SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 25 June 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
Chief Superintendent Stuart Barton - District Commander for Sheffield, South Yorkshire Police
Councillor Jackie Drayton - Cabinet Member for Children and Families, SCC
Greg Fell - Director of Public Health, SCC
Terry Hudsen - GP Governing Body Chair, Sheffield CCG
Brian Hughes - Deputy Accountable Officer, Sheffield CCG
David Hughes - Medical Director, Sheffield Teaching Hospitals
Claire Mappin - Managing Director, Burton Street Foundation
Judy Robinson - Chair, Healthwatch Sheffield
David Warwicker - Governing Body GP, Sheffield CCG
Sara Storey – Interim Director of Adult Services, SCC
Mark Tuckett - Director, ACP
Maddy Desforges - Chief Executive Officer, Voluntary Action Sheffield

Also present were Eleanor Rutter - Consultant in Public Health, SCC (in respect of Minute No. 5) and Lucy Davies – Healthwatch Sheffield (in respect of Minute No. 6).

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Karen Curran, John Doyle, Alison Knowles, Laraine Manley, John Macilwraith, Zak McMurray, Chris Newman and Lesley Smith.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest made.

3. CHAIR'S MESSAGE OF THANKS

3.1 On behalf of the Health and Wellbeing Board, the Chair noted that it had been 6 months since the last meeting of the Board and this virtual meeting was an indication that we were now returning to a new normal. Staff from all organisations and partners had been brilliant working through the crisis, not just

the NHS, but care workers, carers, care home staff and Council staff. The Board was recommitting to the Health and Wellbeing Strategy, launched last year, which aimed to end health inequality in Sheffield.

The pandemic was not over, but thanks to the continuing efforts of all those involved, doing what was needed to get Sheffield through, and create a pathway to a better city and healthier population.

4. PUBLIC QUESTIONS

4.1 There were no public questions.

5. COVID-19: RAPID HEALTH IMPACT ASSESSMENTS

5.1 Eleanor Rutter joined the meeting and explained that prior to the Covid-19 pandemic, there had been a 20 year gap in life expectancy and the pandemic and lockdown had impacted most on the most vulnerable. The Health and Wellbeing Strategy had previously committed to closing the gap and it was now more of a challenge. There was a need to carry out additional work.

5.2 The Covid-19 Rapid Health Impact Assessments were a collection of small impact assessments. Rapidity was essential and getting as many responses as possible immediately, in order to get intelligence out as soon as possible.

5.3 Much of the data was qualitative – what was being experienced at the moment. This was an asset based approach and Sheffield was responding in an incredible way. The compassionate city approach with organisations being agile and flexible in their approach. It was hoped that the data would feed into recovery and help to shape where Sheffield wanted to be in the future.

5.5 A small steering group had been established and a list of around 12 themes from a wide group of partners had been established. Task and Finish Groups had been set up to coordinate the data and 1st drafts had been received from all. Feedback was encouraged on the approach and content.

5.6 Judy Robinson praised the report and noted the need to keep moving forward. She asked whether the work was being completed in line with Community Participatory Research Principles (CPRP) and, when looking at the data, would the impact on care homes be included? Eleanor responded that the work was being done in line with CPRP with a community based questionnaire which gathered data quickly and an initial report would be made to the board in July. The most vulnerable groups were represented within the data, but special reference to care homes would be useful. Discrimination and marginalisation was included along with access to services by geography.

5.7 Brian Hughes supported and endorsed the approach, the work needed to be done quickly, the initial data in July would be valuable to shape responses. Eleanor noted that all data was being shared between organisations.

5.8 A question was raised regarding coordination of the response. There was a need to ensure people were not overwhelmed. Eleanor stated that they were being careful to coordinate with other organisations and were trying to work together with the CCG as much as possible. This was a live piece of work and there was a second focus on cross cutting themes, also looking at protected characteristics.

5.9 Terry Hudsen said he was excited by the pace at which the work had been done and hoped that it would pave the way for more real time intelligence and data going forward. The key areas were broadly right, but what assurances could be made to ensure cultural sensitivity was maintained. Eleanor responded that an update would be supplied in writing.

5.10 Sara Storey said that it was also important to understand the experience of those with learning difficulties and dementia etc. and how to better support them, along with the experiences of those living in care homes. What was the next step with the intelligence? The pace of the work was impressive, but what would be done with the intelligence gathered. The same pace would also be needed to look at what needed to happen next. Eleanor stated that it was hoped the data would feed in to help with recovery and hopefully help to close the gap in healthy life expectancy.

5.11 Stuart Barton made an offer to share data that had been collated by South Yorkshire Police which was gratefully accepted.

5.12 **RESOLVED:** That, the Board:

- Note the intended approach to producing a Rapid Health Impact Assessment in relation to the Covid-19 pandemic;
- Provide feedback on the intended approach;
- Receive the output from the work at a future Board meeting.

6. HEALTHWATCH UPDATE

6.1 Judy Robinson and Lucy Davies presented the report which provided an update on the work of Healthwatch. Since the outbreak of COVID 19, Healthwatch had produced reports drawn from its inquiry service, feedback from individuals and from partner organisations. It had been a challenge to obtain information from some services.

6.2 There were both positive and negative stories regarding support packages during the pandemic and there was a need to take stock and ensure that all needs were being met.

6.3 There were different experiences of care homes, it was not always possible to access residents, but there were positive steps being taken to establish virtual inspections.

6.4 The Healthwatch survey report was due at the end of July. There was a need to ensure that engagement was at the centre of reorganising services. It was hoped

to make service users feel empowered and add their experiences to shape services in the future and ensure that all voices were brought together. Diversity and representation in decision making were key.

