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?

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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.

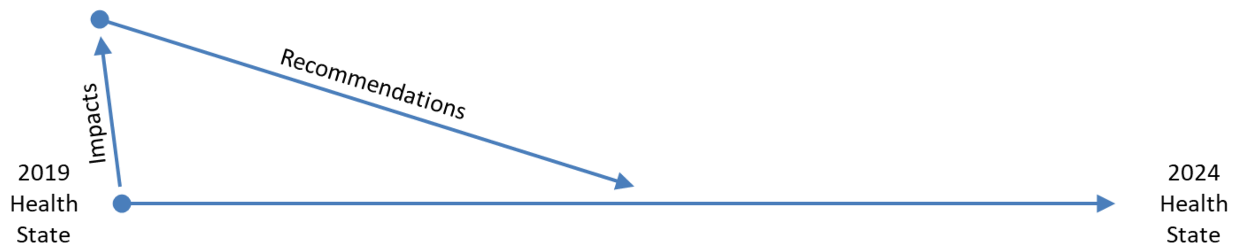
3.2 The Sheffield, Covid-19 Health Impact Assessment was received by the Board at its September meeting and its recommended direction of travel broadly supported, with some concerns about whether the Health & Wellbeing Board was the right body to endorse and own all the recommendations produced. A follow 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	