SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 29 June 2023

PRESENT: Cllr Angela Argenzio (Co-Chair), Cllr Dawn Dale, Cllr Douglas Johnson, Dr David Black, Lindsey Butterfield, Greg Fell, Kate Martin, Yvonne Millard, Megan Ohri, Kathryn Robertshaw, Judy Robinson, Helen Sims, and Dr Leigh Sorsbie

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Sandie Buchan, Alexis Chappell, Benn Kemp, Emma Latimer, Dr Zak McMurray, Joe Rennie, Dr Toni Schwarz, Kate Josephs, Meredith Teasdale and Rob Sykes.

2. DECLARATIONS OF INTEREST

2.1 There were no interests declared at the meeting.

3. PUBLIC QUESTIONS

3.1 The Board received the following questions from members of the public who had submitted the questions prior to the meeting. The questioners were unable to attend and Greg Fell, Director of Public Health, outlined their questions:-

(a) Louise Wilcockson

I note that there may be potential plans to enable GPs to “prescribe" home repairs or other types of repairs on prescription. This proposal seems to centre around those in Local Authority housing only? Given that Sheffielders also live in private rented accommodation and/or are home owners - sometimes of properties such as multi-occupied flat estates - with arguable anti-social behaviour that affects matters such as Mental Health - a costly matter to any LA - are there any plans to widen the scope of this proposal? Thus, to further strengthen and join up those at SCC et al who have the power, skills and sensibility to prevent mental health conditions caused by, or exacerbated by, property matters? Health matters could and should include mental health, not just physical health. Nor should they be restricted to those just in LA Housing or private rented housing - but private ownership too. We are all Sheffielders. There is a lot to be done around how the cost of serious mental health illnesses caused or exacerbated by anti-social behaviour around someone’s home. These are - in reality - easy to solve matters - with joined up thought and sensible management - especially if experts with lived experience are asked how. I have been asking about this for around 20 years. Will SCC Housing officers be attending newly formed mental health meetings, in the community, connected to the new mental health transformation in our city and working to

solve this problem with the most vulnerable in our city? Putting morals aside this would also make more monetary sense and saving money - through sensible joined up thinking and actions - is surely the most effective and sustainable way forward.

Mr Fell confirmed that the following written response would be sent to Louise Wilcockson:

Sheffield does not have any current plans relating to GPs prescribing home repairs. We are however aware of the government legislation on “Right to Repairs”.

Residents of Sheffield do live in multi-tenure areas including social housing, privately rented and owner-occupied homes. SCC and all other social landlords are responsible for undertaking repairs to the properties that we own. Similarly private landlords are responsible for undertaking repairs in the homes they own. Tenants are responsible for reporting repairs to their landlords and providing access so work can be done. The Council are the enforcing authority for disrepair in the private rented sector and carry out inspections and enforcement to ensure that standards are appropriate. The right to repair scheme for social landlords covers repairs that have a value of under £250 and commit the LL to undertake repairs in either 1, 3 or 7 days dependent on what they are and urgency.

SCC work very closely with other partners to address community safety issues such as anti-social behaviour which do impact on mental health. In serious cases all landlords can take action to evict perpetrators – cases are often complex and both those affected and perpetrators can have support needs that require a multi-agency approach.

It is true that there are a range of social determinants to health which have an impact on the mental and physical health of the population, and a number of workstreams at a neighbourhood and city wide level to address these, such as tackling antisocial behaviour. In addition, there is a new Community and Inclusion Delivery Group which sees to make an impact on health inequalities, and this does include the involvement of the voluntary sector and experts by experience.

SCC Housing are working closely with colleagues in Health and other organisations to see if we can do more to improve and increase our work in this area of activity and join up better. This is also a priority for the new South Yorkshire Health and Housing Group, chaired by SCC’s Director of Housing, which will feed into wider Health conversations.

Officers are happy to discuss this in more detail with Ms Wilcockson if that would be welcomed.

(b) Mr Teresa Quinsey

I would like to put on the agenda for discussion at the next meeting, the

provision of a psychology service for 16-18 year olds in hospitals. This cohort of patients falls outside of CAMHS and IAPT and because of the lack of provision in an adult hospital setting, transition is sometimes held back causing strain on children's services and negatively impacting on the patient's wellbeing.

Please could you let me know when and where the next meeting is being held and whether this topic can be discussed.

Mr Fell confirmed that the following written response would be sent to Teresa Qunisey:

Mrs Quinsey's question covers three linked issues:

1. Psychological support for 16-18 year olds in any inpatient bed, either at Sheffield Teaching Hospitals or Sheffield Childrens' Hospital;
2. Psychological support for 16-18 year olds in specialised commissioned beds; and
3. Transitionary care management.

