HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of:	Greg Fell
Date:	20th September 2020
Subject:	The Impact on Health & Wellbeing in Sheffield of the Covid-19 pandemic and subsequent societal response to it.
Author of Report:	Eleanor Rutter (07917 240200) and Kathryn Robertshaw
Summary:	

Questions for the Health and Wellbeing Board:

- How can the Board ensure that the evidence base and recommendations of these impact assessments are acted on?
- Which groups and stakeholders do the board believe this report should be shared with?

Recommendations for the Health and Wellbeing Board:

- Note the full set of recommendations and endorse their delivery via appropriate governance structures.
- Incorporate the evidence base generated through this work, and recommendations produced as a result, into their on implementing the Joint Health & Wellbeing Strategy
- Consider using a future Strategy Development session to consider 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.
- Support development and delivery of a communications strategy

Background Papers:

The Health Impact of the Covid-19 Pandemic in Sheffield -Rapid Health Impact Assessment - Framework and Guidance for Contributors. Received by the H&WB board in June 2020 and attached at appendix 1.

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

All

Who has contributed to this paper?

In excess of 100 people from commissioners, providers, voluntary sector organisations and community groups across the city.

The Impact on Health & Wellbeing in Sheffield of the Covid-19 pandemic and subsequent societal response to it.

SUMMARY

This paper describes the process of producing rapid health impact assessments relating to the Covid-19 pandemic, highlights key themes emerging from these assessments, and asks the Board to consider next steps for this work.

HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

Covid-19 has further exposed and widened existing health inequalities in Sheffield. This work seeks to identify key issues and make recommendations to address these, in order to reduce health inequalities resulting from the pandemic and in the future.

MAIN BODY OF THE REPORT

1. Introduction

Originating in the Wuhan province of China in December 2019, the Covid-19 pandemic reached Sheffield in February of 2020 where the first death was recorded in March. Early indications from other countries were that it was likely to have its most devastating impact on frail and significantly elderly people; evidence emerged soon after of its disproportionate impact on black and minority ethnic (BAME) groups. National lockdown was imposed on March 23rd; with its aim of limiting the spread of the virus, it took people away from their normal day-to-day social activities, allowing only the minimum considered vital to keep the country running.

Sheffield is a diverse city representing some of both the most deprived as well as affluent boroughs in the country and being home to people from more than 12 ethnic groups; BAME people representing around 20% of the population. It became clear, therefore that the impact of the pandemic was not going to be evenly spread across Sheffield, but that both the disease and lockdown were going to have the greatest impact on our already, most vulnerable communities.

At their April meeting, the Health and Wellbeing Board agreed to commission rapid health impact assessments to provide a systematic review of the impact on health and wellbeing in order to understand and document people's experience, aiming to be able to mitigate against the worst effects of second and subsequent waves and to provide an evidence base for recovery activities.

2. Process

A small steering group was established, led by Public Health. Key themes of particular concern were identified by stakeholders from across the city. A lead was identified for each theme who was encouraged to set up a task and finish group to gather together as much qualitative and quantitative intelligence as they were able within the short timescale. Theme leads met regularly to

share learning and iteratively develop the scope of each theme as it became evident that there was a great deal of overlap between them. The rapidity of the task was necessary if the work was to deliver its aim of learning prior to a second wave; this had an inevitable impact on the technical quality of some of the intelligence.

A community survey, which was designed to capture people's lived experience of the pandemic has received an excellent response rate (3,300 responses to date) and is due to close for analysis at the end of September.

3. Themes and key findings

Thirteen themes were identified for assessment; each one can be viewed as a 'mini' HIA in its own right. A report of this nature cannot do justice to the breadth and richness of information contained in each HIA which are available in their entirety or in three page summary versions to the board. To give a flavour of each theme, leads were asked to identify the three most important findings, which are documented below.

3.1. Active travel

- Traffic volume feel by 80%
- Increase in leisure cycling
- Public transport reduced to 50% usual volume

3.2. Employment

- 53,500 people furloughed – more in most deprived communities – some jobs will be lost when scheme ends
- 74% of self-employed people used the self-employment income support scheme which in our four most deprived communities was below the national average claim
- Business are facing cash flow problems and debt which will result in insolvencies and job losses

3.3. Health behaviours

- Evidence of weight gain and poor eating habits impacting socially disadvantaged groups the most (including poor oral health)
- Decreased physical activity overall
- Mixed picture on smoking – some responsive to quit messages, others report increased smoking
- Increased alcohol consumption
- Positive impact on breastfeeding rate
- Most people gambling less but problem gamblers gambling more.

