

Sheffield Health and Wellbeing Board

Thursday 30 March 2023 at 2.00 pm

Town Hall, Sheffield City Council

The Press and Public are Welcome to Attend

Membership

Councillor Angela Argenzio

Dr David Black

Sandie Buchan

Alexis Chappell

Councillor Dawn Dale

Greg Fell

Shelley Hemsley

Councillor Douglas Johnson

Andrew Jones

Kate Josephs

Emma Latimer

Kate Martin

Sharon Mays

Co-Chair Adult Health & Social Care Policy Committee, Sheffield City Council

Medical Director (Development) Sheffield Teaching Hospitals NHS FT

ICB Place Director – Strategy. ICB Place Committee

Director of Adult Health & Social Care, Sheffield City Council

Co-Chair Education, Children & Families Policy Committee, Sheffield City Council

Director of Public Health, Sheffield City Council

Chief Superintendent, South Yorkshire Police

Chair of Housing Policy Committee, Sheffield City Council

Director of Education & Skills, Sheffield City Council

Chief Executive, Sheffield City Council

Executive Director for Sheffield, ICB Place Committee

Executive Director-City Futures, Sheffield City Council

Trust Chair, Sheffield Health & Social Care NHS Foundation Trust

Dr Zak McMurray
Yvonne Millard
Megan Ohri
Joe Rennie

Kathryn Robertshaw

Judy Robinson
Helen Sims
Rachel Siviter

Dr Leigh Sorsbie

Robert Sykes

ICB Place Director – Clinical. ICB Place Director
Chief Nurse, Sheffield Children's Hospital
Partnership Manager, SOAR
Group Director, Student & Academic- Services,
Sheffield Hallam University
Interim Director, Sheffield Health and Care
Partnership
Chair, Healthwatch Sheffield
Chief Executive, Voluntary Action Sheffield
Independent Chair, Sheffield Mental Health
VCSE Alliance
PCN Clinical Representative, ICB Place
Committee
Chief Operating Officer, University of Sheffield



SHEFFIELD'S HEALTH AND WELLBEING BOARD

Sheffield's Health and Wellbeing Board started to meet in shadow form in January 2012 and became a statutory group in April 2013. The Health and Social Care Act 2012 states that every local authority needs a Health and Wellbeing Board. It is a group of local GPs, local councillors, a representative of Sheffield citizens, and senior managers in the NHS and the local authority, all of whom seek to make local government and local health services better for local people. Its terms of reference sets out how it will operate.

Sheffield's Health and Wellbeing Board has a formal public meeting every three months as well as a range of public events held at least once a quarter.

Sheffield's Health and Wellbeing Board has a website which tells you more about what we do. <http://www.sheffield.gov.uk/home/public-health/health-wellbeing-board>

PUBLIC ACCESS TO THE MEETING

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda. Members of the public have the right to ask questions to the Health and Wellbeing Board meetings and recording is allowed under the direction of the Chair.

Please see the Sheffield Health and Wellbeing Board webpage or contact Democratic Services for further information regarding public questions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Board meetings are normally open to the public but sometimes the Board may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last on the agenda.

Meetings of the Board have to be held as physical meetings. If you would like to attend the meeting, please report to an Attendant in the Foyer at the Town Hall where you will be directed to the meeting room. However, it would be appreciated if you could register to attend, in advance of the meeting, by emailing committee@sheffield.gov.uk, as this will assist with the management of attendance at the meeting. The meeting rooms in the Town Hall have a limited capacity. We are unable to guarantee entrance to the meeting room for observers, as priority will be given to registered speakers and those that have registered to attend.

Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the website. If you wish to attend a meeting and ask a question you must submit the question in writing by 9.00 a.m. at least 2 clear working days in advance of the date of the meeting, by email to the following address: committee@sheffield.gov.uk. In order to ensure safe access and

to protect all attendees, you will be recommended to wear a face covering (unless you have an exemption) at all times within the venue. Please do not attend the meeting if you have COVID-19 symptoms. It is also recommended that you undertake a Covid-19 Rapid Lateral Flow Test within two days of the meeting.

If you require any further information, please contact Sarah Hyde on 0114 273 4015 or email sarah.hyde@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

SHEFFIELD HEALTH AND WELLBEING BOARD AGENDA

30 MARCH 2023

Order of Business

1. **Apologies for Absence**
2. **Declarations of Interest** (Pages 7 - 10)
Members to declare any interests they have in the business to be considered at the meeting.
3. **Public Questions**
To receive any questions from members of the public.
4. **Healthwatch Update**
Verbal Update
5. **Better Care Fund Update** (Pages 11 - 18)
Report of the Director of Strategy – Sheffield ICB and the Director of Adult Health and Adult Social Care
6. **Food Strategy** (Pages 19 - 52)
Report of the Director of Public Health
7. **Health & Wellbeing Board Annual Report** (Pages 53 - 66)
Report of the Director of Public Health
8. **Violence Reduction Unit** (Pages 67 - 78)
Presentation from the Violence Reduction Unit
9. **Integrated Care Strategy** (Pages 79 - 180)
Report of the Executive Place Director for Sheffield, NHS South Yorkshire and the Director of Public Health, Sheffield City Council
10. **Physical Activity and Leisure** (Pages 181 - 186)
Report of the Director of Public Health
11. **Arts, Culture and Health** (Pages 187 - 216)
Report of the Director of Public Health
12. **Climate Change and Health: Conference Report** (Pages 217 - 238)
Report of the Director of Public Health

- 13. Forward Plan** (Pages 239 - 240)
Forward Plan for public meetings
- 14. Minutes of the Previous Meeting** (Pages 241 - 252)
To approve the minutes of the previous meeting held on 8th December 2022.
- 15. Date and Time of Next Meeting**
The next meeting is on 29th June 2023 at 2pm, at the Town Hall Sheffield

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its Policy Committees, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
 - under which goods or services are to be provided or works are to be executed; and
 - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
 - the landlord is your council or authority; and
 - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
 - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
 - (b) either -
 - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from David Hollis, Interim Director of Legal and Governance by emailing david.hollis@sheffield.gov.uk.

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HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Sandie Buchan, Director of Strategy – Sheffield ICB,
Alexis Chappell, Director of Adult Health and Adult Social Care

Date: 30 March 2023

Subject: Sheffield’s Better Care Fund Progress Update

Author of Report: Martin Smith – Deputy Director Planning and Joint
Commissioning

Summary:

As part of the Health and Wellbeing Board’s statutory duty to encourage integrated working between commissioners, this Board has a role to oversee the strategic direction and performance of the BCF key performance indicators.

The 2022/23 Better Care Fund priorities and changes for Sheffield were discussed by the Health and Wellbeing Board in June 2022 but because the national guidance and policy framework had not yet been released final responsibility for approval of the BCF Plan was delegated to the Chair. The Plan was then approved by the Chair in September 2022, noted by the Adult Health and Social Care Policy Committee in November and approved by NHS England on 6 January 2023.

The BCF end of year template was published 20 March 2023 and is required to be completed and signed off by this Board by 23 May. The next scheduled meeting of this Board is on 29 June 2023 therefore it is requested that final responsibility for approval of the year end template is delegated to the Chair, Director of Adult Health and Adult Social Care, and ICB Director of Strategy.

The Better Care Fund plan aligns to all six of the commitments in the Adult Social Care strategy with two primary objectives:

1. Enable people to stay well, safe and independent at home for longer:

The Sheffield plan focuses on taking steps to enable person centred care which promotes independence and addresses health, social care and housing needs of people who are at risk of reduced independence, including at risk of admission to hospital or long-term residential care.

2. Provide the right care in the right place at the right time:

The Sheffield plan places emphasis upon ensuring people are discharged to the right place, at the right time, and with the right support that maximises their independence and leads to the best possible sustainable outcomes. This includes continued implementation of the High Impact Change Model for Transfers of Care, which is the basis of the Better Care Fund requirements around supporting discharge

The purpose of this paper is to provide the Health and Wellbeing Board with an update on:

- Performance against the agreed Better Care Fund Key Performance Indicators (KPI's);
- Update on the Section 75 for Better Care Fund Pooled budget for 2022/23 and BCF finance;
- Update on the governance to support joint working and Better Care Fund;
- Update on the requirements for the end of year report and timeline.

Questions for the Health and Wellbeing Board:

N/A

Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. note the update on the Better Care Fund Performance;
2. note the Section 75 approval;
3. note the governance changes;
4. request that the Health and Wellbeing Chair, Director of Adult Health and Adult Social Care, and 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.

Background Papers:

Sheffield Better Care Fund Plan:



Sheffield HWB.pdf

NHS England Letter on the Better Care Fund 2022-23:



BCF Approval Letter
Sheffield HWB Plan 20

Section 75 Agreement 2023/23 Sign-off:



Paper G - Section 75
Sign-off 2022-23.pdf

Working together with the NHS in Sheffield: Future Vision and Governance:



Working together
with the NHS in She

Signed Section 75 Deed of Variation 2022-23:



Signed S75 Deed of
Variation 2022-23 Sh

BCF 2022-23 Year End Template:



v1.0 BCF 2022-23
Year-end Template.xls

Discharge Improvement Update February 23:

[\(Public Pack\)Hospital Discharge and Urgent Care Delivery Plan Agenda Supplement for Adult Health and Social Care Policy Committee, 08/02/2023 10:00 \(sheffield.gov.uk\)](#)

Better Care Fund update to Adult Health and Social Care Policy Committee November 22:

[Draft Protocol for Cabinet Reports \(sheffield.gov.uk\)](#)

Adult Social Care Discharge Funding November 2022:



Sheffield Partnership
Board Update Regard

Adult Social Care Discharge Funding Paper – Sheffield Oversight Committee 26.01.23:



Paper D - Adult
Social Care Discharge

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

- **Living Well**
 - Everyone has access to a home that supports their health
- **Ageing Well**
 - Everyone has equitable access to care and support shaped around them
 - Everyone has the level of meaningful social contact that they want
 - Everyone lives the end of their life with dignity in the place of their choice

Who has contributed to this paper?

Both Sheffield ICB and the Local Authority have contributed to the production of this document.

BETTER CARE FUND PROGRESS UPDATE

1.0 SUMMARY

2.0 As part of the Health and Wellbeing Board's statutory duty to encourage integrated working between commissioners, the Board has a role to oversee the strategic direction and performance of the BCF key performance indicators. A year-end report on the impact of the Better Care Fund will be shared after March 2023 to include the final financial position and the full year metrics. This report contains the most recent performance information up to Quarter 3 2023.

3.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

Local intelligence tells us that those with protected characteristics, people who belong to health inclusion groups and those living in the most deprived communities are disproportionate users of unplanned services. Our plans and metrics will impact positively on this as we focus on the underlying causes of this inequity. In particular our emphasis on neighbourhood approaches will enable a greater understanding of the needs of communities to allow services and interventions be tailored and personalised around those who most need them.

All decisions around service redesign, investment and resource prioritisation are taken to ensure full compliance with the Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with CORE20PLUS5.

3.1 Better Care Fund Metrics

The Better Care Fund plan was required to include stretching targets for improving outcomes against four metrics which are set nationally. The metrics are:

1. Proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation (effectiveness of reablement)
2. Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population (admissions to residential care homes)
3. Unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions to hospital for conditions that can typically be managed in a community setting)
4. Improving the proportion of people discharged home, based on data on discharge to their usual place of residence (discharge to usual place of residence)

3.2 Performance against metrics

The Sheffield Better Care Fund plan meets all national conditions and the current performance figures below show we are on track to meet 3 of the metrics. The Q1 and Q2 figures for unplanned admissions were slightly higher than plan and Q3 was under plan, it is expected that this metric will be on track for the year end report.

Proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation (effectiveness of reablement)

		Q1 - Q3 rate
Proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation (effectiveness of reablement)	Plan	80%
	Actual	83%
	Difference	3%

Sheffield is on track with this target through joint working with Sheffield Teaching Hospitals on timely discharges from hospital into reablement and intermediate care services and expanding our reablement capacity to support independence at home.

Older adults whose long-term care needs are met by admission to residential or nursing care

		Q1 - Q3 rate
Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population (admissions to residential care homes)	Plan	686
	Actual	684
	Difference	-2

Sheffield is on track with this indicator and continue to review the appropriateness of every admission as part of the care reviews undertaken via Theme 4 On-Going Care. Sheffield teams are also increasing the number of planned reviews which will help prevent escalation of needs and admissions to care homes.

Unplanned Admissions

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions to hospital for conditions that can typically be managed in a community setting)		2022-23 Q1	2022-23 Q2	2022-23 Q3	YTD
	Plan		230	223	234
Actual		249	228	227	704
Difference		19	5	-7	17

The Better Care Fund Scheme 1 – People Keeping Well in their Local Community and scheme 2 - Active Support & Recovery are working collaboratively to support those with long term conditions in Sheffield. The performance of the metrics is achieved by through examples such as the community support workers aligned to Primary Care Networks working collaboratively to ensure people stay independent and support them to self-care through social prescribing. Other teams within the BCF plan include the health coaches and people keeping well teams who all work to ensure people access the right support at the right time in the community to prevent admission. When support is needed the Integrated Care Teams (inc. Community Nursing and therapy work together with primary care network teams to manage people at home. This team also provide the urgent community response if needed to keep people out of hospital and managed in the community if appropriate. The Page 15 support plan will impact on this metric.

Proportion of people discharged home

Improving the proportion of people discharged home, based on data on discharge to their usual place of residence (discharge to usual place of residence) %		2022-23 Q1	2022-23 Q2	2022-23 Q3	YTD
	Plan	98%	98%	98%	98%
	Actual	98%	98%	98%	98%
	Difference	0%	0%	0%	0

Sheffield is demonstrating a Home First approach shown through the current figures (98% of people going home). This has been possible through a number of BCF schemes including an expanded reablement capacity, grants to the VCS and MDT discharge teams. Our VCS partners under scheme 1 have supported a hospital to home model allowing a more holistic support offer when discharging people back home.

The multidisciplinary Transfer of Care team under scheme 2 includes nurses, discharge coordinator and social work support. they have a daily MDT meetings and huddles to ensure people are discharges to the most appropriate places. The new homecare re procurement will support this to continue and the discharge investment to the independent sector has improved the flow. The Hospital Discharge and Urgent Care Delivery Plan noted by the Adult Health and Social Care Policy Committee in February 2022 evidences our commitment to make discharge personal and demonstrates our focus on continuous improvement so that individuals can be discharged home from hospital when well.

3.3 Section 75 Agreement

As part of the national conditions for the Better Care Fund a plan for spending all funding elements in the BCF must be jointly agreed by the relevant local authority and ICB(s) and placed into a pooled fund, governed by an agreement under section 75 of the NHS Act 2006.

We can confirm that following the approval of the Better Care Fund Plan the Section 75 Agreement was updated to reflect the new BCF plan, our revised governance arrangements and the expanded scope of budgets approved by the Co-operative Executive in March 2022. The deed of variation to the updated Section 75 Agreement was sealed by Sheffield Council on 6th February and agreed at Partnership Board on 21st February 2023. The agreed Section 75 Agreement is compliant will the BCF National Conditions and all minimum contributions have been agreed.

3.4 BCF Finances

The breakdown of the BCF Spend is within the agreed Section 75 and is shown below showing the split of the contribution between Sheffield Council and Sheffield ICB. The Better Care Fund is £456,667 million and covers the provision of adult services only.

The Section 75 is larger at £1060,110 billion and includes both adults and children's services supporting the aim to holistically develop and improve individual outcomes and personal experience of Health and Social Care in Sheffield through our joined up and health and care approach locally.

Commissioning Intention Combined Budgets	Budget for 2022/23			NHS South Yorkshire ICB			Sheffield City Council		
	Within Current BCF	Added to S75	Total	Within Current BCF	Added to S75	Total	Within Current BCF	Added to S75	Total
In Scope	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's
Children and Young People	-	166,619	166,619	-	70,897	70,897	-	95,722	95,722
Ageing Well	64,507	14,366	78,873	49,312	9,683	58,995	15,195	4,682	19,878
All Age Mental Health	123,919	30,460	154,380	110,294	21,678	131,971	13,626	8,783	22,408
All Age Learning Disabilities	59,292	8,192	67,484	18,366	7,803	26,169	40,926	389	41,315
On-Going Care	127,872	11,579	139,451	58,252	2,429	60,682	69,619	9,150	78,769
Collaborative Working	-	5,116	5,116	-	959	959	-	4,156	4,156
Urgent and Emergency Care	72,629	123,645	196,274	72,629	123,574	196,203	-	71	71
Disability Facilities Grant	6,797	-	6,797	-	-	-	6,797	-	6,797
Total In Scope	455,017	359,976	814,993	308,853	237,023	545,876	146,164	122,953	269,117
Not in Scope of Commissioning Intentions	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's
Acute, Cancer and Public Health Services	814	433,494	434,307	-	430,416	430,416	814	3,078	3,891
Primary Care Prescribing	-	97,474	97,474	-	97,474	97,474	-	-	-
Primary Care/PCNs/Locality Teams	837	151,088	151,925	-	115,328	115,328	837	35,760	36,597
Total Not in Scope of Commissioning Intentions	1,651	682,056	683,706	-	643,218	643,218	1,651	38,838	40,488
Not proposed to be delegated	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's
Not proposed to be delegated	-	18,079	18,079	-	5,424	5,424	-	23,503	23,503
Total Not Proposed to be Delegated	-	18,079	18,079	-	5,424	5,424	-	23,503	23,503
Total	456,667	1,060,110	1,516,777	308,853	874,817	1,183,670	147,814	185,293	333,107

3.4 Adult Social Care Discharge Fund

The Autumn Budget Statement on the 17 November 2022 included the announcement of a national ASC Discharge Fund in 2022/23 of £500m nationally. Additional information and limited guidance were then released to confirm local allocations to Sheffield Place of £5.6m, split £3.3m of the SYICB allocation and £2.3m directly allocated to Sheffield City Council. The process was discussed at the Sheffield Partnership Board in December 2022 and a list of schemes were agreed and a further update was provided on the 26 January 2023 at the Sheffield Oversight Committee.

At the Urgent and Emergency Care Flow Board 2 March 2023 it was reported that Sheffield are seeing an improved and more encouraging position in the reported discharge delays data and that the discharge funding has had a direct impact in helping boost capacity in several areas where Sheffield were reporting delays:

- Additional capacity in reablement support which has reduced the waits particularly in some high demand areas. This has included additional care management and social work capacity to review care packages at pace and following acute episodes which is having improved outcomes in both efficiencies and a reduced reliance or need for statutory support.
- The additional assessment capacity has improved flow in the backlog of assessment/Intermediate care settings which in turn releases commissioned support for admission from hospital. Over the last month 67 cases have been completed, and unallocated cases now reduced in number and the target by the end of March is all to be within the 28 day pathway
- Additional capacity in care at night and palliative care services, including the expansion of practical support and an additional 2 beds in St Luke's hospice.
- Additional support for family carers supporting relatives who are providing support with discharge plans.
- Dedicated care management and enhanced support for people requiring support with their mental health.
- Expanded Dementia support, including a dedicated occupational therapy to support people to return home, including support for admission avoidance and there will shortly be dedicated independent living co-ordinators working on the wards to support activities that will preserve physical and cognitive function
- Additional transport and support on the day of discharge is reducing risks of readmission, this has now been expanded and provides support with a wide range of practical tasks and has been extended to support other providers which is

relieving BAU capacity in home care contracts to enable additional discharges within framework capacity.

The paper on the Hospital Discharge and Urgent Care Delivery Plan noted by the Adult Health and Social Care Policy Committee in February 2022 notes how the funding was used as part of wider funding to support discharge and home first.

3.5 Revised governance arrangements

In October 2022, organisations within the Sheffield Health and Care Partnership agreed to establish a Framework to bring together different elements of governance in order to promote and enable the integration of services for the Sheffield population. The Framework is set out in the supporting documents to this paper.

4.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

The Better Care Fund plan and programmes are aligned to deliver the Shaping Sheffield vision of “Prevention, well-being and great care together”, acknowledging that housing and the local community are an important factor to achieving this ambition.

5.0 QUESTIONS FOR THE BOARD

N/A

6.0 RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. note the update on the Better Care Fund Performance;
2. note the Section 75 approval;
3. note the governance changes;
4. request that the Health and Wellbeing Chair sign-off the BCF 2022-23 Year End Template before the next meeting in June 2023.



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell, Director of Public Health

Date: 30th March 2023

Subject: Fairer, Healthier, Greener – A Food Strategy for Sheffield

Author of Report: Jessica Wilson, Health Improvement Principal
Jessica.wilson2@sheffield.gov.uk

Summary: A new Food Strategy for Sheffield has been produced. It focusses on addressing the threats to people’s ability to access food that supports their own health and wellbeing and the health of our planet. These include having enough money to buy nutritious food, living and working in environments that support healthy and sustainable food choices, and a more localised and resilient food system.

The emphasis is on the levers that the council and our partners have to bring about system change. For example, through the food we purchase at scale or that is sold within our venues; through helping people to take up food related benefits such as free school meals or the Holiday Activities and Food Programme; or by working in partnership with community food initiatives that share our aims.

The council will implement our own commitments as outlined in the strategy and Health and Wellbeing Board partners should consider the role they can (or are already) playing.

In light of the new Food Strategy and due to some existing contracts coming to an end the council will review the initiatives it funds that focus on improving nutrition and/or preventing obesity. A new commissioning model will be developed during 2023.

Through working alongside Sheffield’s Food Partnership - [ShefFood](#), we will collaborate with others to further develop a shared vision and action plan based on the priorities set out within this strategy.

Questions for the Health and Wellbeing Board:

How can the board ensure the Food Strategy is delivered to achieve the greatest impact on improving health and wellbeing?

Food is a cross cutting issue that supports a range of priorities for the council and our city partners – sustainability, health inequalities, economic development, poverty. As with other cross-cutting issues this can pose a challenge to its implementation. How can HWBB member organisations ensure the role of food has sufficient prominence within their relevant plans?

Recommendations for the Health and Wellbeing Board:

1. Endorse Fairer, Healthier, Greener – A Food Strategy for Sheffield. Consider following formal approval routes within respective partner organisations and/or develop organisation specific food action plans using the framework that Fairer, Healthier, Greener sets out. Provide an update on this in 6 months.
2. As part of the above, HWBB member organisations to undertake a review of existing policy and activity that relates to the following strategy outcomes:
 - Increased access to affordable nutritious food. For example, through food that is provided or sold, through partnerships with community food enterprises, or through broader anti-poverty measures
 - Protection from harmful commercial influences on diet. For example, through food that is provided or sold, or through careful consideration of food advertising and commercial partnerships
 - Reduction in carbon emissions related to food and developing a stronger local food system. For example, through changes to food procurement practices or through food and packaging waste reduction strategies

The review should result in a number of actions or areas of work being identified and incorporated into policies/work plans and/or development of organisation specific food action plans. Facilitation for this process can be provided if requested.

Representatives to provide an update on this in 6 months.

3. Food procurement and provision is arguably the area where anchor institutions can have the greatest influence on our local food system. Can member organisations commit to ensuring catering meets the standards the public deserves on health and stimulates a more localised and sustainable food economy? This should include a specific commitment to work towards 30% of fresh food (fruit, vegetables, meat, dairy etc) coming from local suppliers (e.g. within South Yorkshire region) by 2030?

Background Papers:

- *Fairer, Healthier, Greener – A Food Strategy for Sheffield*
-

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This addresses health inequalities and determinants of health in their broadest sense. Specifically it contributes to the following:

- Every child achieves a level of development in their early years for the best start in life
- Everyone has a fulfilling occupation and the resources to support their needs
- Everyone has the level of meaningful social contact they want

Who has contributed to this paper?

Jessica Wilson, Greg Fell. The Food Strategy itself was contributed to by a broad range of stakeholders including the ShefFood partnership and relevant colleagues across the council.

FAIRER, HEALTHIER, GREENER – A FOOD STRATEGY FOR SHEFFIELD

1.0 SUMMARY

- 1.1 A new Food Strategy for Sheffield has been produced. It focusses on addressing the threats to people's ability to access food that supports their own health and wellbeing and the health of our planet. These include having enough money to buy nutritious food, living and working in environments that support healthy and sustainable food choices, and a more localised and resilient food system.
- 1.2 The emphasis is on the levers that the council and our partners have to bring about system change. For example, through the food we purchase at scale or that is sold within our venues; through helping people to take up food related benefits such as free school meals or the Holiday Activities and Food Programme; or by working in partnership with community food initiatives that share our aims.
- 1.3 The council will implement our own commitments as outlined in the strategy and encourage HWBB partners to consider the role they can (or are already) playing
- 1.4 In light of the new Food Strategy and due to some existing contracts coming to an end the council will review the initiatives it funds that focus on improving nutrition and/or preventing obesity. A new commissioning model will be developed during 2023.
- 1.5 Through working alongside Sheffield's Food Partnership - [ShefFood](#), we will collaborate with others to further develop a shared vision and action plan based on the priorities set out within this strategy.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

- 2.1 Poor diet and unhealthy weight are two of the biggest contributors to ill health and early death in our city. The health consequences of poor diet include increased risk of chronic diseases such as obesity, heart disease, diabetes, high blood pressure and cancer. The most deprived communities in the city are eating the least healthily and are more likely to experience the negative health consequences of this. For example:
 - 2.1.1 More than 1 in 5 Sheffield children were overweight or obese when they started school (age 4/5 years), this increases to more than 1 in 3 by the time they reach Year 6 (age 10/11 years). There is a strong social gradient in childhood obesity rates and the gap has been widening in Sheffield ([OHID](#))
 - 2.1.2 More than 2 in 5 Sheffield children experience tooth decay by age 5. Children in Sheffield are more than twice as likely to have teeth removed than the national average and rates are highest in areas of deprivation. ([OHID](#))
 - 2.1.3 22% of adults in Sheffield were estimated to have experienced a degree of food insecurity in 2021 ([Blake and Moretti, 2021](#)). The poorest 10% of UK households would need to spend 74% of their disposable income on food to

meet the Eatwell Guide costs. This is compared to only 6% of disposable income in the richest 10% ([Food Foundation, 2022](#))

2.2 The Food Strategy takes a systemic approach to removing the barriers people face in accessing good, nutritious food. By focussing predominantly on addressing affordability and availability of nutritious food (rather than on individual behaviour change) the strategy seeks to address the systemic causes of and therefore the systemic inequalities in diet related ill health.

3.0 FAIRER, HEALTHIER, GREENER – A FOOD STRATEGY FOR SHEFFIELD

3.1 Why Food?

3.2 The current food system in Sheffield (and across the UK) does not support human or planetary health and lacks resilience. Three key challenges which must be addressed in order to improve health, increase social justice and reduce CO2 emissions are:

3.2.1 **Many people in Sheffield can't afford a nutritious diet.** Food poverty is a key issue for the Cost of Living emergency response and the Tackling Poverty Strategy. It drives health inequalities and is a social justice issue that affects the ability of communities to be healthy and happy. Healthier food is more expensive per calorie than less healthy food. It is not ignorance or the inability to cook that is the root cause of poor diet and the associated health conditions, it is poverty.

3.2.2 **Processed food harms health and planet but is cheap, abundant, and heavily marketed.** Our food choices are heavily influenced by what's available. Commercial influence is the main driver of consumption (not choice or personal responsibility). Economically disadvantaged communities are most affected by poor food environment, and this drives health inequalities. We must therefore use all of the levers we have at local level to combat harmful commercial influence and to create healthier food environments.

3.2.3 **Our food system lacks resilience, harms the planet and could better support the local economy.** Recent food price inflation highlights the lack of resilience in the UK's food system. This is affecting people's ability to afford and access food now and the risk of future shocks will persist without mitigating action. Taking steps to support a more localised and sustainable food system will build resilience and will also support city aspirations for Net Zero and inclusive economic development.

3.3 A [National Food Strategy](#) was published in 2021. This government-commissioned independent review of the food system was a robust analysis of the UK food system. It covers health and inequalities, food security, climate change, biodiversity loss, land use, and trade. It is broadly accepted that implementing the 14 recommendations made by the National Food Strategy would make a substantial contribution to restoring food related human and planetary health.

3.4 The [Government Food Strategy](#) was published in June 2022 in response to the independent review, however, few of the recommendations are addressed by the government response. The government response represents a missed opportunity to tackle the underlying causes of a variety of issues, many of which will continue to be exacerbated during cost of living crisis.

3.5 The Sheffield Food Strategy attempts to rise to the challenge on a local level where national government has thus far failed to do so. It addresses the Nation Food Strategy's goals to create a food system that

3.5.1 Makes us well instead of sick

3.5.2 Is resilient to withstand global shocks

3.5.3 Helps to restore nature and halt climate change

3.5.4 Meets the standards the public expect on health, environment, and animal welfare

3.6 Why not obesity?

3.7 Many areas choose to develop strategies aimed at preventing overweight and obesity. Sheffield has a Food Strategy rather than a specific obesity prevention strategy for two main reasons:

3.7.1 Overweight and obesity are symptoms or conditions that are contributed to by modifiable health behaviours. The food we consume is the main modifiable factor in this, with physical activity also playing an important role. Sheffield has a Food Strategy and a physical activity strategy – “Move More”. Together these form our population level response to obesity prevention.

3.7.2 The food we eat makes a contribution to our health that extends beyond our weight. A healthy, well-balanced diet brings a range of health benefits for those of all body sizes. Food has a wider role in supporting our general wellbeing and also contributes to a wider set of goals in terms of sustainability, social justice and the local economy. This wider contribution may be lost with a focus primarily on weight and obesity.

4.0 Overview of Fairer, Healthier, Greener – A Food Strategy for Sheffield

4.1 Fairer, Healthier, Greener – A Food Strategy for Sheffield sets out a range of ways in which the council and our partners can begin to address these challenges. Although written by the council we hope that our city partners will endorse the strategy and consider what more each of their organisations can do to help meet its aims.

4.2 The strategy sets out priorities for action under three themes that link back to the three challenges outlined above. In practice much of work supports multiple outcomes.

4.2.1 **Implement the Food Access Plan so people can afford nutritious food:**
The Food Access Plan has been approved by the council's Strategy &

Resources committee. It continues to be developed and implemented and connects to the citywide cost of living emergency response.

4.2.2 Create environments where healthier and more sustainable food choices are accessible and abundant

4.2.3 Feed tomorrow as well as today - increase the sustainability and resilience of our food system

4.3 Specific actions under each theme are set out in the strategy document itself which accompanies this report.

5.0 Existing initiatives focussed on improved nutrition and obesity prevention

5.1 In addition to implementing policy change relating to the areas described above, the council funds or delivers a range of initiatives that support the implementation of the food strategy. These services have a particular focus on improving nutrition and preventing obesity and include:

- 5.1.1 **Eat Smart Sheffield**, Learn Sheffield has been commissioned to develop and deliver a Whole School & Settings Approach to Food and Nutrition Programme. Named 'Eat Smart Sheffield', the programme focuses on encouraging and supporting pupils, their families and the wider community to adopt healthier eating behaviours. The programme has two main aims: 1) To give schools the tools they need to make long term changes to their food culture and their curriculum to support healthy behaviours 2) To give pupils and their families the confidence, skills and knowledge they need to cook, grow and enjoy good quality affordable food, as well as increasing understanding of important food issues such as food sources and sustainability. To date 48 schools have enrolled for a Food For Life award which celebrates a whole school approach to food, a further 8 schools have achieved their FFL Bronze Award and one school has achieved their FFL Silver Award.
- 5.1.2 **Start Well**, delivered by the council this parenting programme helps parents with pre-school age children to adopt and maintain healthy habits primarily focussing on diet and physical activity. This will be aligned to Family Hubs and the wider range of support that is offered to families in the city.
- 5.1.3 **Healthy Early Years award**, delivered by the council the award scheme for early years providers helps them to ensure their setting promotes good health and wellbeing.
- 5.1.4 **Food Access Plan**, a range of schemes are funded to support those on low incomes to access good food including advice in reach into food banks, schemes to encourage uptake of food related benefits such as free school meals and healthy start vouchers, and schemes to ensure food relief projects have access to sufficient food.

5.1.5 **Holiday Activities and Food**, this DfE funding programme provides holiday clubs with nutritious food for children eligible for benefits related free school meals during the school holidays.

5.1.6 **Weight Management support**, delivered by Zest. Structured programmes are offered for children and young people and for adults to support them to improve their diet, increase activity levels and reach weight related goals.

5.2 In light of the new food strategy and some existing contracts coming to an end the above programme of work is being reviewed during 2023. A new commissioning model for improved nutrition and obesity prevention will be developed. This will be informed by the latest evidence on what works, service evaluation and community feedback and consultation and will reflect the priorities and approach set out within the new Food Strategy.

6.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

6.1 The challenges our food system faces are significant. National and international action is certainly needed to make an impact at the level that is required to address the full scale of the public health and environmental crises we are facing. Nevertheless, sound local food policy that recognises the importance of holistic, joined up thinking across the food sector can make significant progress towards a more sustainable food system for everyone in Sheffield.

6.2 Furthermore, Sheffield has a strong foundation from which to respond – e.g. a thriving local food economy; universities specialising in sustainable agriculture, food security, food production and technology; a diverse and vibrant range of community food initiatives; hospital trusts recognised nationally for good practice in catering etc.

6.3 **Working collaboratively:** ShefFood is a cross-sector partnership of organisations across the city formed of anchor institutions, businesses, individuals, academic and community organisations that are committed to working together to create a more sustainable food system for Sheffield. Sheffield City Council has been working closely with ShefFood to develop the new Food Strategy.

6.4 ShefFood is currently bringing together a wide range of stakeholders to support collaboration and develop a shared action plans that support the food strategy's implementation beyond the council's commitments. This work is already underway via 5 working groups: nutrition and obesity; food growing and composting; good food economy and procurement; food ladders (focus on food access/poverty); good food movement. HWBB member organisations are encouraged to ensure appropriate representation on/engagement with these working groups.

7.0 QUESTIONS FOR THE BOARD

7.1 How can the board ensure the Food Strategy is delivered to achieve the greatest impact on improving health and wellbeing?

7.2 Food is a cross cutting issue that supports a range of priorities for the council and our city partners – sustainability, health inequalities, economic development, poverty. As with other cross-cutting issues this can pose a challenge to its implementation. How can HWBB member organisations ensure the role of food has sufficient prominence within their relevant plans?

8.0 RECOMMENDATIONS

8.1 Endorse Fairer, Healthier, Greener – A Food Strategy for Sheffield. Consider following formal approval routes within respective partner organisations and/or develop organisation specific food action plans using the framework that Fairer, Healthier, Greener

8.2 As part of the above, HWBB member organisations to undertake a review of existing policy and activity that relates to the following strategy outcomes:

8.2.1 Increased access to affordable nutritious food. For example, through food that is provided or sold, through partnerships with community food enterprises, or through broader anti-poverty measures.

8.2.2 Protection from harmful commercial influences on diet. For example, through food that is provided or sold, or through careful consideration of food advertising and commercial partnerships.

8.2.3 Reduction in carbon emissions related to food and stronger local food system. For example, through changes to food procurement practices or through food and packaging waste reduction strategies.

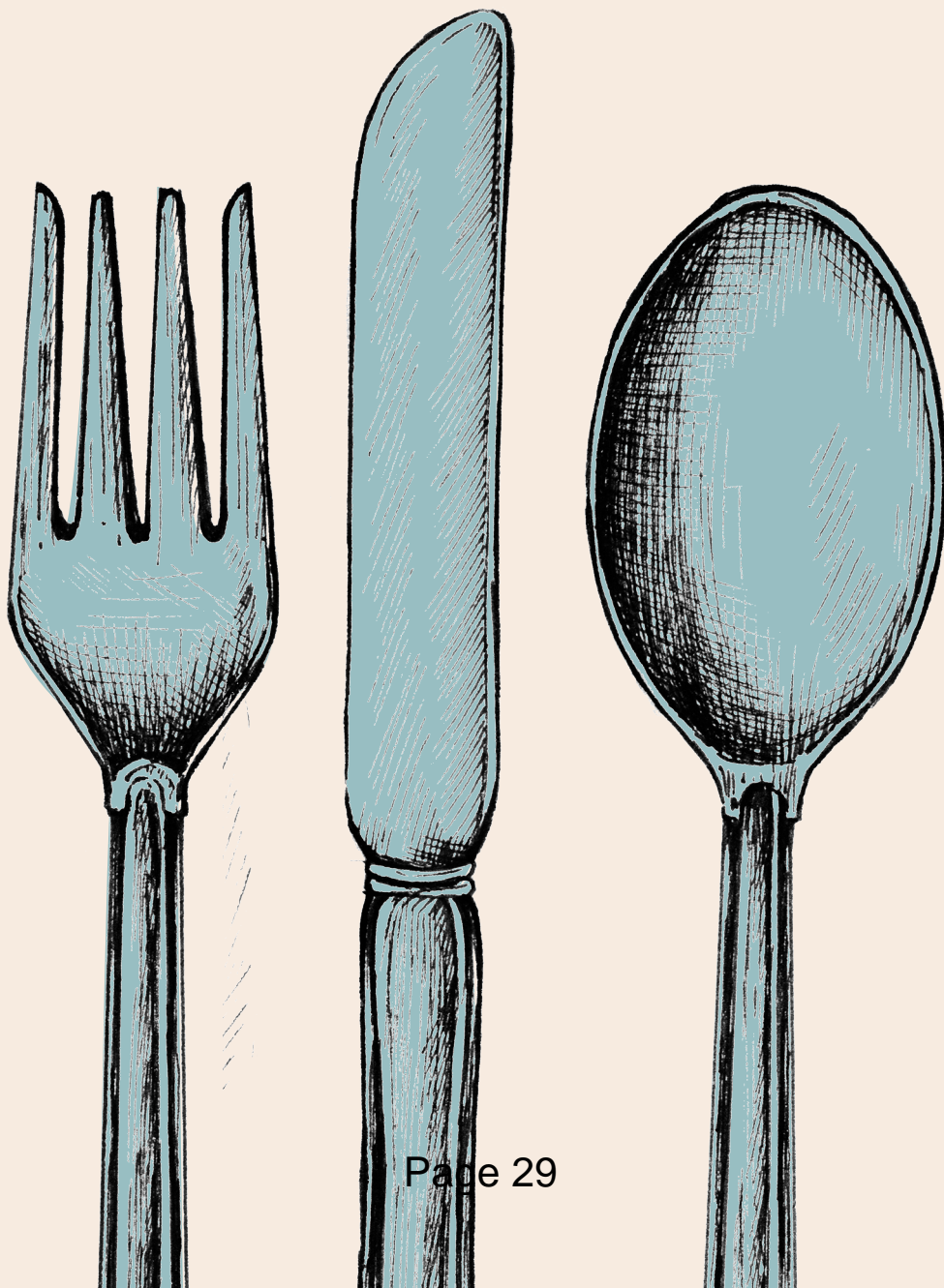
8.3 The review should result in a number of actions or areas of work being identified and incorporated into policies/work plans and/or development of organisation specific food action plans. Facilitation for this process can be provided if requested. Representatives to provide an update on this in 6 months.

8.4 Food procurement and provision is arguably the area where anchor institutions can have the greatest influence on our local food system. Can member organisations commit to ensuring catering meets the standards the public deserves on health and stimulates a more localised and sustainable food economy? This should include a specific commitment to work towards 30% of fresh food (fruit, vegetables, meat, dairy etc) coming from local suppliers (e.g. within South Yorkshire region) by 2030?

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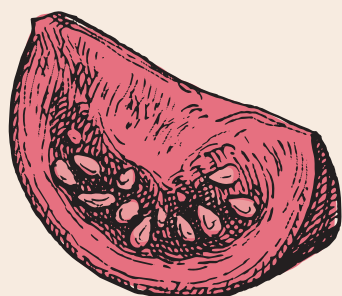
FAIRER, HEALTHIER, GREENER

A FOOD STRATEGY FOR SHEFFIELD

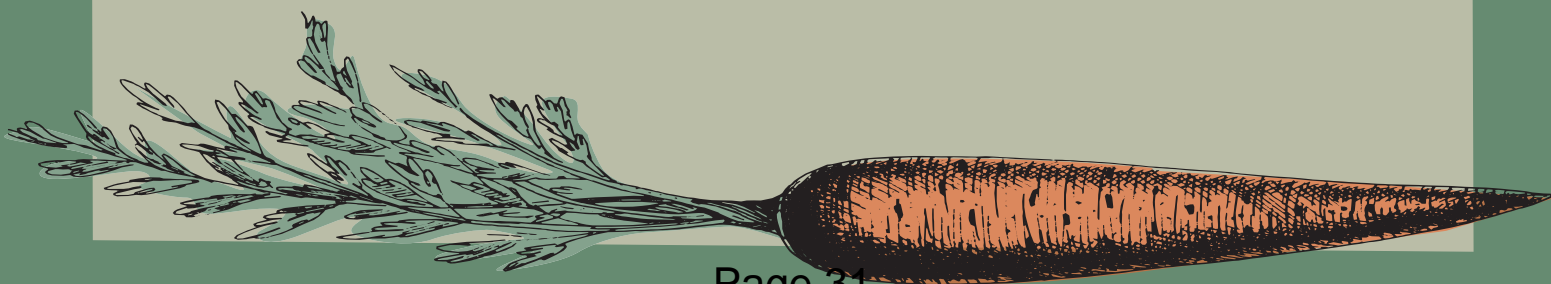


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In Sheffield we want everyone to be able to access food all the time that is safe, affordable, culturally appropriate, nutritious and that benefits their health and wellbeing. We also want to ensure that we safeguard this access for future generations by building a food system that is fairer, more resilient to shocks and that doesn't harm the planet.



Why Food?