In relation to the first, patients in Sheffield Teaching Hospitals are covered by the Mental Health Liaison Team, a multi-disciplinary team providing access to consultant-level psychological support, though this is not a 24-hour service.

Sheffield Children's has a psychology service (PANDA) which covers activity generated in and from Sheffield Children's Hospital (acute site). This activity is independent of age but rather specialty based and therefore covers 16-18 year olds who remain under the care of the Children's Hospital.

CAMHS Inpatients Services has Psychology and therapeutic support based on site that is in line with QNIC standards. These colleagues meet the needs of 16-18 year olds who are either detained or informal patients whilst they remain in hospital and will be part of the wider MDT discussions to support transition back to local and national community services.

Each of our specialised Commissioned inpatient services has psychologists as part of the multi-disciplinary team compliment. This is inclusive of all pathways of care for children and young people in specialist mental health services (also known as Tier 4 services), including those that are accessing services outside of South Yorkshire due to clinical need or bed availability. There is a psychological component to the service delivery model which is clearly identified in the nationally prescribed service specifications for Tier 4 beds.

Health Partners have recognised the inappropriateness of 16-18 year old contingent young people that present in Urgent and Emergency Care Departments and are detained under the Mental Health Act having to wait whilst specialised Tier 4 beds are identified. To mitigate against this, a dedicated bed for this cohort of patients has been commissioned (from January 2022) which has drastically reduced the waiting time for a young person in A&E. Once the young person arrives at the Assessment Bed, they have access to psychological support as the bed is housed on an existing CAMHS

Tier 4 inpatient unit.

In relation to transitionary care, there has been a lot of work, particularly in Sheffield, to manage transitions from Children to Adult services. This work involves mapping the activities of multiple teams across a number of specialties with the aim of learning from best practice.

Officers involved in commissioning mental health support in Sheffield will contact Mrs Quinsey to discuss this in more detail if that would be welcomed.

4. HEALTHWATCH UPDATE

4.1 Judy Robinson gave a verbal update from Healthwatch. She explained that this was an update for the Board following engagement carried out with people in Sheffield over the last few months. She updated the committee on three main issues.

4.2 Firstly, the Board heard that a project on 'long Covid' was being carried out in conjunction with colleagues at Voluntary Action Sheffield. The primary focus of this project was on those on low incomes or in marginalised communities. This research had not yet been finalised, but the feedback given so far had given an indication of experiences, and included issues such as: difficulty in accessing GP's and interpreters, concerns about not being heard, lack of information in the correct format and lack of trust in the quality of care for Black, Asian, and Minority Ethnic (BAME), communities. It was advised that further findings would be reported in due course, with the aim of improving support.

4.3 Secondly, it was noted that mental health was always a priority across all age ranges, and feedback included: concern about waiting times, particularly for recovery services, allocation of support worker that then move on, and movement to the bottom of the waiting list if an appointment did not take place. There were significant workforce challenges as well as challenges around communication, which residents did not necessarily understand.

4.4 The third issue reported was around prevention work being carried out within communities to support people to stay happy, healthy and well. Some communities had felt that statutory services did meet their needs, and did not always take into account their cultural, spiritual and faith needs. Lack of 'rounded' support had been noted, such as recreational/community support to tackle loneliness and isolation.

4.5 The Board thanked Ms Robinson for the update.

5. BETTER CARE FUND UPDATE

5.1 Martin Smith, Deputy Director of Planning and Joint Commissioning, provided a verbal update to the Board. His role was a joint one between Sheffield City Council and Sheffield Integrated Commissioning Board, and he was leading on the development of the Better Care Fund Plan. The Board heard that this was a

two-part report that provided a summary of the 2022-23 Better Care Fund and outlined the 2023-25 Better Care Fund Plan. Following submission of the draft report in May 2023, the final plan had incorporated comments from members of the Committee made at the briefing on 16 June, 2023.

5.2 The Board were advised that the Sheffield Better Care Fund plan 2022-23 met all national conditions, and that the end of year performance figures showed that 3/4 of the metrics had been met. It had been more difficult to set a target around unplanned admissions; this figure was around 10% higher than expected, and was attributed to post-pandemic long-Covid impact.