3.4. Education

- Reduced educational attainment
- Negative impact on emotional wellbeing
- Some children especially SEND youngsters have had a positive lockdown in that their anxiety has reduced. Many families have had more time together and supported their children's learning.

3.5. Income and poverty

- Financial insecurity more widespread and more severe
- Demands on food banks increased four-fold
- Significant reduction in people accessing financial support advice in early stages, but now increasing rapidly

3.6. Loneliness and social isolation

- Increased social isolation experienced to some extent by all – greatest impact on social disadvantaged groups, those living alone and those with poor physical and mental health
- Socially isolated people reporting increased use of food, alcohol, smoking and drugs
- Social exclusion exacerbated by digital exclusion

3.7. Domestic abuse

- Increased time with 'abuser'
- Difficulty accessing support services
- Increased pressure on families and individuals so abuse is more frequent, escalating quicker and there is greater risk of serious harm

3.8. Access to care and support

3.8.1. Health Care

- Patients stayed away from their GPs and hospitals (including A&E attendances)
- Services unable to operate normally due to social distancing (including Cancer)
- High uptake of virtual GP/hospital consultations but not an option for all patients
- Rapid development of pragmatic solutions across agencies
- Mental health impact on physical conditions & vice-versa

3.8.2. Social Care

- Concern regarding consistent support for, and management of, care homes with regard to preventing Covid-19 infection

- Reconciliation of containing the spread of the virus with curtailment of human rights in relation to denial of contact for people
- Maintaining usual, as well as creating and delivering additional staff capacity at pace and at scale

3.9. Housing

- Lengthened exposure to unsuitable, overcrowded or unhealthy accommodation
- Inability to move away from dangerous or unhealthy living circumstances
- Opportunity to engage with partners to provide accommodation for homeless people

3.10. End of life

- Need for End of Life Care and bereavement support has increased and is likely to increase and persist
- Perceived inequities in end of life care potentially worsened by COVID-19 but based on limited objective evidence or intelligence
- Coordination and communication between health, care and third sector provided elements end of life care was needed, most notably engaging care homes

3.11. 'Long-Covid'

- Debilitating symptoms can last several months after infection, particularly in hospitalised patients
- High incidence of blood clots, cardiac and other longer-term complications
- Prolonged and complicated recovery is likely in patients discharged from intensive care

3.12. Mental wellbeing

- To follow

3.13. BAME

- Reporting separately

4. Crosscutting themes

Whilst the people and communities of Sheffield have shown themselves to be resilient and compassionate, and its workers, highly committed and agile, the pandemic has had a terrible impact across the city and particularly on our most vulnerable. Whilst examining the impact on specific, areas of concern, the themed reviews have highlighted a number of crosscutting issues which are described briefly here.

4.1. Inequalities

The key thread which dominates all the RIAs is how Covid-19 has exposed and widened the existing health and structural inequalities in our city. There has been a disproportionate impact of Covid-19

on different cohorts in Sheffield (e.g. BAME communities; people on lower incomes, carers, people with existing health conditions and disabilities) which must be reflected in commissioning and provision priorities going forwards.

4.2. Neighbourhood and Community

Throughout lockdown and beyond the community response (by the public, the voluntary sector and other local infrastructure) has been integral to supporting people in or close to their own homes when travel was limited (traffic volumes fell by 80%) and access to normal support networks was cut off.

Community hubs were established, often building on existing community assets to support food drops and wellbeing calls. Continuing to build on and invest in local assets and infrastructure and the VCF is a key recommendation of several of the RIAs. Investing in local areas and supporting none car based short trips not only supports the local economies but reduces pollution, supports increased social interactions and plays an important role in active lifestyles

4.3. Digital Inclusivity

Peoples access to, ability to use and motivation to use technology through the pandemic has had an impact on their access to support, ability to work and to study through the pandemic. People who were unable to engage with the new remote services being provided have missed out on support leading to widened inequalities in service provision. A significant number of people do not have access either to a telephone or the internet to undertake telephone or video appointments. Addressing this digital divide as a city comes through many of the reports as a key issue. Sheffield should be prioritising access to devices and broadband for our most disadvantaged people and communities (as well as working to improve people's skills confidence and motivation to use digital services.

