

# SHEFFIELD CITY COUNCIL

## Sheffield Health and Wellbeing Board

### Meeting held 30 March 2023

**PRESENT:** Councillors Angela Argenzio and Douglas Johnson, Dr Zak McMurray (Chair), Sandie Buchan, Greg Fell, Kate Josephs, Benn Kemp (Substitute Member), Sharon Mays, Megan Ohri, Joe Rennie, Kathryn Robertshaw, Judy Robinson, Helen Sims and Dr Leigh Sorsbie

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

1.1 Apologies for absence were received by Councillor Dawn Dale, Dr David Black, Dr Mike Hunter, Alexis Chappell, Shelley Hemsley, Andrew Jones, Kate Martin, Rob Sykes, Rachel Siviter and Emma Latimer.

#### **2. DECLARATIONS OF INTEREST**

2.1 There were no interests declared at the meeting.

#### **3. PUBLIC QUESTIONS**

3.1 There were no questions received from members of the public.

#### **4. HEALTHWATCH UPDATE**

4.1 Judy Robinson gave a verbal update from Healthwatch. It was advised that over the last three months they had received 300 pieces of feedback from patients and communities. Three areas were highlighted as part of the update.

4.2 The first area was around GP's and a lot of the feedback was positive, with good quality prompt healthcare.

4.3 The second area was around a survey that was done around GP's websites. The survey was facilitated by staff and volunteers of Healthwatch. As websites were important to the services it was critical to get them right. The Board were advised of some key areas that needed improvement.

- Websites were hard to navigate, and the information was poorly organised and was a put off to patients. Easy read was needed for people where English was not their first language. The opportunity to use websites was not being realised and Healthwatch felt there needed to be a range of access to assist in cutting costs etc. Better websites would mean people can get to what they wanted quicker.
- Access to appointments – there was not any GP website with a text option and 19 GPs only had a phone number to make an appointment. For people who were deaf and hard of hearing, not having a text option made it difficult.
- How to register with a GP was a particular issue around equality to access. 46 practices mentioned the need to bring in ID or proof of address, 16

practices said it must be provided, but that was not the case, for refugees, homeless people, and travellers, this was a big problem and was not a requirement. There was a big gap between what the NHS was recommending and what was actually happening on the ground.

- 4.4 The Board was advised that there were also some exemplary websites and these were all contained in the survey finding report.
- 4.5 Healthwatch were doing a piece of work with Sheffield Teaching Hospitals especially on the Long Covid Hub. The work is looking at people who were not accessing support for long covid. It was not being recognised. There was a number of Speak Up grants for organisations to look at Long Covid within their communities and these had just gone out, so a future report would come to the Board.
- 4.6 The third item was around the cost of living, particularly around health. It was found that the activities that keep people healthy such as attending the gym and exercise classes were dropping off as people could not afford to do it. Healthwatch did some work with a group called CABS, who are taxi drivers, who worked long hours and did not have time to exercise.
- 4.7 The Board were advised that money worries have an impact on mental health, and this is known from the work that Citizens Advice do. It was felt that improved communication and access would go along way and hope that the points raise would feed into the agenda later on.
- 4.8 Members of the Board thanked Healthwatch for the update and took the points onboard. It was advised that more local arrangements with patients could be happening under the radar such as text services for patients who are deaf or hard of hearing, this was something that was put in place through covid with the patients they knew were deaf, however that would not help for new patients, so that point would be taken away.
- 4.9 As Sheffield was a City of Sanctuary, the points raised around ID needed to be worked on to remove the barriers. It was advised that a report would be brought back around Long Covid.
- 4.10 The Health and Wellbeing Board noted the update on the work of Healthwatch and would pick up on the points raised.

## **5. BETTER CARE FUND UPDATE**

- 5.1 The Board received an update on the progress of the Better Care Fund (BCF). The BCF end of year template was published on 20<sup>th</sup> March 2023 and was required to be completed and signed off by the Board by 23<sup>rd</sup> May 2023. As the next scheduled meeting of the Board was not until 29<sup>th</sup> June 2023, it was requested that final responsibility for approval be delegated to the Chair, Director of Adult Health and Social Care and the ICB Director of Strategy.
- 5.2 The report was presented by Martin Smith, Deputy Director Planning and Joint

Commissioning.

- 5.3 The Board discussed enabling people to stay well, safe and independent at home for longer and providing the right care in the right place at the right time. It was advised that hospital discharges were on track and this was broken down within the report.
- 5.4 The Health and Wellbeing Board –
1. noted the update on the Better Care Fund Performance;
  2. noted the Section 75 approval;
  3. notes the Governance changes; and
  4. agrees that the Chair of Health and Wellbeing Board, the Director of Adult Health and Social Care and the ICB Director of Strategy sign off the BCF 2022-23 Year end template before the next meeting in June 2023 to meet the national timeline.

