

# SHEFFIELD CITY COUNCIL

## Sheffield Health and Wellbeing Board

### Meeting held 26 September 2024

**PRESENT:** Dr Zak McMurray (Co-Chair), Councillor Angela Argenzio, Alexis Chappell, Councillor Dawn Dale, Greg Fell, Councillor Douglas Johnson, Emma Latimer, Yvonne Millard, Megan Ohri, Judy Robinson, Helen Sims, Leigh Sorsbie, Robert Sykes, Meredith Teasdale, Sarah Dew (Substitute Member), James Drury (Substitute Member), Jamie Henderson (Substitute Member) and Nick Woolley (Substitute Member)

#### **10. APOLOGIES FOR ABSENCE**

10.1 Apologies for absence had been received from Janet Kerr, Kate Josephs, Toni Schwarz, Mark Tuckett and Alison Wells.

#### **11. DECLARATIONS OF INTEREST**

11.1 There were no declarations of interest.

#### **12. PUBLIC PETITIONS, QUESTIONS AND STATEMENTS**

12.1 There were no public questions, petitions or statements.

#### **13. HEALTHWATCH UPDATE**

13.1 A verbal update was given by Judy Robinson who highlighted the following:

- Healthwatch had collaborated to produce information and resources regarding long Covid. This project had arisen following feedback that people did not have trustworthy local information on the topic. Leaflets had been co-produced with community organisations and funded by Sheffield Teaching Hospitals, and the ICB (Integrated Care Board). A report on this would be circulated to the Board when it was available.
- Children and young person's mental health remained an issue of concern, particularly the long waiting lists.
- Healthwatch had regained their contract with the Council for 10 years, after it had been routinely put out to tender.

#### **14. BETTER CARE FUND UPDATE**

14.1 The report which gave a Quarter 1 update on the Better Care Fund, was presented by Martin Smith (Assistant Director of Transformation & Delivery (Sheffield), Sheffield Integrated Care Board/Sheffield City Council), who advised

that shorter, more focussed reports which included a case study would be presented going forward. At the December meeting of the Board, the case study would focus on falls, and the main report would outline how the Better Care Fund linked into the Health and Wellbeing Board Strategy.

- 14.2 Key points from the update included:
- 40% of long-term condition admissions were from the top two most deprived areas of Sheffield.
  - COPD (Chronic Obstructive Pulmonary Disease) and heart failure were the top two conditions presenting.
  - There was high use of A&E in parts of North Sheffield, but this showed an unexpected drop off at weekends.
  - Sheffield was a national high performer on the measure of discharging to normal place of residence.
  - Finances were on track across all seven schemes in the plan.
- 14.3 Board Members made the following comments:
- It would be important to verify that the improvement in ambulatory admissions figures was not a one off.
  - The Better Care Fund investment in mental health services had been important.
  - The higher level of admissions from areas with greater poverty was to be expected.
  - More work needed to be done on differential admission and frailty.
  - The new format of the report was more accessible.
- 14.4 **RESOLVED:** That the Sheffield Health and Wellbeing Board notes the 2024/25 Better Care Fund Quarter 1 Performance report.

## **15. JOINT HEALTH & WELLBEING STRATEGY 2024-34 AND HEALTH & WELLBEING BOARD WORK PROGRAMME 2024-25**

- 15.1 The report which set out the Joint Health and Wellbeing Strategy 2024-34 and the related work programme for the Board for the remainder of the municipal year 2024-25, was presented by Greg Fell (Director of Public Health Sheffield City Council, Helen Watson (Public Health Registrar, Sheffield City Council), Chris Gibbons (Public Health Principal, Sheffield City Council) and Dan Spicer (Policy and Improvement Officer, Sheffield City Council).
- 15.2 A presentation was given, which was published with the agenda on the Council's website. Helen Watson explained that the presentation showed what the proposed Health and Wellbeing Board microsite would look like and how it would present the Board's strategy. Members thanked the team for what they considered to be a great piece of work and a very useful resource, which would help to demystify the work of the Board. It was noted that the responsibility for the promotion and progress of the site and the strategy, rested with Board Members, and that it should be reflected in the delivery plans of the organisations involved.