Food is vitally important to our health and wellbeing, not only do we need it to stay alive it also gives us pleasure, allows us to share and celebrate and connects us to our land, different cultures and to our neighbourhoods, friends and family.

Despite the fundamental role food plays in our lives there are a number of threats to our ability to access it. For the purposes of this strategy these have been broadly put into 3 themes – **financial access**; **physical access** (including protection from harmful commercial influences); and **future access** (including being resilient to global shocks and minimising the negative impact food production can have on our planet). All these themes must be underpinned by the need for social justice and fairness.

This strategy affirms Sheffield City Council's commitment to the food agenda, it is also a call to action to partners across our local food system. Although the challenges our food system faces are significant Sheffield has a strong foundation from which to respond. We are nationally recognised for our thriving local food economy and the significant knowledge we have across the food sector and can harness this to generate real change.



1. Financial Access to food:

All people, at all times, have access to sufficient, safe and nutritious food.

Food poverty can be described as the inability to acquire or consume an adequate or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so. As with all poverty, food poverty is primarily driven by income deprivation. This income deprivation is in turn linked to a number of interrelated factors that lead to food poverty including local availability of retailers selling affordable nutritious food, access to transport, access to cooking, storage and preparation facilities, having the appropriate skills and knowledge.

Food poverty has negative health and economic outcomes, as well as social and psychological impacts. The existence of food banks and other forms of food aid provision reflects the growth of food poverty in recent years. However, food bank usage highlights only those experiencing severe food poverty, it does not show the full nature and the scale of the problem. Research by the [University of Sheffield](#) revealed that last year over 2.5% of adults in the city experienced hunger due to lack of food, while 11.43% worried about accessing sufficient food. The cost-of-living crisis is likely to see this worsen and the lowest income households will be the most severely affected.

There are equality issues with food poverty that extend beyond income deprivation. Of the 8% of UK families that are estimated to currently be food insecure families with disabilities, families whose head of household are Black/African/Caribbean/Black British, and younger families are disproportionately affected and we need to ensure our local responses adequately address all aspects of inequality.

Link between food poverty, undernutrition, and obesity: Paradoxically, obesity can co-exist with hunger in lower income households including those experiencing food poverty. Children from the most deprived areas are almost twice as likely to be overweight or obese by the time they start secondary school than those from the least deprived areas. Highly processed foods are 3 times cheaper per calorie than healthy food ([Food Foundation, 2021](#)). When very little money is left over after bills are paid, the food budget is often the easiest one to cut. Skipping meals or opting for the cheapest, most filling options – which are often the least healthy – has to suffice. It is not ignorance or the inability to cook that is the root cause of poor diet and obesity. It is poverty.

2. Physical access to nutritious food: People can access food that makes them well instead of sick and are protected from harmful commercial influences.

The nutritional quality of our diets has declined in recent decades whilst levels of obesity have increased. A sudden and population wide loss of personal motivation to eat well is not the reason for this, rather it is the increasingly industrialised food environment in which we now live. Our food choices are heavily influenced by what's available and in the UK's food environment unhealthy, processed food is cheap, abundant and heavily marketed. Commercial influence is the real driver of consumption.

The physical food environment is closely interrelated with income deprivation and this fuels health inequalities. This means that deprivation not only affects the ability to afford nutritious food it also affects the ability to physically access it. Residential areas which lack adequate supply of affordable fresh food retailers are known as food deserts. People living in deprived areas often face significant barriers to accessing affordable, healthy food including living in "food deserts", not having access to transport to be able to reach shops where cheaper and more varied foods are available, increased prevalence of physical and mental health issues, and increased likelihood of being time poor and cash poor.

Companies disproportionately target more deprived areas and communities with their food outlets and advertising campaigns. In 2019 Sheffield was in the top 20% (ranked 33rd of 324 Local Authorities) for Hot Food Takeaway saturation at 117 outlets per 100k residents. These fast food outlets are disproportionately located in more deprived parts of the city. Furthermore, children and adults from lower socio-economic groups are 50% more likely to be exposed to advertisements for "unhealthy" (high fat, salt and/or sugar) foods than those from higher socio-economic groups ([Yau et al., 2021](#)). There is evidence that this advertising directly affects how much we eat.

This is unethical. The food industry is driven to increase shareholder profits by selling unhealthy commodities, whilst the cost of the negative health outcomes resulting from this is being borne by the state and by the individuals affected.

All of these factors contribute to an unhealthy diet through lack of choice, not through personal choice and we must keep that in mind when designing interventions.

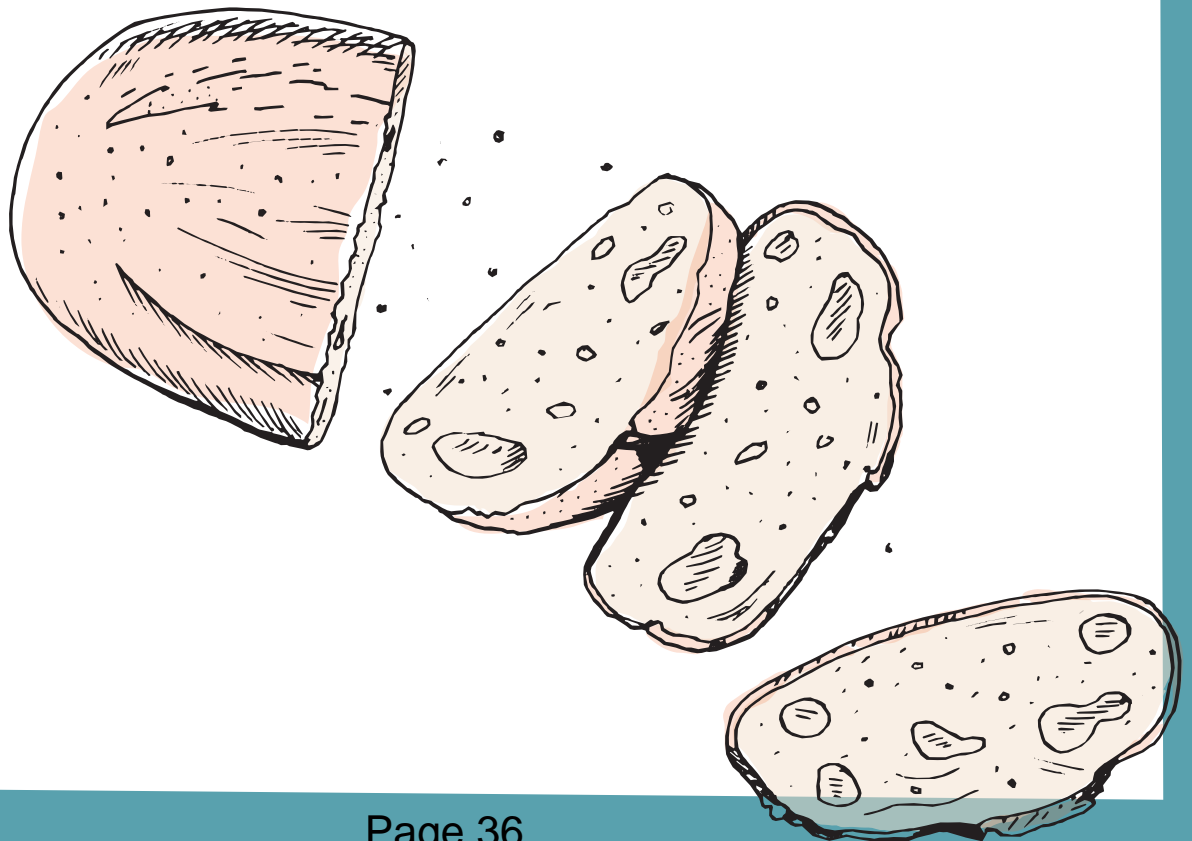
3. Future access to food: Safeguarding our food system by ensuring it produces nutritious food, helps to restore nature and halt climate change and is resilient to withstand global shocks

The UK imports around half of its food and consequently our diets are very varied, demanding a wide range of foodstuffs to be available all year round and relying to a large extent on imports. Environmental, biological, economic, social and geopolitical stresses interact to make the UK's food system vulnerable to disruption. This has clearly been seen during Covid-19 pandemic, in the post-Brexit era and following the disruption to production and supply caused by the war in Ukraine. Combined with a lack of food warehouse provision in the UK (driven by just-in-time supply chains), these drivers lead to volatility in food supply and affordability – and general food security. We are seeing this with the current cost of living crisis. If we want to tackle food insecurity on a fundamental scale we need to enhance our food system's resilience to such shocks and stresses, and not only focus on poverty reduction and emergency food assistance.

In addition to its lack of resilience our current food system is also damaging to the planet. Globally it is the single largest cause of biodiversity loss, deforestation, and freshwater pollution and the second largest cause of climate change. The UK cannot meet its targets to reach net zero by 2050 without changes to the food system. In the UK, agriculture is responsible for 20% of greenhouse gas emissions, 30% if imported food emissions are included. In turn, climate change threatens our future food security due to risk of crop failure, damage to ecosystems, and increased volatility of supply chains. Within the food system, the largest polluter is meat. Currently, 85% of farmland in the UK is used to rear animals, either directly or through their feed some of which could be used differently to support biodiversity and carbon sequestration if demand for meat was reduced.

Growing and sourcing more of our food locally, with the right considerations, can increase our food security, support biodiversity and reduce our carbon emissions. Just to highlight the contribution that urban food production could play, if all available urban and under-used green space were turned to cultivation the area would add up to enough to grow nearly 40% of the UK's fresh fruit and vegetable consumption ([Walsh et al, 2022](#))

There are ways in which we can personally make a difference including by reducing the amount of meat and dairy that we eat, trying to eat more simply and seasonally (recognising the time and financial constraints many people currently face when trying to do this mean it is far from being the default behaviour) and minimising our food waste. The way our food is grown and reaches our plate (so the amount of processing, packaging, the distance it travels) makes a significant impact and there is potential for the council, and partners, to use their influence, physical assets and buying power to stimulate a more sustainable local food system.



Why do we need a Sheffield Food Strategy?

Although authored by Sheffield City Council this Food Strategy is the culmination of many years of conversations with partners across our local food system. It demonstrates the council's own commitment to this agenda but it is also as a call to action for our partners, who we know share our aspirations. It has been written to be overarching across the multiple policy areas that impact on the food system and is intended to facilitate further work and conversations both within the council and with our partners in the city.

This Food Strategy focuses on the strategic and structural challenges our food system faces, our vision for the future and the ways in which we can begin to get there, it does not yet include a detailed plan. Alongside Sheffield's Food Partnership, ShefFood, we will consult with the general public and city partners of all sizes to begin to prioritize our actions and generate a shared action plan that will enable us collectively to move towards the vision set out in this document.

This strategy acknowledges that there are things we in Sheffield can control that will improve our local food system and will have significant positive impact on the lives of everyone in our city, particularly the most disadvantaged. National and international action is certainly needed to make an impact at the level that is required to address the full scale of the public health and environmental crises we are facing. Nevertheless, sound local food policy that recognises the importance of holistic, joined up thinking across the food sector can make significant progress towards a more sustainable food system for everyone in Sheffield.



National context

Published in 2021 the [National Food Strategy](#) is a government-commissioned independent review of the food system led by Henry Dimbleby. It covers major issues including health and inequalities, food security, climate change, biodiversity loss, land use, and trade. The strategy focuses around four strategic objectives:

1. **Escape the junk food cycle to protect the NHS**
2. **Reduce diet-related inequality**
3. **Make the best use of our land**
4. **Create a long-term shift in our food culture.**

The National Food Strategy is a robust analysis of the UK food system in its entirety and it is broadly accepted that implementing its 14 recommendations would make a substantial contribution to restoring food related human and planetary health. The 14 recommendations are outlined in Appendix 1.

The [Government Food Strategy](#) was published in June 2022 in response to the independent review. Many of the key recommendations and findings of Henry Dimbleby's independent report are not addressed by the government response, particularly around sustainability, food security and creating healthier food environments. The strategy response represents a missed opportunity to tackle the underlying causes of a variety of issues, many of which will continue to be exacerbated by the growing cost of living crisis.

Within its recommendation to set clear targets and bring in legislation for long-term change, the NFS suggests all local authorities should put in place food strategies in line with its goals that the food system should:

- **Make us well instead of sick**
- **Be resilient to withstand global shocks**
- **Help to restore nature and halt climate change**
- **Meet the standards the public expect on health, environment, and animal welfare**

This Sheffield Food Strategy attempts to do exactly this, attempting to rise to the challenge on a local level where national government has thus far failed to do so.



Outcomes

There are 3 outcomes that will be addressed through all of the priorities proposed in this strategy.

Through this Food Strategy we aspire to a food system that is:

Fairer:

Everyone can access food all the time that is safe, affordable, nutritious and that benefits their health and wellbeing. Targeted provision of training, skills and “good” jobs in food production provide a route out of poverty in addition to supporting a more local food system.

People are engaged in their local food system and are working together to change this for the better. Community growing in the city guarantees the availability of healthy affordable food and this, alongside surplus redistribution schemes, supports local food security.

● 22% of adults in Sheffield were estimated to have experienced a degree of food insecurity in 2021, of these 2.5% had reported actually going hungry because they could not afford or get access to food (**Blake and Moretti, 2021**)

● The poorest 10% of UK households would need to spend 74% of their disposable income on food to meet the Eatwell Guide costs. This is compared to only 6% of disposable income in the richest 10% (**Food Foundation, 2022**)

● Sheffield has around 30 food banks and other types of food relief projects. Feedback for these organisations suggests the cost of living crisis is creating additional demand

● Fast food outlets are concentrated in the more deprived areas of the city (**PHE, 2018**)

● Over 26,000 children in Sheffield are eligible for means-tested free school meals (Sheffield City Council, 2022)

● 22% of workers in the food system earn the National Minimum Wage or below, compared to 8% of workers across the whole UK economy (**Food Foundation, 2022**)



Healthier:

People can access food that makes them well instead of sick and are protected from harmful commercial influences . A wide range of initiatives exist in communities that harness the broad contribution that food makes to our physical, social and emotional wellbeing.

● Poor diet and unhealthy weight are two of the biggest contributors to ill health and early death in our city. The health consequences of poor diet include increased risk of chronic diseases such as obesity, heart disease, diabetes, high blood pressure and cancer.

● Almost two thirds of adults are overweight or obese (this equates to over 290,000 adults in Sheffield). ([OHID](#))

● The most deprived communities in the city are eating the least healthily and are more likely to experience the negative health consequences of this.

● More than 2 in 5 Sheffield children experience tooth decay by age 5. Children in Sheffield are more than twice as likely to have teeth removed than the national average. ([OHID](#))

● Only 45% of adults in Sheffield consume the recommended 5 or more portions of fruit and vegetables an average day ([OHID](#))

● More than 1 in 5 Sheffield children were overweight or obese when they started school (age 4/5 years), this increases to more than 1 in 3 by the time they reach Year 6 (age 10/11 years). ([OHID](#))



Greener:

Food is produced and transported in a way that minimises damage to the environment. Agroecological principles are followed to regenerate degraded farmland and improve biodiversity. Artificial chemical inputs are reduced and supply chains are shortened through a focus on diets based around seasonal and locally-grown produce.

Wastage is minimised at all stages of the food system and surplus redistribution initiatives are recognised for the role they play in both environmental sustainability and social justice. Nutrient-recovery is promoted through a programme of food waste composting.

Community food-growing spaces are commonplace, particularly in areas with high levels of deprivation.

Two organic farms operate in the Moss valley covering 36 acres in total. It has been estimated that these larger “nature friendly farms”, when combined with the wider network of community food growing and therapeutic gardens, allotments and apiaries across South Yorkshire cultivate nearly 40 hectares, employ nearly 100 staff with a collective turnover of £8m, engage nearly 2,000 volunteers contributing 200,000 hours and support over 1,000 vulnerable people annually (**Sustain, 2021**)

An average of 33% of the contents of Sheffield’s black bins are made up of food waste (**Sheffield City Council, 2019**)

Sheffield has over 7,528ha of grassland and arable land, over half of which is improved grassland. Unimproved grasslands – the most beneficial for wildlife – cover less than 10% of all grasslands and farmland. (**Wild Sheffield, 2019**)

Every £1 spent with a local supplier is worth £1.76 to the local economy, and only 36 pence if it is spent out of the local area (**NEF, 2005**)

Many of the dietary changes we can make to improve our health will also reduce the climate impact of the food system. To meet all its health, climate, and nature goals, the **2021 National Food Strategy** suggests that the national diet should contain 30% more fruit and vegetables; 50% more fibre; 25% less high fat, salt, and sugar foods; and 30% less meat by 2032.

Alongside a reduction in carbon emissions, environmental benefits of local food production include improvements in soil health, biodiversity, flood protection and urban temperature control (**Edmondson et al 2020; Dennis et al, 2020**)



Co-benefits

There are also a number of co-benefits to be gained for implementing measures that make our local food system fairer, healthier and greener. The beauty of food is that many initiatives will have multiple, cross cutting benefits for example:

Economic benefits

A more localised food system also brings economic benefits through creation of local business and job opportunities. The local food sector employs around 25,000 people, and is a key component of Sheffield's entrepreneurial identity. Hospitality initiatives such as Blend Kitchen provide a valuable source of training and employment for those who have faced challenges in life and may otherwise struggle to enter the job market.

Sheffield's food scene contributes to the vibrancy of the city and helps form the city offer to tourists. For example, Sheffield Food Festival is the city's largest free event attracting thousands of visitors to the city centre each June and showcasing the best of the city's diverse and dynamic food scene.

Our universities and colleges also enrol large numbers of students onto a wide range of food-related courses and support local food businesses with research and innovation. New learning pathways are being developed through agroecological farms in the city, to ensure we have the knowledge to feed ourselves for the next generation.

Improvements in population health through a focus on healthy and affordable diets can also bring economic benefits through reduced burden on health and social care, reduced unemployment and increased economic activity.

Inclusion and community cohesion

Food and food businesses are uniquely placed as a means to bring the diverse communities across Sheffield together through the sharing of food and food culture. In Sheffield, you can eat your way around the world in one city, celebrating diversity and heritage through food. It also is a way to enable individuals from minority communities to use their cultural knowledge and skills to play an active role in the local food economy. There are areas of the city that also host authentic cuisine served to the community of the owners providing employment and supporting tourism but also serving as social spaces for those communities.

Tackling loneliness and social isolation

Along with nutrition, food in itself plays an important role in supporting mental wellbeing. The more often people eat with others, the more likely they are to report being satisfied with their life and feeling engaged with their local community. The benefits of initiatives like social eating spaces, lunch clubs and food growing spaces come about as much from the reduced social isolation and improved mental wellbeing as they do from the actual nutrition found in the food that is grown or eaten.

Underlying principles

Collaborative and inclusive

We recognise the collective expertise and influence in our city that works across organisational and geographical boundaries. There are many shared aims between these groups and organisations, large and small, who come together through the ShefFood partnership and beyond it, and who will wish to participate in the development of a shared food action plan.

Compassionate and non-judgmental

We recognise the complexity of the food choices we make in our daily lives and the multiple barriers that are faced by all of us when trying to eat a healthy and/or more sustainable diet. We will endeavour to ensure that all of the initiatives and service developments resulting from this food strategy will treat people with compassion and respect, will understand and accept difference and will actively challenge the stigma that can often be experienced by those living with obesity or living in poverty. Actions will be person-centred and inclusive, supporting all communities of the city towards healthier outcomes in the broadest sense of the word.

Whole system

Responsibility for decision making that can have an impact on our food system is spread across the Local Authority and beyond. Waste management, parks and countryside, leisure, housing, school food, markets, events, planning, communications and many more council services will all contribute to the outcomes in this strategy. There may also at times be conflicting priorities, for example the need to protect agricultural land vs the need for sufficient and affordable housing in the city. As such, the strategy will be a starting point for multiple conversations across the council and beyond to understand and maximise this collective contribution and to take informed decisions.

We acknowledge that the causes of the challenges described in this strategy are multiple and complex and therefore multiple interventions will be needed as part of a whole systems approach. Emphasis will be on tackling environmental and commercial determinants rather than on individual behaviour. Monitoring the effectiveness of these interventions will be similarly complex due to the complexity of the issues, the lack of direct causal relationships and the amount of time it will take to turn the tide and to start seeing measurable impacts.

Commercial determinants of health

Commercial determinants of health are the private sector activities that affect people's health. For example, the marketing of unhealthy foods through advertising, product placement and price promotion. The food industry is driven to increase shareholder profits by selling food that is harmful to human and planetary health. The cost of the negative health and environmental outcomes resulting from this is borne by the state and by the individuals affected. This strategy aims to increase awareness of these harmful industry practices and of strategies to counter them.

Food ladders

Sheffield City Council has adopted the Food Ladders approach. Food ladders are community-scale interventions aimed at building local level resilience in the face of food insecurity. The approach was developed for low-income communities to address the wider effects that poverty has on health, wellbeing, and community cohesion. Food Ladders encompasses three levels of intervention

- **Catching** - for those in crisis and including emergency food aid
- **Capacity building to enable social innovation** – examples are training programmes, shared cooking and eating activities, food pantries, children's holiday clubs, and voucher schemes. Activities done in a manner that celebrates difference and is not stigmatising
- **Self-organised community change** - projects that meet community needs as communities themselves identify them. Examples include developing a social enterprise based on community cooking knowledge that provides employment, food growing that increases the local availability of good food, regular social cooking and eating activities to overcome loneliness
- **For more information see [Food Ladders](#)**



Our commitments

Our work will be organised around the 3 Threats to Access — **Financial Access, Physical Access and Future Access** — described in this strategy.

Financial Access: Reduce inequalities in access to nutritious food and diet-related inequalities.

The cost of living crisis and poverty are important policy issues that need to be addressed by national policy. Locally we should provide evidence-based challenge to national policy responses where they do not adequately address the problems many people in Sheffield are facing. However, there are also things that we can and should do locally to help.

This commitment will closely align with Sheffield's Tackling Poverty action plan and cost of living incident response. Along with increasing the resilience of our food system, tackling poverty is fundamental to reducing diet-related inequality. Specific to addressing food poverty in the here and now the council will continue to develop and implement its Food Access Plan shown below:

Sheffield Food Access Plan

1. Respond to immediate need

Rising demand coupled with reducing donations means that food banks are struggling to source enough food and need help with this. Sheffield City Council will purchase food on behalf of food banks to ensure they are able to provide sufficient food to meet current levels of demand. This will be a short term measure in response to the cost of living crisis but will be kept under review.

As part of the work on delivering the government's energy rebate to over 215,000 households in South Yorkshire Community Foundation have created a fund that will support individuals in need and to encourage people to donate their rebate to this fund. The council has supported the creation of this fund and funding generated will be given to food banks and other types of support organisations in the city to enable them to continue their work and respond to increasing demand.

We will take specific focussed action to reduce food inequality for children and young people including by developing Sheffield's Holiday Activities and Food Programme, ensuring access to nutritious food and meaningful activities for children and young people of benefits-related free school meals during all school holidays

2. Responding to underlying causes of food poverty

Food poverty is a result of financial hardship. The council's poverty strategy and cost of living crisis incidence response both outline ways the council can prevent poverty or support those experiencing poverty. Specific to food it is clear that

accessing a food bank can be a gateway to other support services that may be able to help people with their financial situation e.g. employment, financial or mental health support. Sheffield Citizen's Advice have a history of providing outreach into food banks and therefore will be approached to discuss funded expansion of this work.

We will continue to undertake work to maximise uptake of food related benefits such as Healthy Start vouchers and free school meals

3. Co-ordination and capacity building

The council will fund dedicated staffing capacity that will allow detailed and up to date information to be held on emergency food provision in the city, the scale of the demand for this provision and the challenges being faced by providers and users. This intelligence and conduit between the council and the diverse range of food support in the city will enable us to provide that right kind of support. It will also support networking, collaboration and the sharing of learning and expertise between projects, in particular those who want to develop their provision in response to the [food ladders](#) model. The desired outcome will be community food spaces that increasingly:

- Build resilience through prevention. We must still ensure emergency food provision is accessible to those who need it, but where possible we should also try to shift away from a dependency model of emergency food provision to one of prevention.
- Expand the use of food as a tool to access other support and services, including financial support and mental health services.
- Provide increased choice, opportunities for participation and minimise the risk of stigma.

A food bank/ food relief development fund will also be established to support food banks and other food relief projects who wish to develop their offer to move away from a dependency model of emergency food provision to one of prevention.

Physical Access: Use our influence to create environments where healthier and more sustainable food choices are possible, easy, affordable, culturally appropriate and abundant.

Greater emphasis will be put on implementing upstream, population level interventions as these outgun downstream, individual focussed interventions both in terms of equity and impact. The council will need to take a whole systems approach, by this we mean taking advantage of as many of the opportunities we have to influence the food environment as possible in order to have impact on the scale that is required.

We must address the underlying reasons why people may be unable to access nutritious food, this will include taking action on food poverty as described above. We must also take steps to protect the people of Sheffield from negative commercial influences on diet so that less healthy food choices are less heavily marketed and less abundant in our everyday food environments.

Whilst there is significant emphasis on upstream intervention there is still a place and a need for provision of support for individuals. Where this is in place locally there will be targeting of groups known to be at highest risk of diet related ill health in order to tackle health inequalities.

Specific priorities for action include:

- Develop good practice and/or minimum standards that ensure we meet the standards the public expect on health, environment, and animal welfare. These should be applied wherever procuring operators for or leasing venues that will include a food offer and/or advertising and sponsorship opportunities. For example, this will include leisure centres, entertainment venues, parks cafes, staff bases and school food.
- Develop a junk food advertising and sponsorship policy that reflects the council's role as a public health organisation.
- Develop a Hot Food Takeaways Policy as part of the new Local Plan which limits proliferation in areas of high deprivation and obesity and in close proximity to secondary schools.
- Continue to support educational and early years settings to create and develop healthy and sustainable food environments.
- Share learning and good practice amongst partners such as the local NHS and our Universities, many of whom are already taking action to improve the food they serve.
- Work in collaboration with the ShefFood partnership to achieve Sustainable Food Places Silver award status for Sheffield.
- Work with local community groups and organisations to ensure support services, such as those helping people to manage their weight, take a compassionate approach and are suitable for and accessed by under-served populations and/or groups at increased risk of obesity and poor diet.

Future access: safeguarding our food system by ensuring it produces nutritious food, restores nature, reduces greenhouse gas emissions and is resilient to effects of climate change and other global shocks.

If we are going to safeguard our food system for the long term the food we eat (and throw away) and the way we use our land needs to change. The council and our partners own a wide variety of assets including land and buildings and, in some cases, may be able to use these differently to support a healthier and more sustainable food system. This might include creating spaces for community food growing, social eating schemes or community pantries for example. The council and our partners also buy food or hold contracts with venue operators who in turn buy food. We can use this influence to stimulate a growing market for more sustainable food and also as a way to change social norms, to lead by example and to disseminate information to our communities about the impact of the food we eat.

A further way to free up land and reduce the carbon impact of our food system would be to reduce food waste. Most of this waste comes from households and one way to reduce this is by introducing household collection of food waste, which can increase people's awareness of what they are throwing in the bin and influence changes in behaviour.

Specific priorities for action include:

- Develop a consistent approach to incorporating climate impacts (including through food provision) into contracts and ensuring appropriate performance monitoring is carried out. This approach to procurement will be included as part of the SCC 2030 route map which will set out our objectives and actions for reducing our own climate impacts as a Council. Climate impact assessments already prompt officers to consider the impacts of the sourcing of food and drink. Continue to refine this process which has already been tested on the school catering contract and in parks cafés.
- Consider whether the council should adopt a range of sustainable standards for our internal catering including, for example, meat and dairy reduction, locally grown, reduction in single use plastic, reduction in food waste
- Introduce kerbside household food waste collections in line with the Environment Act 2020. Continue to work with initiatives such as Love Food Hate Waste to encourage household food waste reduction. Consider possible strategies to increase compost production from household food waste
- Participate in the Eat Trees Sheffield project aiming to grow edible fruit trees, orchards and agroforestry systems to reduce greenhouse gas emissions and connect people to regenerative food and farming.
- The Council will work with local communities and partners to identify spaces where food production and provision can be accommodated

- Through programmes like Holiday Activities and Food focus on funding local enterprises that are driven by local needs, provide local employment, and multiply the impacts of money earned and spent locally.
- Consider how we can work strategically with community initiatives that seek to minimise the negative impact of the food system on the environment, for example by redistributing food surpluses or by growing food for local use in order to maximise the positive outcomes
- Actively participate in and support the Sheffield Good Food Movement (ShefFood) to develop and expand as this collective effort and expertise will be essential if we are to achieve the outcomes outlined in this strategy



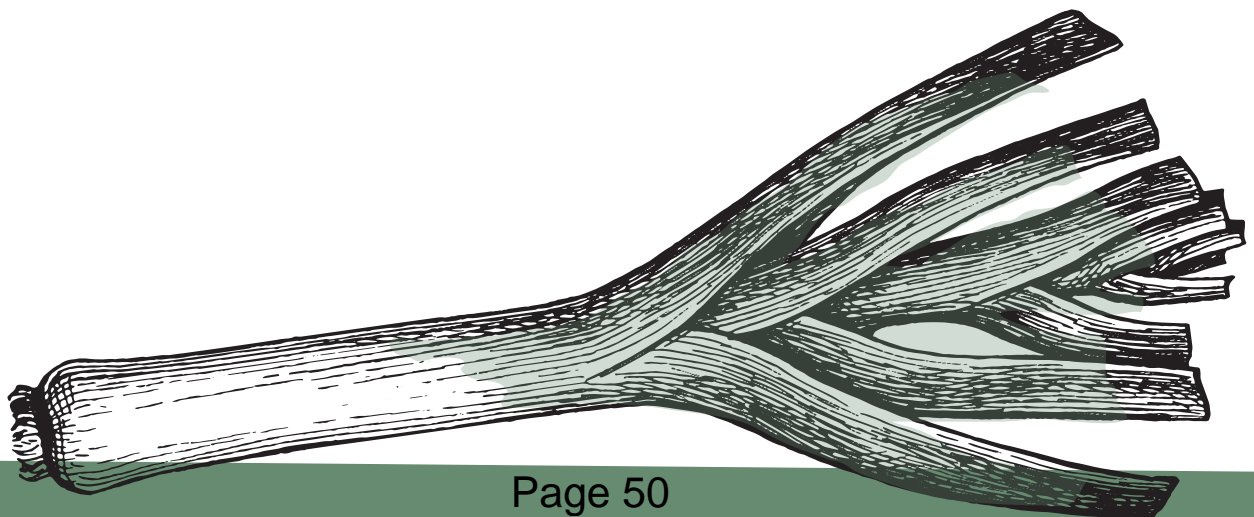
Wider policy linkages

The cross-cutting nature of food means that the issues intersect with multiple council services and policies. However, there are a few policies that are particularly closely aligned.

[Sheffield Poverty Framework 2020-2030](#)

[Our long term plan for climate change \(sheffield.gov.uk\)](#) and [10 Point Plan for Climate Action](#)

[Sheffield Joint Health and Wellbeing Strategy](#)



Appendix 1 - National Food Strategy recommendations

The National Food Strategy - The Plan

1. Escape the junk food cycle and protect the NHS

Recommendation 1: Introduce a Sugar and Salt Reformulation Tax. Use some of the revenue to help get fresh fruit and vegetables to low-income families

Recommendation 2: Introduce mandatory reporting for large food companies

Recommendation 3: Launch a new “Eat and Learn” initiative for schools.

2. Reduce diet-related inequality

Recommendation 4: Extend eligibility for free school meals.

Recommendation 5: Fund the Holiday Activities and Food programme for the next three years.

Recommendation 6: Expand the Healthy Start scheme.

Recommendation 7: Trial a “Community Eatwell” programme, supporting those on low incomes to improve their diets.

3. Make the best of our land

Recommendation 8: Guarantee the budget for agricultural payments until at least 2029 to help farmers transition to more sustainable land use.

Recommendation 9: Create a rural land use framework based on the Three Compartment Model.

Recommendation 10: Define minimum standards for trade, and a mechanism for protecting them.

4. Create a long-term shift in our food culture

Recommendation 11: Invest £1 billion in innovation to create a better food system

Recommendation 12: Create a National Food System Data programme

Recommendation 13: Strengthen Government procurement rules to ensure that taxpayer money is spent on healthy and sustainable food.

Recommendation 14: Set clear targets and bring in legislation for long-term change





HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell

Date: 30th March 2023

Subject: Health & Wellbeing Board Annual Report

Author of Report: Dan Spicer, 273 4554

Summary:

This paper briefly summarises the key points in the Health & Wellbeing Board’s Annual Report for 2022/23 and asks the Board to consider how to build on the progress set out.

Questions for the Health and Wellbeing Board:

- What measures should the Board take to ensure it is more impactful on the city’s health and wellbeing?

Recommendations for the Health and Wellbeing Board:

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

Background Papers:

- Appendix - Health and Wellbeing Board Annual Report 2022-2023

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This relates to the Board’s overall approach to reducing health inequalities in Sheffield

Who has contributed to this paper?

This paper and the Annual Report have been developed with the support and input of the Board's Steering Group.

HEALTH & WELLBEING BOARD ANNUAL REPORT

1.0 SUMMARY

1.1 This paper briefly summarises the key points in the Health & Wellbeing Board's Annual Report for 2022/23 and asks the Board to consider how to build on the progress set out.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 The Health & Wellbeing Board is the system leader for health and wellbeing in Sheffield, with a primary goal of reducing health inequalities in the city. Robust reflection on the work it undertakes and the impact delivered is central to ensuring the Board is effective in driving progress towards that goal.

3.0 BACKGROUND TO THE REPORT

3.1 During the review of the Board's ways of working conducted at the start of 2021, one of the issues identified was the perceived impact of the Board, with some members feeling that this was not where it should be.

3.2 As a result, the review committed the Board to publishing an annual report, aimed at reflecting on the work the Board has done over the previous year, and attempting to identify change as a consequence. This report was also to provide an opportunity to reflect on and refresh the Board's mission, and to look forward to the year ahead.

3.3 This is the first edition of this annual report. It does not attempt to consider all activity relating to health and wellbeing in Sheffield; instead it focuses on the conversations the Board has had in the last year, and further back, attempts to identify where these have led to change, and consider whether there were any barriers to progress.

4.0 SUMMARY OF KEY POINTS

4.1 The report notes the context around the Board and challenges within this for effective action in delivering the Joint Health & Wellbeing Strategy, including the impact of the COVID-19 pandemic, but also the significant governance changes within the Council and NHS over the last year.

4.2 It reviews the Board's discussions and other work over the last year, and then attempts to assess the impact of these conversations and those further back. This work is based on conversations with those who brought papers and/or were responsible for work resulting from discussions.

4.3 The report identifies a number of areas where the Board has either had a direct impact, or initiated work that has delivered an impact, on health and wellbeing in Sheffield.

However it also identifies a number of issues with maximising the impact the Board could have:

- The Board does not have control over resources, so impact is dependent on partner organisations implementing the outcome of discussions. This could be supported by ensuring Board discussions conclude with clear actions to be taken forward.
- Conversations with some of those involved in the Board's work suggested that the authority and strategic role of the Board is not necessarily recognised throughout the system. This suggests work needs to be done to ensure the Joint Health & Wellbeing Strategy is recognised as the overarching strategy for health and wellbeing in Sheffield.
- Accountability arrangements for delivery following Board discussions are not as clear as they could be. There is a question to be addressed around how much of the Board's time should be dedicated to holding the system to account, against focusing on responses to challenges.

4.4 It is also notable that effective delivery on the strategy is dependent on good partnership working at Sheffield place level, based on the relationships developed across the system over a number of years of collaborative working. Strong and effective infrastructure to support partnership working should be seen as non-negotiable if the Board is to build on its good work over the last year.

5.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

5.1 The Board needs to ensure the discussions it has translate into meaningful activity and/or change in the system to deliver benefits for Sheffielders.

6.0 QUESTIONS FOR THE BOARD

6.1 What measures should the Board take to ensure it is more impactful on the city's health and wellbeing?

7.0 RECOMMENDATIONS

7.1 The Board are recommended to:

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

Health & Wellbeing Board Annual Report 2022-2023

Summary of key points

- The Board's mission remains the reduction and eventual elimination of health inequalities in Sheffield, delivering this through work on all determinants of health and wellbeing;
- Work on this has been heavily disrupted by the pandemic, with limited strategic capacity in the system to drive progress on the Joint Health & Wellbeing Strategy 2019-24;
- That has changed over the last year, with the ending of the formal pandemic response and associated restrictions;
- There have been a number of other key changes to the context around the Board and in relation to health and wellbeing this year, including the report of the Race Equality Commission, governance changes for Sheffield City Council and the NHS, the Cost of Living crisis, and NHS winter pressures;
- The Board has worked over the year to ensure it is fit for purpose for the new context, post-COVID and post-governance reforms, with changes now bedding in and leading to whole-system discussions, on early years development, housing and health and climate change;
- The Board has also discussed a wide range of issues over the course of the year, such as:
 - The impact of the Cost of Living crisis on health
 - Health Protection and the Board's role in the system
 - Gambling Harms, and relatedly the broader Commercial Determinants of Health
 - The findings of the Race Equality Commission;
 - The lessons from engagement work during the pandemic, building on previous discussions around engagement in relation to health and wellbeing;
 - Sheffield's ongoing work on end of life, under the Compassionate Sheffield project;
 - Oral health;
 - Physical health for people living with severe mental illness, people with learning disabilities, and autistic people;
 - Reforms to primary and community mental health services; and
 - The progress made on infant mortality in Sheffield over the last decade.
- Alongside this the Board has continued to conduct its statutory business effectively;
- There are a number of areas where the Board's work has delivered impact or change:
 - Shaping the city's response to COVID-19, including supporting focus on inequalities
 - Endorsing the work that has become Compassionate Sheffield, aiming for an intelligence-led approach to end of life, and shaping work on COVID remembrance;
 - Discussions on the Cost of Living crisis leading to focused work within NHS Sheffield on how the health service can provide support to Sheffielders;
 - Injecting momentum into work on the links between housing and health;
 - Raising the profile of early years development as a determinant of health and wellbeing; and
 - Working to develop stronger strategic relationships between the voluntary and community sector and statutory partners.
- There remains a need to understand more clearly how Board discussions lead to impact in practice, and whether the system as a whole is fully lined up behind delivering the Board's Strategy for health and wellbeing.
- The key task for the year ahead will be the development of a new Joint Local Health & Wellbeing Strategy, as the current Strategy expires in 2024.

Introduction

Following the recent review of their ways of working, the Health & Wellbeing Board committed to publishing an annual report on their work. This is the first of these new reports, and aims to:

- Provide an opportunity to refresh the mission of the Board;
- Reflect on the work done and discussions undertaken by the Board over the previous year;
- Consider the impact the Board has made over that time, and over the longer term;
- Look ahead to the coming year.

This report will not be a list of activity that has been undertaken with connections to the Joint Health & Wellbeing Strategy. Instead, it will consider the Board's role as owner of the Strategy and convener of the system in support of that, investigating whether and how the topics the Board have focused on for discussion have led to different approaches to ways of working and investment.

The Board's Mission

The Board's overarching strategic aim is described in the Joint Health & Wellbeing Strategy: to "close the gap in healthy life expectancy in Sheffield by improving the health and wellbeing of the poorest and most vulnerable the fastest".

Central to the Board's mission is the question of **how** it aims to achieve this, with the Board's Terms of Reference saying that the Board will:

- act to **maximise the impact of all institutions in Sheffield on reducing health inequalities in the city and improve the planning, commissioning, and delivery of services across the NHS and Council;**
- **take an interest in all the determinants of health and wellbeing in Sheffield and will work across organisational boundaries in pursuit of this;**
- **own and oversee the strategic vision for health and wellbeing in Sheffield, that it will take an interest in how all organisations in Sheffield function together to deliver on the Joint Health & Wellbeing Strategy, and take an interest in how specific policies or strategies help to achieve the aims of the Joint Health & Wellbeing Strategy.**

Taken together these give three clear aspects to the Board's mission:

- It is focused on reducing health inequalities as the key route to improving the health and wellbeing of Sheffield overall;
- It is concerned with all determinants of health and will seek to influence all of these; and
- It will do this by focusing on delivery of its strategy, with its role being to influence and support all organisations in Sheffield to work together in pursuit of that.

What's happened in the last year?

This year has been a significant one for the health and wellbeing of the nation, as well as our city. It began with **the ending of COVID-19 restrictions**, alongside the end of the associated formal mass testing and support programmes as the Government enacted its plan to live with the virus. Except for ongoing support and testing in certain high-risk environments, the Government's approach has been one that reflects an intention to return to something like the pre-pandemic normal.

Despite this, COVID-19 is very much still with us. Cases are still relatively high, but vaccines and infection-induced immunity are keeping harms from the virus comparatively low. Sheffield had one of the best records among UK cities in rolling out the vaccine, with excellent work to get overall uptake high, and to reduce inequalities in take up. This work is standing us in good stead, with Sheffield's performance on delivering the autumn 2022 booster programme similarly strong.

We should expect COVID-19 to be a challenge for Sheffield's health for the foreseeable future, with continued action needed to protect Sheffielders and prevent spread, including vaccination, outbreak control, and testing in high-risk settings such as hospitals or care homes.

Early Summer saw the publication of the final report of Sheffield's **Race Equality Commission**. Established in the wake of the death of George Floyd and resulting profile of the Black Lives Matter movement, and Public Health England's reports on disparities in outcomes related to COVID-19 that made clear the inequalities being suffered, 24 commissioners took evidence through written submissions and public hearings, independently chaired by Professor Kevin Hylton.