5.3 The 2023-25 Better Care Fund Plan incorporated case studies from the 2022-23, and was a partnership plan with input from different sectors, and had many elements. The two policy objectives remained the same: (1) enabling people to stay well, safe and independent at home for longer, and (2) supporting discharge. These two objectives had been moved to national conditions. The national conditions had stayed the same, with an additional metric around falls in the over 65 years of age category. The Plan included a description of the work currently carried out to support individuals and communities accessing health and care services. The following were also outlined:

- Capacity and demand with the Sheffield system;
- Adult social care discharge funding – utilisation in Sheffield City Council; and
- High impact change model for the Sheffield system.

5.4 Greg Fell thanked all those involved in the production of the Plan for their efforts and input.

5.5 The Sheffield Health and Wellbeing Board:

(a) notes the 2022-23 end of year Better Care Fund Plan; and
(b) notes the 2023-25 Better Care Fund Plan.

6. REFRESH OF THE JOINT HEALTH AND WELLBEING STRATEGY

6.1 Susan Hird, Assistant Director of Public Health, provided a verbal update. The Sheffield Health and Wellbeing Strategy 2019-2024 was coming to the end of its term, and the process of refreshing it had been started. Ms Hird and Chris Gibbons would be leading on this refresh with some other members of the Board who were on the editorial group. It was now hoped to build on the plan by drawing on all engagement work carried out across the city. This included close links with the City Goals process. Timescales were challenging, but it was hoped that the refreshed strategy would be ready between March and June 2024, and would depend on the draft City Goals being published on time. A conference for the Board was being planned for autumn 2023 to give members the opportunity to input into the refreshed content. It was hoped for a further update to be provided to Board members in December 2023/January 2024. The Board were asked to identify any gaps in the process, and for a steer on the role of other organisations in their endorsement of the Strategy.

6.2 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- A suggestion was made to have a workshop to assist the sector when delivering their specialist services, in order to help to improve outcomes and reduce inequalities.
- Members were welcome to join the Editorial Group to help shape the content of the refreshed strategy.
- The Editorial Group had noted that it was important not to duplicate existing work. It was hoped that the autumn update to members would identify any gaps and begin conversations on how to engage with the wider community.

6.3 The Board thanked Ms Hird for the update.

7. MINUTES OF THE PREVIOUS MEETING

7.1 The minutes of the meeting held on 30 March, 2023, were agreed as a correct record.

8. MENTAL HEALTH AND WELLBEING - IN-DEPTH REVIEW

8.1 Present for this item were Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board) and Josie Soutar, Managing Director of Sheffield Flourish. Ms Burns introduced the panel present for the session:

- Sarah Batty, on behalf of Synergy
- Helen Steers, Director of Strategic Partnerships, Voluntary Action Sheffield
- Mike Hunter, Medical Director and Deputy Chief Executive, Sheffield Health and Social Care
- Nicki Doherty, Deputy Chief Executive and Director of Business Development Partnerships and Strategy, Primary Care Sheffield
- Tim Gollins, Assistant Director, Access, Mental Health and Safeguarding, Sheffield City Council
- Mark Cobb, Clinical Director, Sheffield Teaching Hospitals
- Carmen Tulley, Mental Health Lead, Sheffield Teaching Hospitals
- Jeff Perring, Medical Director, Sheffield Children's
- Margaret Lewis, Chief Executive, Sheffield Mind

8.2 The Board were advised that the session had been planned to provide and update them on the challenges faced in mental health care in Sheffield, and to share the lived experiences of those experiencing mental health issues. This would be done via a series of videos, and an art exhibition that could be viewed during a break later in the meeting. The session outcomes were explained, and the Board were referred to the Health and Wellbeing Resource Pack that had been provided for reference.

8.3 A video entitled ‘Mental Health and the Impact on Whole Health in Sheffield’, introduced by Dr Steve Thomas (Clinical Director, GP and Chair of Sheffield MHLDDA Delivery Group), was played on screen for members of the Board.

8.4 In order to showcase the positive work that had been carried out across the city over the last 12 months, a video montage was shared on screen, showing mental health support offered by different services across Sheffield.

8.5 The Board was advised of the four key strategic priorities in the Mental Health and Wellbeing Strategy, and the eight proposed priorities identified in the Sheffield Place Plan.

8.6 Josie Soutar introduced a video entitled ‘What Could Make Sheffield a Mental Health Friendly City?’ which consisted of a number of short videos that aimed to share the voices of people within Sheffield.

8.7 The meeting paused for a refreshment break and exhibition.

8.8 The next session of the meeting aimed to provide Board members with an understanding of the perspectives of those speaking in the video montage by hearing from the providers present.