- 15.3 Members asked how the Board would hold itself accountable for delivery of the Health and Wellbeing Board Strategy. Dan Spicer advised that the upcoming Board development sessions would be used to assess what each organisation had done to drive the strategy forward.
- 15.4 Other points made by Members included:
- A desire to ensure the Strategy and work resonated with young people.
  - A welcome to the proposition of the Sheffield BaBi study (Born and Bred In), which traced mothers and children at birth and then their progress over time, and a request to ensure this was as broad as possible.
  - Mention of the importance of joining up work on indicators with the Better Care Fund.
  - Mention of the importance of working to include the voices of people with disabilities.
- 15.5 **RESOLVED:** That the Sheffield Health and Wellbeing Board:
- (a) Approves the content of the microsite, including the Fair and Healthy Sheffield Plan (Appendix 1 of the report);
  - (b) Agrees to publish the Fair and Healthy Sheffield Plan as the Joint Health and Wellbeing Strategy for Sheffield;
  - (c) Agrees to contribute to communications around the Board's work through producing blog posts for the microsite following Board meetings and events, or in response to other developments;
  - (d) Agrees to proactively take the Fair and Healthy Sheffield Plan to the organisations and sectors Members represent for endorsement and discussion, identifying what more they can do to contribute to the building blocks and the radical shifts, and making public commitments to action;
  - (e) Formally adopts the proposed work programme for 2024-25 (Appendix 3 of the report); and
  - (f) Agrees to a commission work on monitoring progress in Building Block 1 – Tackling racism and discrimination, using the planned discussion in December with the Chair of the Race Equality Partnership for Sheffield to explore the potential for joint work.

## **16. COMPASSIONATE SHEFFIELD**

- 16.1 The report which outlined the work of Compassionate Sheffield, was presented by Dr Sam Kyeremateng (Medical Director of St Luke's Hospice and Strategic Lead for Compassionate Sheffield), Dr Eleanor Rutter (Assistant Director of Public Health and Strategic Lead for Compassionate Sheffield), Nick Deayton (Compassionate Sheffield Programme Manager), Cally Bowman (Compassionate Sheffield Community Engagement and Communications Officer), Caroline Plenty (Compassionate Sheffield Community Development Officer) and Usman Yousaf (Compassionate Sheffield Community Development Officer). The panel expanded on the presentation which had been published with the agenda.
- 16.2 Nick Deayton stated that the team aimed to build confidence, as death had

become increasingly taboo. Impactful sessions had taken place with staff in acute care whose reflections on their conversations with dying people had led to changes in their practice. Sessions were created to give people the opportunity to explore the topic of death. Sometimes these were called “Death Cafés, “Life, Loss and Death Cafés, or “Journey of the Soul”. The aim was to build confidence to enable such sessions to be delivered independently.

- 16.3 Usman Yousaf described sessions which had been facilitated at a mosque every Monday after prayers, in partnership with the Iman of the mosque, and which aimed to have culturally relevant and appropriate conversations about death. This enabled the team to learn what was important to the community, so that they could advocate on the community’s behalf.
- 16.4 Cally Bowman described the “Life, Loss and Death Festival” which had been run in May 2024 for the second year running. 43 events had taken place across the city in a variety of venues. Topics covered included how to have conversations with loved ones about where they wanted to die, how managers could be more compassionate to employees who were grieving, celebration of the Day of the Dead traditions, and a talk from the Coroner. Plans were already being made for next year’s festival and experts and organisations were already asking to be involved.
- 16.5 Caroline Plenty described “Townships 1”, which had taken an asset-based community development approach and applied it to a Primary Care Network of 5 GP practices.
- 16.6 The Chair thanked the Compassionate Sheffield team for their presentation and requested that Board Members engaged with the questions in the presentation outside the meeting.
- 16.7 **RESOLVED:** That the Sheffield Health and Wellbeing Board:  
(a) Endorses a Sheffield approach to end of life, focused on developing communities as a foundation for improving people’s experience and system outcome; and  
(b) Agrees to receive and consider a refreshed Mission Statement and Memorandum of Understanding underpinning the Compassionate Sheffield partnership at the December 2024 meeting.