Within the Commission's recommendations, there a number of things that the Board needs to reflect on in detail:

- The Board's role in Sheffield being an Antiracist city, with a particular focus on its governance role and position as system leader for health and wellbeing, and how it ensures its discussions contain the broadest possible range of voices on equal terms;
- Linked to this, the Board's role in developing community involvement and empowerment, ensuring the system builds its understanding of all communities in Sheffield and that everyone is empowered and supported to contribute;
- Ensuring the Joint Health & Wellbeing Strategy properly addresses the needs of all communities in Sheffield, as the primary strategy for ensuring wellbeing and longevity for all and reducing inequalities in this; and
- The importance of high quality data and intelligence to understanding inequalities in Sheffield, and the role organisations across the health and care system can play in working together to address this.

The spring and summer of 2022 also saw major **governance changes in Sheffield**, with the Council moving to a committee model of governance following the May local elections, and the formal establishment of Integrated Care Systems across the country through the Health and Care Act 2022. This has implications for the Health & Wellbeing Board, given its role in the governance structures of both.

The changes to Sheffield City Council's governance arrangements followed from the governance referendum held in May 2021 that determined that the Council must move from the previous Strong Leader and Cabinet model. The principal immediate impact on the Board is in relation to changes in membership; however there may be other changes that play out as the system establishes itself.

The implications of the NHS governance changes that came into force on 1st July 2022 are more immediate. The Health and Care Act:

- Abolished the Clinical Commissioning Group, which had been a partner in the Board since its inception in shadow form in 2012, and whose Chair was a co-Chair of the Board;
- Replaced this as the body that is accountable for NHS funds in Sheffield with an Integrated Care Board operating at South Yorkshire level;
- Created a requirement to establish an Integrated Care Partnership as a joint committee of that ICB and the four South Yorkshire local authorities, to set the strategy for the ICB;
- Ended the market-led approach of the NHS in England, with the formal split between commissioners and providers of healthcare services ending, along with the compulsory re-tendering of contracts;

In South Yorkshire, the ICB has committed to retaining delegations to place level and established governance arrangements to enable this, but the combination of the Council and NHS governance changes equal a new operating context for the Health & Wellbeing Board.

Towards the end of 2022 the **Cost of Living** crisis began to bite, in which multiple factors put pressure on the incomes of Sheffielders. Headline inflation reached [11.1% in October](#) with the poorest households hardest hit due to the proportion of their spending that goes on food and fuel: Office for National Statistics data show that [for the poorest households inflation is higher at 12.5%](#).

Energy prices have risen rapidly, and despite the Government introducing an energy price guarantee that caps the amount an average household will spend at £2,500/year, costs have more than doubled since the previous winter.

The economy is expected to enter recession in the near future, but in response to rising inflation the Bank of England have raised interest rates to 4%, with potential for further rises. This is already having an impact on housing costs for many households. It is not difficult to see how these factors impact on the health and wellbeing of Sheffield residents.

Finally, this **winter** has been among the most challenging in recent memory for health and care services. Nationally, demand for healthcare has been extremely high, with an early and severe flu season and key NHS targets being missed. These challenges have been exacerbated by industrial disputes, with a range of parts of the workforce striking at various times over pay and other concerns. Although pressures now seem to be lessening, the impact is likely to be ongoing.

Taken together, this has been a significant year, one with major implications for the health and wellbeing of Sheffielders, and with major changes for the Board to respond to. The next section of the report will look at the work the Board has undertaken this year, and the issues it has focused on for discussion, before considering the impact it has had.

What have we done over the last year?

As noted above, the year began with the ending of the Government's major COVID-19 response work. The capacity demands of the pandemic response, the impact of COVID-19 on the strategic context, and the expected governance changes described above, combined to create the case for a review of the Board's purpose, membership and ways of working. This work was undertaken over the end of 2021 and start of 2022, with implementation of the outcome a key project for the year.

As well as this work, the Board has maintained its focus on the issues affecting the health and wellbeing of Sheffielders, receiving regular updates from Healthwatch Sheffield on the topics that are coming up through their work, on health protection work and challenges, and on the Better Care Fund as part of its statutory responsibilities.

Beyond these regular updates, the Board has covered a broad range of issues this year. The **March** meeting focused on how the system in Sheffield works to support health and wellbeing, receiving:

- the review of its ways of working and discussing next steps in response;
- a **presentation from the future Chair and Chief Executive of the Integrated Care Board for South Yorkshire**, setting out how they intended to approach their roles in the new system;
- a presentation on **progress on developing the relationship between statutory health and care, and VCS organisations as strategic partners**, building on work over the previous two years to develop and implement a statement of intent on this issue; and
- a light touch review of the Joint Health & Wellbeing Strategy, assessing views on whether the current strategy was still fit for purpose following two years of pandemic response.

In **April**, the Board sponsored a workshop focused on **Early Years development**, looking at the short- and long-term challenges in the early years sector (including the impact of the pandemic), their importance for long-term health outcomes and reducing inequalities, and the Board's role in supporting work in this space.

The Board's **June** meeting saw a different approach being taken to agendas, as the changes set out and approved in March began to be implemented. This means agendas that focus on highlighting new issues and challenges for further work, providing updates on previous items, or sharing examples of success and good practice. The Board discussed:

- work to develop a new **City Strategy** (now described as City Goals), that will provide the overarching context for the Board's work on improving health and wellbeing;
- the upcoming challenge around the **Cost of Living**, looking ahead to the autumn and winter;
- its first 6-monthly report on **Health Protection**;
- an update on the **VCS Relationships** work discussed in March, setting out examples of good practice on which future work could be based;
- an overview of health, wellbeing and service provision for **children and young people**;
- next steps following the **Early Years workshop** described above; and
- **the harms to health caused by gambling**.

June also saw the Board convene a conference on **Housing and Health**. This was the first serious attempt to develop the Board's new way of working as set out by the Review, bringing together a broad range of stakeholders from across Sheffield housing and health systems to start a conversation about joining up more effectively. The event was well received, supporting people working in the area to build links and develop a set of actions to take forward together. It provides

an example of how the Board could work differently, providing a sense of impetus and focus to an area that the Board had attempted to engage with previously with limited success.

The Board's **September** meeting looked at issues around race equality, end of life support and its statutory duties, discussing:

- the report of the **Race Equality Commission** and implications for the Board and its work;
- a presentation on **Learning from engagement work during COVID**, looking at work to build trust and understanding with the city's BAME community organisations, with important lessons to build on to address some of the challenges highlighted by the REC;
- an update on work to develop a new intelligence-led approach to end of life, termed **Compassionate Sheffield**, with strong support from the Board for this work to continue;
- new **Terms of Reference** following the review; and
- updates on the Board's **Strategy, Joint Strategic Needs Assessment, and Better Care Fund**.

In **November**, the Board co-sponsored with Sheffield City Partnership Board a conference looking at **Climate Change**, aimed at building understanding of work that is already underway and asking what more Sheffield needs to do collectively. This event was again successful in bringing together a broad range of organisations and individuals with an interest in the area together and generating a sense of momentum. The report from the event will be received by the Board at their March 2023 meeting.

The Board's December meeting continued the implementation of its new ways of working, discussing:

- standing updates from **Healthwatch**, on **Health Protection** work, and the **Better Care Fund**;
- a presentation on **oral health** in Sheffield, following the issue being raised by Healthwatch;
- work to improve **physical health for people living with severe mental illness, people with learning disabilities, and autistic people**, as a follow up to a discussion on Sheffield's response to the most recent LeDeR report in January 2022;
- the impact of the **commercial determinants of health**, and how Sheffield might respond;
- the new **Health and Care Partnerships** arrangements being established for NHS Sheffield;
- work to transform the way that **primary and community mental health services** work, with lessons for broader service delivery; and
- the city's success in addressing **infant mortality**, with rates in Sheffield having been brought from above the national average to below it by sustained work over years, alongside a reduction in inequalities in this area.

What impact has the Board had in shaping the city's response to health inequalities?

So far this report has focused on context and activity, describing major developments in the city's situation over the last year and walking through the areas the Board has chosen to focus on over that period. It has not addressed the most important question: what difference has this made?

Identifying impact can be challenging where partnership boards like the Health & Wellbeing Board are concerned. The Board has extremely limited resources under its direct control, and doesn't directly deliver anything: that is the role of its constituent partners and other city institutions. But

the question must be addressed, not least because of the time a significant number of people commit to the Board's work.

This section investigates that question, considering whether and how the Board is influencing what takes place in Sheffield. There are unlikely to be changes that are visible in the short term, so it also looks beyond the current year to previous discussions the Board has held to see what has happened as a result. In the current context this is tricky: COVID-19 has dominated much of the last three years and materially shifted the context the Board works in. But even so, there are a number of areas worth highlighting.

Health Inequalities and COVID-19, and COVID-19 Rapid Health Impact Assessments

In June 2020, the Board discussed the potential for differential impacts of COVID-19 across Sheffield and its different communities, informed by [Michael Marmot's work on health inequalities published early in 2020](#), and [work done by Public Health England](#) to assess [the unequal impact of the pandemic on a national level](#). The conversation also took place in the context of protests following the murder of George Floyd and the increasing profile of the Black Lives Matter movement, with a particular focus on questions of representation and ethnicity resulting from this.

The Board acknowledged the likely unequal impacts in Sheffield, and made a number of commitments to address these, including endorsing plans initiated by Public Health to produce a set of Rapid Health Impact Assessments, aimed at understanding how the pandemic was impacting different groups in the city and detailing locally the inequalities highlighted at national level.

This work made a major difference to the city approach to the pandemic, providing evidence for action and shaping how government funding was used to support interventions and work with specific communities. Sheffield's response to COVID-19 was undoubtedly better as a result.

The broader discussion about inequalities also changed how the city responded to COVID-19. The Board's discussion, and endorsement of the actions proposed, helped shaped the partnership approach to engagement with BAME organisations in the city that led to the establishment of the BAME Public Health Group. This work was nominated for a national award, is acknowledged as a significant factor in Sheffield's excellent performance on vaccine delivery, and is seen as a model approach on which the city should build, post-COVID.

The one area touched on above that significant progress has not been made on is representation. This has been highlighted in the Board's recent review of its Terms of Reference, but will require longer-term commitment to drive meaningful change.

Compassionate Sheffield

This is an example of work the Board has commissioned that has demonstrated impact over the longer term, while also demonstrating some of the challenges involved. It began with a Board discussion in September 2019 setting out an approach to the ninth ambition in the Joint Health & Wellbeing Strategy: Everyone lives the end of their life with dignity in the place of their choice.

In this the Board endorsed an approach to end of life that is holistic and intelligence-led, as opposed to a narrow view focused on end-of-life **care**. This endorsement enabled the team working on the issue to drive progress, providing authority to break down barriers where these existed. The team are clear that without the Board's endorsement, progress would not have happened as it has.

However there are also elements to the story around this work that are more mixed. Firstly, there have been barriers to progress, including people working in the system for whom the Board's

endorsement has not driven change as easily as might be hoped. Secondly (and this is linked to the first to some extent), progress has been dependent on the commitment and drive of individuals, sometimes operating with less organisational support to drive change than had been expected.

Thirdly, progress has at times been limited by not having all the right people in the room for critical conversations, including at Health & Wellbeing Board meetings, leading to key questions not being answered or firm decisions not being made. And finally, the lack of a strong connection between Board discussions and decisions and finance. Work has been supported by small amounts of short term funding from a range of sources; given that it represents the totality of work on a whole strategic ambition, could longer-term, more sustainable support have been possible?

Cost of Living

In June the Board received a presentation on the then upcoming challenge presented by the anticipated increases to the cost of living. It is important to recognise that this work has been underway for some time, with the Council and voluntary sector collaborating on the city response.

But this is also an area that demonstrates the value of Board discussions in their potential to lead to further work, as this conversation led directly to NHS Sheffield senior leadership discussing the NHS role in addressing the challenge. These discussions focused primarily on how to address the needs of the cohort primary care are mostly working with, and how to address the needs of the NHS workforce. Critically NHS Sheffield leadership committed to provide financial support for this work.

A number of interventions have come out of this work:

- Learning from support for people to access vaccinations during the pandemic by providing support for people to get taxis to appointments to address the cost of transport;
- Supporting GPs to connect people to support services and Cost of Living support coordinated by Sheffield City Council and Voluntary Action Sheffield;
- Sheffield Children's Hospital exploring the possibility of working with Citizens Advice Sheffield, while Sheffield Teaching Hospitals consider expanding the work they already do;
- Sheffield Children's Hospital reviewing their policies around the cost of food in hospital, and looking at how to fit the cost of living into care planning – for example by addressing the issue of parents having to take unpaid time off to attend appointments with their children.

Housing and Health

The Board's half-day conference in June on housing and health represented a first attempt at convening a different sort of conversation, providing a potential prototype for the Board's future way of working. Housing and health directly addresses one of the nine ambitions in the Joint Health & Wellbeing Strategy, but previous attempts to engage with this area have not made progress.

If the measure is a change in the conversation and production of a clear set of actions and next steps, the event was a success. Independent facilitation supported development of actions across six theme areas, and following the conference the Board strongly endorsed the next steps set out. Sheffield is in a stronger position to address the links between health and housing as a result.

However, this is not the whole story: for the event to matter the next steps have to be implemented. Work is underway, led by SCC Housing officers, to establish the right structures to take this work forward, but at the time of writing there is much still to be done. This is an area of work where the picture is mixed: the Board has supported genuine progress, but should continue to monitor this work to assess what else needs to be done to ensure the potential is delivered.

Early Years Development

In April 2022, the Board convened a workshop looking at the short- and long-term challenges for the early years sector in Sheffield. This was led by SCC officers and brought together Board members and a broad range of stakeholders from all parts of the early years system in Sheffield.

The workshop focused on: the short-term challenges including those caused by the pandemic; the need for a new strategy for the longer term; and the Board's role in supporting progress, with a report on the outcome of the session going to the Board's June meeting.

A key outcome of the workshop was the Health & Wellbeing Board agreeing to be the owner of the new Early Years Strategy, and endorsing work to take forward the development of this. At the current time this work is ongoing, so the key impact of the workshop is yet to be seen, but there were other outcomes from the session that are worth highlighting.

First, the session raised the profile of early years development and the system challenges in Sheffield with decision makers, and increased understanding of its importance for health and wellbeing over the longer term. This is reinforced by the Board formally assuming a role in this area, and by a shift in discourse from a focus on school age children to one that factors in early years as well.

Second, the Health & Wellbeing Board's role in convening the workshop enabled the canvassing of views from a broader range of stakeholders than had previously been possible, from members of communities, to professionals in the sector, to decision makers. This will pay dividends in producing the new Strategy and the development of Sheffield's Family Hub Programme.

Working with the Voluntary and Community Sector

This is an area that the Board has been looking at for some time, with a number of discussions at board meetings over the last two years. This began with a discussion in February 2021 that recognised the importance of VCS organisations to the pandemic response and recovery, alongside their vulnerability, and asked how the statutory health and wellbeing system in Sheffield could develop a sustainable strategic relationship with the sector.

This was followed by the Health & Care Partnership developing a Statement of Intent to guide this relationship, which came to the March 2021 Board meeting. A year later, the Board received an update on progress made in that time, and in response to that asked for work to be done setting out examples of good practice in commissioning VCS organisations for statutory partners to learn from.

VCS partners report that conversations with statutory partners have improved, and that a shift can be seen in relationships across the city, with new partnerships developing. However, there are two important caveats to this:

1. It isn't clear how much this is driven by the work of the Board specifically, and how much is down to other changes, such as the change in NHS Sheffield leadership;
2. There has been no fundamental change to the investment model for VCS organisations, and this remains a critical issue for the sustainability of the sector.

This indicates a need to understand better how Board discussions lead to action in practice, and what mechanisms are necessary to deliver this. This connects to points raised above in relation to the weight of the Board's authority in the system, and also raises the question of the Board's role in ensuring its recommendations are enacted. Thought needs to be given to how this is done and what options there are for accountability beyond further discussions at Board meetings.

Looking ahead to 2023/24

The year ahead is a significant one for the Board and its work. During 2023, a major piece of work focused on developing **City Goals**, sponsored by Sheffield City Partnership Board, will be delivered. This work will set out aims and ambitions for Sheffield that are shared across partners, providing a long-term vision for a better place to work, live and play. In particular they will attempt to set out:

- What will our neighbourhoods look like? Peoples' journeys to work, the place they live? How is that impacting on wellbeing?
- How do we move from our high inequality / low growth economy?

Working collectively, as Sheffield partners, to shape these goals, and then collaborating in delivery of them, will be essential to achieving what Sheffield needs. The Board will want to be a strong and active voice in the development of this work: it will clearly be important for wellbeing in Sheffield, and will provide the overarching policy context within which the Board will work in the future.

The Goals will have implications for the major piece of work that the Board will begin to undertake in 2023-24: the production of a **new Joint Local Health & Wellbeing Strategy**, with the Board's current Strategy due to expire in 2024. The current Strategy was written in a time when there was no overarching strategy or goals for Sheffield in place; having the City Goals will enable the Board to consider what better health and wellbeing for Sheffield means in that context, and provide a clear framework to understand the links with and impacts of work on other aspects of the Goals.

In support of this, in June 2023 the Board will sponsor a conference on health inequalities, using this event as a starting point for the development of the next Strategy, and an opportunity to challenge all partners on different ways of working to achieve what we want within the resources we have. The Board will also sponsor conferences on other topics during the year.

In 2023/24 the Board will improve its focus on mental health and wellbeing, with a plan in place to use its June meeting to focus on the subject. This demonstrates the Board's commitment to prioritising an area that has not had sufficient attention, and represents an attempt at another tweak to its way of working: arranging meetings around a consistent and coherent theme.

More broadly in the city, there will be a range of developments with implications for place-based health outcomes during 2023, with long term benefits for the health and wellbeing of Sheffielders. The first of these is the implementation of the Clean Air Zone on 27th February, with the aim of significantly improving the air that our citizens breathe. The second is the ongoing consultation on and eventual adoption of the Sheffield Local Plan, the key document that will guide the development of the city over the next 15-20 years.

Third is the upcoming Transport Strategy Review, with implications for active travel as a key part of supporting a healthier population. Finally, the Council will continue to work with partners to deliver sustainable economic growth for Sheffield, including a focus on the health sector both in terms of skills development and continuing to develop key assets in the city such as the health research and development cluster in the east of Sheffield.

Beyond this, South Yorkshire Mayoral Combined Authority will continue to build their work on health inequalities, following the Mayor's commitment to reduce them across the county. The Board will want to keep abreast of this work, and consider how this, allied to the Mayor's role as Chair of the South Yorkshire Integrated Care Partnership, could open up opportunities to more rapidly progress the Board's own aims for Sheffield.



South Yorkshire Violence Reduction Unit

Links to health and wellbeing

Sheffield Health and Well Being Board March 2023



Violence Reduction Unit Role – formal definition

To offer leadership, and working with all relevant agencies operating locally, provide the strategic coordination of the local response to serious violence.

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*Violence Reduction Unit (VRU) activity must support a multi-agency, **public health approach** to preventing and tackling violence.*

Aim: To make preventing violence an everyday activity for all services

Vision: to empower and enable people in the communities of South Yorkshire to **work together and embrace opportunities** for preventing and reducing violence



Governance

South Yorkshire Violence Reduction Executive Board: chaired by the Police and Crime Commissioner (PCC) senior members from each local authority, Integrated Care Board (ICB), South Yorkshire Police, Probation, education leaders, voluntary, community and faith sectors, Youth Offending Teams (YOTs) and Public Health.

Elected Members Reference Group: Cllr Richard Williams is the Sheffield rep

Preventing Violence Forum: open to any group or organisation in South Yorkshire

Community Safety Partnerships x 4



Story So far

3 years old: formed in September 2019 from a Home Office grant, one of 20

Countywide: based at Shepcote Lane Police Station

Small Partnership Team: with wide ranging skills and backgrounds from community development, housing, policing, early help to domestic abuse.

Strategy in place with action plans at the Authority Level

Needs Assessment annually refreshed – Area Profile with 16 priorities (Sheffield added a 17th to reduce and tackle poverty)

Currently leading on the implementation of the **Serious Violence Duty**



South Yorkshire Violence Reduction Priorities

1. Encourage safe, nurturing and stable relationships between children and their parents and caregivers
2. Encourage all professionals and organisations to continue to work toward becoming trauma-informed, to an approved standard for South Yorkshire
3. Work to end domestic abuse
4. Promote gender equality to prevent violence against women
5. Work in partnership to improve the mental health of the population, and advocate for those who need support to receive it in a timely manner
6. Support people who misuse substances to make more positive choices
7. Work in partnership to reduce the availability and harmful use of alcohol
8. Work in partnership to ensure that children and young people have equal access to education and that their differing starting points and situational context is taken into account



South Yorkshire Violence Reduction Priorities

9. Support people into employment, pathways to further education and re-training
10. Promote the importance of access to adequate housing for people to help them stay healthy and thrive
11. Increase community cohesion, supporting residents to identify/maximise assets
12. Support effective rehabilitation, providing ways out for those already entrenched in violence, or who have previously been in prison
13. Reduce access to lethal means
14. Work to change the cultural and social attitudes which contribute to violence
15. Work to embed this approach in Community Safety Partnerships, and ensure that existing mechanisms for change are fully utilised
16. Reduce violence through victim identification, care and support programmes
17. Reduce and tackle poverty in Sheffield

Health and Wellbeing Interventions

- Regular community engagement
- Preventing Violence Forums - voluntary sector
- Grant Funding of 18 activities

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young people/ Violence against Women and Girls
<https://southyorkshireviolencereductionunit.com/violence-reduction-fund-2022-3/?area=sheffield>

- Plan B Custody Navigators
- Trauma Informed Training and mapping
- Domestic Abuse Pilot - South Yorkshire Police
- Violence Against Women and Girls mapping
- Learn Sheffield Student Wellbeing Resource
- A&E Navigators (Adults and Children)



A&E Navigators: Major Trauma Centre

- Use the reachable and teachable moment at the major trauma centre in South Yorkshire (Northern General)
- Provide person-centred support to people admitted to A&E, through 4 Navigators.
- Cover six out of eight weekend clinical shifts over Friday-Sunday nights and outreach cover Monday- Thursday.
- The team work with partners across Sheffield. Examples include the Police, probation, criminal justice, Door 43, Sheffield youth services, Roundabout, Amber Project, Archer Project, Sheffield City Council Housing, DACT, IDAS, The Corner, MAST and the Mental Health Liaison Team and Alcohol Liaison nurses



A&E Nurse Navigators Sheffield Children's Hospital

- 12 Month pilot project, introducing a navigator to the emergency department at Sheffield Children's Hospital.

To support CYP attending SCH involved in violence to live a happy, safe and fulfilling life

To support young people to make better and healthier choices

Signpost to specialist services

Reduce hospital attendances for violence related injuries

- **YourStance:** Deliver life support and haemorrhage control training to young people at risk based on the YourStance model developed in London
- Take a system approach, sharing our model and supporting teams in place to advocate for children and develop local services

Sheffield Children's: Progress so far

- 62 referrals so far
 - Assault victims
 - Assault perpetrator
 - Fighting at school
 - Behavioural issues/disruptive at school
 - Bullied at school
 - Anxiety
 - Anger outbursts causing injury
- Other services involved: Schools and school nurses, safeguarding, police, mental health services
- Referral sources: ED, mental health teams, wards.
- Education packages

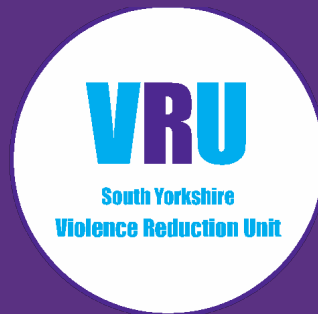


Community Project example: The Sunday Centre



- The VRU has funded the core costs over the winter period for the Sunday Centre.
- A small, entirely volunteer run weekly service that offers a free hot meal and a friendly chat to around 100 street homeless or vulnerable adults in Sheffield
- A paramedic started attending last week to offer medical treatment to people at the centre
- The plan is now to link the Centre closer to support charities for the women who attend for advice on health, sexual abuse, street working and domestic abuse.

Any questions?





HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Emma Latimer, Executive Place Director for Sheffield, NHS South Yorkshire
Greg Fell, Director of Public Health, Sheffield City Council

Date: 30th March 2023

Subject: Integrated Care Strategy for South Yorkshire

Author of Report: Sandie Buchan, Director of Strategy (Sheffield), NHS South Yorkshire

Summary:

This paper presents the Integrated Care Strategy for South Yorkshire, and subsequent summary document, for endorsement.

Questions for the Health and Wellbeing Board: N/A

Recommendations for the Health and Wellbeing Board:

- The Board are asked endorse the Integrated Care strategy for South Yorkshire.

Background Papers:

Appendix A – Integrated Care Strategy for South Yorkshire

Appendix B – Integrated Care Strategy for South Yorkshire (Summary version)

Appendix C – Integrated Care Strategy for South Yorkshire (Easy read)

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This Strategy focuses on action to tackle health inequalities across South Yorkshire, and so supports delivery of the overall aim of the Joint Health & Wellbeing Strategy

Who has contributed to this paper?

Marianna Hargreaves, Transformation Programme Lead, NHS South Yorkshire

INTEGRATED CARE STRATEGY FOR SOUTH YORKSHIRE

1.0 SUMMARY

1.1 This paper presents the new Integrated Care Strategy for South Yorkshire, for endorsement by the Board. This document is a legal requirement under the Health and Care Act 2022 and has been produced with input from all four South Yorkshire Health & Wellbeing Boards, the Integrated Care Board, and the South Yorkshire Mayoral Combined Authority.

2.0 BACKGROUND

2.1 The Integrated Care Partnership (ICP) was formed in September 2022 with membership from each of the Health & Wellbeing Boards across South Yorkshire. It is chaired by the South Yorkshire Mayor, Oliver Coppard. In December 2022, the draft Integrated Care strategy was published. The final version is now presented to the Sheffield Health & Wellbeing Board for endorsement.

2.2 The work to develop the first Integrated Care Strategy for South Yorkshire has progressed at pace and has been informed by:

- A refresh of the South Yorkshire population health needs assessment
- Insights from what the public and patients have told us are important to them
- Building on all our existing strategies and plans, including Health and Wellbeing Strategies, Place Integrated Health and Wellbeing plans and the South Yorkshire Five Year Strategic Plan.

2.3 All ICPs were nationally required to develop an initial Integrated Care Strategy by December 2022. Sheffield HWB Board members were invited to attend an update and engagement session following the launch of the initial draft to ensure alignment to the Sheffield Health & Wellbeing strategy. Engagement with the South Yorkshire population has been undertaken alongside the development of the strategy due to the challenging timelines, and this has been guided by the ICP Working Group. A phased approach to engagement has been taken as follows:

- Gathering insights from existing engagement and involvement work undertaken by ICP partners in the last few years.
- A campaign by way of a survey aimed at seeking views from as many of our 1.4 million population across South Yorkshire as possible asking the question “What matters to you about your health and wellbeing?”
- Gaining deeper insights into seldom heard groups and people with lived experience working with and through Healthwatch and the Voluntary Sector.

3.0 ICP Strategy

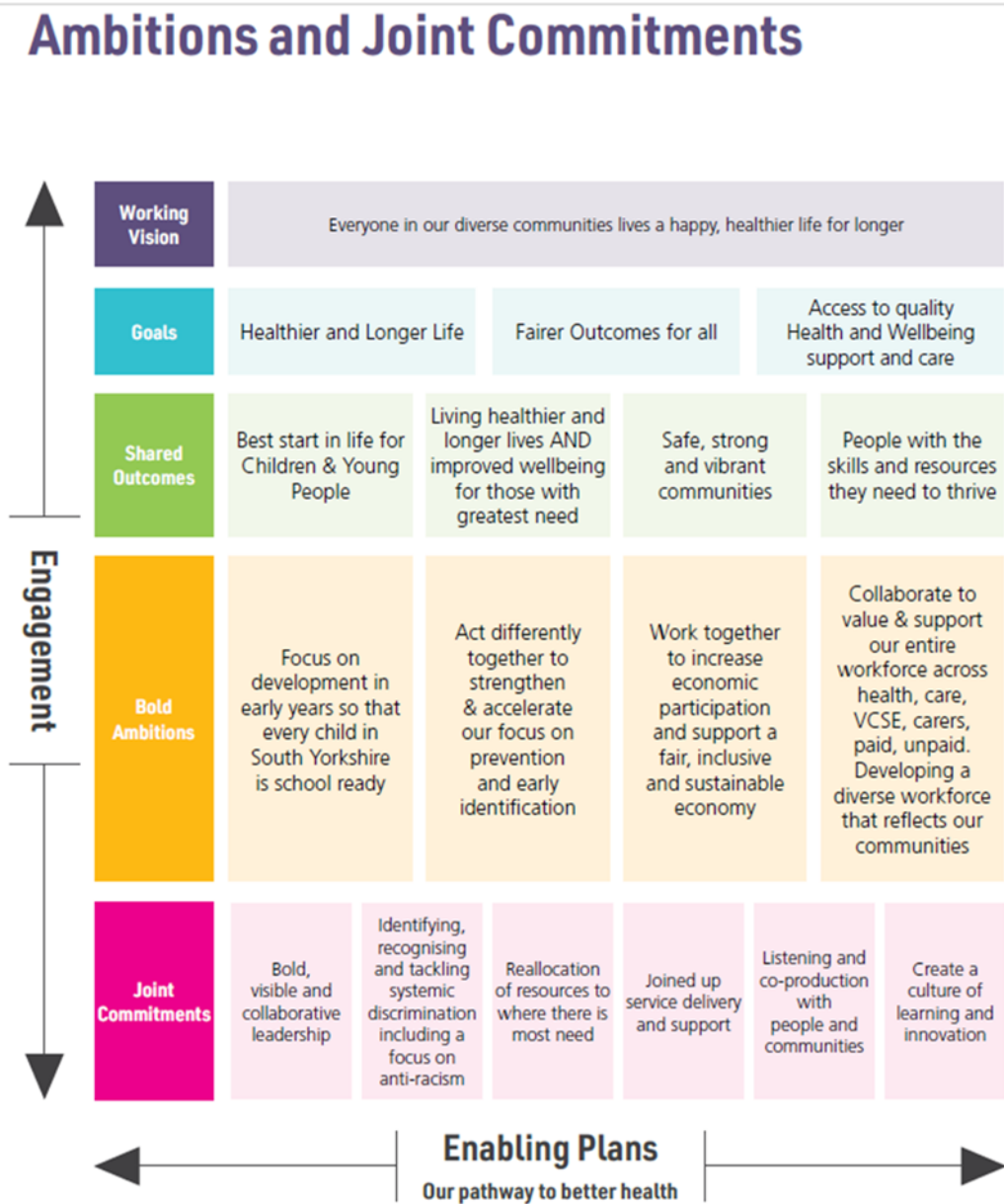
3.1 Appendix A details the full strategy document.

3.2 The Integrated Care Strategy for South Yorkshire is a legal requirement for the Department of Health and Social Care.

3.3 The vision is: “Everyone in our diverse communities lives a happy, healthier life for longer”

3.4 The summary on a page is shown in figure 1:

Figure 1: Summary on a page



4.0 RECOMMENDATIONS

4.1 The Board are asked endorse the Integrated Care Strategy for South Yorkshire.

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SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire
Our Initial Integrated Care Strategy

March 2023



A message for the people and communities of South Yorkshire:

In South Yorkshire we want everyone to live happy and healthier lives for longer. We know times are tough with the ongoing effects of Covid-19 and the rising cost of living, our engagement shows that having access to high quality care and support is important for our community. That's why we're working together as a partnership to make sure you have the support you need.

We're committed to listening to you, involving you, and responding to your needs. This strategy was created by our newly formed Integrated Care Partnership between September and December 2022 and will guide us up until 2030. It's a legal requirement, but we see it as just the start of a journey with all of you.

We're excited to work alongside our communities and the amazing people in our voluntary, community, and social enterprise sector. And we want this strategy to continue to improve and evolve through your involvement, because your health and well-being is important to us all. Let's work together for a happy and healthy South Yorkshire.



Foreword

The Mayor of South Yorkshire - Oliver Coppard

This strategy is a test; a test we are setting ourselves. Included in that test are questions we have asked ourselves before. And if we do not rise to the challenge this time, we will be back here again in a few years' time to ask ourselves those questions again. And within those intervening years yet more people – our friends, colleagues and neighbours – will have had their lives blighted, their careers cut short, and their happiness undermined by ill health.

So I am determined we will make a positive difference to the health of our communities across South Yorkshire, and this strategy is where we start. We have to challenge ourselves to think radically about what we do and how we do it.

That's why this strategy is so important as we look ahead over the next decade to 2030. If we achieve the goals in this strategy we will improve the health of our communities across Barnsley, Rotherham, Doncaster and Sheffield, tackle deep seated inequalities in health outcomes and access, make the most of the resources we have, and make sure our health and care services support our wider objectives as a region; making South Yorkshire a healthier, wealthier and happier place.

If we're going to achieve those goals, we will need to use not just the £3.8bn spent on health and care but also the wider £16bn



of public services spent in South Yorkshire each year to help those who need it most. We will need our 72,000 strong health and care staff to have the skills and resources they need to support our communities.

We need all our public services, such as employment support, transport and housing, to promote good health. We will need to listen to and strengthen our voluntary and community sector and recognise them as the equal partner they are. And we will need to put the lived experiences of our diverse communities at the heart of the way in which we work.

There are no shortage of great assets and examples of good practice across South Yorkshire upon which we can build however, there is no denying the scale of the challenge we face; those challenges are longstanding and complex. Some people in our communities will live shorter lives than others, by as much as nearly a decade in some cases. Life expectancy in South Yorkshire is no longer going up, something that has not happened in the last 40 years. There is healthy life expectancy gap of 20 years between some of our communities. And around a third of people across our region are living in some of the most deprived parts of our country.

So the challenges are undeniable. But there is nothing inevitable or insurmountable about them. If we are going to overcome those challenges, together, we must do things differently.

Our commitment to you, our 1.4 million strong community across South Yorkshire, is to work in partnership together, to do things differently, to focus our people and our resources on those that need them the most, and to accelerate our focus on prevention and early identification. And through all of this we will continue to put our community's voices and needs first. This is our plan for a happy, healthier South Yorkshire.

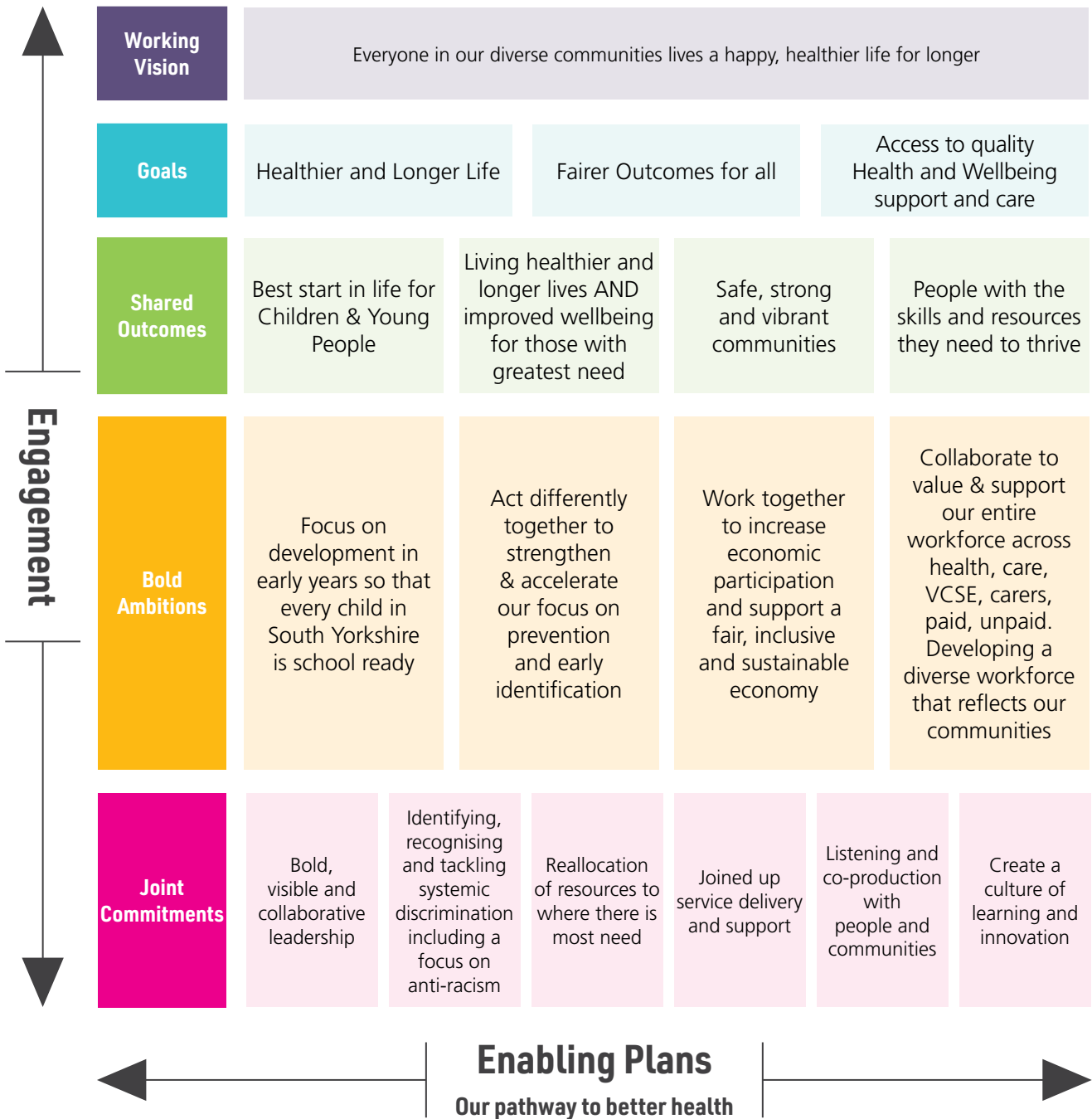
Oliver Coppard

Mayor of South Yorkshire



Summary Plan on a Page

Our Shared Outcomes, Bold Ambitions and Joint Commitments



Bold Ambitions

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

1 Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

2 Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

3 Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

4 Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism

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Introduction

South Yorkshire has much to be proud of with our strong and vibrant communities, proactive Voluntary, Community and Social Enterprise Sector and a broad range of health and care services providing a strong foundation for improvement. South Yorkshire developed around the industries of mining and steel and this industrial heritage means our close communities have a deep sense of place and identity. These have developed into a diverse and vibrant economy with health and care including regional and national specialised services and centres of excellence, advanced manufacturing, technology, research and education being significant industry sectors across South Yorkshire. We are a diverse and welcoming county with outstanding natural, heritage, cultural and artistic assets. We are geographically compact and fortunate in our location, in that we have good access to open green spaces, including the western edge of Sheffield and Barnsley bordering the Peak District National Park. All this contributes to South Yorkshire being a great place to be born, live and work.

There are, however, some serious challenges to overcome. South Yorkshire has a significant proportion (37%) of people living in the most 20% deprived areas nationally. Life expectancy in South Yorkshire is no longer increasing. Not only are people in South Yorkshire dying younger, they are living fewer years in good health. There is also a significant difference in the number of years people can expect to live in good health, with those living in the most deprived areas dying up to nine years earlier compared to people living in more affluent areas across South Yorkshire communities.

The gap in life expectancy between the most and least deprived areas is also widening. Our commitment in this strategy is to change this to improve outcomes for everyone in South Yorkshire. We are committed to working together to take action to address health inequalities and improve healthy life expectancy. We will work together as partners, with people and communities and our voluntary, community and social enterprise sector. Our ultimate ambition is in line with the Mayor's Manifesto, for South Yorkshire to become the healthiest region in the UK and this strategy is our initial staging post.

¹Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2020) Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity



The 'Marmot Review 10 Years on' report¹, published prior to the Covid-19 Pandemic, found unprecedented declines in health nationally over the decade before Covid-19. Improvement in health in the UK had slowed dramatically, inequalities had increased and health for the poorest people in society had got worse. The Covid pandemic has further exposed these deep inequalities and it is evident that the current cost of living crisis has further exacerbated these disparities. South Yorkshire with its relatively lower level of earnings and employment is particularly vulnerable. However, health inequalities are not inevitable and by definition are preventable. It is within this challenging context that we have come together to develop our South Yorkshire Integrated Care Partnership with refreshed energy and renewed commitment to collaborate as partners and work with our local communities of Barnsley, Doncaster, Rotherham and Sheffield to work differently together to address health inequalities and improve the health and wellbeing of all people living in South Yorkshire.

This is our initial Integrated Care Strategy developed within the challenging timeline set nationally at a time when there is immense pressure across the health and care system. We have endeavored to engage broadly, to listen to what matters to people living in South Yorkshire and actively engage with our wider partners in the development of this Strategy. We will build on this and continue to engage and involve as the Strategy evolves and we translate its ambition into delivery.

2

What is the South Yorkshire Integrated Care System – an overview

Partner organisations across South Yorkshire have a long history of collaboration. The first Sustainability and Transformation Partnership was established in 2016. This then became one of the first non-statutory Integrated Care Systems in England in 2018. Following the Health and Care Act 2022 a statutory Integrated Care System (ICS) has come together from July 1st.

Partners have already started to break down organisational barriers so that we can wrap support, care and services around people and improve lives. In Barnsley, Doncaster, Rotherham and Sheffield, our Local Authorities, NHS partners, the Voluntary, Community and Social Enterprise Sector and many others have strengthened the way they work with each other and have joined forces where it makes sense to do so and where it makes a real difference to the public, patients, and staff.