4.4. Mental Health

Social isolation through Covid-19 and increased levels of stress and anxiety has led to the exacerbation of existing mental health conditions as well as leading to new problems arising. Over 60% of responders to a survey conducted by Sheffield Flourish reported that their mental health had worsened during the pandemic. This is unlikely to improve in the near future as there will inevitably be a period of adjustment through September and October (and beyond) as people return to work and school with ongoing uncertainty about future disruption through 2020/2021.

The pandemic has for many been and remains a traumatic event and has increased children's exposure to adverse incidents and increased levels of domestic violence. The need for improved access to mental health services and trauma informed care and support (across all sectors) has never been greater. It is anticipated that as unemployment increases and school and universities return latent demand for mental health support will begin to come through.

4.5. Access to Health and Care Provision

The pandemic has brought health and social care; statutory and voluntary services together and examples of excellent system working have come out of this period. New (remote) ways of delivering services have been developed, many of which will continue post-Covid. Anecdotal feedback has highlighted that non face-to-face contact can be very effective. However limitations in our ability to share information between different IT systems and between organisations has, at times, hindered delivery.

Access to remotely provided services has not been equitable; people with English as their second language or with sensory or cognitive impairments have often struggled to engage with remote services increasing existing inequalities of access during this time.

Staff working across the system will also need ongoing support; many are exhausted, trying to learn new ways of working and often working in isolation at home. The need to focus on staff wellbeing to ensure resilience in the workforce across all sectors, including independent providers is clear if we are to maintain services through the coming months.

4.6. Employment and Poverty

Financial insecurity is significantly more widespread and more severe since the beginning of the pandemic. Demand on food banks has increased and the number of people on Universal Credits has doubled in Sheffield. There has been a disproportionate impact in some areas of the city and in some cohorts. For example refugees and asylum seekers, women, younger people and people with disabilities are just some of the groups disproportionally affected by the financial impacts of Covid and the three most deprived constituencies have the most furloughed workers.

Levels of unemployment and poverty are expected to continue to increase over the coming months as the job retention scheme ends in October (53,500 employees in Sheffield have been placed on furlough). As a city we need to plan for this and ensure adequate levels of support and advice are available. We need to ensure uptake of benefits in all those eligible to do so, especially those which may never have had experience of using the benefits system before.

4.7. Communication and Engagement

The need for ongoing, consistent and culturally competent public health messaging is clear. There was decreased use of services throughout the period (Citizens Advice, health care, social care support) and although footfall is now increasing many people are still not accessing the services they need or would benefit from (either through fear or lack of awareness).

It is clear that messages need to be coproduced to ensure cultural appropriateness and will need to be delivered in multiple ways (need to move away from one size fits all wherever possible).

4.8. Limitations and Gaps

The information which has informed these assessments generally is limited to the last 3-4 months, which in many cases is too soon to see significant change. It is important that this work is ongoing to understand the full impact of Covid-19. Latent demand for support is starting to come through

and more is likely to surface as schools and universities return and the job retention scheme ends in October. Impacts on educational attainment, employment levels and physical health (particularly for people who have had Covid-19 or had other pre-existing conditions) are not yet able to be predicted or measured.

Not all voices are heard equally and impacts for some groups are not well known. In many cases there is poor (or no) data available to enable breaking down information to subpopulations or protected characteristics, often reliant on census data which is 10 years old. Improved data capture and use to better understand inequalities in access and provision of services is a gap which needs to be addressed going forwards.

Much feedback about the services provided through the pandemic is anecdotal; there is limited formal evaluation of the effectiveness of new services and delivery models at this stage. Although Sheffield Children's Foundation Trust has undertaken an extensive staff and patient survey of non face to face appointments (https://view.pagetiger.com/a-whole-new-world/2020).

Dental services and were not specifically covered by any of the reports.

5. Individual theme recommendations

A total of 83 individual recommendations have been made so far (Mental Health theme awaited and BAME reporting separately). The complete list is included at appendix 1. Different task and finish groups have taken different approaches to recommendations and thus whilst some are duplicates of each, they are broad in their reach and vary in their style. They can be summarised as follows:

- New (short term) actions in response to pandemic (50%)
- Implement existing plans (30%)
- Big ideas/cross-cutting themes (20%)

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

The findings and recommendations from this report need to be shared with the people and organisations that are able to bring about change in the relevant areas. We need to ensure that they are incorporated into work going forwards, including implementation of the Health and Wellbeing strategy.

