

# SHEFFIELD CITY COUNCIL

## Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

### Meeting held 13 January 2021

(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:** Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Abdul Khayum, Martin Phipps, Gail Smith, Garry Weatherall and Alan Law (Substitute Member)

#### Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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#### **1. APOLOGIES FOR ABSENCE**

- 1.1 Apologies for absence were received from Councillors Vic Bowden and Jackie Satur, with Councillor Alan Law attending as Councillor Satur's substitute.

#### **2. EXCLUSION OF PUBLIC AND PRESS**

- 2.1 No items were identified where resolutions may be moved to exclude the public and press.

#### **3. DECLARATIONS OF INTEREST**

- 3.1 There were no declarations of interest.

#### **4. MINUTES OF PREVIOUS MEETING**

- 4.1 The minutes of the meeting of the Committee held on 9<sup>th</sup> December, 2020, were approved as a correct record.

#### **5. PUBLIC QUESTIONS AND PETITIONS**

- 5.1 Adam Butcher asked "in light of the report how can we look at health inequalities of people in Sheffield without looking at people with a disability and people with a Learning Disability and Public Health"?

- 5.2 Greg Fell, Director of Public Health, stated that although the report doesn't contain a chapter relating to disabilities, it doesn't mean that it will be overlooked. He said that people who have a physical or learning disability, tend to have poor health outcomes, which was not acceptable. Councillor Jackie Drayton, Cabinet Member for Children and Families, added that health chances for people with disabilities were less than people without them, and many inequalities had come to light because of Covid and as a Council and a Health Service we must make sure we address these inequalities and make sure that such inequalities are addressed in their strategies and policies. Eleanor Rutter, Consultant in Public Health, commented that data on people with hidden disabilities had not been recorded within the report and stated that some of the recommendations contained within it, was to gather such data from various organisations to collect as much data as possible with regard to health inequalities and the disabled. The Chair, Councillor Cate McDonald, stated that the Marmot Review does reference inequalities amongst the disabled and the Council and the Public Health Team understands that there were high levels of depression, a lack of being able to access care and the impact of confinement during the pandemic and said there was a need to press the Clinical Commissioning Group on addressing the issues for people with learning disabilities.

## **6. COVID19 AND INEQUALITIES IN SHEFFIELD**

- 6.1 The Committee received a report and presentation on the impact that Covid 19 had had on the health and wellbeing for the people of Sheffield and the inequalities of health in the city. The report was circulated as a background paper and gave a summary of the work that had been carried out to document the impact of the first wave of the pandemic and lockdown in Sheffield.
- 6.2 Present for this item were Greg Fell (Director of Public Health), Eleanor Rutter (Consultant in Public Health) and Councillor Jackie Drayton (Cabinet Member for Children and Families).
- 6.3 Greg Fell stated that Covid has impacted on health inequalities and has exacerbated existing inequalities, but unfortunately there wasn't one single solution to solve the problem. He referred to the Marmot Review which had been published in February, 2020, which had been commissioned to examine progress in addressing health inequalities in England, 10 years on from the study undertaken in 2010. The report outlined areas of progress and decline since 2010 and proposed recommendations for future action, setting out a clear agenda at a national, regional, and local level, and he stated that the funding settlement for local government during the past 10 years of austerity, had impacted on health inequalities. The purpose of the background report was to identify the impact of covid in many areas.
- 6.4 Eleanor Rutter gave a presentation based on an impact assessment carried out during the summer. She stated that the pandemic was now a year old and highlighted the impact this has had on communities since the first case in February 2020, the first death in March, more than 800 deaths, many of those from the most vulnerable communities. Sheffield is a very divided city having some of the most affluent and most deprived wards in the country. She said that the report had been commissioned by the Health and Wellbeing Board last year and the aim was to document the impact of the pandemic and mitigate against further waves. Specific

areas of concern were dealt with by 13 Task and Finish Groups and the final document contains over 400 pages. She stated that the crosscutting themes were inequalities, neighbourhoods and communities, digital inclusivity, mental health, access to health and care, employment and poverty and engagement, all of which themes were inter-connected and caused inequality. She said that many people in low paid jobs had been furloughed or faced losing their jobs, and many low paid workers risked their health and those around them, feeling that they had no choice but to continue to work. She said a total of 103 recommendations had been made to the Health and Wellbeing Board and their response was to consider those recommendations as part of their approach to implementing the Health and Wellbeing Strategy. The Board shared those recommendations with its partners with the aim of working together to learn from the crisis response and the challenges still being faced. Ms. Rutter said that the findings in the Marmot Review were very similar to the findings of the report, but the Review focused on the short, medium and long-term actions needed to be taken to eliminate underlying health inequalities.

6.5 Members of the Committee made various comments and asked a number of questions, to which responses were given as follows:-

- With regard to digital exclusion there are things that have been done, but it was obvious that digital exclusion was becoming a much greater problem. It was intended that Councillor Terry Fox (Cabinet Member for Finance, Resources and Governance) was aiming to carry out a city-wide summit to address what was now a major issue. Schools and the Government have put money into providing laptops and connectivity, but it was acknowledged that there were other issues that needed addressing to bridge this divide and there was a need to work seamlessly in dealing with this, but it was still very much work in progress.
- There was unequal access to green space within the city, but investment was being made in the more deprived parts of the city through the Move More Strategy and there was a focus on improving levels of activity for those with mental health problems.
- Some partners have already taken on board the recommendations set out in the report, and the Health and Wellbeing Board have taken chunks of recommendations on subject areas and will be spending more time reviewing them to include the recommendations that came out. Officers make sure things don't get missed and the thrust was to deal with health inequalities.
- The NHS has done a lot of work with regard to the BAME population. The pandemic has had a disproportionate impact on the BAME population which was mainly due to inequality rather than skin colour, so it was important to connect with the BAME population and build up trust with BAME organisations throughout the city.
- Health inequalities haven't progressed since the first Marmot report 10 years ago, and given the years of austerity, things haven't necessarily got worse either, which was testament to the combined efforts of local government, the voluntary and community sector, and the NHS.