Our pledges in 2016 were to give people more options for care while joining it up in communities and neighbourhoods, to help people to stay healthy, tackle health inequalities, improve quality, access and outcomes of care, meliorate workforce pressures and introduce new technologies. We paid particular attention to cancer, mental health and primary care, and the two key enablers of workforce and digital technology. Since then, much has changed - the impacts of the Covid-19 pandemic and the more recent cost of living crisis provide a very challenging backdrop as we set out our new strategy.

But we remain focussed and committed in our goal and undeterred for the people of South Yorkshire. We will build on our commitment to the quadruple aim, set out in our **Health and Care Compact** and use the new system architecture and partnerships and our renewed vision, ambition and commitments to go further faster on health inequalities. We will also build new partnerships with agencies outside the ICS to support improved and more equitable health and wellbeing for all and focus on those with greatest need.



New statutory Integrated Care Systems have been set up to bring local authorities, NHS organisations, combined authorities and the Voluntary, Community and Social Enterprise Sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.

Integrated Care Systems have four key purposes:

- 1 Improving outcomes in population health and health care
- 2 Enhancing productivity and value for money
- 3 Tackling inequalities in outcomes, experience and access
- 4 Helping the NHS to support broader social and economic development

They are made up of:

- **An Integrated Care Partnership** - a statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary, Community and Social Enterprise Sector and other partners.

The partnership is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities. They are rooted in the needs of people, communities and places, oversee population health strategies, drive integration and take an inclusive approach to involvement.

- **An Integrated Care Board**, which is an NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members, including Healthwatch, Mental Health and the Voluntary Care Sector representation.





What matters most to me about my health and wellbeing is to live in an equal society. Only through equality can health equity be achieved. I want to live in high-quality housing, in pedestrianised, green, and clean neighbourhoods, with local community facilities and assets prioritised. I want to live in a city that takes care of the most vulnerable, and where everyone is valued. I want to receive compassionate and destigmatising care from health and wellbeing professionals, that empowers me to take control of my life and health. I want to be able to access the resources to take care of myself and my community.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

In South Yorkshire the membership of our Integrated Care Partnership (ICP) was proposed by the Health and Wellbeing Boards in the four local authority areas – Barnsley, Doncaster, Rotherham and Sheffield and NHS South Yorkshire. We have worked hard to ensure there is a rich diversity of voices and perspectives represented and will continue to do this across the life of this strategy. Oliver Coppard, Mayor of South Yorkshire Combined Mayoral Authority became Chair of the South Yorkshire Integrated Care Partnership

in September 2022 and Pearse Butler the Chair of NHS South Yorkshire is vice chair. By developing our partnership in this way we have built upon our existing partnership and aligned with Health and Wellbeing Boards. Work continues to increase diversity and inclusion in our Partnership and to further strengthen representation from our Voluntary, Community and Social Enterprise Sector as an equal partner, linking with the developing Voluntary, Community and Social Enterprise (VCSE) Sector Alliance.



The South Yorkshire Integrated Care Partnership covers the 1.4 million people and families living in Barnsley, Doncaster, Sheffield and Rotherham.



Places, Collaboratives, Alliances and Networks

Places: In each of our communities of Barnsley, Doncaster, Rotherham and Sheffield we have well established place-based health and care partnerships already working well together to provide joined up integrated health and social care, support and services by creating integrated multidisciplinary neighbourhood teams to meet the needs of local people. These are the cornerstone of our health and care system and already have delegated authority from the new NHS South Yorkshire to plan, determine and deliver for local communities.

Collaboratives: Our hospitals, mental health trusts and primary care organisations have also established strong collaborative arrangements. These Provider Collaboratives have been developed to further strengthen partnership working between our hospital and care providers to support joined up sustainable health and care services building resilience across organisations and pathways of care. They include:

- Mental Health Learning Disability and Autism Provider Collaborative (including acute, community and specialist services)
- Acute Hospital Provider Collaborative (including acute, elective and diagnostics children's and specialist services)



Alliances & Networks: Important Alliance arrangements have also been developed where partners across whole pathways or sectors come together to integrate and improve services and care support. These include:

- Primary Care Alliance (including general practice, pharmacists, dentists, and optometrists)
- Urgent & Emergency Care Alliance
- Children and Young People's Alliance (CYPA)
- Voluntary, Community and Social Enterprise Sector Alliance (VCSE) and creative and arts sector
- Cancer Alliance
- Local Maternity and Neonatal Network (LMNS)
- Social Care Networks and Clinical Networks



The **South Yorkshire Mayoral Combined Authority (SYMCA)** is a formal partnership of our four local authorities in South Yorkshire: Barnsley Metropolitan Borough Council, Doncaster Council (City of Doncaster Council from January 2023), Rotherham Metropolitan Borough Council and Sheffield City Council. It covers the same population and is led by an elected Mayor. Its Strategic Economic Plan for the region recognises the critical interdependency of health, the economy and having good work. It aims to deliver a stronger, greener and fairer economy, one which reduces social and health inequalities. Oliver Coppard was elected as Mayor of South Yorkshire in May 2022 and is the Chair of the Integrated Care Partnership. One of his Mayoral priorities is the health and wellbeing of local communities, and he has a personal ambition to make South Yorkshire the healthiest region in the country.

We tend to think of our health as being mostly the product of our own energies, whereas in fact health outcomes and the inequalities in those outcomes are largely shaped by social, environmental, commercial and economic conditions in which we live. Our chances of experiencing good health and wellbeing, and maximising the length and quality of our lives, depend on **the circumstances and environment within which we are born, live, work and age**. Good health outcomes and health inequalities are rooted in socioeconomic circumstances. Many of the levers for improving population health, **such as quality education, good employment, comfortable, quality housing, connectivity, healthy local neighbourhoods, creativity and arts and commercial environment** reside with our local authorities and SYMCA, making our partnership a unique opportunity to make a real difference.

3

Listening to our communities in creating this Strategy

To develop our strategy, we started by understanding what matters to people living in South Yorkshire by:

- Gathering insight from a wide range of engagement and involvement activities undertaken in South Yorkshire in the last two years by our ICP partners, from 284 different sources (for more details see page 69).
- Building on this with a campaign to gain new insights: **'What Matters to You'**.

Our early insight-gathering identified the following key themes:

- **Awareness** – the need for more information about health prevention and availability of different health and social care services.
- **Access** – making it easy for people to access health and social care services and removing barriers
- **Agency** – enabling people to have the information, tools and capacity to make informed decisions and be in control of their lives.

Our **'What Matters to You Campaign'** took place over November. Working with our local Healthwatches and VCSE we asked people a single question. We reached out to as many people as possible in South Yorkshire, including our health and care workforce, children and young people, under-represented

and socially excluded groups and asked **'What matters to you about your health and wellbeing?'**

The 'live feedback' from our campaign has been actively used to shape and inform our Strategy.

The following key themes have emerged in addition to those from the early insight and they have been used to shape our strategy:

- **Access to care**
- **Quality of care**
- **Improving mental health and wellbeing**
- **Support to live well**
- **Wider determinants of health**
- **Affordability**

All the quotes throughout this Strategy are taken directly from our engagement work and the insight gathered informs our goals, shared outcomes, bold ambitions and joint commitments outlined in the next section. We have endeavoured to engage broadly and acknowledge the national timeline for development of this initial Strategy has made it challenging. There is a strong commitment from the partnership members to continue to engage and involve as the Strategy evolves and we translate it into delivery. This will include continuing to work with our local healthwatches and VCSE to engage with local people in neighbourhoods. We are working with local healthwatches and VCSE to engage with local people in neighbourhoods including those we have yet to hear from.

4

Our vision, strategic goals and shared outcomes for South Yorkshire

Our strategy to better health starts with people and families living in our communities.

Our Vision is that **Everyone in our diverse communities lives a happy, healthier life for longer**. Our vision is in line with Mayor's Manifesto, for South Yorkshire to become the healthiest region in the UK.

We have developed our initial strategy at a significantly challenging time for all partners. We are recovering from the covid pandemic, managing increasing operational and workforce pressures and responding to periods of industrial action. All these substantial factors are together creating an incredibly challenging environment for our health and care services and contributing to the access issues and increasing waiting times being experienced by people living in South Yorkshire.

Access to high quality services is identified as what matters most to people in South Yorkshire from our recent engagement work. Addressing access issues, including access to primary care, urgent and emergency care, mental health services and the increasing waiting times for hospital services are a key area of focus for our immediate delivery plans, with work already well underway upon which we will continue to build.

To improve access to services we know that we need to address increasing waiting times. We also need to understand the barriers people face and how we can work together with them and our VCSE partners to overcome these barriers to address inequalities in access. Alongside ensuring we have sufficient capacity in services to meet demand.

Addressing inequalities in access, improving access to services for those with the greatest needs will actively contribute to addressing health inequalities in South Yorkshire. So we commit to work together to address our immediate challenges through our delivery plans, including our NHS Five Year Joint Forward Plan, in a way that builds towards our longer term vision to address health inequalities in South Yorkshire.



This strategy is our initial staging post, through which we are making a commitment to work together to take action to address health inequalities and improve healthy life expectancy in South Yorkshire.

Creating the environments and economy that create and support health and allow people to thrive, now and in the future.

Our Strategic Goals

Our vision is underpinned by three overarching goals. We want to see the people in all our communities:

- 1 Live healthier and longer lives
- 2 Experience fairer outcomes
- 3 Have access to quality health and wellbeing support and care

Our success in these goals will ultimately be determined by improvements in Healthy Life Expectancy (HLE), the gap in HLE between the most and least deprived groups, eliminating inequalities in access and experience and unwarranted variation between our communities.

Our aim is to:

Halt the stall in Life Expectancy (LE) in South Yorkshire and improve it by 3 years by 2028/30

Halt the stall in Healthy Life Expectancy (HLE) and close the gap between South Yorkshire and England by 2028/30

Close the gap in healthy years lived between the most and least deprived groups in South Yorkshire





Our vision and goals are supported by **four shared outcomes** which are reflected in all our current Health and Wellbeing Board Strategies in each of our places. These shared outcomes align well to the life courses of **Starting Well, Living Well** and **Aging well** and act as an enabler in this strategy for current plans. These are:

- 1 Children and young people have the best start in life
- 2 People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- 3 People are supported to live in safe, strong and vibrant communities
- 4 People are equipped with the skills and resources they need to thrive

Working Vision Everyone in our diverse communities lives a happy, healthier life for longer

Goals	Healthier and Longer Life	Fairer Outcomes for all	Access to quality Health and Wellbeing support and care
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Shared Outcomes	Best start in life for Children & Young People	Living healthier and longer lives AND improved wellbeing for those with greatest need	Safe, strong and vibrant communities	People with the skills and resources they need to thrive
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In this strategy we will set out a focussed number of bold ambitions to support achievement of our shared outcomes which can only be achieved by all partners working together.



5

Where are we now?

The impacts of the pandemic have been unequal and unfair and have highlighted inequalities which have been there for some time in South Yorkshire. Learning from the pandemic has provided us with an expanded view of inequality and to consider the importance and interplay of housing, employment, environment, skills, creativity, and transport (as key wider determinants of health) and their fundamental impact on health and wellbeing. We are fortunate to have many excellent care and support services across South Yorkshire, however, as a result of the pandemic and the impact on our workforce these have become stretched and under significant pressure over a prolonged period. We know from our engagement work, our communities value simple and timely access to high quality care and for this to support both physical and mental health needs. Our strategy and delivery plans, including our NHS Joint Forward Plan, which follow will address this and our focus will be on enabling equitable access to care and support.

Understanding the Population Health Needs and outcomes in South Yorkshire

Inequalities cost lives. People of South Yorkshire are living shorter lives than they should. The average number of years a baby born today in South Yorkshire can expect to live is 1.5 years less than those living elsewhere in England.



Not only are we dying younger, but we are living less years in good health, around 3.6 more years of life in poorer health than other areas in England. 37% (527,000) of people living in South Yorkshire live in the most 20% deprived areas nationally. Men and women living in the most deprived parts of South Yorkshire die around nine years earlier than those living in the most affluent parts of South Yorkshire. People who live in the most deprived areas are also more likely to spend longer in poorer health.

National data tells us that women in the most deprived areas will spend up to 19 years in poorer health compared to those in the most affluent areas. People living in the most deprived areas will experience the onset of multiple ill health conditions 10-15 years earlier than those in the most affluent areas.

Poor health damages our economy, prosperity and opportunity. Around a third of the productivity gap between the North and the rest of the country is estimated to be attributable to poor health. We are also seeing a rise in older workers leaving the labour market due to poor health.



My health is dependent on my financial stability. If I can afford to heat my home, eat well, socialize, and commute to work safely then I am starting from a good foundation.

The conditions that create our health (wider social, environmental and commercial determinants)

To have a healthy society we need a range of building blocks in place: stable jobs, good pay, quality housing and education.

We need local streets and places that create and support health, environments that are free from pressure towards unhealthy products and behaviours and make it easier to be active and connect with people and with nature.








Over the last century or more we have seen a rise in non communicable diseases linked to smoking, obesity, alcohol and lack of physical activity. In that time people's genetics or will power have not changed, what has changed is the cultural and commercial environment in which we live.

Making changes to ensure everyone has equality of opportunity, has an environment that gives agency of choice and gives access to the building blocks of health is not easy and will require us to be determined in our focus for the people of South Yorkshire.



Theme

Key indicator

	<p>Housing</p> <p>Many of the most pressing health challenges such as obesity, poor mental health, physical inactivity are directly influenced by the built and natural environment, including access to quality housing.</p>	<p>Nearly 19% of South Yorkshire homes were reported to be experiencing fuel poverty, this is significantly worse than the England average (13%). This is likely to significantly increase given the rising cost of fuel prices and is estimated to impact on at least 42% of households.</p>
	<p>Access to green spaces and active travel</p> <p>Access to green space such as woodland, supports wellbeing and allows people to engage in physical activity.</p>	<ul style="list-style-type: none"> • 14% of adults in South Yorkshire walk for travel. • 16% of South Yorkshire residents make use of outdoor space for exercise or health reasons. • All four Places in South Yorkshire are ranked in the top 10 of all local authorities with the highest rates of children being killed or seriously injured on roads.
	<p>Education</p> <p>Access to a high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives.</p>	<ul style="list-style-type: none"> • An estimated 1,840 (6.2%) young people are not in education, employment or training in South Yorkshire. • 30% of children were deemed to not have achieved the expected level of development at the end of reception.
	<p>Jobs</p> <p>Being in good work is good for both physical and mental health/wellbeing.</p>	<ul style="list-style-type: none"> • 73% of South Yorkshire residents aged 16-64 are in employment, this is significantly lower than the England average. • The average weekly earnings are only 91% of the England average. • The main reason for sickness absence is MSK– 19% of over 16s report having a long term MSK problem.
	<p>Inclusive work</p> <p>To ensure everyone can benefit from the protective factors of being in good work, labour markets should be inclusive and diverse so everyone can access good work with fair pay.</p>	<ul style="list-style-type: none"> • There is a 12% gap in the employment rate between those with a physical or mental long term condition and the overall employment. This is even worse for those with a learning disability, where the gap is 66%. • Those from non-white ethnic minority groups are less likely to be in employment, similarly employment levels are lowest in those in the most deprived areas and those aged 50-64.
	<p>Crime and violence</p> <p>Crime is both a risk factor for health and an outcome from a number of other social determinants of health: crime can lead to both the short term effects which can be severe but it can also lead to long term problems such as depression or anxiety-related illnesses and; crime itself has its own risk factors.</p>	<ul style="list-style-type: none"> • There were approximately 46,000 violence offences reported, a rate of 33 offences per 1,000 population, this is higher than the value for England (29 per 1,000). • The rate of deaths to drug misuse was 7.6 per 100,000, that's nearly 300 deaths due to drug misuse (in a three-year period).
	<p>Air pollution</p> <p>Poor air quality is the largest environmental risk to public health in the UK as long-term exposure to air pollution can directly result in long term conditions as well as exacerbate conditions leading to hospitalisation.</p>	<ul style="list-style-type: none"> • Approximately 5% of all deaths are attributable to air pollution. • It is estimated that 200,000 residents of South Yorkshire live in areas that are vulnerable to air pollution.

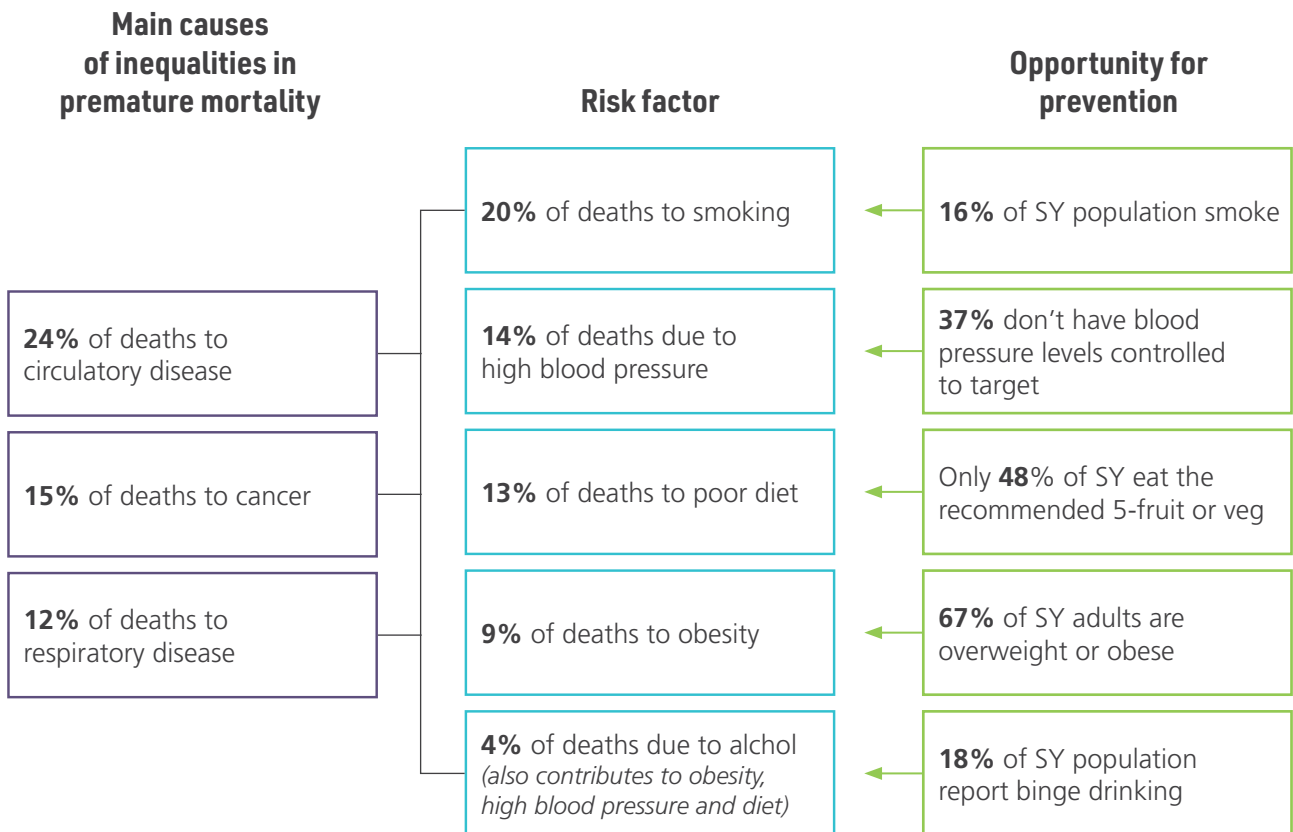


Health conditions amenable to prevention

We have a good understanding of the main contributors to mortality in South Yorkshire. They are cardiovascular disease, which includes all heart and circulatory diseases such as coronary heart disease, hypertension, stroke and vascular dementia. Inequalities in the wider determinants, risks and behaviours are strongly associated with poorer outcomes. The principal risk factors associated with the main causes of death and ill health are smoking, high blood pressure, diet, obesity and alcohol. South Yorkshire has higher than national rates of these common, but modifiable, risk factors.

Key numbers:

- 14% of population are recorded to have high blood pressure and 7% diabetes
- Rates of deaths from stroke are twice that in the most deprived group than least deprived group.
- Admissions for pneumonia in all 4 places are some of the highest in the country
- Early detection of cancer is most important factor for outcomes, only 51% of cancers are diagnosed early, which is much less than the national target of 75%

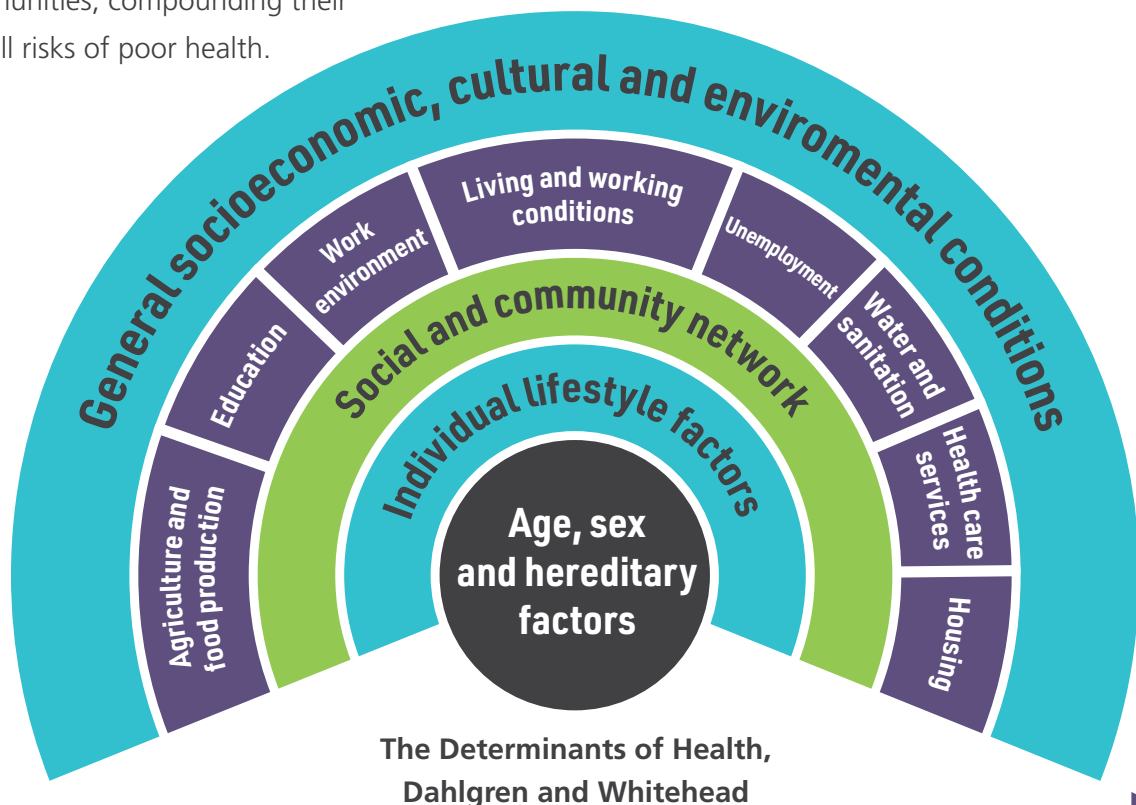


The health of groups vulnerable to inequalities

Smoking, poor diet, physical inactivity and harmful alcohol are drivers for early onset of illness and death in South Yorkshire. But people’s ability to adopt healthy behaviours is strongly shaped by the environment in which they live. People in deprived areas tend to have less agency to make healthier choices as they disproportionately experience the pressures of unhealthy products due to increased advertising, exposure, normalisation, and a reduced financial means to access better alternatives, thus driving inequality.

Inequalities in the wider determinants of health; housing, environment, education, jobs and the modifiable risk factors (smoking, healthy weight, alcohol) often cluster in individuals and communities, compounding their overall risks of poor health.

The cost-of-living crisis means many more children, young people and adults in South Yorkshire will be living in poverty. Cuts in income combined with increased costs of living also means for many not being able to eat, heat their homes or keep clean. This impacts on immediate health and ability to access health and care services and support and increases the risk of illness in the short and longer-term. Poverty impacts on health through the wider determinants, affecting educational outcomes, life chances, choices and opportunities. By having to focus on their immediate needs and threats, people living in poverty may make decisions that are damaging for their health in the longer term.²



² How poverty affects people’s decision-making processes Jennifer Sheehy-Skeffington and Jessica Rea 2017 JRF

Very poor health and lower average age of death is also often experienced by people who have become socially excluded as a result of multiple adverse events such as poverty, violence and complex trauma. This may be experienced, for example, by people who experience homelessness and drug and alcohol dependence. It may also be experienced by vulnerable migrants, Gypsy, Roma and Traveller communities. Poor access to health and care services and negative experiences can also be commonplace for these groups due to multiple barriers, often related to the way healthcare services are delivered, further compounding their inequalities in health.

The Covid pandemic has brought to the fore the health inequalities experienced by people from Black and minority ethnic groups in the UK. The recently formed NHS Race and Health Observatory concludes that the health of ethnic minority patients has been negatively impacted by inequalities in access to, experiences of, and outcomes of healthcare and that these longstanding problems in the NHS are rooted in experiences of structural, institutional and interpersonal racism.³

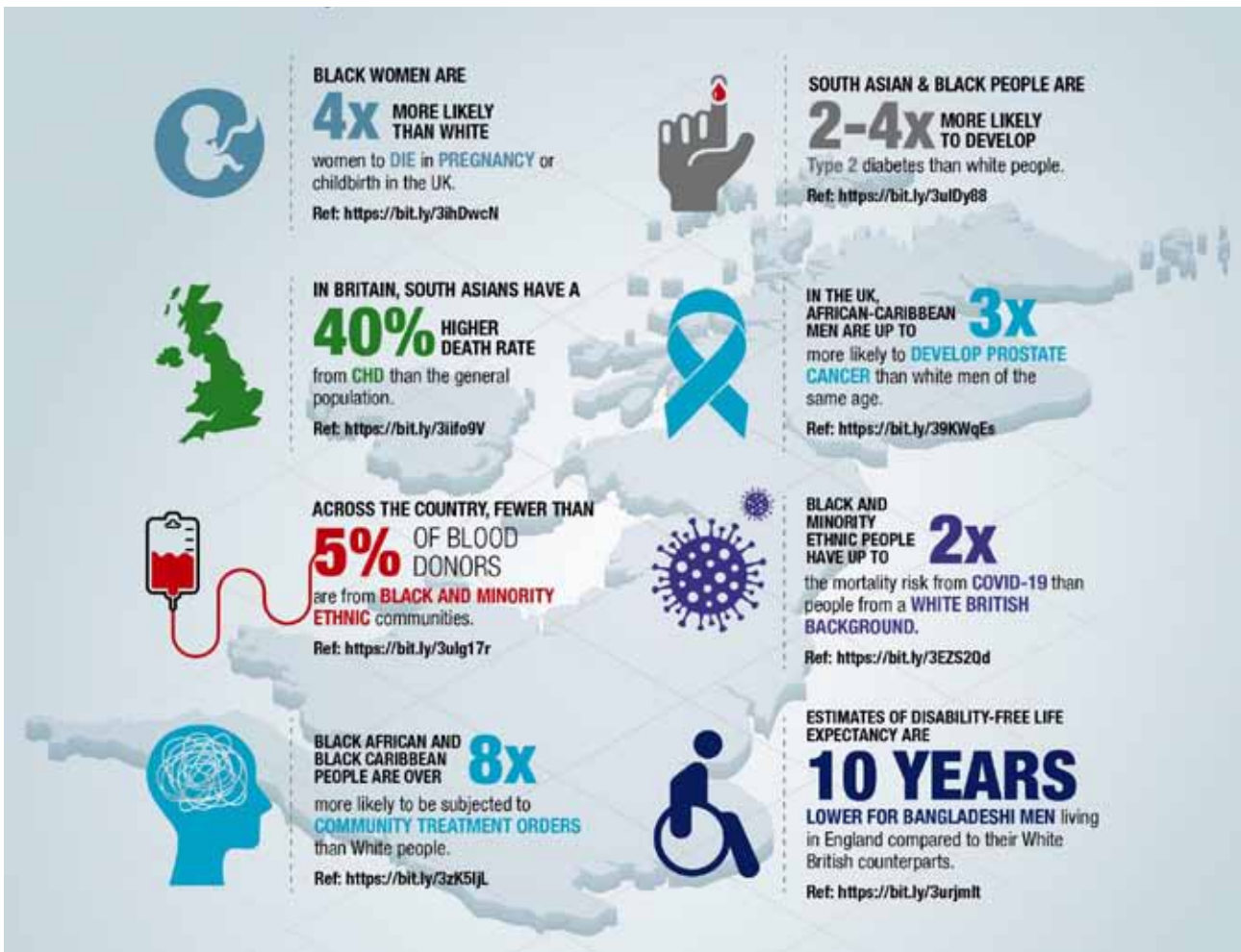


Key Facts:

- People from Black and minority ethnic groups are disproportionately affected by socio economic deprivation
- People with severe mental illness are at greater risk of poor physical health and reduced life expectancy compared to the general population. On average men with severe mental health conditions die 20 years earlier, and women die 15 years earlier than the general population.
- People with a learning disability have worse physical and mental health and women with a learning disability die on average 18 years younger and men 14 years younger.

³ NHS Race and Health Observatory. Ethnic Inequalities in Healthcare: A Rapid Evidence Review. 2022

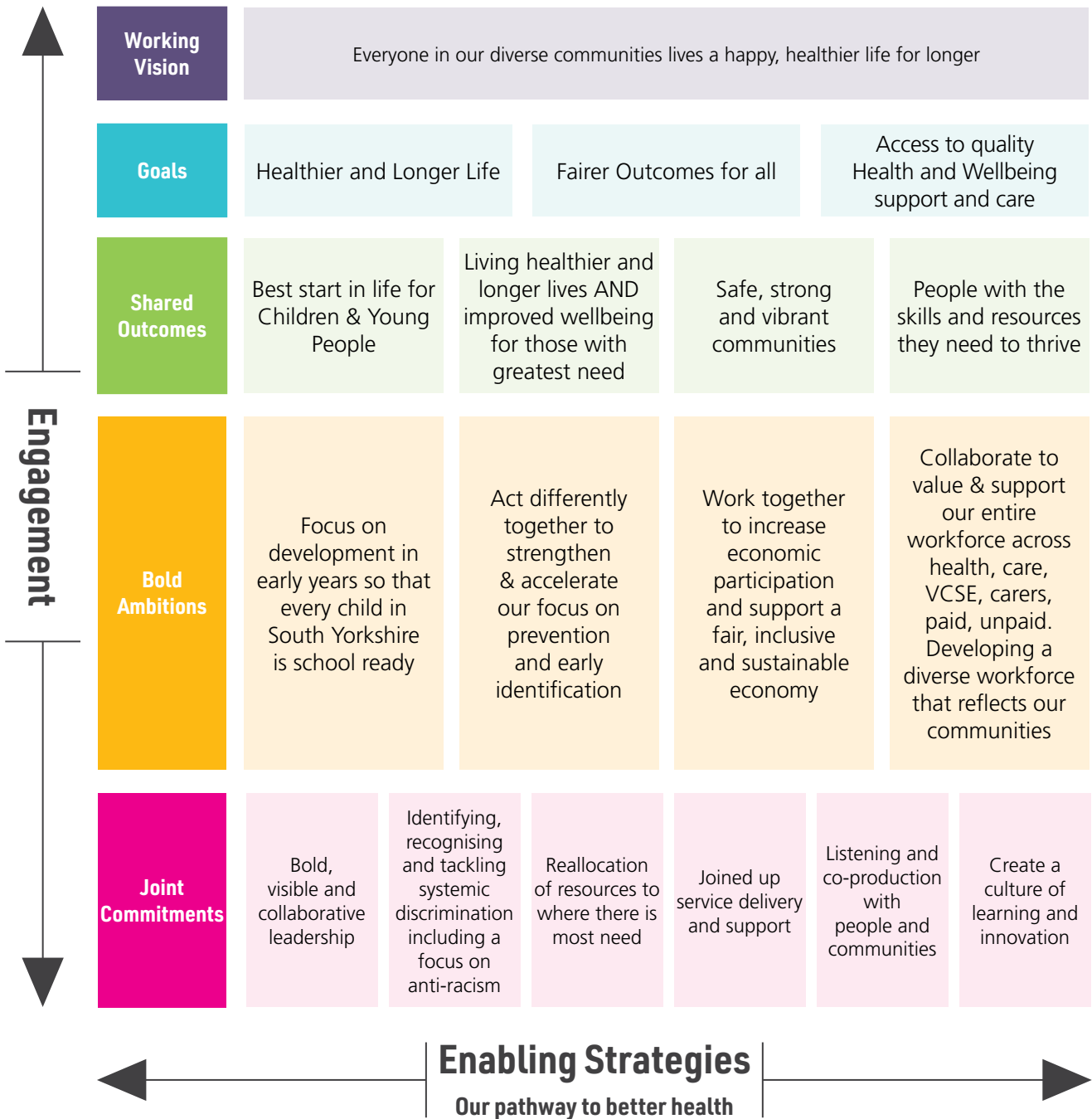
Figure Ethnic Health Inequalities in the UK Source:
 Ethnic Health Inequalities in the UK - NHS - Race and Health Observatory NHS
 – Race and Health Observatory (nhsrho.org)



6

Summary Plan on a Page

Our Shared Outcomes, Bold Ambitions and Joint Commitments



Across South Yorkshire and in each of our places we have existing, strong strategies and plans, these include our Health and Wellbeing Strategies, our Place plans, our 5 Year Health and Care Plan and our South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan. It is not our intention in this initial Integrated Care Strategy to duplicate these but to build on them, setting out where, as a whole partnership working together, we can add value and support to go further faster on some of the more challenging and intractable issues to contribute to reducing health inequalities and improving healthy life expectancy.

Our intention is to:

- Ensure that we focus on what matters to people, including good access to high quality care and support, and to demonstrate we have listened we have identified this as one of our strategic goals.
- Amplify or give visibility to exemplars of best practice to support learning, sharing and adoption.
- Identify a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align our collective power and influence to enable delivery at pace and at scale.



Our shared Outcomes are:

- 1 Children and young people have the best start in life
- 2 People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- 3 People are supported to live in safe, strong and vibrant communities
- 4 People are equipped with the skills and resources they need to thrive

Our Bold Ambitions are to:

- 1 Focus on development in early years so that every child in South Yorkshire is school ready
- 2 Act differently together to strengthen & accelerate our focus on prevention and early identification
- 3 Work together to increase economic participation and support a fair, inclusive and sustainable economy
- 4 Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities



Our Shared Outcomes

1

Children and young people have the best start in life



We need...local community groups to allow children to do things outside school. Access to help on healthy eating and groups to promote exercise at all ages.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Why is it important?

- The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development. Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing, educational achievement and economic status.
- Behaviour is heavily influenced by our living conditions. Living in a street or place which encourages play and physical activity within daily life makes it much easier for children to develop healthy habits. We know that physical activity improves mental and physical health and is important for childhood development.
- Childhood is the most important time for enabling the development of behaviours that will have a lifelong influence on health and wellbeing, including physical activity and healthy eating.
- As with adults, the wider determinants of children's health include socio-economic factors, housing, social networks and education.
- Parental ill health, including mental health can also have implications, these vary according to the nature of each parent's condition, their child's health and stage of development, and relationships with other family members.
- Poverty is a major social determinant and adversely affects children's life chances. In South Yorkshire a quarter of children live in poverty, which is higher than the national average and the increasing cost of living is placing additional strain on many families in our communities.

We have lower rates of school readiness, more children who are obese and the number of children who have dental caries is higher than the national average.

- In addition, evidence suggests that the pandemic has had a significant negative impact on children and young people and their mental and physical health.

Key Facts:

Compared to the national average, children in South Yorkshire are:

- Less likely to be breastfed at 6-8 weeks after birth
- Have slightly lower rates of school readiness (71% of children achieved a good level of development at the end of reception)
- More likely to be obese (37% of Year 6 and 25% of reception children are overweight or obese)
- More likely to have dental caries (830 admissions per 100,000 population, ages 0-5)
- More likely to die / be seriously injured on roads (37 deaths per 100,000 population of those aged 16 and under)
- There were 212 hospital admissions per 100,000 as a result of self-harm in those aged 10-14 (180 of our children)



What are we doing about it?

- We are working in each of our places, with our Local Maternity and Neonatal Network and Children and Young People's Alliance and Primary Care Networks to enable all our children and young people to thrive, have good physical and mental health, high aspirations and to ensure that they are able to maximise their capabilities to participate and contribute to society.
 - We are enabling children and young people and their families to have a voice together with the information, tools and resources to manage their own health and wellbeing and to actively participate in how we improve and integrate services.
 - We know that there is more we can do together to support families, including the development of family hubs in South Yorkshire to ensure that all our children are well supported in their early years and are all school ready and enabled to maximise their potential. To both support children to have the best start possible now, and to build on this for future generations.
 - We are committed to supporting a reduction in healthcare inequalities, using the new Core20Plus 5 framework adapted for children and young people. The 'Core20' is the most deprived 20% of the national population as identified by the national index of multiple deprivation. The plus groups include ethnic minority communities; people with a learning disability, autistic people; people with multi morbidities; and those with protected characteristics.
- Specific consideration is given to young carers, looked after children, care leavers and those in contact with the justice system. As part of the framework five clinical areas have been identified to be focused on by Integrated Care Boards and Integrated Care Partnerships and these are the key areas we are already working on:
- Asthma
 - Diabetes
 - Epilepsy
 - Oral health
 - Mental health
- We are working together with the Mental Health Provider Collaborative to improve the support of our children and young people's emotional wellbeing and mental health responding to the ongoing impact of the covid pandemic.
 - We know the association between exposure to adverse childhood experiences and poor adult outcomes is heightened in looked after children therefore we are working to support all our looked after children to enable them to achieve academically and develop the capabilities to maximise their potential.
 - Children's social care services are supporting families to stay safely together, with a focus on early help, access to services and preventing them from reaching crisis point.
 - We are working together to identify where unhealthy commodity industries influence our environment and choices for profit, and use our powers to control those pressures. For example Local Authorities limiting saturation of hot food takeaways in areas around schools and working to remove industry interference in alcohol and gambling educational materials.





As a South Yorkshire Integrated Partnership, we will:

- Act swiftly together to galvanise all partners, including Primary Care Networks and partners in education and childcare settings, to deliver our bold ambition to focus on development in early years so that every child in South Yorkshire is school ready.
- Ensure, through our Place Partnerships, Local Maternity Network and Children's and Young People's Alliance that the voice and insights of families, children and young people are central to strengthening our understanding of their needs and enable changes to services to be co-produced.
- Through our Place Partnerships and Local Maternity Network, working closely with our communities, the Maternity Voices Partnership and VCSE, enhance maternity care, to decrease inequalities in maternal and neonatal outcomes.
- Building on existing relationships and multi-agency collaboration, take a strengths-based and coordinated approach to establishing family hubs across South Yorkshire, which have a focus on supporting families with the greatest needs. Maximise the opportunity through this approach to improve uptake of childhood immunisations.
- Through our Place Partnerships and Children's and Young People's Alliance, enable all our children to have the information, knowledge, skills and confidence to have good physical and mental health so that they are able to increasingly manage their physical and mental health and wellbeing, maximise their capabilities and have choice and control over their lives.
- Through our Place Partnerships and Mental Health Provider Collaboratives, take action to improve support and access to mental health and wellbeing services for children and young people.
- Maximise the benefit of the Bloomberg Harvard City Leadership Programme for South Yorkshire focused on addressing health inequalities, including targeting the use of national frameworks such as the Core 20 Plus.
- Barnardo's and the Institute of Health Equity, led by Prof Sir Michael Marmot, are partnering to shape the way Integrated Care Systems (ICSs) create health and address health inequalities among children and young people. In South Yorkshire we have been invited as one of three successful ICSs to be part of this Children and Young People's Health Equity Collaborative over the next three years.
- The development of a National Centre for Child Health Technology (NCCHT) at Sheffield Olympic Legacy Park, a global first centre will develop the world's most advanced and integrated healthcare system for children and young people.

Our Shared Outcomes

2

People in South Yorkshire live longer and healthier lives

AND the physical and mental health and wellbeing of those with the greatest need improves the fastest



To live a healthy, long life I want support maintaining my general health and mobility; access to fitness classes that suit me; confidence in my GP; suitable housing, preferably near a family member in case support is needed; enough money to eat reasonably healthily and to heat at least one room of my home.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Why is it important?

- People in South Yorkshire are living shorter lives than they should. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.
- People in South Yorkshire deserve better health and wellbeing.
- We want all citizens of South Yorkshire to benefit from an improvement in their health and wellbeing. We need to ensure that those with the greatest needs and /or most at risk from health inequalities see the biggest and fastest improvements.
- Taking a proactive approach, creating the conditions for good health and wellbeing to prevent problems and issues from arising in the first place, including creating streets and places that support every day physical activity and social connection.
- But where problems do arise, we need to focus on preventing them from escalating further, so that people can live happy, healthy, and fulfilling lives for as long as possible.
- Creating good health and preventing ill health is better for people, better for services and better for the planet.
- Consumption and choices are influenced by the commercial environment in which we live. An environment where these pressures, normalisation and exposure are reduced give people greater agency to make healthier options.

What are we doing about it?