QUESTIONS FOR THE BOARD

- How can the Board ensure that the evidence base and recommendations of these impact assessments are acted on?
- Which groups and stakeholders do the board believe this report should be shared with?

RECOMMENDATIONS

The Board are recommended to:

- Note the full set of recommendations and endorse their delivery via appropriate governance structures.
- Incorporate the evidence base generated through this work, and recommendations produced as a result, into their on implementing the Joint Health & Wellbeing Strategy
- Consider using a future Strategy Development session to consider 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.
- Support development and delivery of a communications strategy

Appendix 1

The Health Impact of the Covid-19 Pandemic in Sheffield

Rapid Health Impact Assessment - Framework and Guidance for Contributors

Context

We know that Covid-19 and the actions taken in response to it will have long-term effects on people's health in addition to their current experiences. Those impacts are disproportionately spread across Sheffield's population. Recording and formally recognising them (quantifying if possible), is vital if we are to be successful in mitigating the detrimental effects and building on the positive.

It has been agreed by the H&WB board that a rapid health impact assessment (HIA) should be produced in order that stakeholders can focus their work in the most impactful places to minimise the long-term, negative, health impact and maximise the many positive changes that have come from the crisis.

This rapid HIA is underpinned by the view that communities in Sheffield have shown incredible levels of resilience during this pandemic and that the central purpose for conducting this assessment is not to quantify an assumed surge in demand for 'business as usual', but to identify and target mitigating and preventive actions and interventions that will strengthen communities, and to learn from innovative developments in order that they can be expanded and shared more widely as the city moves into its recovery and recalibration phases.

It is proposed that the end product of the rapid HIA project will be comprised of a number of chapters, each of these a 'mini-HIA' on a specific theme, raised as an area of concern by partners across the city. The themes are listed at appendix i. These HIAs are intended to be of benefit beyond commissioning and service planning. They have the potential to add to similar work which is already underway by providing intelligence that can be widely used to aid recovery planning and decision-making. It will be important to use the rapid HIA data and narrative to influence the city's economic strategy so that the impact on health and wellbeing is considered alongside business and financial recovery plans, and reduce the risk of further adverse effects on deprivation and inequality.

Under the Equality Act, our statutory requirements are to appropriately evidence impact and our mitigating actions by protected characteristic and other communities of interest. This therefore should be inherent in how this work is approached and presented.

Each HIA chapter will be produced by an individual task and finish group. It is proposed that each of these will follow the outline framework below to provide a degree of uniformity. The framework will act as a guide and structure thoughts/trigger discussion but is not set in stone, individual task and finish groups may apply their own expertise and decide to deviate from the framework.

Task and finish groups will comprise a small number of individuals with knowledge and expertise on the given theme, supported by the Public Health Intelligence team and the Rapid HIA Steering Group. This impact assessment process will rapidly review data and intelligence to help identify the key risk factors for deteriorating health and wellbeing and any widening of health inequalities during the Covid-19 pandemic.

Framework

1. **Theme**
2. **Lead**
3. **Brief rationale for inclusion of this theme**
4. **Summary**
5. **Aim**

To understand local people's experiences of the pandemic including their hopes and concerns about the future in order to help statutory, voluntary and informal providers focus their efforts in areas of greatest need and on interventions which are most impactful and sustainable. In order to:

i. minimise the long-term negative health impact
ii. maximise the many positive outcomes that have come from the crisis
iii. further strengthen and develop individual, household and community resilience
iv. aid recovery planning and decision-making
v. influence the city's economic strategy
vi. reduce the risk of further adverse effects on deprivation and inequality.

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6. **Objectives**

i. To rapidly collate and review the available and emerging data and provider intelligence to help identify key risk factors for deterioration in health and wellbeing during the pandemic and the sub populations (appendix ii) that are most likely to be affected.
ii. Gather the views of local people to better understand their experience of, and reaction to, both the pandemic and the measures to manage it and its impact on their futures.
iii. To predict and quantify where possible the likely health impact of Covid-19 on the Sheffield population, in the short, medium and long term and identify groups at particularly high risk.
iv. To collate current supportive and preventative mechanisms in place across the city to alleviate this impact and to identify any gaps which require input to further strengthen communities.
v. To identify capabilities, opportunities and motivations which may help to embed positive behaviours, initiated as a reaction to the pandemic and its management, as permanent.
vi. To make recommendations to relevant commissioners and providers on interventions the city could put in place to mitigate the risks to health and wellbeing and minimise the impact on services across the city.