- NHS England led the Vaccination Programme carried out by its clinicians, however the Council and the voluntary and community sector play a vital part by ensuring that everyone can get to places and make sure vaccinations are carried out as speedily as possible. There is a very clear and coherent plan, and vaccinations are being carried out in the city at some pace, but the Council is unable to rewrite the national prioritising programme. Fears around the vaccine are recognised, with some people believing there are side effects to it, but there are side effects to all vaccines, and the side effects to the Covid vaccine are minimal. It is a very safe and effective vaccine and will save lives. The Director of Public Health will work with community leaders as an advocate for the vaccine to maximise uptake.
- Regarding site selection, the NHS determine where the sites are, but it was acknowledged that sometimes access problems do arise and this will be dealt with when these problems become known and Public Health will contact the NHS over this. There was a split in opinion regarding 24/7 vaccination, but GPs will eventually contact everyone and make sure the programme is delivered. Public Health will work with local Councillors in identifying hard to reach sectors of the community.
- To get the first priority groups of people vaccinated in two months was optimistic but theoretically possible. It normally takes three months to carry out flu vaccinations, but this programme was a large logistic exercise to carry out.
- Over the years there has been a shift in culture in relation to public health and health and wellbeing within the Council. Health and wellbeing were built into Council policies, and Councils can do so much more to affect public health. It was very strongly felt that public health should be a local government function.
- 80% of people who have lost their life to Covid were aged over 70 and age has been a primary driver of risk of death. One thing was that there had been a focus on the effects of the pandemic on the BAME populations, the impact on the disabled population has not been any less and work was needed to be done to find out such impact.
- Testing for the virus amongst younger adults with a disability who live in care homes was to start soon. It has been found that the testing of staff in care homes for the elderly has made a real difference. The risk of severe illness and death was less amongst younger adults but they still should be tested.
- The Council has offered use of its community transport service to the NHS to assist people in getting to and from vaccination centres. Currently, there was a need for better co-ordination between the Council and the NHS, but it was work in progress.
- There is to be publicity around encouraging people to be registered with GPs, however there could be problems in getting the homeless vaccinated. A huge effort will be made to get to the homeless, asylum seekers, etc., to get them

registered and thereby receive the vaccine.

- The Citizens Advice Bureau has noticed a significant increase in people seeking advice regarding debt. Different online and phonenumber systems have been put in place to assist that rise in numbers.
- Work was underway to improve the bereavement services that were available, as there were more services available pre-pandemic, and this needed to be addressed. This comes at a time when public services we were trying to change their approach to end of life and bereavement and there was a need to do something different as death was happening in abnormal circumstances, and the Public Health Team was working with partners at Sheffield Hallam University to discover ways which might help people to talk more openly about bereavement. There is to be a city-wide memorial as the city needs a memorial, something along the lines of the "Thursday night NHS clap", so that people can express their grief, loss, shock etc. It was understood that several Councillors were working on this.
- Unfortunately, the Public Health Team is too busy responding to the pandemic to do a follow-up report. There is a mainstream responsibility to carry out the recommendations in the report. No-one knows how the world will recover from the pandemic.
- With regard to the fluoridation of water, an engineering study has been commissioned to determine whether it could be done, where the plant for the water system could be located and how much it would cost. However, Yorkshire Water have been slow to respond but the answers to that study were needed. Once the study has been done, a report will go back to Cabinet to decide whether to trigger a public consultation.
- One of the blocks to improving public health is poor housing. There was a need for the Government to be pressed for investment into better housing.

#### 6.6 RESOLVED: That the Committee:-

- (a) thanks Greg Fell, Eleanor Rutter and Councillor Jackie Drayton for their contribution to the meeting;
- (b) notes the contents of the report and presentation and the responses to the questions raised;
- (c) recognises that given the current work going on to respond to the pandemic, capacity is limited to look at what can be done locally to implement the recommendations of the latest Marmot report, but that this will be revisited in the future;
- (d) is keen to see that health inequalities, both in terms of geography and communities of interest, are not inadvertently exacerbated by the vaccination programme through issues such as access, GP registration, vaccine hesitancy

etc.;

- (e) recognises the importance of ensuring people know how to register with a GP, especially in communities where we know GP registration to be low; and
- (f) will consider further scrutiny work on the relationship between disability and Covid.

## **7. WORK PROGRAMME**

- 7.1 The Committee received a report of the Policy and Improvement Officer on the Work Programme for the Committee.
- 7.2 RESOLVED: That the Committee approves the contents of the Work Programme.

## **8. DATE OF NEXT MEETING**

- 8.1 It was noted that the next meeting of the Committee will be held on Wednesday, 10<sup>th</sup> February, 2021, at 4.00p.m.