To help improve physical and mental health and wellbeing and to reduce health inequalities action is being taken on a range of fronts:

- Partners are working together in every place with communities to take actions to improve the wider determinants of health such as education and skills, housing, employment opportunities, neighbourhoods and communities, air pollution, creativity and arts climate mitigation and adaptation.
- Our partners are working to identify where commercial actors disproportionately influence choices and behaviours towards unhealthy products, and use their powers to reduce those pressures. For example introducing measures to limit hot food takeaways around schools and reduce industry interference in alcohol and gambling educational materials.
- Place based Partnerships, including Primary Care Networks and the Voluntary Community and Social Enterprise (VCSE) sector, are working with communities to support a strengths-based approach to the development of vibrant communities (see later sections)
- Targeted actions are being taken on the main risk factors for the conditions that are leading to premature death – smoking, alcohol, obesity and hypertension. For example, each Place is working to reduce access to tobacco and support people to stop smoking and all trusts in South Yorkshire are implementing the QUIT Programme⁴. Place Partnerships and the Children and Young People's Alliance are working with schools to promote healthy weight for children and young people.

⁴ www.sybics-quit.co.uk



- Healthcare services, including Primary Care Networks, are taking steps to identify earlier, and improve the clinical management in line with evidence, of the main diseases that contribute to our mortality and premature mortality – cardiovascular disease (heart disease and stroke), respiratory disease, cancer and dementia – and of their risk factors (such as high cholesterol, high blood pressure and diabetes).
- We have a well established Cancer Alliance that is leading the way with its focus on health inequalities and early diagnosis using behavioural science techniques, working in partnership with communities, primary care and the Voluntary Sector with Voluntary, Community and Social Enterprise Sector.
- We also have regional Clinical Networks for Cardiovascular, Diabetes, Stroke and Respiratory Disease. Our places are all actively involved in delivering prevention and management initiatives linked into these Clinical Networks.
- Physical activity partnership arrangements are well established, supported by Health and Wellbeing Boards and Place Partnerships, including for example Sheffield's Move More and Get Doncaster Moving. The South Yorkshire Mayoral Combined Authority has made a commitment to enabling active travel.
- Place Based Partnerships and the Mental Health Provider Collaborative are working with communities and people with lived experience to improve mental wellbeing, by promoting the importance of mental health throughout every stage of life, identifying those at risk of poor mental health and reducing the factors that contribute to this, including social and economic factors.
- Proactively enabling early intervention to prevent more serious difficulties and preventing suicide.
- Supporting people with mental ill health to have better physical health and working with primary care to enhance the annual physical health check for people with serious mental ill health.
- Mental Health Trusts now have specialist Tobacco Treatment Advisors who are supporting people in contact with secondary care mental services to stop smoking.
- Adult social care services are helping people to live the life they want while keeping safe and well in their local communities, guided by the 'Making it Real' Framework⁵ focusing on what matters most to people.

⁵ Making it Real - Think Local Act Personal

- We are being guided by what is important to people, we know that this includes access to services, seeing the right professional, at the right time and getting the right support when they need it. To enable this, we are working together to improve access to services, understand and remove barriers and enable the integration of care. For example, Places are developing multidisciplinary teams, bringing together Primary Care Networks, community services, specialist community teams, social care and the VCSE sector.
- We have an effective health protection programme in South Yorkshire and will continue to work with the UK Health Security Agency (UKHSA) and NHSE to deliver health protection, including maximising delivery of routine adult and childhood vaccination programmes and ensuring effective delivery of covid and seasonal flu vaccination programmes. We will also continue to support delivery of health protection through Local Authorities, e.g. environmental health protection, outbreak management and addressing air pollution.
- Places are increasing their focus on addressing ethnic health inequalities. For example, improving access to social prescribing for ethnic minority communities.
- Partners are also developing their approach to the use of data and information from patients and communities to more effectively identify individuals and communities who

are at risk or are experiencing poor health outcomes and adapting the way care or broader interventions are delivered to improve patient experience, access and outcomes. For health care services, this is known as taking a population health management approach.

- Whilst progress is being made, if we are to prevent people living in South Yorkshire from having many years in poor health or from dying too early, we need a step change in the focus on wellbeing, prevention and the early identification and management of physical and mental ill health.

As a South Yorkshire Integrated Care Partnership we will:

- Through our Place Partnerships, working with the Mayoral Combined Authority Collaboratives and Alliances, ensure that community voice and insights are central to strengthening our understanding of our population needs and enable changes to services and local programmes to be co-produced with local communities and people with lived experience.
- Work through our Place Partnerships with local communities and the VCSE as equal partners to support local geographic and other communities to identify and address what matters most to them and ensure that prevention interventions are co-produced with local communities, delivered, and funded at sufficient scale to have real impact.



- Work through the Place Partnerships, Collaboratives and Alliances to accelerate the move from reactive care to proactive care, taking a whole-person approach and focusing on what matters most to people.
- Work together to ensure that people of all ages have the information, knowledge, skills and confidence they need to manage their physical and mental health and wellbeing, have choice and control in their own lives, and are able to use their skills, knowledge and experience to benefit the wider community.
- We will act differently together to deliver our ambition to strengthen and accelerate our focus on prevention and early identification. This will include a focus on improving access and the quality of care and support to reduce inequalities in access, experience and outcomes.
 - This will mean focusing on the four main modifiable risk factors – smoking, healthy weight, alcohol, and hypertension
 - Early identification and management of the three main causes of early death and unwarranted variations in care in South Yorkshire – Cardiovascular, Respiratory Disease and early diagnosis of Cancer.
- We will enhance rehabilitation for patients prior to cancer therapy and rehabilitation for people with cancer, cardiac and respiratory diseases and stroke. By doing this we can help to delay the onset of multimorbidity and frailty as well as premature death.
- We will take a personalised approach to support those living with multiple conditions and those with life limiting conditions, enabling choice and control and supporting end of life planning.
- We will work with communities and people with lived experience to improve mental health and well-being and to remodel and integrate mental health services to have a strong focus on prevention, early intervention, resilience and recovery and continue our focus on reducing suicides.
- We will work together to challenge mental health stigma and promote social inclusion and social justice for everyone affected by mental illness.
- We will work with:
 - People with serious mental health conditions and those with learning disabilities and autism to improve their physical health.
 - People with serious physical long-term conditions to enable them to have good mental health.
 - Ethnic minority communities to support improvements in physical and mental health.
- We will build on the work of our partners to identify where commercial actors disproportionately influence choices and behaviours towards unhealthy products, and identify opportunities to work together to use our collective powers to reduce those pressures.



- NHS partners will commit to increase the focus on reducing inequalities in healthcare using the 'Core 20 Plus 5', an NHS England health inequalities framework, to support local health services to focus action on:
 - People living the most deprived neighbourhoods (Core 20).
 - Locally identified priority groups (Plus). Our Places each identified their priorities groups. Examples include people from ethnic minority heritage, Gypsy, Roma and Traveller communities, asylum seekers, people with learning disabilities, homeless, LGBTQTrans communities.
 - Five clinical areas that will impact significantly on health inequalities if we accelerate improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and high lipids.
 - Decreasing smoking.

- We will increase our joint use of data and information to identify those at risk to target improvements in care, treatment and support. This is taking a population health management approach and will help us to support those who need it most.



Our Shared Outcomes

3

People are supported to live in safe, strong and vibrant communities



My health and wellbeing are severely affected by the environment in which we live. Clean air, green space access, safer roads, installation of renewable energy sources in public areas, improved public transport locally, more of it at affordable prices to encourage use.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Why is it important?

- We have many strong, proud and vibrant communities in South Yorkshire, but many communities have seen the decline of their local economy and of their community assets and through this they experience a lack of connectivity to education, employment and opportunities.
- The physical environment where people live and work and how safe they feel in their communities are important in creating good health and health outcomes. Good health is supported by a sense of wellbeing. Many things contribute to our sense of wellbeing; having good relationships with friends and family, being connected to nature, hobbies and having access to activities and amenities, culture and art. There is evidence of the benefits of these factors, including creativity and health improvement, particularly in relation to mental wellbeing. Other factors can be detrimental to wellbeing such as feeling lonely and isolated, living in places that we find ugly, run-down or unsafe. So creating and investing in places and local environments that support good health and wellbeing is really important for population health. Transport, planning and how the local environment is shaped, influence our wellbeing by making it easier, or harder, to get around and connect with people, activities and amenities. They are also important in creating local places that people enjoy living in.
- People living in places with poor quality housing, high air pollution and traffic volumes, poor access to green space and poor active travel and public transport links to jobs, services, family and friends and leisure are far more likely to experience poorer health outcomes. Environments like these discourage every day physical activity and can increase social isolation. These differences in the quality and liveability of our communities and local places are key contributory factors to the health inequalities we see across South Yorkshire.
- Living in poor quality housing, or homes that you are unable to heat is known to contribute to both physical and mental health problems. We know that this is an issue in South Yorkshire, with the latest published data (2020) estimating around 18% of South Yorkshire homes were experiencing fuel poverty. This is significantly worse than the England average, and likely to have increased considerably with increasing cost of living challenges. Damp, mould and condensation are all becoming increasing issues linked to fuel poverty.



What are we doing about it?

- Health and Care Partnerships in every place are working together to address these wider determinants and support community development. Health and Wellbeing Boards in each place play a critical role in driving forward this work. Places are actively enabling the growth of community infrastructure, working to increase access to physical activity in communities, working closely with the VCSE sector and with communities to enable use of our estate.
- Place Partnerships are also working together to ensure sufficient warm, sustainable and affordable housing is built across South Yorkshire and linking housing improvement programmes to public health and wider social care agendas. Places are also aligning their plans to address housing issues related to fuel poverty and services for those with cold homes to address the key drivers of fuel poverty, income, energy efficiency and fuel prices.
- In each place organisations are working to leverage their local economic power to help create more accessible jobs for people in our communities and retain more of our public sector spend within our local areas to deliver additional social value for local people, including building wealth within our local communities through progressive procurement strategies. Progressive procurement is about making it easier for potential suppliers to bid for opportunities and to offer their goods and services to public sector organisations in a way that it benefits the local communities.
- Places are taking a strengths-based approach to build on the skills and strengths in different communities to enable positive and sustainable improvements.
- Places are working with local people and the VCSE sector to find solutions to local issues. Taking an asset-based community development approach is important in creating vibrant communities in which people feel happy, safe and proud. Putting more power and control in the hands of local people and local organisations helps to build stronger communities.
- This on the ground approach is enabling us to create more connected local communities. Being part of and feeling like you belong to a connected and resilient community, with opportunities to be physically active and participate in arts and culture, all contributes to people's mental as well as physical wellbeing.
- Work is underway to enable access to green space, leisure and sport facilities in our local communities, and to also enable access to cultural and creative opportunities, all of which positively contribute to health and wellbeing. Work needs to continue to improve health outcomes, including through interventions in the arts and a set of recommendations have been outlined to guide this in *"Improving health outcomes through culture, arts and heritage: Opportunities for the Integrated Care Strategy."*
- Strengthen our action on climate mitigation and adaptation to unlock co-benefits for health and reduce health inequalities.



As a South Yorkshire Integrated Care Partnership, we will:

- Through our Place Partnerships, Collaboratives and Alliances we will actively support strength based community development, work to enable access to green space, cultural and creative opportunities and ensure decisions are made as close to communities as possible.
- In doing so we will promote physical activity and enable participation in meaningful activities to increase connectivity and reduce loneliness.
- Work through our Place Partnerships with local communities and the VCSE as equal partners to support local geographic and other communities to identify and address what matters most to them and co-produce solutions that address issues and enable community development in a way that contributes to safer, stronger more vibrant communities.
- Supporting place partnerships working together with housing providers to address key issues associated with fuel poverty, including condensation, damp and mould.
- Through our Place Partnerships, Collaboratives and Alliances, and together with our communities, to harness our collective role as anchor institutes to aid community development.
- Use our ability as a partnership to share learning and influence wider partners so that all are able to act as an advocate for safer and stronger communities.



Our Shared Outcomes

4

People with the skills and resources they need to thrive



My health is dependent on my financial stability. If I can afford to heat my home, eat well, socialize, and commute to work safely then I am starting from a good foundation.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Why is it important?

- We know that being able to keep well, have choice and control and feel able to manage your own health and wellbeing is important to people in South Yorkshire. Equipping people with the skills and resources they need is vital so people have the information, knowledge, skills and confidence to keep well, manage and improve their own health and wellbeing and know when to seek support.
- To have a healthy society we need a range of building blocks in place as already described, these include stable jobs with good pay, quality housing, education and freedom from pressure towards unhealthy choices. As outlined socioeconomic factors such as education, employment and income all impact on our health and wellbeing.
- Together with a focus on the first 1,001 days, access to high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives. It is also important that learning opportunities are available for adults of all ages to develop the skills and qualifications needed for employment and progression.
- Equipping people with the skills and resources they need to thrive, through formal education, informal life-long learning, adult and community education, enables people to maximise their potential, participate in their communities and secure stable employment or contribute in other ways. It also equips people with the ability to research, ask questions, think critically, be curious and access/find the information and knowledge they need about how to manage their own health and wellbeing behaviours, supporting the wider prevention agenda.
- Being in work is good for both physical and mental health and wellbeing. Currently 72% of South Yorkshire residents aged 16-64 are in employment and this is significantly lower than the England average. Sheffield has one of the lowest rates in the country at 69%. As well as having less people employed in South Yorkshire the average weekly earnings are only 91% of the England average.
- Sickness absence in South Yorkshire is also higher than England. Doncaster has one of the highest rates in England, at 3.1%. There is a relationship between health and productivity, healthy people are more productive in the workplace.
- Affordability has been identified by people in South Yorkshire as an area of challenge and a barrier to enabling them to manage their health and wellbeing. It is anticipated that this will increase further as the cost of living increases, resulting in more children, young people and adults in South Yorkshire living in poverty.



What are we doing about it?

- The South Yorkshire Mayoral Combined Authority is working with partners to enable delivery of the South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan. The Strategic Economic Plan (SEP) sets out local leaders' blueprint to drive our post covid recovery and to transform South Yorkshire's economy and society for people, businesses and places. We are already working to develop an inclusive and sustainable economy. "An inclusive and sustainable economy is one that works for everyone, with no one being left behind. It also protects the needs of future generations by ensuring that these can be met within the means of our planet".
- To enable this, labour markets need to be inclusive and diverse so everyone can access good work with fair pay. The South Yorkshire Skills Strategy, which is in development, will help support lifelong learning and develop people with the appropriate skills to support the economy. Life-long learning and skills development is important at all ages and in ensuring that people working in unsustainable industries are able to transition into quality, good, green jobs.
- Partners in South Yorkshire are already working together to take forward a transport strategy, with a focus on affordable public transport and enabling a shift towards active travel.
- Health and care services are working together to enable people to have the information, knowledge, skills and confidence to improve their health and wellbeing and feel confident about taking control and looking after themselves. Healthy engaged people are more able to work and are more productive in the workplace and thus able to contribute to wider economic prosperity.
- Places are working with communities and the VCSE to understand what matters most to people in our communities and what we can do to help to mitigate the negative health and wellbeing impacts of the increasing cost of living, e.g. ensuring they have a single point of contact and streamlined access to welfare advice and support. Affordable public transport is identified as important to enhance access to services and jobs, reduce poverty and address inequalities.



As a South Yorkshire Integrated Care Partnership, we will:

- Strengthen our work together to ensure everyone in South Yorkshire can benefit from being in good work by harnessing the collective power of our anchor institutions and supporting the development of our health and care workforce.
- Take action with our partners to support those that may traditionally find it difficult to get into or stay in work or find other fulfilling ways to make a meaningful contribution, such as those with a physical or learning disability, or a long-term health condition. In South Yorkshire we have schemes in place such as Working Win, but we know we can do more to make a difference.
- Actively promote the development of inclusive labour markets by focusing on work and health, including local recruitment, supporting people to enter and stay in work, especially those with physical and mental health conditions, inclusion groups & in greatest need to address health inequalities.
- Partner with education and skills providers who offer skills development at all stages of the life-course, in both formal and informal learning settings, to enable people to develop the skills and acquire the knowledge and understanding to look after their own health and wellbeing where possible.

- Amplify, sharing learning and actively support the work underway in each of our places with local communities and the VCSE sector to reduce the impact of the increasing cost of living on people living in South Yorkshire, especially for those in the greatest need. Work together to understand those most at risk and to mitigate the impact of cost of living on access to health and care services and support.



Being able to flex my employment around my health needs is the most incredible gift and I cannot thank my employer enough for that, I've had jobs in the past where disability and health have always been a barrier in the workplace but where I currently work the culture and support available is genuinely the best I could ask for.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise





I think having a decent standard of living in many aspects such as financial health, whilst taking responsibility for own health is of utmost importance. Finance and health are linked in such a way where you can afford to eat healthy foods, something that has become a challenge in recent months. Everything is interlinked with Mental and Physical Health as well.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Bold Ambitions

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

1 Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

2 Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

3 Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

4 Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism

Joint Commitments

To enable successful delivery of our strategy requires us to do things fundamentally differently for our communities. Our commitments underpin delivery of our Integrated Care Strategy.

They are:

- To be **bold, generous, visible, creative and collaborative in our leadership** for the people of South Yorkshire, doing things differently being courageous and taking risks where it improves outcomes or reduces health inequalities.
- To **identify, recognise, and tackle systemic discrimination together** with a focus on anti-racism.
- To **reallocate our resources to where there is most need** and where they can have the greatest impact on population health outcomes. This means reducing duplication, investing differently and earlier in people's lives. It means reallocating our collective resources towards prevention and those people and areas with the greatest needs.
- To **join up service delivery and support** between health and social care and VCSE where it makes sense to do so in our places and across South Yorkshire.
- To **listen** and facilitate **co-production with people and communities.**
- To **create a culture of learning and innovation**, where best practice is shared confidently and adopted quickly across communities, places and South Yorkshire as a whole.
- Develop and deliver **inclusive enabling strategies which** support delivery of our strategy **to better health.**



What do we mean by these commitments?

Bold Collaborative Leadership

- As a Partnership we are making a joint commitment to bold, visible and collaborative leadership which embraces and empowers leaders at all levels and across all partners working within a distributed leadership model.
- We will harness the power of our collective leadership across the Partnership, including VCSE. We will take an inclusive approach to develop leaders at all levels to reflect the communities we serve and develop a leadership culture which is inspiring and courageous.

Identify, recognise and tackle systemic discrimination with a focus on anti-racism

- As a Partnership we are making a joint commitment to identify, **recognise and tackle systemic discrimination with a focus on anti-racism**. We will identify and make systematic discrimination visible and work together to create the conditions to address it and to ensure fair and inclusive treatment and engagement.
- We are committed to supporting health and care systems, change levers and management leadership behaviours to tackle ethnic health inequalities and promote quality of care, safety, compassion and **a fairer experience** for patients, NHS staff and diverse communities alike.

Reallocate our resources

- As a partnership we are making a joint commitment to **reallocate our resources to where there is most need** and where they can have the greatest impact on population health outcomes. This means reducing duplication, investing differently and earlier in people's lives. It means reallocating our collective resources towards prevention and those people and areas with the greatest needs.
- To deliver this Strategy we know that we will need to be more flexible with the use of our financial resources, rebalancing our spend towards prevention and those with the greatest needs to address health inequalities. This will mean collectively challenging ourselves as partners to operationalise a different approach to allocating our resources. We are committed to working through this together, understanding each other's differing financial regimes, the national constraints we need to operate within and considering what we can do differently, including the scope of our pooled budget arrangements.
- We will continue to strive to make best use of our financial resources, to ensure value for money and work towards a financially sustainable health and care system.



Joined up service delivery & support

- As a Partnership we are making a joint commitment to joined up service delivery and support. Through our engagement work we know that people really value access to high quality health and care services that are easy to navigate, personalised and joined up in their delivery. In every place in South Yorkshire, we are already working to join up service delivery and support by integrating health and care services. General practices are working together as Primary Care Networks, with community health services, mental health, social care, community pharmacy and the VCSE sector. They are working together to integrate health and care services through the creation of integrated multidisciplinary neighbourhood teams to deliver more preventative and personalised care, treatment and support for people in their local communities.
- Across South Yorkshire Better Care Fund Plans supported integration by enabling joint planning and pooled budgets between NHS commissioners and Local Authorities. Section 75 is a key tool to enable integration and is well utilised in South Yorkshire. Through the Better Care Fund, we have enabled people to stay independent for longer and improved our hospital discharge pathways and reablement services.

- There is still much more we can do to better integrate health and care services, physical and mental health services in each place working with our communities, the VCSE and our developing Provider Collaboratives and Alliances. By joining up service delivery and support we will be able to better meet the needs of individuals and communities in South Yorkshire.

Listening and co-production with people and communities

- As a partnership we are making an ongoing commitment to listen consistently to, and collectively act on, the experience and aspirations of local people and communities.
- We will work creatively and accessibly to reach those whose voices / views / opinions/ experiences that are underrepresented, seldom heard, too often ignored or not sought, working closely with the Voluntary Community and Social Enterprise sector (VCSE) and using flexible methods.
- Understanding the insights and diverse experiences of people and communities from across South Yorkshire is essential to help us build on all the strengths within those communities, enabling us to co design services to address health inequalities and the other challenges faced by our health and care system and our places.



Creating a Culture of Learning and Innovation

- In South Yorkshire we want to create the conditions for a high learning and sharing health and care system, where best practice is shared confidently and adopted quickly across communities, places and South Yorkshire as a whole.
- We want to work together to strengthen our approach to research and innovation and bridging the gap between new knowledge, research and implementing evidence of what works to improve for all our local communities. There are a number of healthcare research and innovation organisations that operate in South Yorkshire that we are already connecting with, including University of Sheffield and Sheffield Hallam University and we have also partnered with the Academic Health Science Network to establish an Innovation Hub.
- We are committed to further forging partnerships between the NHS, Universities and Industry to contribute to improving the health and wellbeing of people living in South Yorkshire. Our aim is to:
 - Increase the pace of adoption and spread of impactful innovation
 - Make data, research evidence and insights more accessible
 - To support researchers and innovators and remove obstacles for those with potentially impactful solutions for health and care
- The South Yorkshire Integrated Care Partnership provides a refreshed opportunity to advocate for increased focus for innovation and research in the primary and social care sectors and explore new opportunities for socially focused research on challenges experienced by our communities, including the wider determinants of health.
- We will develop and use plans for an Academy for Population Health and Health Inequalities as a platform to connect people working across all sectors of our health, care and VCSE system to raise awareness and share knowledge. The academy will develop the confidence and capability of our workforce to enable cultural change to facilitate better collaboration and integration with the intent of reducing health inequalities and improving the health of people across South Yorkshire.



How we will achieve our ambitions: Enabling plans and our partnerships

Inclusive Enabling Plans

Developing Our Workforce

- Our South Yorkshire health and care workforce is our greatest asset as an integrated care system. Over 72,000 people are employed across our NHS and care sectors, spanning over 300 diverse roles. In addition, our communities benefit from a strong Voluntary, Community and Social Enterprise (VCSE) sector. Our workforce has grown, but demand is now often outstripping supply and there are ongoing challenges which require us to work together differently as partners.
- In addition to our health and care workforce we also recognise the significant role of unpaid carers, which includes thousands of people providing unpaid care and support. Carers often experience poorer health outcomes themselves and report that the experience of care for their family member, and themselves could be improved.
- Volunteers play a substantial role in supporting the work of all sectors and communities across South Yorkshire, and we are working together to ensure that volunteers feel valued and supported, that opportunities to volunteer are inclusive, meaningful and varied, and that organisations working with volunteers collaborate to offer best practice in volunteer management and support.
- Across South Yorkshire we operate a well-established Workforce Hub. The Hub has been developed in partnership with Health Education England and is aligned to the NHS South Yorkshire. It delivers a range of workforce transformation programmes across health and care to support education and training, recruitment, retention, health and wellbeing, equality, diversity and inclusion, and new ways of working.
- It has been agreed with our partners to develop a workforce strategy for South Yorkshire. This will enable us to:
 - Ensure that our workforce feels valued and supported by health and care organisations in South Yorkshire and the system as a whole
 - Drive parity of esteem across sectors and develop a sense of belonging
 - Continue to support the health and wellbeing of our existing workforce
 - Develop our future health and care workforce, supporting local people to enter health and care roles, and those that may traditionally find it challenging to enter and stay in work, such as care leavers or people living with a physical or mental health conditions
 - Develop creative leadership across the health and care sector working with the creative sector

- Recruit and develop a workforce that reflects the diversity of the communities we serve
- Deliver the NHS People Plan ambition for more people, working differently, in a compassionate and inclusive culture and to ensure our workforce and staff find fulfilment and enjoyment in their work
- Progress shared development of innovative new workforce roles to meet emerging needs
- Deliver on our commitment to the Sheffield Race Equality Commission recommendation to become anti-racist employers by 2024
- Work with partners to address health inequalities, especially where protected characteristics have increased those inequalities
- Put in place programmes to support unpaid carers which are coproduced to meet their needs.

Quality and Quality Improvement

- Access to high quality health and care is consistently identified as a key theme that is important to people in South Yorkshire. We know that seeing this through a Health Inequalities lens is critical to delivery of our goal of Fairer Outcomes for All. Our approaches to Quality and Quality Improvement need to build on the principles of fairness and equity. We have embedded an approach to continuous improvement and delivery of high-quality services as a fundamental principle of our collective delivery. We are keen to build on this and to continue to

embed a culture of continuous learning and improvement across our Partners.

- Our Partners are committed to delivering high quality services that meet the needs of local communities and are evidence based, and to do this through embedding the voice of our citizens throughout our work; an area we are already progressing through our System Quality Group and our broader delivery programmes. Engaging with the power in the voices of local people, listening to their needs and being driven by high quality, timely, information is core to our continuous development.
- As well as being driven by continuous improvement, we will be responsive in our approach to quality management and understanding the key risks across the systems, working together to respond to pressures across the system, embedding a supportive culture and using our collective experience and expertise to ensure we mitigate any risks to service delivery.
- We have set out a series of key principles for Quality which we deliver through the work of the partnership:
 - We will work together to develop detailed **clear standards defining what high quality care and outcomes look like**, based on what matters to people and communities
 - Create a shared understanding of **accountabilities** for the delivery of **quality and safety** across the system.
 - Focus our **resource and embed effective quality governance** arrangements appropriately





- Core to our approach will be to reduce health **inequalities and minimise variations in the quality of care and outcomes across South Yorkshire** to inform our ongoing improvement
 - Embed a single, consistent approach to **measuring quality and safety** using KPIs triangulated with intelligence and professional insight
 - Celebrate **where we have got things right and share this learning** widely to continue our development journey
 - Focus on **adopting innovation, embedding research and monitoring care and outcomes** to provide progressive, high-quality health and care policy
- As part of setting out our governance arrangements, we have embedded an approach to quality and monitoring, which will further develop to complement our work programmes and delivery of services. We recognise, within this, the important role of regulators including the Care Quality Commission (CQC) and Office of Standards for Education, Children’s Services and Skills (OFSTED) in ensuring we meet requirements around safety and quality. We will continue to ensure that individually, and collectively, we work with agencies to learn and develop. This will include learning from good practices elsewhere both within and beyond the UK, embedding national policy and recommendations as well as learning from our local service delivery.



Improving access to services, care and support

- Access to health and care services is identified by people in South Yorkshire as important to them. Across health and care we know that there is variation in access and that there is more that we can do working with our local communities and VCSE to understand the barriers people face and how to enable these be overcome to facilitate more equitable access.
- Access to primary care is an area specifically identified. In recent years primary care has been challenged by increasing workload, both complexity and intensity and workforce challenges. The expectations of people and professionals are changing and with them the manner and scale in which services are delivered are being adapted, drawing on technology and digital solutions, balancing the need for face to face and remote consultations, whilst building capacity to enable us to meet increasing patient demand.
- The South Yorkshire Primary Care Provider Alliance brings together General Practice, Community Pharmacy, Dental and Optometry. It will develop a strategic plan for primary care which includes recommendations from the Fuller report published by NHS England. This will address the need to enable good access to services delivered at the right scale, whilst retaining the benefits of local neighbourhood services that offer continuity of care. NHS South Yorkshire will commission Community

Pharmacy, Dental and Optometry services from April 2024, creating an opportunity to play to the respective strengths of the providers of primary care services, including addressing issues with access to dentistry, widening the range of services available through Ophthalmic Opticians and increasing the role of community pharmacies in providing services and support to local populations.



What matters to me about my health and wellbeing is getting care for me & my family in a timely way when we need it - be it an ambulance, a care home, a GP appointment.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



- Similar to the position nationally, waiting lists for hospital treatment in South Yorkshire have increased through the pandemic. Working through our Acute Provider Collaborative we have a strong focus on reducing waiting times such as through Community Diagnostic Centre developments. We are also working through Place Partnerships and our Urgent and Emergency Care Alliance to develop and implement plans for winter to increase capacity and support to deliver more personalised and preventative care and support for people in their own homes.
- The pandemic has also increased demand for mental health services, including children's and young people's mental health and neuro diversity services resulting in increased waiting times. We are working through our Place Partnerships and our Mental Health Provider Collaborative to take action to address this. Our aspiration is in line with 'No Wrong Door', a NHS Confederation publication that sets out a vision for mental health, learning disability and autism services in 2032 is that there will be no wrong door to access quality and compassionate care and support.

Estates

- Health and care services in South Yorkshire are delivered in a wide range of buildings and hubs across our communities. An Estate Strategy for South Yorkshire was developed by NHS South Yorkshire during 2021/22. The Estate Strategy is working towards ensuring that we have modern, fit for purpose, sustainable and high-quality estate for the people in South Yorkshire. Its purpose is to demonstrate how our estate

can be improved over time, for the benefit of patients, staff and the local community. This includes supporting a wide range of projects such as plans to upgrade hospital facilities, for example the redevelopment of Doncaster Hospital and working together as partners to invest in estate in town centre locations to improve access, increase footfall and maximise social value.

- We have been increasingly moving from a functional approach to managing our estate, to one which looks at the whole estate across South Yorkshire, building on the 'One Public Estate' approach and principles. The Estate Strategy embeds this approach and provides a strategic focus and added value via a collaborative and innovative approach to estates management, maintenance and efficiency; and strategic development and investment across the ICB footprint. It supports delivery of our clinical strategies and joint plans to maximise use of our assets through greater utilisation of existing estate, co-locating with other agencies and services where possible, creating a better patient environment and reducing the carbon emissions linked to our estate.
- Through this we are committed to taking a strategic approach to managing our estate to get the most out of our collective assets. That includes working with our communities to ensure that we plan and deliver integrated services that are in the right places and furthering our role as anchor institutions by supporting the use of our estate by VCSE and local communities contributing to social value.



Digital, data and technology

- In South Yorkshire we have an ambitious plan for digital transformation. Our vision is to promote and coordinate optimal use of digital tools, integration and interoperability of technologies (how technologies speak to each other and work together) to create a seamless digital experience for people and clinical staff with the aim of increasing safety, improving experience and reducing inequity.
- Our priorities are:
 - Working with communities VCSE and other anchor organisations / institutes to enable digital inclusion
 - Actively supporting improvements in partner digital maturity and digital transformation including delivery of electronic health records and shared care records. This will support joined up service delivery, improve access to data for health and care staff and improve reliability and cyber security
 - Implementing transformative technologies for our public to remotely interact with their care record, use new remote monitoring technologies to access health and care services and manage their own health and wellbeing
 - Develop a digital workforce strategy to improve digital and technical expertise and enable new ways of working
- We are committed to working with partners to co create a high-quality intelligence service for South Yorkshire to enable better use of data to understand our population health needs and health inequalities. Practically this means:
 - Supporting development of a data-literate community across South Yorkshire to develop an insight-led health and care system
 - Provision of a South Yorkshire data platform, collating not only health and care data, but information integral to understanding wider determinants of health
 - Supporting, where legally appropriate, sharing of data and information with research partners
 - Expanding our analytical capability to use innovative tools, techniques and advanced analytics to deepen our understanding of outcomes and develop new integrated pathways of care
 - Building a strong analytical community to promote sharing of data management and analysis skills and expertise across the system





What matters to me is staying healthy to enable me to stay independent and remain in my own home as long as possible.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Sustainability

- A Sustainability and Green Plan was launched by the South Yorkshire Integrated Care System in 2022. It sets out a programme of work that focuses action on a number of areas including estates and facilities, travel and transport, supply chain, medicines and adaptations, alongside workforce and digital. Local priorities were also identified, including primary care. The agreed programme of work set out in the South Yorkshire ICS Sustainability and Green Plan enables us to exploit synergies between partners.
- Climate change and population health are closely linked, the actions needed to promote sustainability and tackle climate change are also those that contribute to preventing ill health and improving population health. Taking a more preventative approach to health also can reduce health sector carbon emissions. Recognising this interdependence, as an Integrated Care Partnership we will collaborate with existing programmes of work and strengthen our commitment as partners to work together and with others to have a wider impact. By joining up our work to raise awareness, educate our workforce and progress initiatives to deliver sustainable travel, active travel, reduce air pollution and other sustainability initiatives.
- Action on climate and the environment also can improve health and reduce health inequalities through other mechanisms. For example, improving the energy efficiency of homes results in warmer homes and helps reduce the cost of living, both which are related to better health outcomes and contribute to reducing health inequalities. The creation of good, accessible, green jobs could be targeted to those further away from the labour market and to those needing to transition from carbon intensive jobs.
- There are also many opportunities to boost the local economy collectively as anchor institutions by meeting South Yorkshire's net zero ambition, including the needs of the NHS, by supporting local innovation, local businesses and local jobs.





- Working with partners to support nature recovery will also benefit health by providing more options for nature connectivity for our communities and can also support climate adaptation by reducing flood risk and protecting against high urban temperatures.
- The NHS has committed to reaching carbon net zero. The Health and Care Act 2022 placed new duties on NHS to contribute towards statutory emissions and environmental targets. The South Yorkshire Mayoral Combined Authority and Local Authorities are moving at pace to develop tangible plans for how they tackle climate change, including the Mayoral manifesto commitment to establish a South Yorkshire Citizens Assembly for Climate Change and together this has fuelled our collective ambition.

Broadening & strengthening our partnerships

- As a Partnership we will only be able to achieve our bold ambitions and make progress in relation to our shared outcomes to improve the health and wellbeing of people living in South Yorkshire and reduce health inequalities if we work together as partners and broaden and strengthen our partnerships.





What matters to my health and wellbeing is having care systems that work for the patient. I have complex health needs so I need a health system that connects services together. In theory this happens but in reality it does not. I spend a lot of my time connecting the missing dots, sharing missed letters between professionals so we can have wider conversations about my health as one condition can affect another.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Working with our Voluntary, Community and Social Enterprise Sector (VCSE)

VCSE Sector in South Yorkshire

- South Yorkshire is home to over 6000 diverse VCSE organisations undertaking wide ranging activities and services that impact positively on the health and wellbeing of our communities. This includes small grassroots community associations, community groups, voluntary organisations, faith groups, charities, not for private profit companies and social enterprises. It also includes the creative and cultural sector.



How will we work in real partnership with VCSE?

- We hugely value the contribution of VCSE organisations to our health and care landscape, and the Integrated Care System is committed to embedding and strengthening the role of the VCSE sector as an equal partner in our work, fulfilling its potential to collaborate on strategy, delivery, engagement and insight.
- To enable and support this, we are working with our VCSE partners to develop a VCSE Alliance. The Alliance will enable VCSE organisations across South Yorkshire (and Bassetlaw where appropriate) to participate in system work in meaningful ways including networking, information exchange, co-designing new opportunities and participating in South Yorkshire level ICS meetings. The Alliance will connect with VCSE organisations and networks in our Places, and will be guided by a Steering Group of VCSE infrastructure leaders (please see diagram).
- A new VCSE and ICS Memorandum of Understanding describes our relationship underpinned by shared values, principles, responsibilities and priorities. This has been co-designed by VCSE partners and conversations with NHS and Local Authority partners and will be adopted in 2022/23.
- Our 'enabling' priorities for partnership working include strengthening our VCSE commissioning and investment approach, enhancing communications, and building a culture of parity of esteem.



What will we do together?

- We will build on successful work already underway such as social prescribing and identify new opportunities and potential for collaboration across our system partners and transformation priorities.
- We have started a conversation about how we value and support the workforce both paid and unpaid across all sectors in South Yorkshire and will co-design a new workforce strategy with Voluntary, Community and Social Enterprise Sector partners.
- We will continue to utilise VCSE expertise in our work with VCSE, NHS and Local Authority partners to strengthen and support volunteering across South Yorkshire.
- We are scoping opportunities to understand how our Voluntary, Community and Social Enterprise Sector partners can work with us to improve outcomes on a range of pathways, including mental health, maternity and stroke.
- With our renewed commitment to enhancing population health and tackling health inequalities, we will harness VCSE expertise and knowledge of our local communities of geography and diversity. Building on our experience of and learning from collaboration during the Covid-19 pandemic, and as we look ahead to a cost of living crisis, this has never been more important.

Working with other agencies including Housing and Education

- Place Partnerships in South Yorkshire are already facilitating multi-agency collaboration that enables consideration of the physical, social, structural, cultural and commercial environments people live in that directly impact on their ability to lead a healthy life.
- To enable children and young people to have the best start in life we will build on the existing relationships to strengthen our work with education providers. Education is a key factor that influences the health and wellbeing of children, young people. Not being in education increases the risk of a range of negative outcomes for young people. Increasing access to a high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives.



- To enable people in South Yorkshire to live longer healthier lives we will build on our existing relationships with adult focused education providers, including through the development of the South Yorkshire Skills Strategy. Life long learning is important to enable people to develop the skills to work and for career progression so we will work with Life-Long learning delivery partners and the VCSE to ensure people continue to learn the skills they need to thrive in the fast-changing world of the 21st Century.
- We will also build on existing relationships with housing providers to support people to access the right housing support they need, as the quality of housing, house tenure and affordability are all linked to health and wellbeing.
- As a South Yorkshire Integrated Care Partnership we will strengthen multiagency collaboration through our Place Partnerships and facilitate work with other agencies across South Yorkshire where it adds value to do so. This could be on planning for cross boundary housing developments, engaging with communities and public transport providers across South Yorkshire to improve links, walking and cycling routes and further developing sustainable and active travel.
- We will also build partnerships approaches with others, including working with the Police and Crime Commissioner. As part of this we are commencing partnership working with the violence reduction unit to prevent and reduce crime.

Harnessing our collective role as 'Anchor Institutions' - Working through our Partnerships to develop an Anchor System

- Health, Local Authorities, Universities and other large employing organisation in our communities are 'anchor institutions' which have an important presence in an area. This is usually through a combination of being largescale employers; the largest purchasers of goods and services; controlling large areas of land; and having relatively fixed assets. The term anchor is used because they are unlikely to relocate given their connection to their local community. They can make a real difference to social determinants and have a significant influence on the health and wellbeing of communities.
- In South Yorkshire we are committed to collectively harness our role as 'Anchor Institutions' across the NHS, Local Authorities, Universities, particularly maximising our collective contribution as large scale employers to support the health and wellbeing of our staff, develop the health and care workforce for the future, creating a more inclusive and sustainable economy.