## **17. WORKING PARTNERSHIP UPDATE: NHS SOUTH YORKSHIRE**

- 17.1 The report which explored opportunities for Board Members and their organisations to work together differently, to collectively address the challenges faced in delivering the new Sheffield Health and Wellbeing Strategy, and the South Yorkshire Integrated Care Strategy to address health inequalities, was presented by Gavin Boyle (Chief Executive, NHS South Yorkshire ICB, and Emma Latimer (Executive Director, Place [Sheffield], NHS South Yorkshire ICB). A presentation had also been published with the agenda, which provided background information.

- 17.2 Gavin Boyle stated that there was a need to align with the NHS 10-year plan and Lord Darzi's independent investigation of the NHS, whilst maintaining the Board's aims of saying no to high cost/ low impact interventions and focussing resources on prevention. Members noted that this was challenging and involved cultural change in the NHS, but these changes were beginning to be made by organisations represented on the Board, and consideration given to how funding needed to be repositioned, in particular to benefit areas of high deprivation.
- 17.3 Members also mentioned that during the two years of the current ICB arrangements, traditionally strong partnerships had been strengthened further, and the four Places were working to take decisions as close to the people affected by them as possible. Gavin Boyle highlighted the Glassworks development in Barnsley, which had sited a diagnostic centre in a shopping centre, as an example of this, and advised that a similar project was being considered in Doncaster.
- 17.4 A request was made for consideration of how easy it was for people to contact the ICB, as Healthwatch had been told that this was difficult. Gavin Boyle advised that this could be looked in to as it was important that the ICB did not become disconnected. Concerns were also raised that resources and capacity for the engagement and involvement of patients and communities in services and decision-making had been centralised to South Yorkshire level, when this is something much better done at local level. Gavin Boyle said that he would look into this.
- 17.5 In response to a question regarding the possibility of the funding of voluntary and community organisations by the ICB, Gavin Boyle agreed that allocating a portion of the ICB budget to the sector should be considered, and advised that such organisations should be seen as partners of the ICB, and voluntary organisations should be funded in a more intelligent way to make them more secure.
- 17.6 **RESOLVED:** That the Sheffield Health and Wellbeing Board:  
Will explore as partners, the opportunities to work together to address the challenges faced in delivering the new Sheffield Health and Wellbeing Strategy and developing the South Yorkshire Integrated Care Partnership.

## **18. 2023 DIRECTOR OF PUBLIC HEALTH REPORT**

- 18.1 The report which gave a short summary of the key points of the 2023 Director of Public Health (DPH) report for Sheffield, focussing on the collected learning of the city and the response to the Covid-19 pandemic, was presented by Greg Fell (Director of Public Health, Sheffield City Council) and Chris Gibbons (Public Health Principal, Sheffield City Council).
- 18.2 As well as summarising the main lessons learned as set out in the report, Chris Gibbons emphasised the importance of preparing for the next pandemic with these lessons in mind. He also asked the Board to recognise the enormous contribution that Louise Brewins had made in setting up the surveillance

programme that made the report and many of the lessons learned possible. The Chair agreed that Louise's death had been a massive loss, and she had made a huge contribution to the city's response to the pandemic.

- 18.3 **RESOLVED:** That the Sheffield Health and Wellbeing Board:
- (a) Notes the publication of the report, and notes that it will be circulated to a range of stakeholders in Sheffield and beyond; and
  - (b) Notes the main lessons and three key points set out in the report.

## **19. MINUTES OF THE PREVIOUS MEETING**

- 19.1 The minutes of the previous meeting of the Sheffield Health and Wellbeing Board held on 27<sup>th</sup> June 2024 were agreed as a correct record.

## **20. DATE AND TIME OF NEXT MEETING**

- 20.1 It was noted that the next meeting of the Sheffield Health and Wellbeing Board will be on Thursday 12<sup>th</sup> December 2024 at 2pm.