6.5 Communication to disadvantaged communities was to be made using volunteers and there was a need to think about the messages and how they were delivered.

6.6 It was hoped to develop virtual inspections and feed in to Council processes, it was hoped to include virtual contact with the residents. The challenge was to engage with residents as this was usually done face to face.

6.7 Jackie Drayton stated that the comments highlighted the inequality of the impact of Covid-19 and the importance of clear communication and asked if there had been and comments from children or young people. Lucy Davies noted that there had not been much input from children or young people.

6.8 **RESOLVED:** That the report from Healthwatch Sheffield on the impacts of Covid-19 be noted.

7. HEALTH INEQUALITIES AND COVID-19

7.1 Greg Fell presented the report which summarised the key findings of three recent reports considering health inequalities in England:

1) Health Equity in England: the Marmot Review 10 Years On, produced by the Institute of Health Equity and published on 25th February 2020;
2) Disparities in the risk and outcomes of COVID-19, produced by Public Health England (PHE) and published on 2nd June 2020; and
3) Beyond the data: Understanding the impact of COVID-19 on BAME groups (PHE) and published on June 16th 2020

7.2 It reflected on the Sheffield position in relation to these, and how they interacted with the current crisis. It also reflected on work underway that was aiming to consider how Covid-19 was impacting on Sheffielders, and how this would contribute to addressing some of the issues raised in the reports, in the short term.

7.3 Greg Fell stated a key headline is that impact of Covid-19 is disproportionate on BAMER communities, due to structural inequalities, and that the response was the Health and Wellbeing Strategy, there was a need to focus on doing and then measure the outcomes. The Marmot report was a little weak on the community aspects. There were many assets in Sheffield and the Marmot report should not be taken in isolation. There was a need to build inequality impact assessments. The Board Terms of Reference needed to be discussed by the board to ensure they were still fit for purpose.

7.4 Terry Hudsen noted that the report brought together complex information and was easy to understand. Health inequality was a cross cutting theme in the strategy. Did the strategy need to be more explicit regarding inequalities such as protected

characteristics. The focus should be on prevention. Community led engagement was needed with a focus on cultural sensitivity in the responses. A list of protected characteristics was needed to ensure there were no blind spots, but there is also a need to go beyond protected characteristics to consider layered inequality.

7.5 Councillor Jackie Drayton said that it was good to see the reports together and the board should be looking at how to commit to delivering the recommendations of the Disparities in the risk and outcomes of COVID-19 report. Ethnicity recording should be carried out by the Council as a matter of course. Communications were very important, how we use the information and how we write tender documents in the future needed to be looked at. There was also a need for BAME experiences to be listened to.

7.6 Judy Robinson stated that there was a need to focus and keep things in balance. A practical approach could be for the Health and Wellbeing Board to meet in other locations.

7.7 Greg Fell explained that location was one of the factors being looked at, but that hygiene factors needed to be taken into account. It was hoped that and increased settlement would be available from the Government to offset some of the costs of Covid-19. Sheffield City Council had done the right thing by overspending the public health budget to counter the disease.

7.8 Mark Tuckett noted that the report was helpful and that the Board also needed to reflect on its own make up with regards to the BAME community.

7.9 **RESOLVED:** That, (1) in considering the questions set out in the report in relation to the Healthwatch Annual Report, the Board's answers be as follows:

- Are there any other areas of work that should be explored as part of the work to address health inequalities in Sheffield, both pre-existing and those created and exacerbated by Covid-19? *The Terms of Reference of the Board should be looked at to ensure they met the current needs of the city.*
- How work to address questions of representation and engagement in relation to the Board's work be approached? *Reports needed to be shorter and pithier and it would be necessary to deal with issues in a more rapid way.*

(2) The content, conclusions and recommendations of the Marmot report, and the PHE reports, be noted;

(3) The Board recognise that work is ongoing to understand the impact of Covid-19 in Sheffield and how this impacts on different groups, with short term actions being put in place as these deliver intelligence;

(4) The Board recommit to delivering the Health & Wellbeing Strategy, recognising that the ambitions within it remain the building blocks of healthy lives for Sheffielders, and that the challenge in and importance of delivering on them is greater in the context of the pandemic;

(5) The Board commit to delivering at the local level the recommendations laid out in the second PHE report, where we have the powers to do so;

(6) The Board agree that responding to the challenges outlined above is not the responsibility of one organisation but of the whole city;

(7) The Board use the opportunity of the delayed Terms of Reference review to reflect on questions of representation and ways of working to ensure that the strategies it develops and delivers on reflects the concerns and interests of all Sheffielders, reflecting on this at their July Strategy Development Session and bringing proposals in response to the next Public Committee Meeting, and;

(8) The Board commit to working with all city partners and other bodies in the city on addressing the disparities in the impacts of Covid-19, health inequalities in general, and the root causes of these, in the short and long term, especially recognising the vital role of the VCS, BAME and Faith sector organisations and leads in this approach.

8. MINUTES OF THE PREVIOUS MEETING

8.1 **RESOLVED:** That subject to Maddy Desforges being added as being present, the minutes of the Health and Wellbeing Board held on 30th January 2020 be approved as a correct record.

9. DATE AND TIME OF NEXT MEETING

9.1 It was noted that the next meeting of the Health and Wellbeing Board would take place on Thursday 24th September 2020 at 3pm.

On behalf of the Board, the Chair thanked Nicki Doherty for her contribution to the Health and Wellbeing Board and wished her luck in her new role.

The Chair also thanked those present for their attendance.