8

Enabling delivery of our Integrated Care Strategy and measuring success

- To enable delivery of our Integrated Care Strategy we will develop a delivery plan overseen by our Integrated Care Partnership.
- The NHS South Yorkshire Five Year Joint Forward Plan to be developed by March 2023 will be a key delivery vehicle for our Integrated Care Strategy.
- We will also develop an outcomes framework to inform and monitor our progress towards our goals and vision.
- The framework will include the multiple levels at which we need to track our progress as reflected in this strategy. We will develop a dashboard to present the selected measures which will comprise:
 - an assessment of the health needs of the South Yorkshire population. This has been largely completed and was used as the basis of this strategy
 - metrics that reflect the high level goals that underpin our vision
 - the ambitions we have set ourselves where we will work differently as a partnership



- the metrics that reflect our shared outcomes. These are largely based on existing place plans and outcomes frameworks
- the measures and metrics (or proxy measures) that are used by each partner in the partnership to inform and monitor their input to our shared outcomes, ambitions and vision
- An initial set of proposed metrics are set out in the appendix but will be developed further alongside the progressing of the partnership and partner delivery plans to make sure our actions can be linked to the outcomes we want to achieve



Artwork created and submitted by a South Yorkshire Citizen submitted as part of the What Matters to You exercise

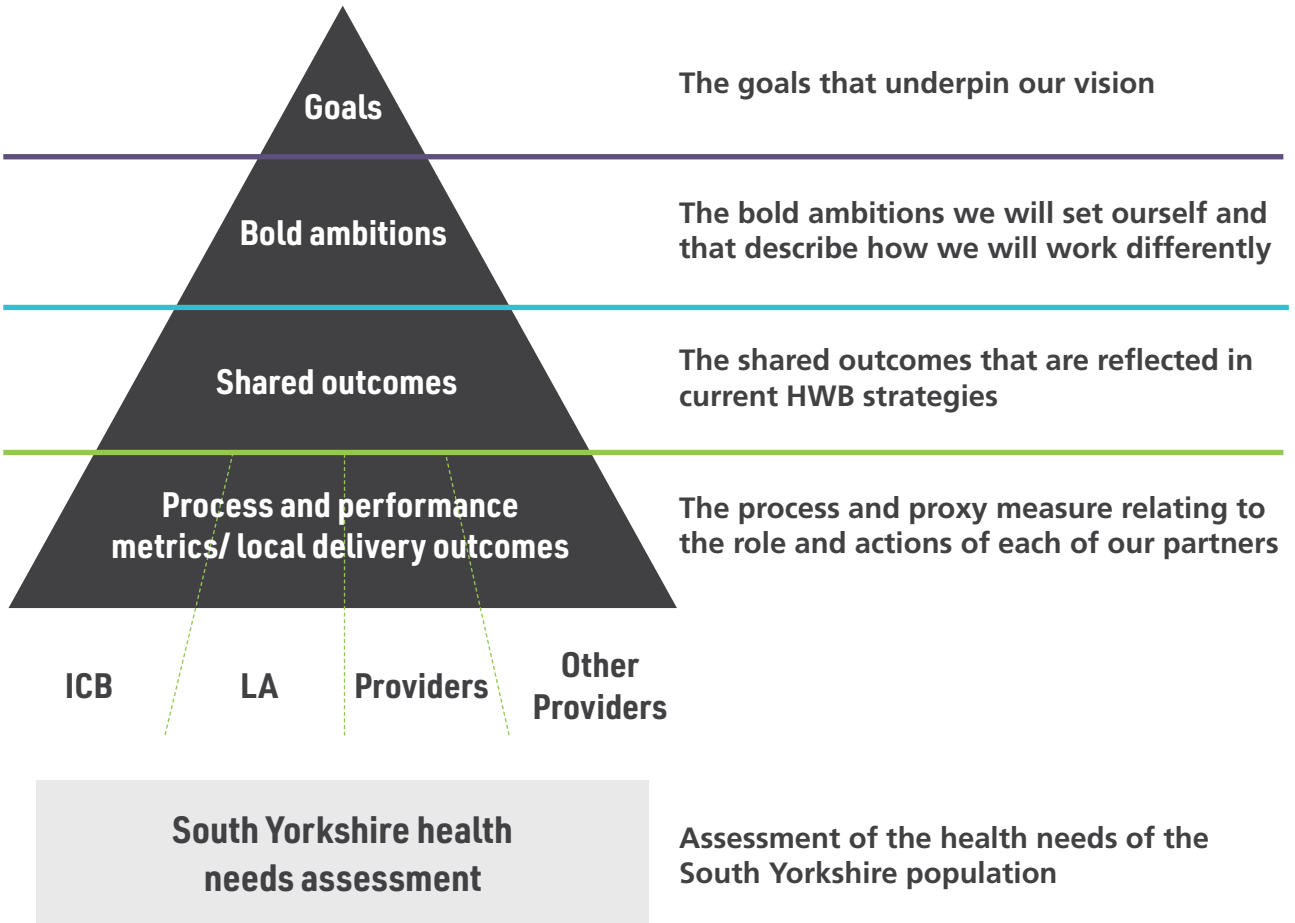


Having a work life balance is crucial to my health and wellbeing, working keeps me well as I love what I do, but on the flipside sharing quality time with my friends and family really makes my heart sing.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Figure 1 Proposed outcomes framework for South Yorkshire Integrated Care Strategy



My health is central to my hopes, ambitions and opportunities.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Appendices

Full Engagement Report:

https://syics.co.uk/application/files/7516/7094/4690/Final_phase_2_report.pdf

South Yorkshire Population Health Needs Assessment:

https://syics.co.uk/download_file/2837/0

Developing our Outcome Framework:

https://syics.co.uk/download_file/2836/0

Appendices

Strategy/Plan	Place	Link
Health & Wellbeing Strategies in South Yorkshire	Barnsley	Barnsley Health and Wellbeing Strategy 2021 – 2030:
	Rotherham	rotherham-joint-health-and-wellbeing-strategy (rotherhamhealthandwellbeing.org.uk)
	Doncaster	051115 i9 HWB_Strategy update 2015 Ap4.pdf (moderngov.co.uk)
	Sheffield	Joint Health Wellbeing Strategy 2019-24.pdf (sheffield.gov.uk)
Place Health and Care Plans	Barnsley	Barnsley Health and Care Plan Refresh 22/23
	Rotherham	Rotherham Integrated Care P Place Plan appendix.pdf
	Doncaster	DCCG-Place-Plan-Refresh-2019-22-web-FINAL.pdf (doncasterccg.nhs.uk)
	Sheffield	Shaping-Sheffield-Main-Doc-Final.pdf (sheffieldhcp.org.uk)
South Yorkshire Strategic Five Year Plan	South Yorkshire Strategic Five Year Plan	Five Year Plan (2019 - 2024): SYB ICS (syics.co.uk)
	South Yorkshire Green & Sustainability Plan	South Yorkshire Green & Sustainability Plan
South Yorkshire Strategic Economic Plan	South Yorkshire Strategic Economic Plan	SCR_SEP_Full_Draft_Ja (southyorkshire-ca.gov.uk)
South Yorkshire Housing Prospectus	South Yorkshire Housing Prospectus	Home Yorkshire Housing



South Yorkshire Integrated Care Partnership Membership Nominations

	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire Wide
Health and Wellbeing Board Chairs and other elected members	Councillor Caroline Makinson	Councillor Rachael Blake Councillor Nigel Ball	Councillor David Roche	Councillor Angela Argenzio	
Local Authority Chief Executive		Damian Allen, Chief Executive DMBC	Sharon Kemp, Chief Executive RMBC		
ICB Executive and Non-Executive Members					<p>Pearse Butler, ICB Chair</p> <p>Gavin Boyle, ICB Chief Executive (Vice chair)</p> <p>Will Cleary-Gray, ICB Executive Director of Strategy and Partnerships</p> <p>Christine Joy, ICB Chief People Officer</p> <p>David Crichton, ICB Chief Medical Officer</p> <p>Cathy Winfield, Chief Nursing Officer</p> <p>Wendy Lowder, ICB Executive Place Director</p>
Public Health		Rupert Suckling, Director of Public Health		Greg Fell, Director of Public Health	
Adult Social Care				Alexis Chappell, Director of Adult Health and Social Care	
Children and Young People	Carly Speechley, Director of Children and Families				Suzie Joyner. Strategic Director Children services, Rotherham (TBC)



	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire Wide
Voluntary, Community and Social Enterprise Sector		Dolly Agoro Co-chair Doncaster inclusion and fairness forum	Kate Davis Chief Executive Crossroads, Rotherham	Helen Steers Director of Strategic Partnerships, VAS	
Hospitals	Sheena McDonnell, Chair - Barnsley Hospital		Richard Jenkins, Chief Executive Rotherham and Barnsley Hospitals		
Primary Care			Dr Jason Page GP Primary Care		
Housing	Kathy McArdle, Service Director - Regeneration and Culture			Juliann Hall Co-Director of Care, Health and Wellbeing, SYHA	
Education					
South Yorkshire Mayoral Combined Authority					Oliver Coppard (Chair)
Workforce					
Mental Health	Adrian England, Independent Chair – Mental Health, Learning Disability and Autism Partnership				



Glossary

<p>ICS</p>	<p>Integrated Care System</p>	<p>Statutory Integrated Care Systems (ICSs) are being set up to bring local authorities, NHS organisations, combined authorities and the Voluntary, Community and Social Enterprise Sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.</p>
<p>ICP</p>	<p>Integrated Care Partnership</p>	<p>A statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary, Community and Social Enterprise Sector and other partners. The ICP is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities.</p>
<p>ICB</p>	<p>Integrated Care Board</p>	<p>An NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members including Healthwatch, Mental Health and the Voluntary Care Sector representation.</p>
<p>SYMCA</p>	<p>South Yorkshire Mayoral Combined Authority</p>	<p>A formal partnership of our four local authorities in South Yorkshire: Barnsley Metropolitan Borough Council, Doncaster Council (City of Doncaster Council from January 2023), Rotherham Metropolitan Borough Council and Sheffield City Council. It covers the same population and is led by an elected Mayor.</p>
<p>VCSE</p>	<p>Voluntary, Community, Social Enterprise Sector</p>	<p>VCSE sector is a term that refers to the voluntary, community and social enterprise sector, as all working with a social purpose.</p>
<p>LE</p>	<p>Life expectancy</p>	<p>Life expectancy (LE) is an estimate of how many years a person might be expected to live, whereas healthy life expectancy (HLE)</p>
<p>HLE</p>	<p>Healthy life expectancy</p>	<p>is an estimate of how many years they might live in a 'healthy' state. Both of them are key summary measure of a population's health.</p>



Core20 Plus 5	Core20 Plus 5 Framework	The 'Core 20 Plus 5' an NHS England health inequalities framework to support local health services to focus action the most deprived neighbourhoods (core20), locally identified groups (plus) and Five clinical areas that will impact significantly on health inequalities if we accelerate improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and high lipids. Alongside decreasing smoking.
PHM	Population Health Management	Population health management (PHM) is an approach that uses data and insight to help health and care systems to improve population health and wellbeing, by identifying those individuals and communities who are at risk or are experiencing poor health outcomes and adapting the way we support and care or broader interventions are delivered to improve patient experience, access and outcomes.
BCF	Better Care Fund	The Better Care Fund is a programme that supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.
CQC	Care Quality Commission	The Care Quality Commission, CQC is the independent regulator of health and adult social care in England.
OFSTED	Office of Standards for Education, Children's Services and Skills	Ofsted is the Office for Standards in Education, Children's Services and Skills . They inspect services providing education and skills for learners of all ages.
MSK	Musculoskeletal	Musculoskeletal (MSK) is a medical condition that can affect your joints, bones and muscles. They can range from minor injuries to long term conditions. It is estimated that over 30 million working days are lost to MSK conditions every year in the UK.
CVD	Cardiovascular disease	Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. CVD includes all heart and circulatory diseases, including coronary heart disease, angina, heart attack, congenital heart disease, hypertension, stroke and vascular dementia.
SMI	Serious Mental Illness	Serious Mental Illness (SMI) is a term used to describe people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.



Our thanks

Our thanks to the following organisations, who held focus groups or provided feedback through surveys that helped to influence this strategy:

- Barnsley College, Dark Nights
- Barnsley Parent Carer Forum
- Barnsley Youth Council
- Beacon Coffee Morning (Carers)
- Breathing Space Rotherham
- Chilypep
- Citizens Advice Event, Barnsley Library
- Doncaster District Deaf Society, Happy Hands
- Doncaster Health Ambassadors
- Healthwatch South Yorkshire
- KickBack Recovery
- Newlife
- Roshni Asian Sheffield Women's Group
- Rotherham Ethnic Minority Alliance
- Safeguarding Event, Barnsley Market
- Salvation Army Goldthorpe Foodbank
- Sheffield Mansel Primary School
- South Yorkshire Stroke Survivor and Carer Panel
- Speakup for Autism
- SY Military Veterans support
- TransBarnsley
- Umbrella Winter Wellbeing



SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire
our Initial Integrated Care Strategy

March 2023

Email

helloworkingtogether@nhs.net

Address

**South Yorkshire Integrated Care Board
722 Prince of Wales Road
Sheffield
S9 4EU**

Telephone

0114 305 4487

SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire
Summary: Integrated Care Strategy

March 2023



Introduction

South Yorkshire has much to be proud of with our strong and vibrant communities, proactive voluntary sector and a broad range of health and care services providing a strong foundation for improvement.

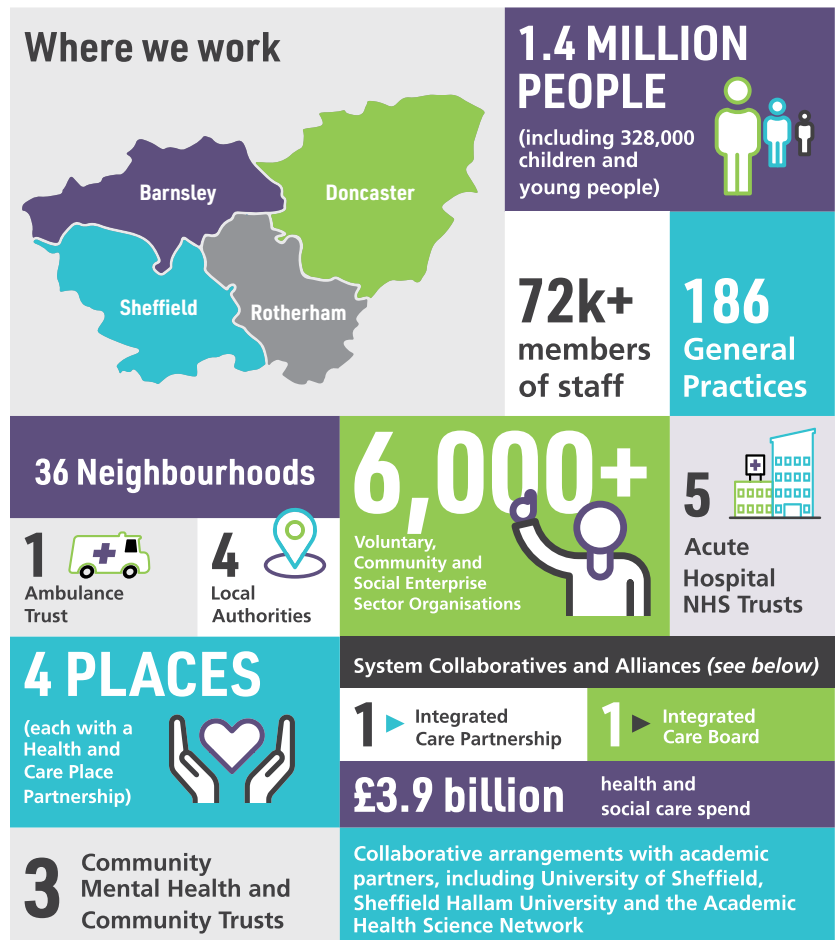
South Yorkshire developed around the industries of mining and steel and this industrial heritage means our close communities have a deep sense of place and identity. These have developed into a diverse and vibrant economy with health and care, advanced manufacturing, research and education being significant industry sectors across South Yorkshire. We are a diverse and welcoming county with outstanding natural, heritage, cultural and artistic assets. We are geographically compact and fortunate in our location, in that we have good access to open green spaces, including the western edge of Sheffield and Barnsley bordering the Peak District National Park. All this contributes to South Yorkshire being a great place to be born, live and work.

In South Yorkshire we want everyone to live happy and healthier lives for longer. We are living in difficult times, managing the lasting impact of covid 19 and the increasing cost of living challenges.

Our engagement work found that good access to high quality care and support is really important to people in South Yorkshire and as a Partnership we are making joint commitments to improve this. We will continue to work with you, listen to you, involve you and respond actively to what you tell us.

This Strategy was developed between September and December 2022 by our newly formed Integrated Care Partnership and covers the years up to 2030. It is a legal requirement and we see it as a beginning of a journey with the people and communities of South Yorkshire. We will work with communities and our voluntary, community and social enterprise sector.

This strategy and the plans that support delivery will change and improve through your involvement, including our NHS Joint Forward Plan. The health and wellbeing of everyone matters to us all. We look forward to working with each of you for a happy, healthier South Yorkshire.



Foreword

The Mayor of South Yorkshire - Oliver Coppard

This strategy is a test; a test we are setting ourselves. Included in that test are questions we have asked ourselves before. And if we do not rise to the challenge this time, we will be back here again in a few years' time to ask ourselves those questions again. And within those intervening years yet more people – our friends, colleagues and neighbours – will have had their lives blighted, their careers cut short, and their happiness undermined by ill health.

So I am determined we will make a positive difference to the health of our communities across South Yorkshire, and this strategy is where we start. We have to challenge ourselves to think radically about what we do and how we do it.

That's why this strategy is so important as we look ahead over the next decade to 2030. If we achieve the goals in this strategy we will improve the health of our communities across Barnsley, Rotherham, Doncaster and Sheffield, tackle deep seated inequalities in health outcomes and access, make the most of the resources we have, and make sure our health and care services support our wider objectives as a region; making South Yorkshire a healthier, wealthier and happier place.

If we're going to achieve those goals, we will need to use not just the £3.8bn spent on health and care but also the wider £16bn of public services spent in South Yorkshire each year to help those who need it most. We will need our 72,000 strong health and care staff to have the skills and resources they need to support our communities.

We need all our public services, such as employment support, transport and housing, to promote good health. We will need to listen to and strengthen our voluntary and community sector and recognise them as the equal partner they are. And we will need to put the lived experiences of our diverse communities at the heart of the way in which we work.

There are no shortage of great assets and examples of good practice across South Yorkshire upon which we can build however, there is no denying the scale of the challenge we face; those challenges are longstanding and complex. Some people in our communities will live shorter lives than others, by as much as nearly a decade in some cases. Life expectancy in South Yorkshire is no longer going up, something that has not happened in the last 40 years.



There is healthy life expectancy gap of 20 years between some of our communities. And around a third of people across our region are living in some of the most deprived parts of our country.

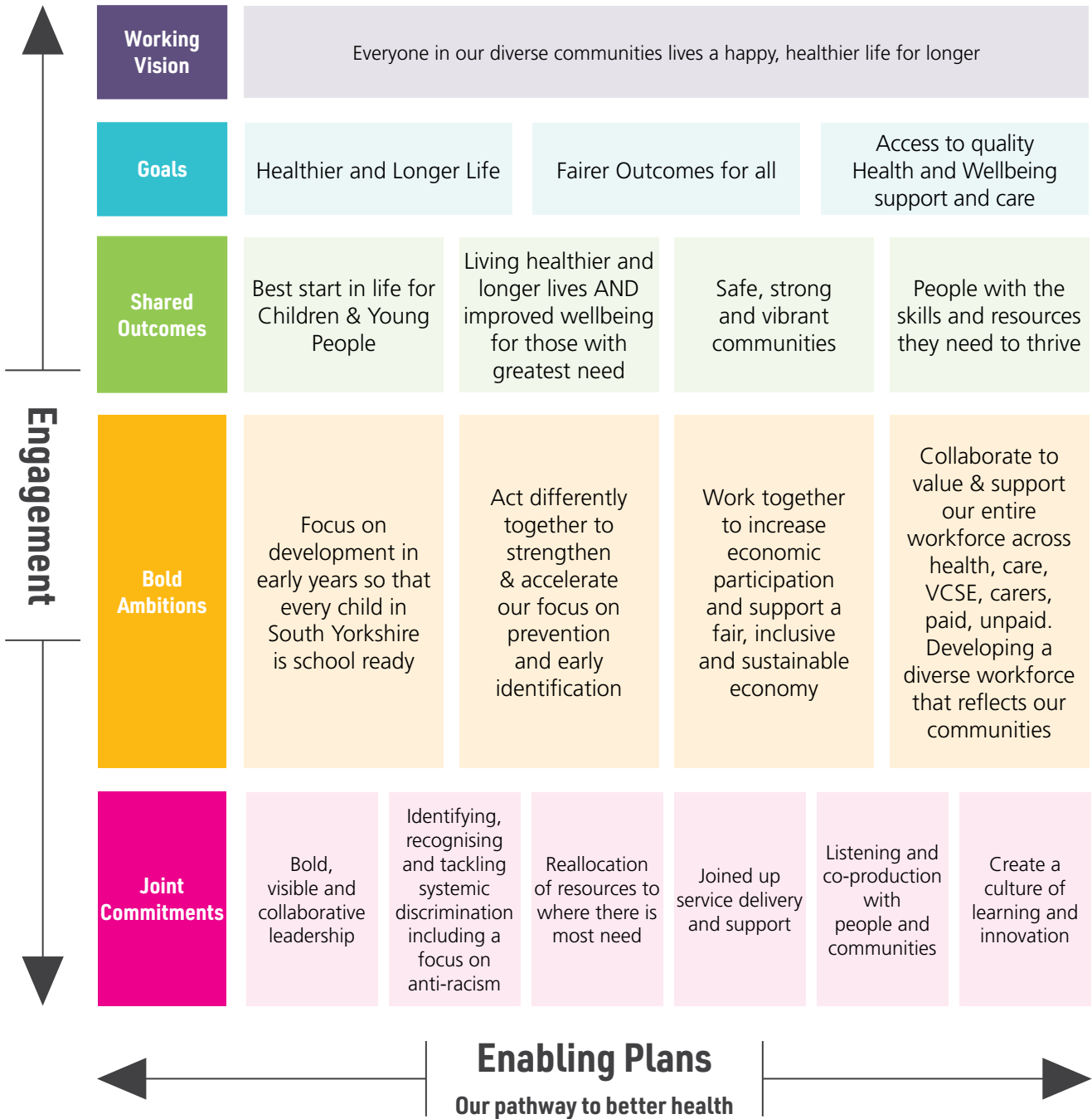
So the challenges are undeniable. But there is nothing inevitable or insurmountable about them. If we are going to overcome those challenges, together, we must do things differently.

Our commitment to you, our 1.4 million strong community across South Yorkshire, is to work in partnership together, to do things differently, to focus our people and our resources on those that need them the most, and to accelerate our focus on prevention and early identification. And through all of this we will continue to put our community's voices and needs first. This is our plan for a happy, healthier South Yorkshire.

Oliver Coppard
Mayor of South Yorkshire

Summary Plan on a Page

Our Shared Outcomes, Bold Ambitions and Joint Commitments



Bold Ambitions

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

1

Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

2

Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

3

Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024.

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

4

Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism.

Our vision, strategic goals and shared outcomes for South Yorkshire

To achieve our vision of 'Everyone in our diverse communities lives a happy, healthier life for longer', there are some serious challenges to overcome. South Yorkshire has a significant proportion (37%) of people living in the most 20% deprived areas nationally. Life expectancy in South Yorkshire is no longer increasing. Not only are people in South Yorkshire dying younger, they are living fewer years in good health. There is also a significant difference in the number of years people can expect to live in good health, with those living in the most deprived areas dying up to nine years earlier compared to people living in more affluent areas across South Yorkshire communities.

The gap in life expectancy between the most and least deprived areas is also widening. Our commitment in this strategy is to change this. The Covid pandemic has further exposed these deep inequalities and it is evident that the current cost of living crisis has further exacerbated these disparities. South Yorkshire with its relatively lower level of earnings and employment is particularly vulnerable. Health inequalities are not inevitable and by definition are preventable. It is within this challenging context that we have come together to develop our South Yorkshire Integrated Care Partnership with refreshed energy and renewed commitment to collaborate as partners and work with our local communities of Barnsley, Doncaster, Rotherham and Sheffield to work differently together to address health inequalities and improve the health and wellbeing of all people living in South Yorkshire.



Our aim is to:

- Halt the stall in Life Expectancy (LE) in South Yorkshire and improve it by 3 years by 2028/30
- Halt the stall in Healthy Life Expectancy (HLE) and close the gap between South Yorkshire and England by 2028/30
- Close the gap in healthy years lived between the most and least deprived groups in South Yorkshire

Our vision and goals are supported by four shared outcomes which are reflected in all our current Health and Wellbeing Board Strategies in each of our places. These shared outcomes align well to the life courses of Starting Well, Living Well and Aging well and act as an enabler in this strategy for current plans. These are:

- Children and young people have the best start in life
- People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- People are supported to live in safe, strong and vibrant communities
- People are equipped with the skills and resources they need to thrive

In this strategy we will set out a focussed number of bold ambitions to support achievement of our shared outcomes which can only be achieved by all partners working together. We will work together to address the wider social, economic, environmental and commercial determinants of health.

Listening to our communities in creating this Strategy

As an Integrated Care Partnership we have a clear commitment to ongoing engagement with our communities. When developing this strategy we started by understanding what matters to people living in South Yorkshire by gathering insight from a wide range of engagement and involvement activities undertaken in South Yorkshire in the last two years by our ICP partners, from 284 different sources (for more details see the full strategy on the Integrated Care System website). We then asked our communities as simple question to build on this: 'What Matters to You?'

This campaign took place over November and December 2022. Working with our local Healthwatches and VCSE, we reached out to as many people as possible in South Yorkshire, including our health and care workforce, children and young people, under-represented and socially excluded groups, and asked 'What matters to you about your health and wellbeing?'. More than 500 individuals and groups responded.

The feedback from the insight work and the campaign has been actively used to shape and inform our Strategy. The insight work identified that there was a need for more information about health prevention and availability of different health and social care services, to make it easy for people to access health and social care services and removing barriers and to provide people with the information, tools and capacity to manage their own care.

These themes of awareness, access and agency were replicated in the responses to the 'What matters to you about your health and wellbeing?' question.



What matters to my health and wellbeing is having care systems that work for the patient. I have complex health needs so I need a health system that connects services together. In theory this happens but in reality it does not. I spend a lot of my time connecting the missing dots, sharing missed letters between professionals so we can have wider conversations about my health as one condition can affect another.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Individuals and groups said their highest priorities were access to and quality of care, improving mental health and wellbeing, support to live well, the wider determinants of health, and affordability, given the pressure on the cost of living. All of these themes have been used to shape our strategy. To improve access to services we know that we need to address increasing waiting times. Improving access to primary care, urgent and emergency care, mental health services and hospital services are a key area of focus for our immediate delivery plans, including our NHS Five Year Joint Forward Plan and work is already underway.

We will continue to engage with our communities over the coming months and years. If you want to know more about the Integrated Care Partnership strategy or read the full strategy and engagement report, please visit

<https://southyorkshire.icb.nhs.uk/get-involved>

SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire
Summary: Integrated Care Strategy

March 2023

Our thanks

Our thanks to the following organisations, who held focus groups or provided feedback through surveys that helped to influence this strategy:

- Barnsley College, Dark Nights
- Barnsley Parent Carer Forum
- Barnsley Youth Council
- Beacon Coffee Morning (Carers)
- Breathing Space Rotherham
- Chilypep
- Citizens Advice Event, Barnsley Library
- Doncaster District Deaf Society, Happy Hands
- Doncaster Health Ambassadors
- Healthwatch South Yorkshire
- KickBack Recovery
- Newlife
- Roshni Asian Sheffield Women's Group
- Rotherham Ethnic Minority Alliance
- Safeguarding Event, Barnsley Market
- Salvation Army Goldthorpe Foodbank
- Sheffield Mansel Primary School
- South Yorkshire Stroke Survivor and Carer Panel
- Speakup for Autism
- SY Military Veterans support
- TransBarnsley
- Umbrella Winter Wellbeing

Email

helloworkingtogether@nhs.net

Address

**South Yorkshire Integrated Care Board
722 Prince of Wales Road
Sheffield
S9 4EU**

Telephone

0114 305 4487



South Yorkshire Integrated Care Partnership Strategy (Plan)

Working together to build a healthier South Yorkshire



Easy Read

About this Plan



The law says that South Yorkshire Integrated Care Partnership needed to write a plan to say what they will do from now until 2030 for people and communities in South Yorkshire.



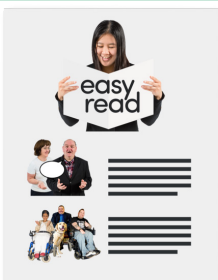
Integrated Care Partnerships are made up of lots of different organisations across different areas. Like councils, NHS, Voluntary and community organisations and people who live in local communities.



South Yorkshire Integrated Care Partnership is made up of organisations from across Sheffield, Doncaster, Rotherham, and Barnsley.



The idea of an Integrated Care Partnership is that organisations and people work together across different areas to make services better.



This easy read tells you about South Yorkshire plans. These plans have been agreed by the Mayor of South Yorkshire Oliver Coppard.

Page 168



We will carry on working with people in South Yorkshire to make sure this plan works well.



When we say “We” and “Our” in this easy read we mean the Integrated Care Partnership.

Our Plan for South Yorkshire



We want to make sure that everyone in South Yorkshire lives a happy, healthier, and longer life.



To do this we will make sure that:

1. Children and young people have the best start in life
2. People live longer and healthier lives
3. People live in safe and strong communities
4. People can get the skills they need to be able to live a good life

The next pages tell you how we will do this

Making sure children and young people across South Yorkshire have the best start in life.

What we are doing now:



- We are working across services and organisations in Rotherham, Doncaster, Barnsley and Sheffield to make sure all of our children and young people have good physical and mental health.



- We are working with children young people and their families to make sure people have a voice.



- We are setting up family hubs in South Yorkshire to make sure that all our children are supported well in their early years.



- We are working to make sure that children who face health inequalities (when people don't get the same care as everyone else) get access to the services and support they need.

Making sure children and young people across South Yorkshire have the best start in life.

What we are doing now:



- We are working hard to make sure children who are in care get the support they need to live good lives.



- We are working together with social care services to help families and children stay together and have access to early help.

What we will do in the future:



- We will work quickly with different organisations to make sure that children get the support they need in their early years so they are ready for school.



- We will make sure that the voice of children and young people are at the centre of our plans.

Making sure children and young people across South Yorkshire have the best start in life.

What we will do in the future:



- We will make sure our maternity services get better.



- We will work together with all organisations across South Yorkshire, so children, young people and families get the support they need.



- We will make sure all of our children get access to the right information and skills so they have good physical and mental health.



- We will make sure people can access mental health and well-being services.

Helping people across South Yorkshire live longer and healthier lives.

What we are doing now:



- We are working together with communities across South Yorkshire to make education, skills, housing, and communities better.



- We are working together to look at how people can access services to help them stop smoking, drink less and lose weight.



- We are working with schools to help children and families know about healthy living and weight.



- We are working with people and local communities to make sure people get access to mental health services and support.

Helping people across South Yorkshire live longer and healthier lives.

What we are doing now:



- We are helping people with mental health to have better access to physical health.



- We are working with adult social care to help people live the life they want and keep safe.

What we will do in the future:



- We will make sure that local people's voices are at the centre of our plans, so that we know our services will work better for local people.



- We will work together to make sure that people of all ages have the information and skills they need to be able to look after their physical and mental health.

Helping people across South Yorkshire live longer and healthier lives.

What we will do in the future:



- We will work hard to help people to stop smoking, keep a healthy weight, lower the amount they drink and keep their blood pressure healthy.



- We will help people with cancer, cardiac issues (heart), difficulties with breathing (respiratory) or who have had a stroke to access therapy and recovery sessions.



- We will help people living with long-term conditions or conditions that limit their life to have more choice and control.



- We will work with communities and people with lived experience to help make mental health services better.

People are supported to live in a safe and strong community

What we are doing now:



- We are working hard across Sheffield, Doncaster, Rotherham, and Barnsley to help people access physical activities in local communities.



- We are working together to help to make sure there is enough housing across South Yorkshire.



- We are working together across the four areas to make sure people can get jobs.



- We are working with local people to help to make sure people feel happy, safe, and proud of their local communities.

People are supported to live in a safe and strong community



- We are working on ways to help people access local parks, leisure, and sports centres.

What we will do in the future:



- We will support communities to access local parks, leisure and sports centres close to home.



- We will help people access physical activity to help those who feel lonely.



- Make sure we are working together so that each area across South Yorkshire have the right housing for everyone.

Helping people get the skills they need to live a good life

What we are doing now:



- We are working with organisations to create a plan to help people and businesses in the local areas after COVID-19.



- We are writing a plan to support people to make sure everyone has a good wage and learns new skills that will help people get better jobs and also keep them.



- We are working together to help people get the information and skills they need to make sure their health is good and people can look after themselves.



- We are working with local communities to understand what is important to local people.

Helping people get the skills they need to live a good life

What we will do in the future:



- We will work together to make sure everyone in South Yorkshire can access good job opportunities.



- We will support people with physical disabilities, learning disabilities, and people with long term health conditions to access work.



- We will work with Education and skills organisations to help people learn new skills that will help people look after their own physical and mental health.

How we will make sure that our Integrated Care Strategy (Plan) happens.

South Yorkshire
Integrated Care System



- Our Integrated Care Partnership which is made up of local councils, NHS and voluntary and community organisations will check to make sure the plan is happening.



- We will use a checklist (sometimes called a framework) to check we are staying on track and doing what we said we would.

More Information:



You can find more information about the work we are doing, or read the full plan on our website:



www.syics.co.uk/integrated-care-partnership



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: (Health and Wellbeing Board Member) Greg Fell

Date: Thursday 30th March 2023

Subject: Physical Activity in Sheffield

Author of Report: Dr Anna Lowe
Kate Clark

Summary: This report outlines the inequalities that continue to persist in levels of physical activity in Sheffield and details the Move More whole systems approach to physical activity in the City which aims to tackle these inequalities. The report requests discussion of an approach to sharing information on physical activity, developing strategic alignment between the NCSEM and H&W Board and agreeing an approach around co-design of sport and leisure facilities.

Questions for the Health and Wellbeing Board:

How would HWB Board like to be updated on Physical Activity developments?

How can we ensure strategic connectivity between NCSEM Board and HWB Board?

How would the HWB Board like to contribute to the co-design of sport and leisure facilities?

Recommendations for the Health and Wellbeing Board:

Agree on mechanism for sharing information on physical activity.

Agree approach to ensuring strategic alignment between Boards.

Develop an approach to the co-design of sport & leisure facilities.

Background Papers:

- [Move More Strategy](#)
- [Move More Index](#)

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

Physical Activity cuts across the themes in the Health & Wellbeing Strategy. It is important in supporting people in Sheffield to live well across the life course. It is referenced specifically in Ambition 6 'Everyone can safely walk or cycle in their local area regardless of age or ability'. However, it has broader relevance across every stage of life for example, in being ready to learn at school, in supporting workforce wellbeing and in maintaining independence in later life.

Who has contributed to this paper?

Dr Anna Lowe

Kate Clark

REPORT TITLE - *Physical Activity in Sheffield*

1.0 SUMMARY

- 1.1 To report outlines the inequalities that continue to persist in levels of physical activity in Sheffield and details the Move More whole systems approach to physical activity.
- 1.2 In order to tackle these persistent inequalities a collaborative approach is required
- 1.3 The report requests discussion of an approach to a number of areas where the input of the H&W Board could have a significant impact including
 - 1.3.1 The sharing of information on physical activity
 - 1.3.2 Developing strategic alignment between the NCSEM and H&W Board
 - 1.3.3 Development of an approach to the co-design of sport and leisure facilities due for investment

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

- 2.1 Major inequalities persist in participation in Physical Activity:
 - 24.7% adults in Sheffield are inactive
 - 46.9% of older adults in Sheffield are inactive

These are higher than national averages and certain groups are overrepresented within these stats. For example, women are more likely to be inactive as are those from economically disadvantaged and ethnically diverse groups.
- 2.2 There are major inequalities in Sheffield in life expectancy and healthy life expectancy
- 2.3 Physical activity is a force for good, it promotes physical and mental wellbeing, it generates social cohesion, helps people stay happy and healthy in work, maintains independence and reduces falls/frailty in later life.
- 2.4 People who experience the worst health in Sheffield have the lowest participation rates in physical activity. That is those who have the most to gain from becoming more active, engage the least.
- 2.5 It is 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 are not always realised where they are most needed.
- 2.6 We need support to implement our whole system approach to physical activity that centres on addressing health inequalities.

3.0 MAIN BODY OF THE REPORT

- 3.1 The National Centre for Sport and Exercise Medicine (NCSEM) in Sheffield is the collective voice for Physical Activity in Sheffield. The NCSEM Board has representatives from SCC and all other major public sector organisations. It provides the governance for Sheffield's approach to increasing Physical Activity.
- 3.2 Move More is Sheffield's whole system approach to increasing physical activity. This is founded on evidence that siloed, single organisation approaches are not effective in tackling entrenched, complex issues like physical inactivity.
- 3.3 The Move More Strategy sets out how organisations in Sheffield will work together, around 6 key themes (Sport, Education, Healthcare, Communities, Active Travel and Active Environments) to improve the health and wellbeing of people in Sheffield by making Sheffield a more active city.
- 3.4 There has been a significant amount of work delivered within target communities to tackle inequalities in physical activity which we can build on, for example Move More Empowered Communities and This Girl Can. The learning and evaluation from this work is critical to planning future projects, investment and services to help reduce inequalities in physical activity.
- 3.5 This is an ambitious, long term plan. We measure our success in a number of ways including by using the Move More Index and we are developing a more holistic evaluation framework.
- 3.6 Contributing to the long term Move More plan, Sheffield City Council's new Sport & Leisure Strategy will be launched in 2023. The Strategy has been carefully designed to ensure its themes dovetail with the themes outlined in the Move More Strategy and will help guide and shape operational activity to ensure it supports delivery of the ambitions of the Move More's Strategy and contributes to the whole systems approach to physical activity.
- 3.7 The future design and operation of Sheffield City Council's sport and leisure assets and services will be shaped by our Sport & Leisure Strategy commitments and will focus resources where they are most needed, improving access to facilities and services to ensure they target less active groups and contribute to public health ambitions to reduce health inequalities across the city.

4.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

- 4.1 Support for the collaborative whole system approach.
- 4.2 Strategic connection between the NCSEM Board and HWB Board.
- 4.3 Co-design of sport and leisure facilities and services to ensure a focus on inequalities health and wellbeing
- 4.4 Collaborative approach to measuring the social value of sport and physical activity to enable an improved narrative for future investment.

5.0 QUESTIONS FOR THE BOARD

- 5.1 How would HWB Board like to be updated on Physical Activity developments?
- 5.2 How can we ensure strategic connectivity between NCSEM Board and HWB Board?
- 5.3 How would the HWB Board like to contribute to the co-design of sport and leisure facilities?

6.0 RECOMMENDATIONS

- 6.1 Agree on mechanism for sharing information on physical activity.
- 6.2 Agree approach to ensuring strategic alignment between Boards.
- 6.3 Develop an approach to the co-design of sport & leisure facilities.

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HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell

Date: 30th March 2023

Subject: Improving Health Outcomes through Culture, Arts and Heritage

Author of Report: Karen Harrison, Kim Streets, Kirstie Hamilton

Summary:

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 the arts. The Symposium recommended that each of South Yorkshire’s Local Authorities create a Culture, Arts & Health Group (similar to that already operating in Doncaster) that can feed into their HWBBs. The Group members would contribute to a South Yorkshire Arts & Health Network that provides a focal point for regional, local and micro-local strategies linking the arts to health improvements.

Questions for the Health and Wellbeing Board:

- Does the Board understand and value the role art and culture can play in improving health outcomes?
- Will the Board support the creation of a Sheffield Culture, Art and Health Group and a regional Arts & Health Network?
- Will the Board include arts and culture in plans moving forward?

Recommendations for the Health and Wellbeing Board:

- Endorse and support the creation of a Culture, Arts and Health Group for Sheffield.

- Include arts and culture in the Board's agenda and workflow moving forward
- Co-opt a Board member to join Sheffield's Culture, Arts and Health Group

Background Papers:

Improving health outcomes through culture, arts and heritage: Opportunities for the Integrated Care Strategy (ICS) (Appendix A)

[South Yorkshire Integrated Care Strategy - Sheffield Museums Trust](#)

[SYMCA-Culture-Arts-and-Heritage-Engagement-Report-20-06.pdf \(southyorkshire-ca.gov.uk\)](#)

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

Starting well

- Every child achieves a level of development in their early years for the best start in life

Ageing well

- Everyone has equitable access to care and support shaped around them
- Everyone has the level of meaningful social contact that they want

Who has contributed to this paper?

- Karen Harrison - Health Improvement Principal, Sheffield City Council
- Kirstie Hamilton – Director of Programmes, Sheffield Museums
- Kim Streets – Chief Executive, Sheffield Museums
- Professor Steve Haake, Sheffield Hallam University

IMPROVING HEALTH OUTCOMES THROUGH CULTURE, ARTS AND HERITAGE

SUMMARY

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 the arts. In order to improve health outcomes through culture, arts and heritage the Symposium recommended that each of South Yorkshire's Local Authorities create a Culture, Arts & Health Group (similar to that already operating in Doncaster) that can feed into their HWBBs. The Group members would contribute to a South Yorkshire Arts & Health Network that provides a focal point for regional, local and micro-local strategies linking the arts to health improvements.

This paper and the report (appendix A) give examples of how Culture, the Arts and Heritage can improve health outcomes across Sheffield and asks the board 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
- Co-opt a Board member to join Sheffield's Culture, Arts and Health Group

1.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

- 1.1 Many of the case studies in the attached document demonstrate that engagement in the arts enriches the lives of local people, making our communities happier, healthier, and more cohesive.
- 1.2 The case studies detail how engagement in the arts can have a positive impact on reducing health inequalities in Sheffield. This includes people who are socially disadvantaged, families at risk, people with learning disabilities, people who are socially isolated and/or living with poor mental health.
- 1.3 Endorsing a culture and health collaboration in Sheffield and working through the People Keeping well partnerships; Holiday activity and Food partners; and local arts organisations will identify the best route to supporting small and grass roots organisations to bring arts and culture to communities (adults and children) especially those most disadvantaged, thus reducing inequalities.
- 1.4 A lot of culture and arts interventions are relatively low cost to deliver and can be delivered in a variety of venues. The prevalence of project/short term funding in the sector can make delivering regular activities challenging. However there is a considerable untapped resource in the range of organisations and localities, and

significant skills and enthusiasm to work with people in communities to improve health outcomes. where planning aligns and the funding model be viable.

Taking a connected, city-wide life course approach to this work will ensure inclusivity, improve effective use of resource and realise the benefits that intergenerational interventions can achieve.

2.0 THE EVIDENCE FOR THE ROLE OF THE ARTS IN IMPROVING HEALTH AND WELLBEING

2.1 In 2019, the World Health Organisation (WHO) produced a report titled, ‘What is the evidence on the role of the arts in improving health and wellbeing?’ The report demonstrated that engagement in the arts has a direct, positive impact in the prevention of ill health, the management and treatment of disease and illness, and the promotion of good health (Fancourt and Finn, 2019).

2.2 The All Party Parliamentary Group (APPG) on Arts, Health and Wellbeing published the second edition of their report on The Arts for Health and Wellbeing in 2017 . They gave a plethora of evidence showing that the arts can help meet many of the challenges facing health and social care, namely, ageing, long-term conditions, poor mental health and loneliness. Specifically, they suggested that each organisation involved in health and social care should have a dedicated individual to leverage the benefits that the arts can bring. This was particularly recommended for those organisations like the Integrated Care Systems (ICS) responsible for new ways of working and for transformation.

2.3 The APPG recommended that social prescribing workers be linked to those providing interventions in the arts and ought to work with patients to showcase the benefits to health.

2.4 In 2020, a Department for Digital, Culture, media and sport (DCMS) Evidence Summary for Policy considered the role of arts in improving health & wellbeing and concluded that there was enough evidence to support the following outcomes being used to guide policy:

- The use of music to support infant social development
- The use of book reading to support child social development
- The use of music or reading for speech and language development amongst infants and children
- The use of the arts to support aspects of social cohesion
- The use of the arts to improve wellbeing (i.e. positive psychological factors) in adults
- The use of the arts to reduce physical decline in older age.