8.9 Chris Gibbons, Public Health Principal at Sheffield City Council, re-iterated the importance of interactions between physical health and mental health, and noted the financial this impact this had on the National Health Service and on the quality of life of people and communities. He added that from a data point of view, improvements were needed to link up data to create a more ‘person-centred’ view. Mental health was a particular determinant of disability in Sheffield, and a key issue in Sheffield was the inequality and prevalence of these conditions in more deprived areas of the city. Data also suggested that the ability of people to live with long term physical and mental health conditions was skewed towards the more affluent areas of the city.

8.10 Mr Gibbons noted that since 2015, there had been an increase in both adults and children of anxiety and depression that scaled with deprivation, and similar trends had been observed around healthy life expectancy. Austerity and cuts to services had not helped, but longer-term decisions about allocation of services within acute hospital care provision and primary care preventative services had also contributed. For anxiety and depression in young people, there had been a tendency to blame individual factors such as social media/mobile phone use among young people, but this was also due to larger structural issues, particularly around the rising prevalence of adverse childhood experiences. Mental health was a significant component of multi-morbidity, including pain, anxiety and depression, and there were rising multi-morbid populations in Sheffield, skewed towards ageing and poorer populations. There was a dose response relationship between increasing physical health conditions, notably poor respiratory health, and the likelihood of having mental health conditions. Suicide was an area that combined both qualitative and quantitative data to give a proper intelligence-led suicide prevention plan.

8.11 Dr Mike Hunter acknowledged the need to do more outside of the specialist context to upstream and understand trans-generational trauma. He shared a presentation that outlined the vision and strategic aims and priorities of the Sheffield Health and Social Care NHS Foundation Trust. This meant working in partnership and getting more 'upstream' to engage and understand the wider determinants of health rather than dealing with the consequences 'downstream'. Among the priorities this year were to recover services and improve efficiency in the post-pandemic period, and to be committed to continuous quality improvement. Dr Hunter outlined the successes and explained how they were linked to challenges and the future direction. Partners within the primary care network had been brought together: this included, amongst others, primary care providers, multi-provider teams and mental health practitioners.

8.12 Nikki Doherty noted that contributors had been empowered to provide an innovative model, which had invested in the voluntary sector in an equal way to allow them to do what they do best. There had been much focus on the development of relationships, and shared trust within the contributing organisations.

8.13 Dr Hunter added that a national programme for the development of physician associates in mental health had been led, which had been beneficial in relation to promoting the physical health of people with mental health problems. An apprentice-based model for clinical associate psychologists had been developed that helped to make the profession more accessible. Building the workforce was noted as a challenge, and the difficulty of recruiting and retaining the workforce across the NHS. This was a constant stream of work, and was being carried out locally, nationally and internationally. Vacancy rates were coming down. There was the challenge of allocating money to improve buildings, particularly in mental health services and primary care settings. An internal Quality Improvement collaborative had been built to look at waiting lists and access to care, and work had been carried out with voluntary sector partners which had resulted in significantly reduced waiting lists. He outlined the ambitions, which were to put 'person-centredness' at the heart of everything, and to view the whole of the person's need rather than via one service. There was also a commitment with partners to integrate pathways across Sheffield and South Yorkshire services, across a full age range.

8.14 Professor Mark Cobb explained that Sheffield Teaching Hospitals had been on a process to fully engage and to begin to change its culture and approach in caring for those with mental health needs, and caring for people as a whole. He noted that during the last 12 months over the five Sheffield Teaching Hospital sites, care was provided to over 37,000 people with varying mental health needs. A leadership team had been set up to take this challenge forward. He outlined the challenges, including providing a pathway to those who presented with a mental illness, particularly those with persistent physical symptoms.

8.15 Carmen Tulley noted that there was a lack of alternatives to Accident and Emergency. Most services were '9am to 5pm', with most cases of mental health crisis presenting outside of those hours. The workforce in Accident and

Emergency was predominantly doctors and nurses who had often not had sufficient training in supporting those with mental health difficulties. There was also a lack of hospital beds on specialist wards, leading to admissions on general wards that were less equipped.

8.16 Professor Cobb outlined the barriers faced by Sheffield Teaching Hospitals, and their vision for mental health, which included person-centred care, responding to needs with kindness and compassion and the fostering of an integrated approach.

8.17 Dr Jeff Perring explained that Sheffield Children's was the provider of the Tier 3 Child and Adolescent Mental Health Service (CAMHS) for Sheffield, and Tier 4 CAMHS for South Yorkshire. He highlighted some of the developments that had been undertaken: growing the integrated services, working with partners, developing the workforce and engaging with service users. It was hoped to build on the work already undertaken to improve access to services, whilst also addressing inequalities in access. It was also important to continue to develop the workforce so that the CAMHS service was inviting and had career development opportunities that helped staff to progress their career.