7. **Methods and Sources of Intelligence**

The rapidity of these HIAs and need for urgent, local action means they are unlikely to be made up of large, published data-sets (although such may be included if relevant), but a mixture of local quantitative and qualitative data, anecdote, case studies, stories and literature reviews. Service-level intelligence and data from all sector providers will help to identify emerging issues, demands and the capacity of providers to respond to needs.

Where possible, data should be broken down demographically to identify any differential impacts on certain population groups, particularly those with protected characteristics and known high-risk groups.

8. Key Lines of Enquiry

i. What are the overarching impacts relating this theme brought about by Covid-19 and the response to it?
ii. Which groups are likely to be differentially affected by this issue?
iii. How is each of the identified groups being differentially affected?
iv. What is the scale of the impact now? Can we predict what it will be in the medium and long term?
v. What services/support is already in place (including community response) to mitigate any negative impacts? Can any judgements be made about the sufficiency (i.e. effectiveness and comprehensiveness) of this?
vi. What interventions can be identified to promote wellbeing and prevent ill-health, which can be sustained or developed as we move on from the crisis response phase?
vii. What local, community-level intelligence do we have to substantiate our findings?
viii. How can we use this information to ensure negative impacts are mitigated in our future decision-making?

9. Scope

The purpose of this intelligence necessitates rapidity and responsiveness and thus large, data-driven, surge-capacity modelling is out of scope. That said the output from this work is likely to sit well alongside intelligence developed by other partners which should be identified in the 'links' at section 12.

10.Timeline

- First draft of themes to steering group ASAP – by 23rd June 2020 at the latest
- Early report to H&WB board – End of July 2020
- Final report for H&WB board – Aug 2020 latest

11.Contributors

It is expected that as wide a group of stakeholders as necessary/practicable contribute to this rapid HIA including new/ad hoc/informal providers. They may also need to speak to a number of individuals not directly involved in the task and finish group as part of the information gathering process.

12.Links

Please document other relevant work that may be happening, for example: work commissioned by the CCG, outreach community-based intelligence being undertaken by VAS, Healthwatch etc.

13.Recommendations

Points to consider:

- How can we/the city prevent or mitigate any negative impacts?
- How might our services/approach flex to meet the needs identified here to aid recovery?
- What are the good things happening that we want to keep? How could we do this?

- If there's no such thing as business as usual any more, what are the opportunities for more radical change?
- Other work that is in the planning or early implementation stage, that might add substantial information to his HIA that may change the recommendations or mitigations we currently believe to be appropriate?
- What more do we need to know?

Appendix i

Theme	Lead
ACEs	Debbie Hanson
Education (including transition)	Helen Nicholls
Housing	Suzanne Allen
Employment & working environments	Ed Highfield
Income and poverty (including food poverty)	Laura White
Active Travel	Matt Reynolds
Access to care and support	Linda Cutter
Social contact/isolation	Emma Dickinson
Individual lifestyles	Sarah Hepworth/Jess Wilson
Mental Wellbeing	Jim Milns
Discrimination/marginalisation	
End of Life	Sam Kyerematenng
Domestic Abuse	Alison Higgins
Cross cutting themes	
BAME	Sarah Hepworth
Behaviour change	Isobel Howie
Compassionate City	ER
Link to recovery	Laurie Brennan

Appendix ii

Sub populations
Disability
Gender reassignment
Marriage and civil partnership
Pregnancy and maternity
Race
Religion and belief
Sex
Sexual orientation
Age - Pre-term - 0-5 years - School years - Working age adults - Old age