2.5 They also found evidence for the following outcomes can be trusted to guide policy in most situations:

- The use of the arts (other than reading) to support child social development
- The use of the arts to support wellbeing in children and young people
- The use of the arts to support cognition in older age

2.6 The benefits from a typical programme are detailed in the DCMS report and are exemplified by Arts on Referral in Barnsley that calculated approximately £7 in social value being created for every £1 invested, with the return on investment shared between the individuals, the health sector and the arts organisations.

2.7 The National Institute for Health & Care Excellence (NICE) has published guidance that links health interventions and the arts. Nice Guidance 32 recommends group activities with more than one component to support independence and mental wellbeing for older people. Suggestions for activities include singing programmes, art, crafts and other creative activities and community based schemes. Nice Guidance 96 also suggests group activities and social clubs for those with learning disabilities as they grow older. PH16 suggests physical activity programmes that might include dance sessions would support mental wellbeing in older adults while NG16 also advocates physical activity as a way to promote health lifestyles to delay or prevent onset of illness in later life. PH9 and PH49 provide guidance on behaviour change that emphasise that programmes should build on communities and relationships: these are the key attributes of interventions in the arts.

2.8 There are many case studies available that address specific problems such as physical or mental health. What hasn't been documented is the role of the arts in the prevention of illness and disease at a population level, and the positive impact on society that the arts bring. More studies are needed to address a lack of evidence – such as in the NICE guidance –the lack of evidence appears to be driven by a lack of studies rather than null findings.

3.0 SHEFFIELD CULTURE AND HEALTH SYMPOSIUM (NOV 2022)

3.1 Following the Symposium, a paper was written for ICS (Appendix A). This document was designed to re-state the benefits of interventions in the arts to the health and social care system, to describe real case studies from across the region that demonstrate how the arts has impacted beneficially on improving health and well-being, and to recommend to the ICS how it can leverage existing opportunities to help it deliver its 5-year plan.

3.2 A key recommendation is that the ICS and the South Yorkshire Mayoral Combined Authority should together work with local authorities, Arts Council England, Universities, hospital charities and other arts providers such as Sheffield Museums and community arts providers. The arts can be accessed and enjoyed by anyone irrespective of age. Taking a life course approach to this work will assure inclusivity and realise the benefits that intergenerational interventions achieve.

4.0 ASSET BUILDING

- 4.1 A recent report on the culture, arts and heritage sector for the South Yorkshire Mayoral Combined Authority [SYMCA-Culture-Arts-and-Heritage-Engagement-Report-20-06.pdf \(southyorkshire-ca.gov.uk\)](https://www.southyorkshire-ca.gov.uk/SYMCA-Culture-Arts-and-Heritage-Engagement-Report-20-06.pdf) found that the sector is worth £860m with a value added of £1.35 billion p.a. This provides a credible sector for the ICS to work with. With ICS leadership and coordination, the arts sector could be better connected into NHS services and clinical pathways and able to make a sustained, positive impact on health outcomes for the Sheffield and South Yorkshire population.
- 4.2 The insight gleaned from the case studies show that Sheffield and surrounding South Yorkshire is already home to world-class cultural and heritage assets, significant creative and cultural expertise and a breadth of high-quality initiatives in the arts.
- 4.3 The key issue is that the role of the arts in improving health and wellbeing is not fully recognised or harnessed and as a result the arts and health projects are often poorly and sporadically funded. In short, the opportunity to use the arts for the prevention of ill health is lost (Fancourt and Finn, 2019).
- 4.4 Robert Webster, part of the APPG on Health and Wellbeing puts it as follows: “The therapeutic value of art is an asset we must use. A partnership between arts organisations and health organisations has the power to improve access to the arts and to health services for people neglected by both. Through our Creative Minds programmes in Yorkshire, I also know these partnerships can both save lives and make lives.”
- 4.5 What is currently missing is strategic leadership and better coordination across the system. If this could be achieved in Sheffield and then in the wider South Yorkshire area then the following could be achieved:
1. Sharing of best practice and learning across the City
 2. An increased understanding of the benefits of the arts to health and wellbeing
 3. Clearly identified assets for signposting by both primary and secondary care, and link workers
 4. Re-direction of those in treatment pathways to external delivery partners
 5. Large benefit cost ratios to health and social care system.
- 4.6 The outcomes for the ICS – and for Sheffield’s HWBB would be:
1. Improved patient outcomes
 2. Reduction in non-elective episodes and A&E attendance (achieved through creative interventions such as movement to music that increases strength and balance to prevent falls)
- 4.7 Ultimately, achieving these outcomes would alleviate pressure on Adult Social Care and therefore Sheffield City Council, enabling more residents to live healthy lives.

5.0 THE SHEFFIELD CULTURE, ART AND HEALTH GROUP/ SOUTH YORKSHIRE ARTS AND HEALTH NETWORK

5.1 It is proposed that each South Yorkshire local authority creates a Culture, Art and Health Group that feeds into each Local authority Health and Wellbeing Board. The members of each group will form a South Yorkshire Arts and Health Network that can act as a focal point for regional, local and microlocal strategies, emphasising place in their development.

5.2 The purpose of the South Yorkshire Arts and Health Network will be to do the following:

1. Create an asset map of arts and health interventions in the region
2. Identify short term gains and long term priorities
3. Identify clear processes for connecting health practitioners and link workers with stakeholders in the arts
4. Co-create a cross-sector plan that achieves improved health and wellbeing outcomes for Sheffield and South Yorkshire
5. Work with Arts Council England and the Culture, Health and Wellbeing Alliance to develop a local Creative Health Quality Framework
6. To collate and publish robust evidence for what works with art interventions in health and social care settings
7. Work with SYMCA and the ICS to create a funding strategy that supports the arts to deliver the outcomes needed by Sheffield and the South Yorkshire region

6.0 MAKING IT HAPPEN: RECOMMENDATIONS

6.1 The following are recommendations for the HWBB to realise the opportunities described in this document:

- 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
- Co-opt a Board member to join Sheffield's Culture, Arts and Health Group

7.0 QUESTIONS FOR THE BOARD

- Does the Board understand and value the role art and culture can play in improving health outcomes?
- Will the Board support the creation of a Sheffield Culture, Art and Health Group and a regional Arts & Health Network? Will the Board include arts and culture in plans moving forward?

8.0 RECOMMENDATIONS

- 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
- Co-opt a Board member to join Sheffield's Culture, Arts and Health Group



Improving health outcomes through culture, arts and heritage: *Opportunities for the Integrated Care Strategy (ICS)*

A briefing document prepared for
the Directors of Public Health of South Yorkshire
and the South Yorkshire Mayoral Combined Authority
December 2022

Improving health outcomes through interventions in the arts

Opportunities for the Integrated Care Strategy (ICS)



Executive summary

This document is prepared by stakeholders in the culture, arts and health sector. Its purpose is to re-state the benefits of interventions in the arts for the health and social care system, to describe local case studies and their health benefits, and to recommend to the South Yorkshire Integrated Care Partnership (ICP) how it can leverage existing opportunities to help it deliver its 5-year strategy.

The World Health Organisation, the All Party Parliamentary Group on Arts, Health and Wellbeing and the Department of Culture Media and Sport have all described the benefits of the arts to health. Not only is there evidence of both physical and mental health benefits, there is evidence that the arts can help the health and social care sector meet many of the challenges it faces, namely, ageing, long-term conditions, poor mental health and loneliness. Social return on investment as a whole can be up to £7 for every £1 invested with healthcare providers benefiting from reduced non-elective episodes and A&E emergency attendances.

Five case studies are provided from Barnsley, Doncaster (2), Rotherham and Sheffield. Each describe the issue addressed, the intervention created, the healthcare outcomes and the potential Integrated Care Strategy (ICS) opportunities. Issues covered included falls in older women, improving outcomes for inpatients and outpatients, reducing loneliness, working with vulnerable families, and working with people with complex long-term conditions. Interventions included dance, art, music, museums and heritage, and outdoor activities. Outcomes included improvements to physical and mental wellbeing, reduced non-elective inpatient episodes and reduced A&E attendances.

Stakeholders at a recent region-wide Culture and Health Symposium from the regional arts and health sector committed to the creation of a regional body, provisionally called the Arts and Health Stakeholder Group. This would provide leadership supported by new culture, art and health groups in each Local Authority (based on the Doncaster model). These bodies would feed through the Health and Wellbeing Boards and provide a focal point for regional, local and micro-local strategies linking the arts to health improvements.

To realise the opportunities that the arts present to health, the ICS should do the following: (1) carry out a mapping exercise to identify existing assets for signposting to those across the health care system; (2) link to existing interventions in the arts that could support and improve healthcare outcomes with benefit-cost-ratios much higher than those currently seen in general care; and (3) identify internal resource to lead this theme with support from the Directors of Public Health and other partners.

Ultimately, with appropriate leadership, highly cost-effective arts interventions in health and social care settings could lead to improved patient outcomes, reduced hospital attendances and, overall, the improved health and wellbeing of the South Yorkshire population.





7th December 2022

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1. Background

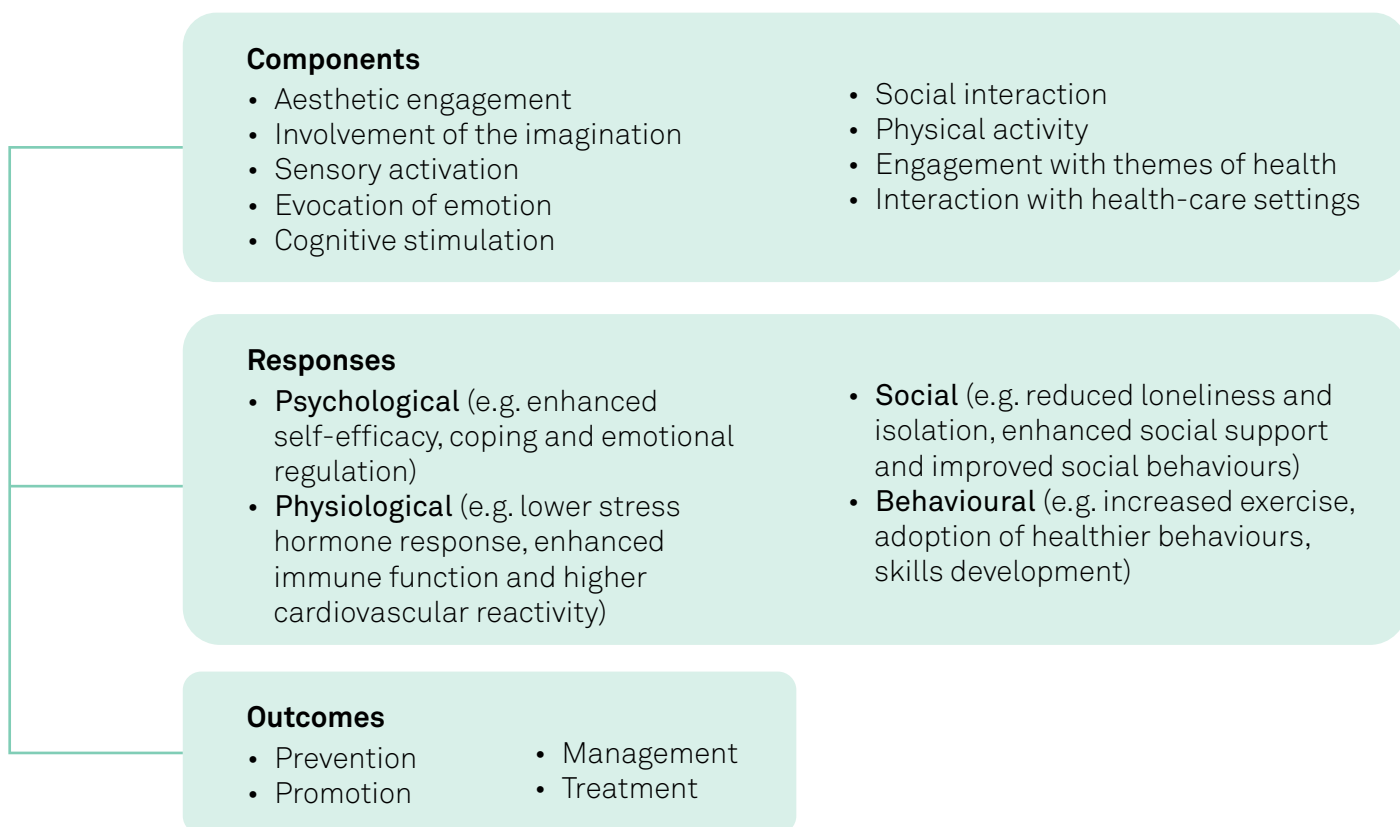


Figure 1. The link between interventions in the arts and health outcomes (Figure by World Health Organisation; Fancourt and Finn, 2019¹).

In 2019, the World Health Organisation (WHO) produced a report titled, 'What is the evidence on the role of the arts in improving health and wellbeing?' The report demonstrated that engagement in the arts has a direct, positive impact in the prevention of ill health, the management and treatment of disease and illness, and the promotion of good health (Fancourt and Finn, 2019¹). The logic model demonstrating the link between the arts and positive health outcomes is shown in Figure 1. The responses evidence how arts-related interventions can lead to improvements which are psychological, physiological, social and/or behavioral.

All Party Parliamentary Group on Arts, Health and Wellbeing published the second edition of their report on The Arts for Health and Wellbeing in 2017². They gave a plethora of evidence showing that the arts can help meet many of the challenges facing health and social care, namely, ageing, long-term conditions, poor mental health and loneliness. Specifically, they suggested that each organisation involved in health and social care should have a dedicated individual to leverage the benefits that the arts can bring. This was particularly recommended for those organisations like the ICS responsible for new ways of working and for transformation. The APPG recommended that social prescribing workers be linked to those providing interventions in the arts and ought to work with patients to showcase the benefits to health.

1 Fancourt D, Finn S. What is the evidence on the role of the arts in improving health and well-being? A scoping review. Copenhagen: WHO Regional Office for Europe; 2019 (Health Evidence Network (HEN) synthesis report 67).

2 All Party Parliamentary Group on Arts, Health and Wellbeing. Creative Health: The Arts for Health and Wellbeing.



In 2020, an Evidence Summary for Policy Report for the DCMS³ concluded that there was enough evidence to support the following outcomes being used to guide policy:

- The use of music to support infant social development
- The use of book reading to support child social development
- The use of music or reading for speech and language development amongst infants and children
- The use of the arts to support aspects of social cohesion
- The use of the arts to improve wellbeing (i.e. positive psychological factors) in adults
- The use of the arts to reduce physical decline in older age

They also found evidence for the following outcomes can be trusted to guide policy in most situations:

- The use of the arts (other than reading) to support child social development
- The use of the arts to support wellbeing in children and young people
- The use of the arts to support cognition in older age

The benefits from a typical programme are exemplified by the Arts on Referral scheme in Barnsley (Figure 2). The benefits are wide, with approximately £7 being created for every £1 invested, with return on investment shared between the individuals, the health sector and the arts organisations.

3 [Evidence Summary for Policy. The role of arts in improving health & wellbeing. Report to the Department for Digital, Culture, Media & Sport April 2020. Dr Daisy Fancourt, Kelsey Warran & Henry Aughterson](#)

ARTS ON REFERRAL IMPACT

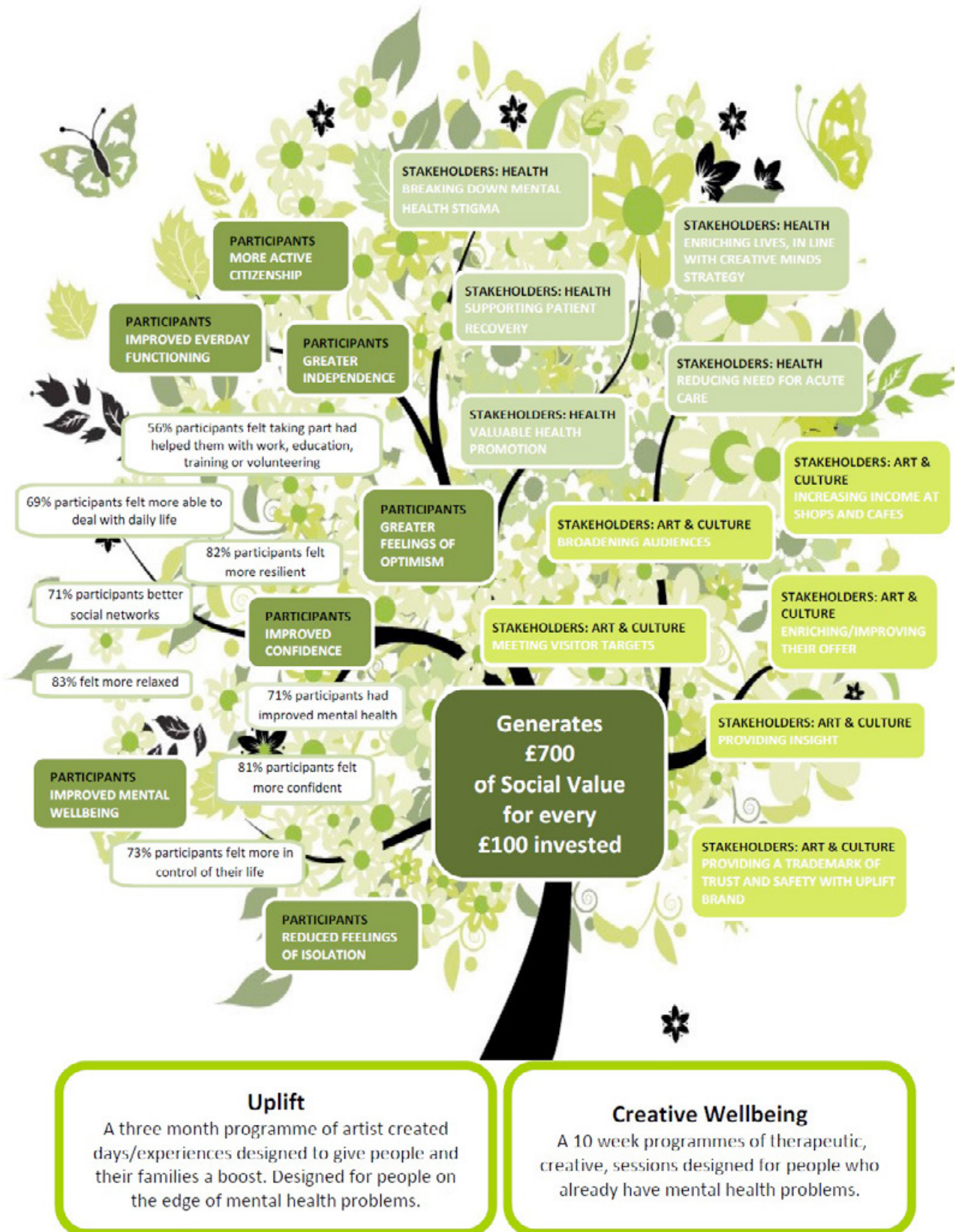


Figure 2. Return on investment for Arts on Referral, Barnsley.⁴

⁴ Arts on Referral: The Creative Approach to Mental Wellbeing. Social Return on Investment Evaluation. Summary Report, November 2014. <https://creativerecovery.co.uk/>

Linking to NICE Guidance and health benefits

Table 1 shows the latest available National Institute for Health & Care Excellence (NICE) guidance that links to health interventions and the arts. NG32 recommends group activities with more than one component to support independence and mental wellbeing for older people. Suggestions for activities include singing programmes, art, crafts and other creative activities and community based schemes. NG96 guidance also suggests group activities and social clubs for those with learning disabilities as they grow older.

PH16 suggests physical activity programmes that might include dance sessions would support mental wellbeing in older adults while NG16 also advocates physical activity as a way to promote health lifestyles to delay or prevent onset of illness in later life. PH9 and PH49 provide guidance on behaviour change that emphasise that programmes should build on communities and relationships: these are the key attributes of interventions in the arts.

Table 1. Latest available NICE guidance relating to health and the arts (use links to see the guidance).

NICE guidance		
Guidance including the arts	Latest publication	
NG32: Older people: independence and mental wellbeing	17th December 2017	Link
NG96: Care and support of people growing older with learning disabilities	11th April 2008	Link
PH16: Mental wellbeing in over 65s: occupational therapy and physical activity interventions	22nd October 2008	Link
General guidance linked to the arts		
NG16: Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset	20th October 2015	Link
PH6: Behaviour change: general approaches	24th October 2007	Link
PH49: Behaviour change: individual approaches	2nd January 2014	Link



With the establishment of the Integrated Care Partnership, there is the opportunity to use the arts to support and improve health care outcomes through the promotion of good health and wellbeing, prevention of illness, and management and treatment of ill health (Figure 3).

There are many case studies available that address specific problems such as physical or mental health (see for example Figure 4). What hasn't been documented is the role of the arts in the prevention of illness and disease at a population level, and the positive impact on society that the arts bring. More studies are needed: a lack of evidence – such as in the NICE guidance – appears to be driven by a lack of studies rather than null findings.

A recent report on the culture, arts and heritage sector for the South Yorkshire Mayoral Combined Authority found that the sector is worth £860m with a value added of £1.35 billion p.a.⁵ This provides a credible sector for the ICP to work with. With ICP leadership and coordination, the arts sector could be better connected into NHS services and clinical pathways and able to make a sustained, positive impact on health outcomes for the South Yorkshire population.

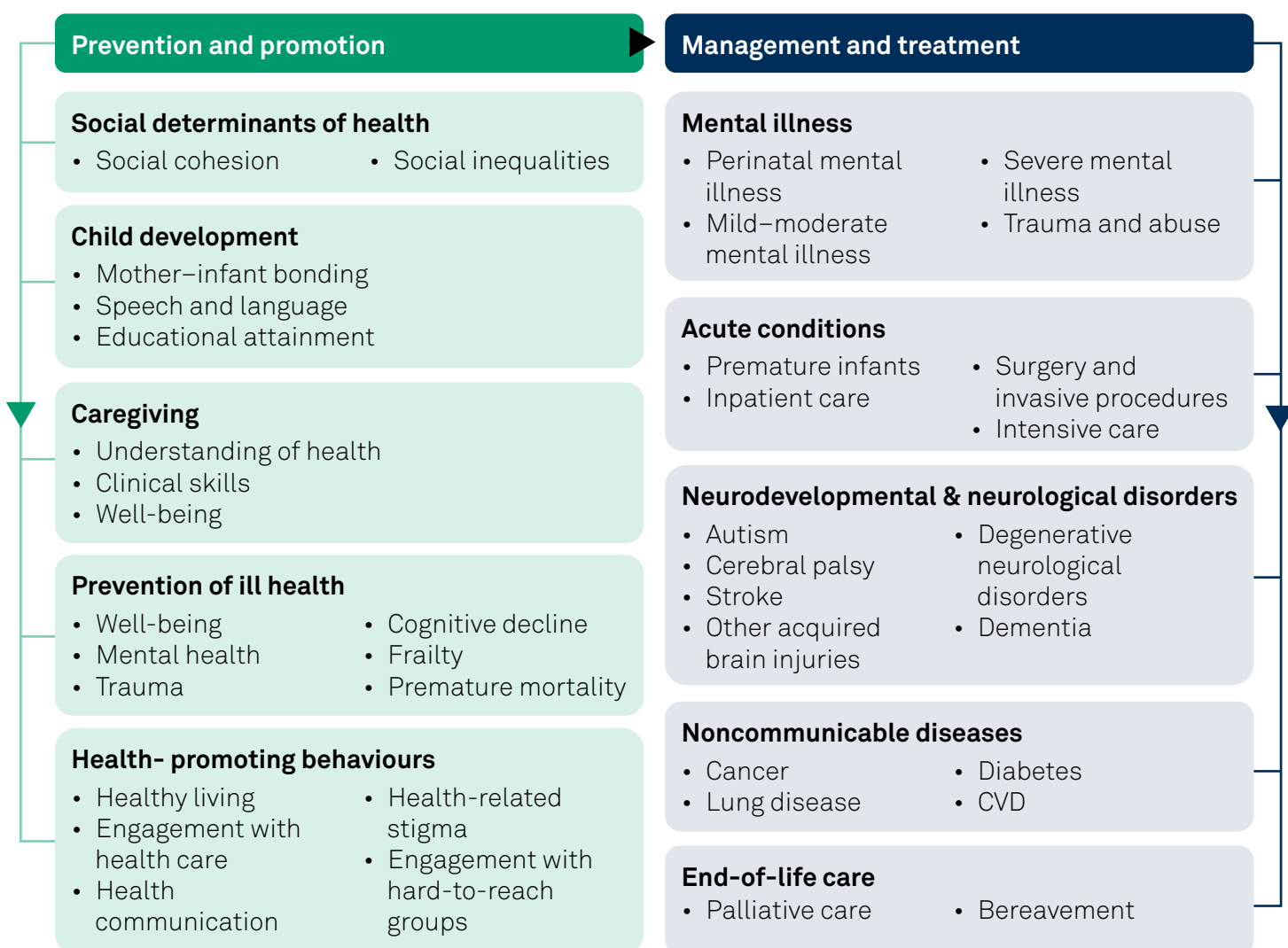


Figure 3. Themes for the influence of the arts on health and wellbeing (Figure by World Health Organisation; Fancourt and Finn, 2019¹).



Figure 4. Art-based social prescribing collaboration between Creative Recovery and Barnsley Metropolitan Borough Council. The project used art to support people at risk of suicide or self harm and demonstrates what can be achieved with small amounts of targeted funding (Cost = £11.5k for 33 people signing up, 24 people engaging and 18 people completing courses).

‘Nina is a student nurse who had experienced a huge brain aneurism while resuscitating somebody in A and E. The patient she was resuscitating later died. Nina was lucky to survive. We met her following invasive surgery when she was struggling with brain damage, fatigue, and other functional disabilities. She was grieving the potential loss of the career she so loved and was struggling to meet the needs of her family. She was also suffering from PTSD, unbearable survivor guilt and processing the fact that she may have to live with chronic symptoms for the rest of her life. The group gave her a chance to talk through and process her trauma. She also took great self-esteem from realising the gift she had for drawing in childhood was still there and she reconnected with her children doing artwork with them at home. She enjoyed the opportunity to sketch as a group at Yorkshire Sculpture Park in particular. During the weeks we saw Nina she began to regain much of the energy and function. She tells us that attending sessions not only helped with stress relief but also helped her brain heal after surgery, by having simple and enjoyable tasks to do at home. When I last spoke to Nina she was talking to college with a view to returning to her placement/studies.’

Across the ICS, there are already schemes that help to connect individuals to arts activities for their health and wellbeing (see for example Figure 4). Social prescribing is one such scheme being used to engage individuals with a range of activities and groups including functional support (e.g. job centres or benefits advice), training (e.g. skills or education to support employment), or community activities (e.g. gardening, exercise, arts and crafts groups, peer support, and shared reading).

A typical model involves a GP referring a patient who could potentially benefit to a link worker (sometimes referred to as a 'community navigator'). The link worker works with the patient to co-produce a personalised, community-based support plan based on what matters to the patient, and then supports the patient to engage with the community group, service, or activity. As part of the Long Term Plan, NHS England has committed to hiring 1,000 Link Workers from 2019-20, one for each Primary Care Network. The ICS now has the opportunity to build on the existing infrastructure.

The ICS and the South Yorkshire Mayoral Combined Authority should together work with local authorities, Arts Council England, hospital charities and others such as darts, and local bodies such as Heritage Doncaster and Sheffield Museums. The arts can be accessed and enjoyed by anyone irrespective of age. Having a lifecourse approach to this work will assure inclusivity and realise the benefits that intergenerational interventions achieve. This approach has been used to structure this document and select appropriate case studies.

The purpose of this document

The purpose of this document is to re-state the benefits of interventions in the arts to the health and social care system, to describe case studies and their benefits, and to recommend to the ICS how it can leverage existing opportunities to help it deliver its 5-year plan.



2. Case studies: existing interventions in the arts supporting health outcomes

The following case studies come from a variety of sources and describe the following: the healthcare issue to be addressed, the intervention, the health outcomes and, finally, the opportunity for the ICS. The key for the ICS is that many interventions exist already and could be harnessed by the ICS to the benefit of patients, staff, and the system as a whole.



Case Study One

Dance On

Increasing physical activity in older adults Doncaster



The issue: Falls are common cause of injury in older adults with inactivity a major contributor. Older women (60+) may struggle to find forms of activity amenable to them, particularly those from disadvantaged areas.

The intervention: darts, Yorkshire Dance and One Dance UK worked in partnership to co-create and fund local social dance sessions called 'Dance On' for 60-85 year old women from disadvantaged areas in Doncaster, Leeds and Bradford.

Outcomes: Over 700 people have engaged in research with Dance On (294 in Doncaster)⁶. Results show a statistically significant increase of physical activity of total physical activity by 82 minutes per week⁷.

Evidence for dance to improve health and wellbeing⁸ In relation to physical function in healthy older adults, a meta-analysis of 34 studies found that rhythmic auditory cueing improved gait for older adults (average age 68 years) and young adults (average age 27 years). Further, a review of 7 RCTs found that dance can improve balance, gait and strength for adults aged 60+, while a review of 10 RCTs found that dance can reduce fear of falling.

ICS Opportunity: Share best practice and learning. Adapt to local delivery needs and work with local partners. Transfer knowledge to other clinical pathways.

Relates to NICE guidance NG16 and PH25

YORKSHIRE
DANCE

darts



UNIVERSITY OF LEEDS

6 darts (2021). Dance On Research November 2021. <https://wearedarts.org.uk/wp-content/uploads/2022/02/Dance-On-research-pamphlet.pdf> Accessed 28th November 2022.

7 Astill, S., Nikolova, S., Kaskirbayeva, D., & Britten, L. (2017). Using dance to increase physical activity and modify risk factors for falls in older people: Oral Presentation B9.7. The Health & Fitness Journal of Canada, 14(3). <https://doi.org/10.14288/hfjc.v14i3.549>

8 Laura Britten, Christine Addington and Sarah Astill (2017). Dancing in time: feasibility and acceptability of a contemporary dance programme to modify risk factors for falling in community dwelling older adults, BMC Geriatrics 17:83 [Link](#)

Case Study Two

In & Out of Hospitals

Using art to improve mood to support treatment outcomes
Sheffield



People with hearing impairments composing music with a professional opera singer.

The issue: There are many long-stay inpatients and outpatients who have a life-long medical condition who spend a lot of time in hospital. The extended periods of waiting can affect mood, mental health and engagement with therapies.

The intervention: Funded by Arts Council England and Sheffield Hospitals Charity Trust, In & Out of Hospitals was created to complement the therapy and nursing care that patients receive. The scheme worked with stroke patients, those with spinal cord injuries, hearing impairments, and those in palliative care. Activities included art, craft and music composition.

Outcomes: Almost 800 participants engaged in 160 hours of workshops broken down as follows: 180 with spinal cord injuries; 255 in palliative care; 150 with hearing impairments; and 165 in stroke rehabilitation. In a smaller group of 10 patients with inducible laryngeal obstruction (ILO), after a 10 week programme working with a professional opera singer, speaking confidence rating rose from 2 to 4 (out of 5) while singing confidence rating rose from 1 to 4 (out of 5).

The respiratory physiotherapist and speech and language therapy team are now being trained in techniques utilised in the workshops.

Relates to NICE guidance NG32 and PH16

ICS Opportunity: Carry out evaluation of these interventions on patient outcomes and share successful schemes with similar units across the ICS.

Further reading, (1) Daykin N, Byrne E, Soteriou T et al. (2008) The impact of art, design and environment in mental healthcare: a systematic review of the literature. *The Royal Society for the Promotion of Health*, 128(2):85-94. (2) Daykin N, Mansfield L, Meads C et al. (2018) What works for wellbeing? A systematic review of wellbeing outcomes for music and singing in adults. *Perspectives in Public Health*, 138(1).



Supported using public funding by
ARTS COUNCIL ENGLAND
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Case Study Three

History, health and happiness

Reducing loneliness to improve mental health Doncaster

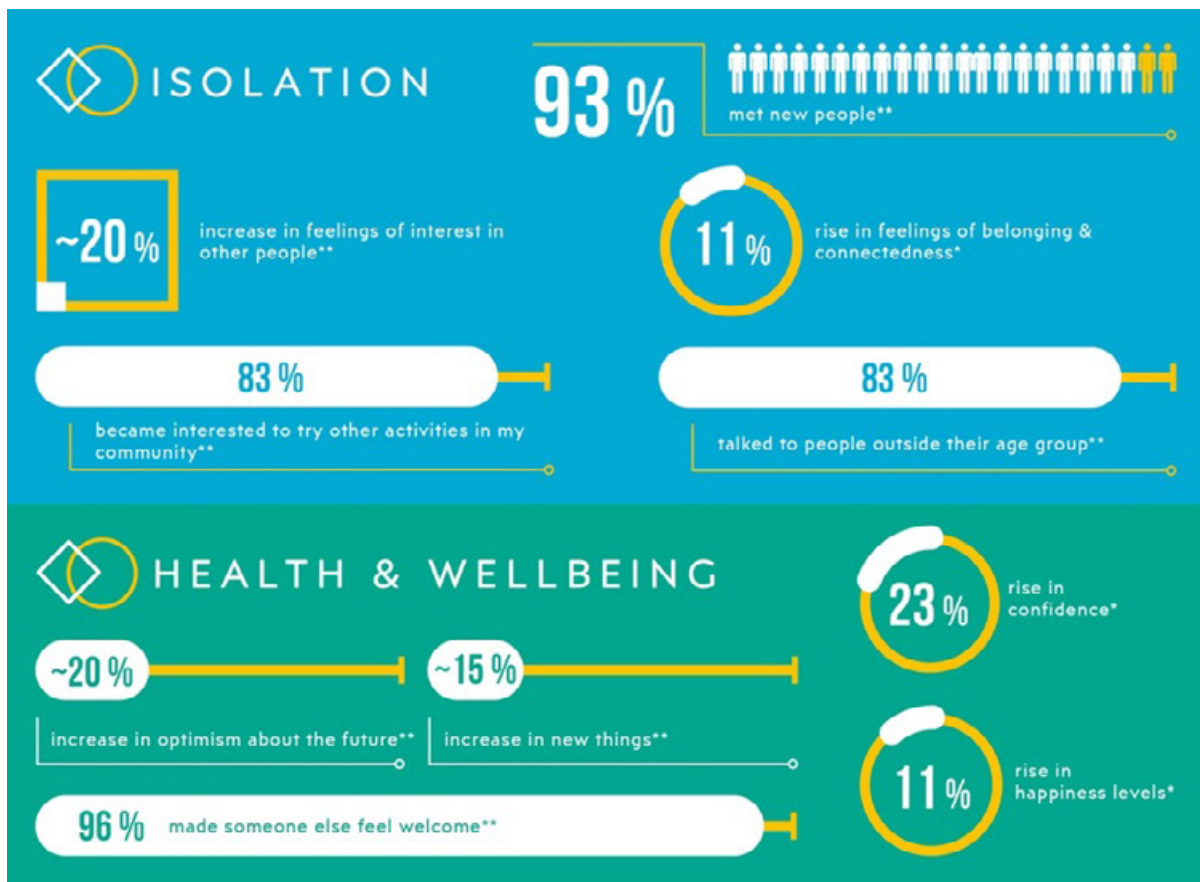
The issue: 55,000 people in Doncaster experience some form of mental health issue⁹. Some of this is caused by isolation and loneliness which can increase the risk of mortality by 26%¹⁰.

The intervention: Heritage Doncaster, funded by the Arts Council, created an outreach programme using its museum collections to help tackle isolation and loneliness. People were referred through social prescribing, third sector organisations or self-referral.

Outcomes: Using validated questions from the Warwick Edinburgh Mental Wellbeing Scale, those engaged in the scheme found a 23% rise in confidence, 20% rise in optimism about the future and 11% rise in happiness. 93% met new people and 83% became interested in trying other activities.

Relates to NICE guidance NG32 and PH16

ICS Opportunity: Share best practice of Heritage Doncaster with other local authorities. Identify key communities and work with organisations such as Heritage Doncaster to create interventions for specific health conditions.



9 Doncaster Health and Wellbeing Board. Annual Report 2012/22.

10 Holt-Lunstad J, Smith TB, Baker M et al. (2015) Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science* 10(2):227-237.

Case Study Four

Kindred

Working with at risk families Barnsley

The issue: The programme came at a time of need for vulnerable families who were at higher risk of being adversely affected by Covid-19, when demand for drug misuse and domestic abuse services rose.

The intervention: The Kindred action research programme brought together 21 partners from arts, heritage, education and social services to offer a two-day programme of outdoor activities for families with multiple and complex needs, to build confidence and skills and improve individual and collective wellbeing.

Outcomes: Half of families expressed feeling stressed or unhappy on arrival on the first day. All families showed progression and expressed feeling much happier and joyful at the end of the sessions (see image below) and 70% enquired into careers and volunteering opportunities.

Relates to NICE guidance PH6 and PH49

ICS Opportunity: Vulnerable families can use significant resource in the health and social care system. Interventions in the arts are one of the tools to improve family life, reduce stress and the illnesses that come from it¹¹.



Day 1 Cannon Hall

Cohort Families	Arrival	Afternoon	End of the day
Cohort Families 1	😞😞😞👤👤	🌞🌈🌸🌻🌻🌻	😊💖🌞💖
Cohort Families 2	😞😞😞👍	🌞🌈🌸🌻🌻🌻	😊😄😄😊
Cohort Families 4	😞😞😞	🌞🌈🌸🌻🌻🌻	👍😊😊😊
Cohort Families 5	😞😞😞	🌞🌈🌸🌻🌻🌻	😊🌈😊😊😊
Cohort Families 6	😞	😊	😊
Cohort Families 8	👍	😊😊	😊

11 Larkin M (2009) *Vulnerable groups in health and social care*. Sage Publications. Page 210

Case Study Five

Rotherham Social Prescribing Pilot

Those with complex long-term conditions
Rotherham



The issue: Those with complex long-term conditions are the most intensive users of primary care resources. The Rotherham Social Prescribing Pilot provided a single gateway to voluntary and community support for GPs and people who use services.

The intervention: The Rotherham Social Prescribing Service is commissioned by NHS Rotherham Clinical Commissioning Group (CCG) as part of a wider approach to GP-led integrated case management. The Rotherham Social Prescribing Service is delivered by Voluntary Action Rotherham (VAR) in partnership with more than 20 local voluntary and community organisations.

Outcomes: Non-elective inpatient episodes reduced by 19% for those less than 80 years old and by 7% when those 80 and over were included¹². Accident & emergency attendances reduced by 23% (17% when over 80s included). After three to four months, 82% those with long-term conditions using the service had experienced positive change in at least one wellbeing outcome area.

Relates to NICE guidance PNG32 and PH16

ICS Opportunity: The use of hospital resources by socially prescribed patients reduced by up to a fifth in the 12 months following their referral. This translates into potential positive financial returns to commissioners within two years following the initial referral and a return of up to £3.38 for every £1 invested if sustained for 5 years. Evaluation showed that working with Voluntary Action Rotherham was a clear part of the project's success. In conclusion, the report said that this pilot "provides a model for future 'micro-commissioning' of community-level services across a wide range of public service areas".

12 N Bashir, C Dayson. The social and economic impact of the Rotherham Social Prescribing Pilot: *Main Evaluation Report*. 2014. Sheffield: CRESR, Sheffield Hallam University; from citation in 4 below.

3. Insight and opportunities for the ICS

The insight gleaned from the case studies shown here (and elsewhere) show that South Yorkshire is already home to world-class cultural and heritage assets, significant creative and cultural expertise and a breadth of high quality initiatives in the arts. The evidence presented here demonstrates that engagement in the arts enriches the lives of local people, making our communities happier, healthier, and more cohesive. The key issue is that the role of the arts in improving health and wellbeing is not fully recognised or harnessed and as a result the arts and health projects are often poorly and sporadically funded. In short, the opportunity to use the arts for the prevention of ill health is lost (Fancourt and Finn, 2019¹³).

Robert Webster, part of the APPG on Health and Wellbeing puts it as follows:

“The therapeutic value of art is an asset we must use. A partnership between arts organisations and health organisations has the power to improve access to the arts and to health services for people neglected by both. Through our Creative Minds programmes in Yorkshire, I also know these partnerships can both save lives and make lives.”¹⁴



The South Yorkshire Mayoral Combined Authority, in its 2022 OPUS report on The Value of Culture, Arts and Heritage clearly identified that there are many skills and assets in the region ready to be exploited for the benefit of health and wellbeing if leadership can be created. Importantly, productivity in the region is held back by poor public health, precisely the thing that the arts could help improve. OPUS suggested that SYMCA should invest around £15 million in the sector: we suggest that improving health ought to be one of the key measureable outcomes of such an investment.

As this report demonstrates, many groups and organisations are already working in the arts and health – large and small – that can help support the ICS. What is currently missing is strategic leadership and better coordination across the system. If the ICS were to coordinate this activity and provide leadership, then the following could be achieved within its 5-year plan:

1. Sharing of best practice and learning across the ICS
2. Clearly identified assets for signposting by both primary and secondary care, and link workers
3. Re-direction of those in treatment pathways to external delivery partners
4. Large benefit cost ratios to health and social care system.

The outcomes for the ICS would be:

1. Improved patient outcomes
2. Reduction in non-elective episodes and A&E attendance.

13 Fancourt D, Finn S. What is the evidence on the role of the arts in improving health and well-being? A scoping review. Copenhagen: WHO Regional Office for Europe; 2019 (Health Evidence Network (HEN) synthesis report 67).