8.18 Helen Steers noted that there were over 3,500 Voluntary, Community and Social Enterprise (VCSE) organisations offering multiple types of support in local communities, including support with mental health, physical health, confidence building, food supply, income maximisation, employment and skills, housing issues, isolation and identifying vulnerable people, early years, dementia, end of life and frailty. It was important to create a single meeting space to support people and build community strength. This support was often provided in a single setting. VCSE support aimed to build on the positive work in communities, to help people understand and access opportunities, and connect marginalised communities. Enabling community data and insight held by these organisations was useful to target support. VCSE organisations worked with the statutory health and social care system to build successful partnerships. They aimed to provide people with more ownership of their health outcomes, bridge the gaps in policy and delivery, and extend reach through culturally appropriate support. They had a unique advantage of drawing in different types of investment into the city, and were able to provide early alerts when things started to go wrong for residents.

8.19 Ms Steers noted the challenges for VCSE organisations, including dealing with different support needs and limited resources. There were vast disparities across different communities, and it was important to work together to reduce competition when applying for funding. Commercial procurement processes could undermine the collaborative work undertaken and reduce the sustainability of the local VCSE organisations. A move to a more sustainable model of funding would be welcomed.

8.20 Tim Gollins explained that in April 2023, social worker staff had been transferred from Sheffield Health and Social Care back to Sheffield City Council, and that this process had been successful and effective. There were challenges ahead in terms of allocation and review of cases. Recruitment and training of staff was

being developed that aimed to help address the challenge of waiting lists. He noted that interface points were a focus for improvement. Other improvements to note included a new information, advice and guidance platform, a high functioning First Contact Service, and Muli-Agency Safeguarding Hub. He also noted the strong partnership between the Integrated Care Board and Sheffield Teaching Hospitals.

8.21 Mr Gollins noted the five key challenges/mitigation:

- Improving statutory performance by focussing on leadership and support;
- Embedding wellbeing centrally into the assessment and supporting the planning process, via the practice development programme;
- Balancing the risks faced by people in the community with risks of delayed hospital discharge, utilising appropriate funding;
- Using expertise to help people remain independent by focussing on prevention and early intervention; and
- Maintaining focus on prevention whilst also delivering on statutory duties.

He noted the broad challenge for recruiting to specialist social work roles, expanding commissioning specialist services, embedding continual practice changes, demystifying mental health, focussing on psychological and relationship based societal impacts rather than medics and pharmacology, and focus on self-help groups within communities.

8.22 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- Community based support was important, including particular support for children and young families, via schools and other methods.

- Contributions to this review were valued, and it was important to celebrate what was working well. It was also important to note difficulties faced around accessing mental health services and the effect this had on general wellbeing. Funding and access to services was a challenge.

- Mental health as a constraint to employment was an issue to be considered.

- Staff needed support in working across systems. The staff transformation process was developing, and organisation clashes and upskilling requirements were being addressed via a series of workshops and conversations. It was important to create a culture where learning could be shared in order to help achieve objectives.

- There were some system issues to work on and to invest in, in order to prevent long term conditions and save money.

- There was a good delivery workforce programme in place, which would improve with partnership working.

- A common theme was that people often didn't feel their voices were heard. Systemic co-design and co-production were at the centre of this review to ensure that it was carried out thoroughly, and extensive engagement across the city formed part of that vision.

- The approach of continuous improvement was welcomed, and it was noted that there would be difficult conversations around priorities and allocation of resources, and that all views would be valued.

- The review was an opportunity to improve care, consider how interventions were working, and to focus on greater levels of need and make improvements.

- Using community and voluntary sector funding effectively was an important factor to consider, and enabling better partnership working within communities. Understanding the links between mental and physical health was important when allocating funding, and considering other linked factors, such as housing needs.

- Embedding the work of VCSE organisations into the review and recognising their input into the process was important.

- The health care landscape had become fragmented; physical and mental health had become separate, as had adult and children's health. It was important to utilise expertise and learn from each other as partners in this process. This was an opportunity to learn in different ways and begin to understand how complexities and risks were managed, as well as work collectively to improve wellbeing.

8.23 Heather Burns summed up the discussion and asked Board members to prioritise mental health delivery, and to complete pledges based on reflections from what they had heard. She added that, by working in partnership, outcomes could be improved across the city.

8.24 The Board thanked those in attendance for their contributions.

9. DATE AND TIME OF NEXT MEETING

9.1 The next meeting was scheduled to take place on 28 September, 2023 at 2pm.

This page is intentionally left blank