Eleanor Rutter on behalf of the Rapid Health Impact Assessment Steering Group

5th June 2020

Appendix 2

Rapid Health Impact Assessments – summary of recommendations across all themes

Theme	Recommendations
Active travel	For the City to harness Active Travel
	To continue to support bus services and public transport in the medium to long term
	To improve data collection and evidence of localised investment benefits
	To invest in local areas that support none car based short trips
Employment	How the city should define economic success, considering outcomes other than growth, such as health and wellbeing
	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
	The Universal Basic Income trial
Health behaviours	Seek to influence high-level strategic conversations about recovery and next steps for the city
	Existing public health strategies must be implemented and investment maintained or in some cases increased to enable maximum impact amongst high risk populations
	Accelerate efforts to develop culturally competent health promotion and disease prevention programmes.
	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.
	Enhance messaging around the connection between a range of health behaviours and physical health and mental well-being.
	Ensure that gambling is reflected as a contributory factor in relevant strategies including for poverty, mental wellbeing and other addictions
Education and skills	Continue to provide a wide range of support and advice to schools and families and make sure those services are Covid secure
	Continue clear communications with schools, providers and other settings – including developing a resource library so that schools can access key documents
	Maintaining the school enquiries and complaints service
	Maintaining links with DFE and Ofsted to ensure schools have the latest information and guidance
	Ensure Sheffield schools have access to any grants from government for summer schools and additional catch up lessons
	Learn Sheffield will also continue to support schools
	Provide support needed for children at key moments of transition
	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
	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
	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
	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.
	Continue to provide a wide range of support and advice to schools and families and make sure those services are Covid secure
Poverty and income	Ensure a collective, city-wide approach to developing responses
	Plan for poverty and demand for support services to increase
	Build on and nurture good partnership working on the ground
	Prioritise making digital access available to disadvantaged people and communities in the city
	Increase take-up of benefits and support in the city. Also explore introducing 'financial healthchecks' for households in response to the crisis.
	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.
	Seek to influence high-level strategic conversations about recovery and next steps for the city
Loneliness and social isolation	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
	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
	Help people and families manage the risk of covid so that they are not too frightened to re-engage in their life
	Reduce digital exclusion
	Support small community and volunteer led building and activities to reopen or start activities in a sustainable and covid safe way
	Support people to develop the tools to manage living by themselves (needs to connect to the work of the mental wellbeing HIA
Domestic and sexual abuse	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
	Ensure there is adequate provision of good quality, safe, appropriate emergency accommodation with specialist support
	Improve responses from agencies and employers
	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
	Work with organisations such as the Local Government Association to raise national issues
Access to health and care services (Healthcare)	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.
	Develop MDS for protected characteristics via an ICS model for minimum data collection which can be replicated at each individual place level.
	Seek to influence high-level strategic conversations for future system integration and provision of integrated patient services.
	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.
	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 .
	Identify and implement appropriate off the shelf or bespoke Apps.
	Expand Community Services
	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
	Increase Rates of 'hear/see and treat' via Yorkshire Ambulance Service
	Ensure equitable access to face-to-face appointments
	Review and respond to evidence developed during the pandemic e.g. on use of technology
	Implement a programme to embed patient self-care within clinical pathways
	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.
	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.
Access to health and care services (social care)	In relation to care homes ensure the whole health and social care system works together to achieve the best outcomes for individuals. This needs to include supporting providers and balancing an approach that combines effective measures to contain the pandemic with respect human rights.
	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.
	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.
	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.
	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
	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
	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 capacity to ensure excess demand can be met across all sectors, including independent providers.
	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.
	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.
Housing and Homelessness	Immediate: Reinstate Choice Based Lettings and associated activities
	Immediate: Review and modify communications strategies in light of the 'new normal'
	Longer term: Adopt and adapt governance structures to embed true partnership working into all housing projects and programmes going forward
	Longer term: Ensure frontline workers have the tools to provide a person-centred approach to services
	Longer term: Identify gaps in order to provide a complimentary suite of housing options
	Longer term: Modify relevant project initiation processes to ensure it is business-as-usual to embed service users at the centre of service development
End of Life	Consider retaining or reinitiating the response to persisting and future increases in need for end of life care, most notably in care homes but also in acute hospital, community services and specialist palliative care in the event of further Covid-19 wave and NHS phase 3 response
	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 via relevant means, enhancing representation from adult social care within future command and control and decision making bodies
	Support maintenance of alternative approaches to end of life care enhancing communication with the general public to support understanding of and access to the range of options
	Maintain and further develop a representative, citywide end of life care group
	Develop Sheffield End of Life Intelligence collaboration
	Implement a Compassionate City/public health approach to end of life care.
	Consider the findings of the '*Supporting adults bereaved in Sheffield: bereavement*

	care pathway, gaps in provision and recommendations for improved bereavement care (August 2020)' report. Support delivery of recommendations through the end of life group and Compassionate Cities approach where appropriate.
Long-Covid	Seek to validate the estimates in this work with Sheffield, HES data.
	The H&WB to take a full report from the Sheffield Long-Covid group at its next meeting.
Mental Wellbeing	To follow
BAME	See separate report