## **6. FOOD STRATEGY**

- 6.1 The Health Improvement Principal, Jessica Wilson submitted a report concerning Fairer, Healthier, Greener – A Food Strategy for Sheffield.
- 6.2 A new food strategy for Sheffield had been produced. It focussed on addressing the threats to people's ability to access food that supported their own health and wellbeing and the health of our planet. These included having enough money to buy nutritious food, living, and working environments that supported healthy and sustainable food choices, and a more localised and resilient food system.
- 6.3 The emphasis was on the levers that the council and its partners had to bring about for system change, such as through the food we purchased at scale or that it sold within its venues, such as schools.
- 6.4 The Council would implement its own commitments as outlined in the strategy and Health and Wellbeing partners should consider the role they play.
- 6.5 In light of the new strategy and due to some existing contracts coming to an end the council would review the initiatives it funds that focussed on improving nutrition and/or preventing obesity. It was advised that a new commissioning model would be developed during 2023.
- 6.6 The Board felt that the strategy was really clear and ambitious and were really glad that this was coming though. The Board were happy to endorse and recommend to Strategy and Resources Policy Committee.
- 6.7 The Health and Wellbeing Board:
- endorses the Fairer, Healthier, Greener – A Food Strategy for Sheffield and

agree the formal approval routes within respective organisations and or develop organisation specific food action plans using the framework that is Fairer, Healthier and Greener.

- agrees that the Health and Wellbeing Board member organisations undertake a review of existing policy and activity that relates to paragraphs 8.2.1, 8.2.2, 8.2.3, 8.3 and 8.4 of the report.

## **7. HEALTH & WELLBEING BOARD ANNUAL REPORT**

7.1 The Director of Public Health, Greg Fell presented the Health and Wellbeing Board Annual Report.

7.2 The report summarised the key points on the context around the Board and challenges within this for effective action in delivering the Joint Health and Wellbeing Strategy, including the impact of the Covid-19 pandemic and the significant governance changes within the Council and NHS over the last year.

7.3 The report reviews the Board's discussions and other work over the last year and then attempts to assess the impact of those conversations with those who brought papers and/or were responsible for work resulting from those discussions.

7.4 The report identified areas where the Board had either a direct impact or initiated work that had delivered an impact on the health and wellbeing of Sheffield. The report also identified several issues with maximising the impact the Board could have on the discussions it had.

7.5 The Board recognised that effective delivery on the strategy was dependent on good partnership working at Sheffield place level, based on relationships developed across the system over a number of years of collaborative working.

7.6 The Board discussed how influence and relationships were measured and it was felt important that discussions were taken back to organisations to influence decisions.

7.7 The Health and Wellbeing Board agree:

- to endorse the Annual Report for 2022/23;
- to consider how the Board can build on the reforms to its ways of working to continue progress; and
- to ask the Integrated Care Board to consider the importance of infrastructure to support partnership working at place level in their decision-making.

## **8. VIOLENCE REDUCTION UNIT**

8.1 The Superintendent, South Yorkshire Police, Benn Kemp submitted a presentation to the Board detailing the South Yorkshire Violence Reduction Unit (VRU).

8.2 The VRU was formed in September 2019 from a Home Office grant and was one of 20 countywide. The Unit was based at the Police Station at Shepcote Lane. The unit was made up of a small team with wide ranging skills and backgrounds from community development, housing, policing and early help to domestic abuse. The needs assessment was annually refreshed and had an area profile of 16 priorities, more recently with a 17<sup>th</sup> being added to reduce and tackle poverty.

8.3 The Board were advised of the priorities and of the Health and Wellbeing interventions such as regular community engagement, preventing violence forums and Plan B Custody navigators etc. There were A&E Navigators based in the Northern General Hospital's major trauma centre and provided person-centred support to people admitted to A&E. There had been a 12-month pilot project to introduce a navigator to the emergency department at Sheffield Children's Hospital. So far there had been 62 referrals in connection with –

- Assault Victims
- Assault Perpetrators
- Fighting in school
- Behavioural issues/disruptive in school
- Bullied at school
- Anxiety
- Anger outbursts causing injury

8.4 The VRU had also funded the core costs over the winter period for the Sunday Centre. The centre offered free hot meals and a friendly chat to around 100 street homeless or vulnerable adults in Sheffield. It was advised that a paramedic now attended the Centre to offer medical treatment. There were further plans to link the Centre to support charities for the women who attend for advice on health, sexual abuse, street working and domestic abuse.

8.5 The Board gave credit to South Yorkshire Police regarding the work carried out.

8.6 The Health and Wellbeing Board noted the update.

## **9. INTEGRATED CARE STRATEGY**

9.1 The Director of Strategy (Sheffield), NHS Yorkshire, Sandie Buchan submitted a report on the Integrated Care strategy for South Yorkshire and subsequent summary document for endorsement.

