations that are supporting Sheffielders who are struggling with the cost of living.

7. HEALTH PROTECTION

7.1 Ruth Grainger introduced the paper and summarised its key points. She asked that the board assist in strengthening governance arrangements in relation to health protection.

7.2 Councillor Argenzio asked whether an analysis had been carried out into what worked well in protection people's health during the pandemic, and what did not work well. She asked if a plan was in place regarding what methods might be used should there be a further outbreak.

7.3 Councillor Rooney asked for some information on the level of risk associated with diseases which might be returning, for example Polio and Measles. Additionally, he asked what could be done to emphasise the continued risk of COVID-19.

7.4 Dr Hudson asked what the strategic issues were which the board needed to be updated on.

7.5 Greg Fell stated that COVID-19 was expected to worsen in Autumn. He said he was concerned that future variants would be less resistant to the existing vaccines. He stated that there was an overall 90% vaccination rate against measles currently; however, he added that this would be a 60% vaccination rate in some communities. He said he thought there would be a measles outbreak at some point in Sheffield. In response to Dr Hudson's question, he said he would welcome an annual accountability statement to the Health and Wellbeing Board on how health protection was working.

7.6 Ruth Grainger stated that a collective approach to vaccination had worked well.

7.7 Dr Hudson stated some work had been done with partners to learn more about vaccine hesitancy, and he suggested this information be incorporated into health protection aims.

8. VCS RELATIONSHIPS - UPDATE

8.1 Kathryn Robertshaw gave an overview of the paper. She said it provided tangible examples of good practice, as requested by the Sheffield Health and Wellbeing Board in its last meeting.

8.2 Helen Simms stated that the paper was high level and focused on key issues in the sector. She stated that the voluntary sector played a key role in health and wellbeing within Sheffield. She said she felt there was more to be done to make the

most of the sector in Sheffield. She said that the VCS could take conversations to communities, rather than waiting for feedback to be brought to them.

8.3 She stated that the need to invest in infrastructure was high. She said that this needed to be supported in order to acknowledge their collective value.

8.4 Kathryn Robertshaw stated a steer from the Health and Wellbeing Board was welcome.

8.5 Greg Fell stated that he felt they needed to move past outcome-based commissioning based on a return on investment. He said that institutions should aim to live up to the expectations listed within the report.

8.6 Councillor Argenzio asked whether engagement with existing university programmes had taken place. Helen Simms stated that VAS was working closely with both Sheffield universities. She stated there was a key research role running alongside VAS' work.

9. CHILDREN & YOUNG PEOPLE - OVERVIEW

9.1 Ruth Brown was in attendance to provide an overview on the Children's Health and Wellbeing Transformation Board. She gave a presentation and asked the board to consider how the profile of children and young people could be increased within the Health and Wellbeing Board.

9.2 Greg Fell said he felt the Sheffield Health and Wellbeing Board did not focus on children and young people due to the fact there was a Children's Health and Wellbeing Board. He suggested that the emphasis on the health and wellbeing of children be increased. He said he would discuss the areas of greatest need cited in the report with Ruth, and he suggested any gaps in representation on the board be noted and addressed.

9.3 David Whitaker asked for affirmation that health and wellbeing admissions for the city were appropriate for children and young people. He suggested that examples on this be provided.

9.4 Sandie Buchan stated the board felt the focus on children could be improved, in part through building relationships and having mutual conversations to build on effectiveness. She said the Children's Health and Wellbeing Board would support a standing down of the board, and children's health and wellbeing being brought into the Health and Wellbeing Board.

9.5 Kathryn Robertshaw stated that children did not sit in isolation and that they existed within families and communities.

9.6 Ruth Brown suggested that a conversation needed to be had on how to bring the children's voice into this board.

9.7 Councillor Rooney asked who set the agenda for the Health and Wellbeing board and stated that if items with a focus on children were not on the agenda they would

not be covered. Dr Hudson stated the agenda was based on items brought to the Health and Wellbeing Board steering group, based on the nine ambitions of the board. Dan Spicer stated he would take this feedback on board, and suggested the focus was on how to improve the representation of children and young people's health in the Health and Wellbeing Board.

10. EARLY YEARS WORKSHOP - REPORT BACK

10.1 Marie McGreavy was in attendance to give feedback on an Early Years workshop. She highlighted issues which she felt the board could have the most impact upon, listed in the report's recommendations.

10.2 AGREED that the Health and Wellbeing Board:

- Agree to sponsor the development of the refreshed Great Start in Life Strategy, with a view of all partner's roles in delivering success in this area
- Consider the Board's role in making the case for investment in early years at all levels, including the development of shared Sheffield narrative;
- Take responsibility for representing early years in city-level strategic development.

11. GAMBLING HARMS

11.1 Magdalena Boo was in attendance to give an overview of the Sheffield Strategy to Reduce Gambling Related Harms.

11.2 Dr Terry Hudson suggested that this item be brought back to a Health and Wellbeing Board workshop for a longer discussion.

11.3 Greg Fell asked that the board sponsor this activity. He felt that gambling bodies should not be involved in education or treatment around gambling harms.

11.4 Councillor Johnson asked whether it was known how much the gambling industry spent on advertising in Sheffield. Magdalena stated that she would bring information on this back to the Board.

11.5 AGREED:

- That the Board authorise the Director of Public Health to be the strategic lead in the development of the Sheffield Gambling Harm Reduction Strategy.
- That the Health and Wellbeing Board and the Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive jointly own the strategy for the city.

12. BETTER CARE FUND UPDATE

12.1 Judith Town and Joe Horobin were in attendance to present Sheffield's Better Care

Fund Annual Report 2021/22. Judith Town talked attendees through the achievements of the fund in 2021-22.

12.2 AGREED: That the Board note the update on the Programme.

12.3 Councillor Rooney stated he found the budget complex and challenging to follow. Dr Hudson suggested this be brought back to the board as a development item. He said that budget discussions were taking place between the joint commissioning committee, the NHS, and the Council.

12.4 Greg Fell asked whether the arrangements were secure given the Council's financial position and change in governance. He asked whether the risk could be managed. Judith Town stated that significant discussion had taken place on this, and it was being considered.

13. BOARD REVIEW UPDATE

13.1 Greg Fell outlined two hygiene papers. He asked that the first proposal be brought to September's Health and Wellbeing Board. On the second paper, he stated the aim was to use the data available in a more efficient manner. He said this work would be done over the summer.

13.2 AGREED: That these two proposals be noted.

14. FORWARD PLAN

14.1 Greg Fell encouraged suggestions in relation to the Forward Plan to Dan Spicer.

15. MINUTES OF THE PREVIOUS MEETING

15.1 AGREED: that the minutes of the meeting held on the 31st of March 2022 were approved subject to the following changes:

- David Whittaker and Lea Sorsbie's attendance be noted;
- In 8.4 Dentistry be delegated to the ICB rather than the ICS;
- Councillor Teal's name was misspelt and should be corrected.

15.2 Greg Fell thanked Dr Terry Hudson for his work as Chair of the Health and the Wellbeing Board.

15.3 Dan Spicer asked that suggestions to future agendas be sent to him.

16. DATE AND TIME OF NEXT MEETING

16.1 The next meeting of Sheffield Health and Wellbeing Board would be held on Thursday, 29th September 2022, from 2.00 pm to 5.00 pm.