9.2 The Director of Public Health advised that work to develop the first Integrated Care Strategy for South Yorkshire had been progressed at pace and had been informed by a refresh of the South Yorkshire population health needs assessment, insights from what the public and patients had told us what was important to them and building on existing strategies and plans, including the Health and Wellbeing strategies, Place Integrated Health and Wellbeing plans and the South Yorkshire Five Year Strategic Plan.

- 9.3 All ICP's were nationally required to develop an initial Integrated Care Strategy by December 2022.
- 9.4 The Board were keen to look at how much money was being spent on services in different areas and understand the landscape and where investment sat. It was noted that there were close links to health and housing, inadequate housing had impacts on people's health.
- 9.5 The Health and Wellbeing Board endorsed the Integrated Care Strategy for South Yorkshire.

## **10. PHYSICAL ACTIVITY AND LEISURE**

- 10.1 The Director of Public Health, Greg Fell submitted a report regarding Physical Activity in Sheffield. The report outlined the inequalities that continued to persist in levels of physical activity in Sheffield and detailed the Move More whole systems approach to physical activity in the City.
- 10.2 The Board noted that in order to tackle the persistent inequalities a collaborative approach was required.
- 10.3 It was advised that 24.7% of adults in Sheffield were inactive and 49.9% of older adults in the city were inactive. This was higher than the national averages and certain groups were overrepresented within the stats. There were major inequalities in Sheffield in life expectancy and healthy life expectancy.
- 10.4 It was advised that it was easier to be active in some communities than others with some people finding it more difficult to access facilities and services and the benefits of physical activity were not always realised where they were most needed.
- 10.5 The National Centre for Sport and Exercise Medicine (NCSEM) in Sheffield were a collective voice for physical activity in Sheffield. Move More in Sheffield's whole system approach to increasing physical activity. There had been significant work delivered within target communities to tackle inequalities in physical activity which could be built on such as Move More Empowered Communities and This Girl Can.
- 10.6 Going forward, Sheffield City Council's new Sport and Leisure Strategy would be launched in 2023. This had been carefully designed to ensure themes dovetail with the themes outlined in the Move More Strategy and would help guide and shape operational activity and deliver the ambitions of the Move More Strategy and contribute to the whole system approach to physical activity.
- 10.7 The Health and Wellbeing Board:
- agrees on mechanisms for sharing information on physical activity;
  - agrees the approach to ensuring strategic alignment between boards; and
  - agree to develop an approach to the co-design of sport and leisure facilities.

## **11. ARTS, CULTURE AND HEALTH**

- 11.1 The Board considered a report on Improving Health Outcomes through Culture, Arts and Heritage. Karen Harrison, Health Improvement Principal, Sheffield City Council, Kim Streets, Chief Executive, Sheffield Museums and Professor Steve Haake, Sheffield Hallam University were in attendance to present the report.
- 11.2 In November 2022 Sheffield City Council and Sheffield Museums facilitated a Culture and Health Symposium that showcased the excellent work already happening across Sheffield and South Yorkshire to improve health and wellbeing through arts. The symposium recommended that each of the South Yorkshire Local Authorities create a Culture, Arts and Health Group that could feed into their Health and Wellbeing Boards.
- 11.3 The Board were advised that good things were happening, but these were short term and would require support to help, endorse and contribute to the work.
- 11.4 The Board were very supportive and endorsed what was being proposed.
- 11.5 The Health and Wellbeing Board agreed:
- to endorse and support the creation of a Culture, Arts and Health Group for Sheffield;
  - to commit to including arts and culture in the Board's agenda and workflow moving forward; and
  - to co-opt a Board Member to join Sheffield's Culture, Arts and Health Group.

## **12. CLIMATE CHANGE AND HEALTH: CONFERENCE REPORT**

- 12.1 Mark Whitworth, Head of Sustainable City and Victoria Penman, Sustainability Programme Officer presented a report on Climate Change and Health. The report shared learnings from an event held under the aegis of the Health and Wellbeing Board and Sheffield City Partnerships Board in November 2022 bringing representatives of organisations in the city to consider how they might work together to tackle climate change and build a sustainable future for Sheffield.

The Board noted key learning points highlighted in the report and what the next steps would be. The Board wanted to keep this as a priority and look at what could be done locally.

- 12.2 The Health and Wellbeing Board agreed:
- to endorse the report of the event held on 15<sup>th</sup> November 2022 and act on the next steps, particularly by encouraging constituent members to engage with the developing routemaps to contribute actions that would support the city's decarbonisation;

- to consider how it can give ongoing time and resource to preparing for the transition to both a net zero society and increasing climate change impacts; and
- to play an active role in the development of the forthcoming adaptation and resilience assessment and development of a plan.

### **13. FORWARD PLAN**

- 13.1 The Board considered the work programme for the upcoming public meetings. Input to the work programme would be welcomed from members of the Board.
- 13.2 The Board noted the work programme.

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

- 14.1 The minutes of the meeting held on the 8<sup>th</sup> December 2022, were agreed as a correct record.

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

- 15.1 The next meeting would take place on the 29 June 2023 at 2pm.