14 Robert Webster, Chief Executive South West Yorkshire Partnership NHS Foundation Trust; Lead Chief Executive, West Yorkshire and Harrogate Sustainability and Transformation Partnership (All-Party Parliamentary Group on Arts, Health and Wellbeing, Inquiry Report).

4. What we can do to help

Sheffield Museums and Sheffield City Council organised the launch of the **Culture and Health Symposium** on 10th November 2022. The intended audience was primarily people working in Sheffield and South Yorkshire's cultural and health sectors, but was also of interest to politicians, policy makers, and business networks from across South Yorkshire and North Derbyshire.

The key issues raised mirror those found in the OPUS report:

1. A lack of leadership
2. A lack of understanding of the benefits of the arts to health and wellbeing
3. Poor connectivity and coordination.

We propose that each local authority creates a Culture, Art and Health Group (similar to an existing one in Doncaster) that feeds into each LA's Health and Wellbeing Board. The members of each Group will form a South Yorkshire-wide Arts and Health Stakeholder Group that can act as a focal point for regional, local and micro-local strategies, emphasising place in their development.

The purpose of the Arts and Health Stakeholder Group will be to do the following:

1. Create an asset map of arts and health interventions in the region
2. Identify short term gains and long term priorities
3. Identify clear processes for connecting health practitioners and link workers with stakeholders in the arts
4. Co-create a cross-sector plan that achieves improved health and wellbeing outcomes for South Yorkshire
5. Work with Arts Council England and the Culture, Health and Wellbeing Alliance to develop a local Creative Health Quality Framework
6. To collate robust evidence for what works with art interventions in health and social care settings
7. Work with SYMCA and the ICS to create a funding strategy that supports the arts to deliver the outcomes needed by the region.



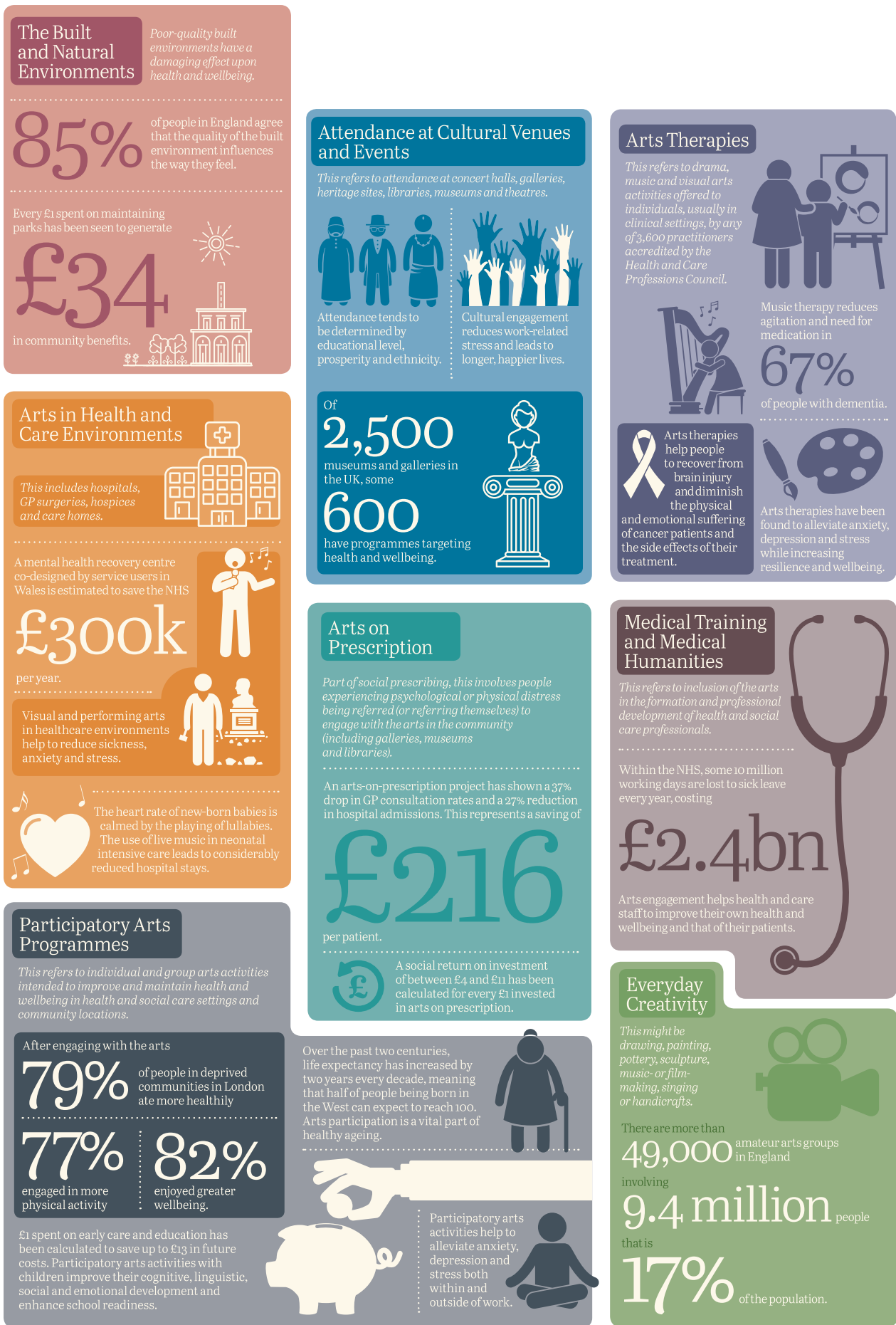


Figure 4. The value of the arts for health and wellbeing¹⁵.



5. Making it happen: recommendations

The following are recommendations for the ICS to realise the opportunities described in this document:

1. Make interventions in the arts part of the ICB's strategic plan
2. Create dedicated NHS resource to lead on promoting and sharing arts activities to prescribers and link workers across the ICPs
3. Work with SYMCA to invest in the arts for health
4. Support the commissioning of (1) a mapping of regional resources and best practice, (2) a rapid review of evidence related to local health care needs, and (3) a review of existing ICS best practice and learning
5. Create a strategy for health-enhancing interventions in the arts within the ICS, targeted on NHS needs
6. Develop even stronger connections with the voluntary sector
7. Identify quick wins and provide funding in partnership with other organisations to implement and create best practice and learning across the ICS.

15th December 2022

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HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell, Director of Public Health, Sheffield City Council

Date: 30th March 2023

Item 13: Climate Change and Health

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Summary:

This report shares the learnings from the event held under the aegis of the Health and Wellbeing Board and Sheffield City Partnership Board in November 2023 bringing representatives of organisations in the city to consider how they might work together to respond to climate change and build a sustainable future for Sheffield. It considers the implications for public health and for health inequalities of action and inaction, provides information on the next steps which came out of the event and asks the Health and Wellbeing Board to consider how it might respond appropriately.

Questions for the Health and Wellbeing Board:

- How might the Board and all its constituent member organisations best exercise their system leadership role to maximise the reduction of health and wellbeing inequalities through an appropriate immediate and ongoing response to the climate emergency. This might include actions such as:
 - Including response to the climate emergency, both in terms of the health and wellbeing potential of reducing emissions and in terms of climate adaptation in the new Health and Wellbeing Strategy.
 - Proactively being a collective and trusted voice in favour of some of the more challenging change that is needed (particularly around vehicle journey reduction)

- Considering all board decisions and discussions through a climate lens so that climate is built into decision-making
- Investing resource to increase the capacity for local climate action, particularly where this also has health benefits
- Collaborating with other board or sector members to increase the potential for impact in reducing emissions in areas where the health and care sector have significant impact, for example in reducing clinical waste or reducing car journeys.

Recommendations for the Health and Wellbeing Board:

- The Health and Wellbeing Board is recommended to endorse the report of the event held on 15th November 2022 and the next steps, particularly by encouraging constituent members to engage with the developing routemaps to contribute actions that will support the city’s decarbonisation.
- The Health and Wellbeing Board is recommended 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.
- The Board its constituent members are asked to play an active role in the development of the forthcoming adaptation and resilience assessment and the development of a plan.

Background Papers:

- *Report of the event of November 15th 2022 (appended)*

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

We will close the gap in healthy life expectancy in Sheffield by improving the health and wellbeing of the poorest and most vulnerable the fastest.

Who has contributed to this paper?

The attendees of the event on November 15th have indirectly contributed to this paper.

REPORT TITLE – *Climate Change and Health*

1.0 SUMMARY

1.1 This report shares the learnings from the event held under the aegis of the Health and Wellbeing Board and Sheffield City Partnership Board in November 2023 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. It considers the implications for public health and for health inequalities of action and inaction, provides information on the next steps which came out of the event and asks the Health and Wellbeing Board to consider how it might respond appropriately.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

- 2.1 The long term impacts of the climate emergency will be felt most by people who are already vulnerable to health inequalities. People living in poverty are more likely to be living in poorly insulated, fuel poor homes and in areas where it is less safe to leave windows open to reduce heat, which are more prone to flooding and which have poorer blue and green infrastructure to mitigate extreme heat. The very old, very young and those with some pre-existing health conditions are more likely to be negatively affected by extreme heat conditions. People of ethnic minority heritage with relatives and friends living in less temperate regions are more likely to be impacted by increased crises in countries which are impacted more severely than the UK, and the mental distress and financial burden that this can bring.
- 2.2 The impact of the interventions and actions that are needed to reduce the city's carbon emissions are more complex in their impact on health inequalities. Impacts will depend to a significant extent on the approach taken to their design, delivery and geography. The majority of interventions should improve health inequalities ultimately, but without significant investment and intervention which targets those at greatest risk of health inequalities, there is a risk that some interventions could temporarily increase health inequalities. Those who are least vulnerable are often in a better position to self-fund improvements (such as insulation and less polluting electric vehicles). They may also be in a better position to change behaviours such as changing diet or traveling more actively (many of Sheffield's most deprived communities are either far from the city centre or located on steep hills, and those with health needs in particular may find active travel more challenging, as will those less able to afford electric bicycles). At the same time, many disabled people do not drive, older and younger people are less likely to drive and those on low incomes are less likely to drive, and making the city easier to travel around by car and active travel should immediately benefit those many of these people.
- 2.3 Whilst the response might most obviously be to target interventions on those most vulnerable to health inequalities, the most affluent have the highest carbon emissions

by an order of many magnitudes. In order to effectively reduce emissions, it is necessary to focus significant effort on interventions that reduce their emissions. There will be a need to balance potential short term increases in inequalities with potential long term impacts if emissions do not reduce, and to act to minimise any inequalities as far as possible.

3.1.Introduction

- 3.1.1. On 15th November, representatives of organisations from across the city came together to discuss what the climate emergency meant for them, and to think about how they and other organisations across the city could contribute to reducing the city's emissions, and what was needed to support this. The event was held under the aegis of the Sheffield City Partnership Board and the Sheffield Health and Wellbeing Board, and organised by the Sheffield City Council Sustainability and Climate Change Team, with facilitation support throughout the event by a range of Sheffield City Partnership partner organisations.
- 3.1.2. The event was very well attended, including a good level of attendance from organisations represented on the Health and Wellbeing Board. There was a clear message from the room that attendees wanted faster, deeper and more joined up climate action from the council and across the city. The breadth of organisations, from a wide range of sectors and backgrounds spoke to the widespread recognition of the need to scale up action.
- 3.1.3. The attached report of the day provides a summary of the event, key learning points, and next steps, including Greg Fell's presentation which highlighted:
 - that climate change is the biggest public health emergency that we face, and that it is intrinsically linked with the biodiversity emergency
 - locally we have a role to act, but that lack of national and international action to address fossil fuel subsidies, and manipulation by the fossil fuel industry is the biggest failing.
 - A health-centred response to the coexisting climate, energy, and cost-of-living crises provides an opportunity to deliver a healthy, low-carbon future. Transitioning to clean energy and improved energy efficiency can avert the most catastrophic climate change impacts, while also improving energy security, supporting economic recovery, preventing the 1.2 million annual deaths resulting from exposure to fossil fuel-derived ambient PM_{2.5} (indicator 3.3), and improving health outcomes by promoting active forms of travel for greener cities. The associated reduction in the burden of disease will in turn reduce the strain on overwhelmed healthcare providers, and enable better care.
 - Increasing adaptation to climate change has the potential to simultaneously improve the capacity of health systems to manage both future infectious disease outbreaks and other health emergencies. Population exposure to heatwaves increased by 57% on average in 2010–19 compared with 2000–09, and by more than 250% in some regions, putting older people, young children, people with underlying chronic health

conditions, and people who do not have adequate access to health care at high risk of heat-related morbidity and mortality.

3.1.4. Learnings and next steps are summarised briefly below, and discussion points are provided to aid consideration of how the Health and Wellbeing Board and broader city should respond to maximise health and wellbeing now and in the future.

Learning points

- Attendees shared that trust, coordinated activity and a shared vision was important to people.
- Joined up working and communication is important for progress. There was a perception that this needed to be stronger. There is a lot happening already in the city, but we don't share it enough.
- Many organisations (and individuals) are starting on their journey, but don't always know how best to proceed.
- Achieving transformational change needs to be inspiring, hopeful and joyful.
- Achieving scale requires greater collaboration – including ambitious funding bids to government.
- Many organisations are starting on their journey but don't know how best to proceed, other organisations are moving at much greater pace; everyone is stretched.
- Thematic sessions provided learnings about a wide range of assets, strengths, challenges and opportunities.

3.1. Summary of discussion at health tables

3.1.1. The potential for the health sector to impact on climate change, as well as for to be impacted by climate change, is very significant. Assets included:

- The number of employees
- Work currently happening through individual practices and collective action
- Hospital grounds
- The potential for churches to provide both warm and cool spaces – historic churches are often considered as a challenge to insulate, but are often cool in summer
- The green space available in the cities, including parks, rivers and churchyards
- Sheffield Business Together and University of Sheffield's work on green barriers and the potential to expand to more schools
- Existing data, and the potential to improve this to support prioritisation of climate work

3.1.2. Challenges and opportunities included:

- The number of patient journeys made by car
- Poor public transport links to the Northern General Hospital
- Potential for 15 minute neighbourhoods for health
- The impact of cold homes on health
- Potential for climate and well-being focused community programmes and for procurement to play a role in tackling climate change

3.1.3. The health groups considered the potential for bringing together plans from organisations across the city to create a “plan of plans” and how community organisations could be a lynchpin for health and well-being and climate action.

3.2. Next steps

3.2.1. The report notes that action that is required to address the climate emergency is vast and all organisations are encouraged to action the commitments that they made at the end of the session, and to consider what more their organisation can do. Within current constraints, the immediate next steps coming out of the event are:

- 1) The Sustainability and Climate Change Team are working towards developing an online engagement platform and, further in the future, a new microsite. The engagement platform will initially provide a route for research and consultation, and it is hoped that it will also give an opportunity to showcase some exemplar organisations and projects across Sheffield.
- 2) In the meantime, the Sustainability and Climate Change Team will send regular newsletters to update people and partners about what is happening and opportunities to be involved. The first is planned to be shared during March.
- 3) Conversations will take place with organisations that have expressed an interest in being involved in communication. Other organisations are welcome to make contact.
- 4) The Council will invite relevant organisations to be involved in and consulted on the development of decarbonisation plans.
- 5) The Council will convene thematic project groups as capacity allows. Whilst there are aspirations to form standing networks, limited resources currently prevents this. A map will be developed to understand existing networks, and organisations wishing to form networks, are very much encouraged to self-organise. Work will take place to explore how more thematic collaboration might be resourced, and attendees who have suggestions or are in a position to support are encouraged to make contact.
- 6) Finding a “team name” or to shape branding is proving challenging. The collaborative activity to identify branding did not result in a clear choice with some concern raised that the initial suggestions (which were taken from the most popular in a survey, and suggestions from respondents to the survey, no ideas being provided during the registration period) were too “jargony”.
- 7) A number of feedback forms and commitments referenced that attendees had welcomed the opportunities to make contacts and that they planned to have follow up conversations with others in their groups. There have been several reports of this happening since the event and of work starting as a result.
- 8) Where specific commitments or projects link into future work, the Sustainability and Climate Change Team will incorporate the findings of the event.

3.2.2. In addition to these next steps, specifically in relation to engagement and collaboration, it is of note that the Sustainability and Climate Change Team is currently working on decarbonisation routemaps covering the Council’s decarbonisation and “How we travel”. Partners represented on the SCPB, as well as others, will be invited to contribute actions, as well as to consider how we can work better together. We would like future routemaps to be more collaborative, and

there is also potential for other orgs to be lead future routemaps where they have capacity.

3.3. Update on climate action activity

3.3.1. The event demonstrated that there is a huge amount of activity already happening across the city. Examples of some of the activity taking place which will support our efforts to address climate change includes:

- A wide variety of active travel interventions across the city are being delivered. Recent announcements include a decision on a Dutch style roundabout at Neepsend and Kelham and the new cycle parking hub to open during the spring in the city centre.
- Sustainability and Climate Change team officers are working with organisations in the city, including with Sheffield Renewables to identify pilot schools to install community owned renewable energy and with Eon to explore opportunities for decarbonising heat, including the potential for extending the heat network for industrial and domestic connections, and the viability of waste heat opportunities from local heat sources Identified through the Heat Network Zoning Pilot Programme e.g. steel industry, other manufacturers, waste water, data centres, and green hydrogen plants.
- The South Yorkshire Sustainability Support Consortium brings together the various organisations in South Yorkshire offering funded advice and support to businesses on sustainability. The Consortium has held 3 successful events so far, engaging with businesses on their needs and covering topics including carbon measurement, getting buy in, sustainable procurement, social value and more. Registrations have 'sold out' at all events which have all been well attended on the day with around 70 delegates each time. The consortium is planning its next event in May and it also now discussing its role in the wider governance of small business support on sustainability in the region, including how the partners can work together to maximise impact and best combine the output of research institutions and business facing support intermediaries.
- A Skills Strategy is being developed which will include green skills as a key element, and Learn Sheffield, further and higher education providers are all working in this area, whilst this year's South Yorkshire Schools Climate Conference, organised by SCESY has brought together many schools in the county.
- The Sustainability and Climate Change Team is part of a peer learning programme with the Yorkshire and Humber Climate Commission focused on climate adaptation and resilience. The team will be putting forward a bid for funding internally to commission a climate risk assessment.
- The Public Health Intelligence Team has worked with ClimateJust at Manchester University to incorporate data on climate vulnerability on Local Insight.

4. WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA

Decarbonising Sheffield

- 4.1. Ultimately, the fossil fuel industry (including vehicle manufacturers and aviation) and meat industry need to reform, and this would be likely to require more stringent legislation and reform of fuel subsidies. Locally, there are a number of potential levers that might address this:
- 4.2. Divestment is a consideration, but needs to be considered carefully, although investing patient capital in local renewable generation or green economy could be options.
- 4.3. Board members with the potential to control advertising or to accept or decline sponsorship wield some influence over consumer behaviour.
- 4.4. Lobbying government where this is an option open to members.
- 4.5. However, the years of delay since scientists (and the fossil fuel industry) first learnt of the impact of fossil fuels on the climate means that individuals and organisations *will* also need to change much faster than is currently happening. Further to this, a recent Lancet paper¹ found that the health benefits of a pathway to net zero that requires faster and more ambitious change, in particular behaviour change, has greater impact on mortality. It found that the actions with greatest impact on mortality were to:
 - increase home energy efficiency - Of all the actions in the report, this is the greatest contribution climate policy can make to improving health (over 800,000 life-years gained by 2050).
 - Change eating habits - Reducing the amount of red meat eaten and swapping it for plant-based foods is the next most effective action for reducing mortality (over 400,000 life-years gained by 2050).
 - Create healthier travel options - policies that encourage more people to walk or cycle for travel instead of driving could save up to 280,000 life-years by 2050.
- 4.6. The cost of the action required to decarbonise Sheffield runs to the many billions of pounds. Whilst the long term financial benefits (including to the health care system) are expected to outweigh the costs significantly, without further funding from government, and likely the private sector, it will be impossible to achieve decarbonisation at pace.

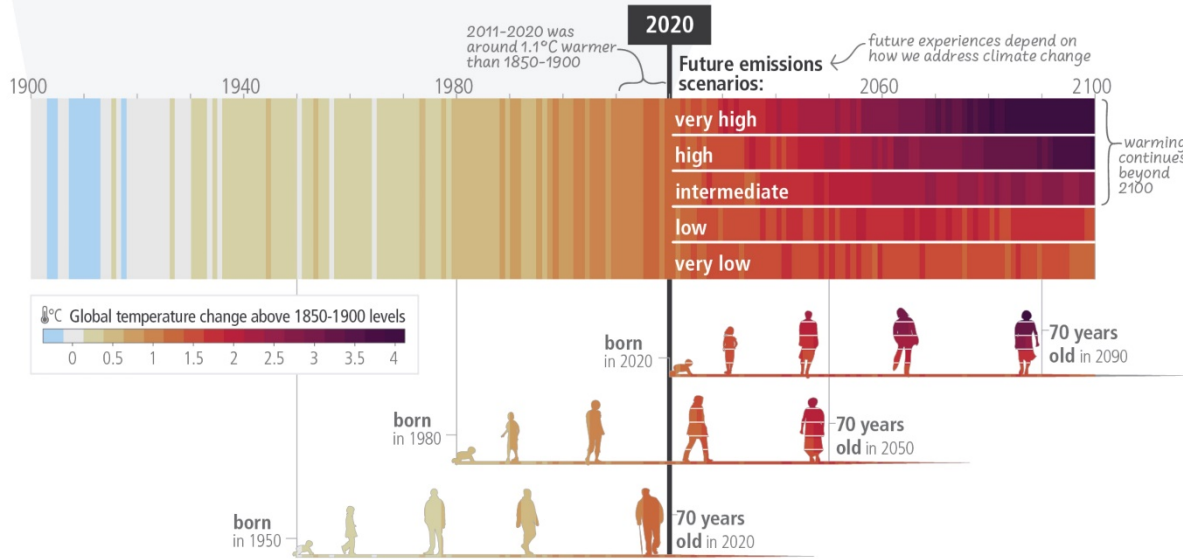
Adapting to climate change

- 4.7. As the climate changes, health and wellbeing impacts from extreme weather events are likely to provide increasing challenges. These will depend on the path that we take, as illustrated below in the recent International Panel on Climate Change (IPCC) Synthesis Report of the 6th Assessment Report².

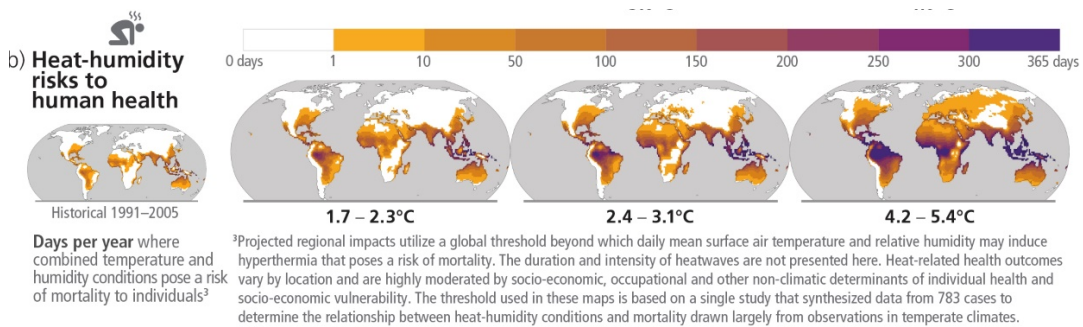
¹ [Impact on mortality of pathways to net zero greenhouse gas emissions in England and Wales: a multisectoral modelling study - The Lancet Planetary Health](#)

² [IPCC AR6 SYR SPM.pdf](#)

c) The extent to which current and future generations will experience a hotter and different world depends on choices now and in the near-term



4.8. Whilst the health and wellbeing impacts for the UK are not as significant as elsewhere, they will still be significant.



4.9. Sheffield has not to date carried out a climate risk assessment or developed an adaptation and resilience plan. These will be important next steps.

5. QUESTIONS FOR THE BOARD

5.1. How might the Board and all its constituent member organisations best exercise their system leadership role to maximise the reduction of health and wellbeing inequalities through an appropriate immediate and ongoing response to the climate emergency. This might include actions such as:

- Including response to the climate emergency, both in terms of the health and wellbeing potential of reducing emissions and in terms of climate adaptation in the new Health and Wellbeing Strategy.
- Proactively being a collective and trusted voice in favour of some of the more challenging change that is needed (particularly around vehicle journey reduction)
- Considering all board decisions and discussions through a climate lens so that climate is built into decision-making;
- Investing resource to increase the capacity for local climate action, particularly where this also has health benefits;

- Collaborating with other board or sector members to increase the potential for impact in reducing emissions in areas where the health and care sector have significant impact, for example in reducing clinical waste or reducing car journeys.

6. RECOMMENDATIONS

- The Health and Wellbeing Board is recommended to endorse the report of the event held on 15th November 2022 and act on the next steps, particularly by encouraging constituent members to engage with the developing routemaps to contribute actions that will support the city's decarbonisation;
- The Health and Wellbeing Board is recommended 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;
- The Board its constituent members are asked to play an active role in the development of the forthcoming adaptation and resilience assessment and the development of a plan.



Working together to tackle climate change and build a sustainable future for Sheffield

Tuesday 15th November 2022

Introduction

Representatives of organisations from across Sheffield were invited on behalf of the Sheffield City Partnership Board and Health and Wellbeing Board to attend a half-day session to explore the climate emergency in the context of public health. The aims of the event were to:

- understand what the climate emergency means for attendees and their organisations and for the people of Sheffield
- map the action that is already being achieved and explore how we can help each other
- plan how we can work together to create a Sheffield that plays its part in creating a better future for our city and the planet.

Attendees were encouraged to think about what they could do individually and together.

Eighty attendees from a range of organisations attended. The event opened with introductory words from Wil Stewart, Director of Investment, Climate Change and Planning at Sheffield City Council and from Greg Fell, Director of Public Health at Sheffield City Council. Attendees were encouraged to consider the assets at our disposal, and how each organisation can maximise both their impact on climate change, and work together with others.

The transition to a net zero city provides a wide range of cobenefits.

Wil Stewart talked about the potential for the transition to a net zero city which is adapted to the changing climate also presents us with huge opportunities:

- Upgrading our homes, and building homes fit for the future, will mean that our housing is healthy, comfortable, affordable to heat and desirable to live in
- Decarbonising our transport through fewer journeys, more active travel, public transport, and electric (and later hydrogen) vehicles, means less pollution and a healthier population
- Growth markets and investment in a future economy
- The scale of activity needed means that if we upskill our people there is the potential for new, meaningful jobs.

Climate change will dwarf all other public health emergencies

Greg Fell highlighted that climate change is the biggest public health emergency that we face, and that it is intrinsically linked with the biodiversity emergency. Ecosystem deterioration already affects more than 40% of the global population, and the climate crisis displaces 20 million people each year, and that the target to keep global temperature increase to 1.5°C exists for a reason – it is the temperature increase that can keep us in the safest landing zone with respect to the impacts of climate change. He noted recent indications that 1.5°C is now unattainable... but that every fraction of a degree still counts.

Tackling systemic failings is crucial

Greg highlighted that locally we have a role to act, but that lack of national and international action to address fossil fuel subsidies, and manipulation by the fossil fuel industry is the biggest failing.

A health-centred response to the coexisting climate, energy, and cost-of-living crises is crucial

A health-centred response to the coexisting climate, energy, and cost-of-living crises provides an opportunity to deliver a healthy, low-carbon future. Transitioning to clean energy and improved energy efficiency can avert the most catastrophic climate change impacts, while also improving energy security, supporting economic recovery, preventing the 1·2 million annual deaths resulting from exposure to fossil fuel-derived ambient PM_{2.5} (indicator 3.3), and improving health outcomes by promoting active forms of travel for greener cities. The associated reduction in the burden of disease will in turn reduce the strain on overwhelmed healthcare providers, and enable better care.

Adaptation is often a weak link

Increasing adaptation to climate change has the potential to simultaneously improve the capacity of health systems to manage both future infectious disease outbreaks and other health emergencies. Population exposure to heatwaves increased by 57% on average in 2010–19 compared with 2000–09, and by more than 250% in some regions, putting older people, young children, people with underlying chronic health conditions, and people who do not have adequate access to health care at high risk of heat-related morbidity and mortality.

Learnings from the morning

Attendees shared that trust, coordinated activity and a shared vision was important to people

The event revealed good practice, ambitions for future activity and helped people to make connections.

There was a strong message that trust is vital to achieve change, and that action should follow from the event. The potential for peer support and local community organisations to contribute to action was emphasised, particularly as trust and local relationships have been shown to be important predictors of action.

Achieving transformational change needs to be collaborative

There were reflections that the energy in the room was positive and the mapping exercise, feedback and commitments often referred to cultural and systemic changes as much as practical, as well as collaboration on shared priorities, and more ambitious bids for joint funding.

Achieving transformational change needs to be inspiring, hopeful and joyful

One attendee highlighted the potential for their organisation to bring joy and hope through nature, other reflections considered Sheffield's strengths in innovative and sustainable employee ownership and less traditional approaches to leadership and economy. The need to be able to imagine the future was considered to be important.

“Vision without action is a dream - action without vision is a nightmare – we need a collaborative, shared vision and coordinated action”
Unattributed quote from the mapping activity

Joined up working and communication is important for progress

Two themes were consistent throughout all groups: there is currently insufficient joined up working and planning and insufficient communication about the good work that is already happening in Sheffield. More sharing of best practice and expertise would be valued by attendees, and there was a willingness on the part of attendees to share expertise and experience. This is already happening to a degree in the business sector through the Sheffield Sustainability Network and Sheffield Sustainability Consortium, in schools through Schools Climate Education South Yorkshire and through the South Yorkshire Sustainability Centre, but there is potential for more joint planning, working and better communication.

Organisations have differing levels of confidence and capacity to act

Organisations are at different points on their journey. Some are just starting and aren't sure how best to proceed, or lack financial or other capacity. Others are acting at much greater pace. There is the potential for pioneers to support other organisations, but most organisations and employees are struggling for capacity.

Thematic sessions provided learnings about assets, strengths, challenges and opportunities

The mapping and idea development sessions produced a range of useful information, including highlighting projects and organisations which are assets that are already making a difference or could do in the future. Individual representatives contributed the actions that their individual organisations are providing and where appropriate these will be incorporated to the map which is planned to be developed and outlined in the next steps.

A summary of some of the learnings is appended.

Next steps

The action that is required to address the climate emergency is vast and all organisations are encouraged to action the commitments that they made at the end of the session, and to consider what more their organisation can do. Within current constraints, the immediate next steps coming out of the event are:

Communication and networking

- 1) The Sustainability and Climate Change Team are working towards developing an online engagement platform and, further in the future, a new microsite. The engagement platform will initially provide a route for research and consultation, and it is hoped that it will also give an opportunity to showcase some exemplar organisations and projects across Sheffield.
- 2) In the meantime, the Sustainability and Climate Change Team will send regular newsletters to update people and partners about what is happening and opportunities to be involved. The first is planned to be shared during March 2023.
- 3) Conversations will take place with organisations that have expressed an interest in being involved in communication. Other organisations are welcome to make contact.
- 4) The Council will invite relevant organisations to be involved in and consulted on the development of decarbonisation plans. There is potential for future plans to be more led by other organisations.
- 5) The Council will convene thematic project groups as capacity allows. Whilst there are aspirations to form standing networks, limited resources currently prevents this. A map will be developed to understand existing networks, and organisations wishing to form networks, are very much encouraged to self-organise.

- 6) Work will take place to explore how more thematic collaboration might be resourced, and attendees who have suggestions or are in a position to support are encouraged to make contact.
- 7) It is vital that engagement currently taking place to develop City Goals supports the city's commitment to net zero by 2030, and that the transition to net zero is woven throughout the goals. It is presumed that governance will be developed to support this which will further support the coordination of efforts.

Branding

Finding a "team name" or branding is proving challenging. The collaborative activity to identify a team name did not result in a clear choice with some concern raised that the initial suggestions (which were taken from the most popular in a survey, and suggestions from respondents to the survey, no ideas being provided during the registration period) were too "jargony". Some suggestions were made during the voting stage, and attendees were subsequently asked to vote on the most popular by email. The most popular response, narrowly, was Sheffield Climate Action Partnership, but concerns have been raised that this is too close to South Yorkshire Climate Alliance's acronym of SCA and that it is not sufficiently inspiring. Further consideration will be given to this and inspirational suggestions are welcomed.

Following up specific commitments, projects and ideas

A number of feedback forms and commitments referenced that attendees had welcomed the opportunities to make contacts and that they planned to have follow up conversations with others in their groups. There have been several reports of this happening since the event and of work starting as a result.

Where specific commitments or projects link into future work, the Sustainability and Climate Change Team will incorporate the outcomes of this session.

Feedback and learning

Attendees responded positively to the event

Of the 48 attendees who completed feedback forms, satisfaction was high. Overall average score 8.4, with only 3 attendees scoring below 7, and 24 scoring 9 or 10.

Common themes included appreciation for being able to make new contacts; the breadth of organisations and the need for action to result from the event.

"A really interesting and well managed event. We covered a really huge topic, really thoroughly. This felt like the start / the tip of the iceberg - it was valuable, lets do it again!"

We need to increase the diversity of representation

The range of attendees was in some ways wider than many similar "partnership" events, and particularly "climate" focused events, bringing together a diverse mix of organisations from a wide range of sectors, including many who for whom climate and sustainability are not (currently) considered their "core business". However, the diversity in terms of ethnicity, age and disability was not as was hoped, despite efforts made to attract a diverse range of attendees and delegates from equality partnerships. The voice of young people was represented through a display of their words, but efforts in finding young people to attend a session during daytime was not successful.

We will continue to work to improve diversity of attendance and voice in future work.

More space and more time were needed, which would help accessibility

The available space was smaller than anticipated (but with difficult acoustics), and it was cramped for the number of attendees in an active session. More time was needed for some of the exercises and to allow attendees to network. The cramped space was not ideal for people with visual impairments (and would have been even more difficult for anyone with mobility restrictions).

Venue sustainability

Cycle parking was limited and future events should take into consideration the high number of delegates potentially traveling by bike. There was no plant-based milk available (although this was available on request, but it was not requested). It is proposed that future events will take this into consideration and refreshments be plant based.

Thanks are offered to all involved

Thanks are offered to all involved, in particular the organisers and facilitators, those who helped with administration, speakers, those young people and organisations who contributed to the display, to Sheffield Hallam University for their donation of a copy of Mark Maslin's *How to save our planet: the facts*, the venue St Mary's and last but very definitely not least, to all the attendees.



Appendix: Summary of learnings from thematic groups

Transport

Assets recognised as supporting the transition in transport included:

- Tram and cycling route networks, both strengths but in need of further strengthening and improvement 2
- The Clean Air Zone (with opportunities to expand in size and to charge highest emitting vehicles)
- Forthcoming and existing cycle hubs and storage
- Transport related businesses, including cycle manufacture and refurbishment and hydrogen
- Behaviour change expertise within universities
- Grey to Green and the potential for making active and public travel an attractive experience

Key issues and opportunities include:

- Reducing bus services and routes
- Accessibility for disabled people on public transport and active travel
- The need for road space for a wider range of micro-mobility (e.g. electric scooters and disability scooters)
- Potential for more Park and Ride (including Park and Cycle) to support mixed modes of travel
- Potential for greater business delivery via ecargo bikes
- Tying active traffic neighbourhoods in with 10/15/20 minutes neighbourhoods and improving communication and engagement in their development
- The importance of ambitious and evidence-based decision-making that incorporates people's lived experience
- The potential for a workplace parking levy to support the funding of improved transport

The group exercise explored the potential for hydrogen fuelled waste and refuse services.

Business and Economy

Sheffield has a wide range of assets that have the potential to help the city to transition to a thriving net zero economy, including:

- existing exemplar businesses who have achieved or are on their way to achieving net zero and are supporting biodiversity;
- businesses and universities at the leading edge of sustainable technology and markets
- educational organisations that are increasingly including sustainability in their curricula.
- Co-operative/employee owned businesses
- the Outdoor City brand and economy sector were identified both as an asset, and a reason for action in that our outdoor environment is at risk from climate change.

Identified issues/opportunities:

- increase coordination of action;
- increase information and funding for businesses to transition to net zero economy;
- need for skills to support a future economy

- potential for action to scale
- support for the circular economy

The group activity discussed ideas to communicate community energy.

Communication

There was a clear desire for regular communication and story-telling about what is happening and needs to happen on climate change.

Strengths and assets included:

- creative sector
- media (mainstream and independent)
- museums
- universities
- existing networks and infrastructure organisations
- attendee organisations alone (particularly the Council, NHS and Universities) employ in the 10s of thousands and provide services to the whole city: potential to get messages out on mass
- The importance for trust means that trusted messengers and peer to peer support and activity has huge potential

Challenges and areas for opportunity:

- Creating a shared voice and vision
- Sharing existing success and activity across the city

The potential for improved communication appeared strongly throughout every theme but there was not a standalone group due to lack of interest in this as a theme.

Nature

A small number of attendees had a specific interest in nature, but Sheffield has many great assets in this area, including:

- Strong established organisations and partnerships
- Ancient and established woodland
- University research strengths, including the South Yorkshire Sustainability Centre's natural capital theme
- A strong culture of love of and pride in the outdoors which could support action, including the Outdoor City identity.

Challenges and opportunities included:

- The disparity in extent and quality in green space in different parts of the city
- Lack of explicit linkages between climate and the nature and biodiversity emergencies
- Over-reliance on trees as potential for carbon sequestration
- Burning of peat in the Peak for grouse shooting
- Potential for increasing skills for nature recovery and climate mitigation and adaptation

The group activity in this session considered the potential for support to be provided to businesses to encourage and support them to improve how they act to benefit nature.

Health

The potential for the health sector to impact on climate change, as well as to be impacted by climate change, is significant. Assets included:

- The number of employees
- Work currently happening through individual practices and collective action

- Hospital grounds
- The potential for churches to provide both warm and cool spaces – historic churches are often considered as a challenge to insulate, but are often cool in summer
- The green space available in the cities, including parks, rivers and churchyards
- Sheffield Business Together and University of Sheffield's work on green barriers and the potential to expand to more schools
- Existing data, and the potential to improve this to support prioritisation of climate work

Challenges and opportunities included:

- The number of patient journeys made by car
- Poor public transport links to the Northern general
- Potential for 15 minute neighbourhoods for health
- The impact of cold homes on health
- Potential for climate and well-being focused community programmes and for procurement to play a role in tackling climate change

The health groups considered the potential for bringing together plans from organisations across the city to create a “plan of plans” and how community organisations could be a lynchpin for health and well-being and climate action.

Community connections

Community organisations and the people in communities themselves have huge potential to support a just transition to a net zero society. Trust is vital and community organisations and local links often have high levels of trust. Assets include:

- Social justice is really important and some communities are disadvantaged: they need to be involved in planning for the future so that it is equitable
- Community infrastructure organisations, Local Area Committees; schools, libraries, neighbourhood policing services and religious organisations
- People themselves – peer to peer support networks developed through covid could be repurposed (and already are in some places) to support retrofit and energy efficiency, especially in light of the cost of living crisis
- Community buildings, including places of worship, can be warm and cool places for communities, and information can be shared in these places
- Cooperatives, employee ownership and community energy organisations enable community wealth-building

Challenges and opportunities include:

- Many VCF organisations are overstretched with existing demand and struggling
- A regional approach may be needed to support the drawdown of funding, but people's connections are often hyperlocal or identity specific

The group discussed the potential for building trust, empowering communities and building networks.

Buildings

Our buildings are crucial to transition to a net zero city, with energy emissions from our existing domestic buildings alone currently contributing to 33% of our city's direct emissions, whilst 57% of non-domestic buildings are rated at EPC level D or below.

Assets to support the transition of buildings in the city to net zero include:

- Local businesses with strong commitments and expertise, including structural engineering consultancies and architects and their social value programmes
- Universities and educational organisations expertise and opportunities to train up students and professionals
- Potential for council and social housing providers to scale up activity and stimulate the market
- Work being carried out by organisations to understand solutions for architypes
- Potential for peer to peer support to encourage retrofit at street and community level
- District heating network
- High Green solar

Challenges and opportunities

- Local Plan and viability limitations can restrict standards required on new build
- Ownership model of commercial buildings, and residential properties with multiple owners
- Local expertise – both strengths and need to increase capacity. Skills shortage risk to business, but opportunity for new economy
- Develop a map of retrofit examples and showcasing for other landlords and owners: “seeing is believing”
- Cost of electrifying heat – risk of increasing fuel poverty or potential for reducing it?
- Decarbonising and modernising the grid
- Potential for greater coordinate activity across SY e.g. bringing in funding at SY level based on recognised need or retrofit training
- Sharing expertise and approaches to housing decarbonisation
- Improve joined up thinking and influence on policy locally, particularly joining up the finance available and the need to address retrofit and retained buildings with some defined standards that could be incorporated for all buildings.
- Increasing PV on roofs

The buildings group discussed the challenge of domestic retrofit, identifying key issues including the need for a holistic approach incorporating policy, training, resources and information. The importance of different solutions for different audiences was felt to be important. Regather is interested in using its reputation as a trusted intermediary and setting up a retrofit service similar to People Powered Retrofit in Manchester.

Energy

Assets and strengths identified in the session included:

- Local businesses and organisations with expertise in renewable and low carbon energy, particularly hydrogen and nuclear (e.g. ITM Power, Magnomatics)
- Buildings available for renewable energy generation, both community and otherwise
- Community renewable organisations based in the city
- Energy Recovery Facility
- Biomass facility
- District Heat Network and heat network zoning pilot
- Work taking place to explore increasing energy generation from heat recovery, from small scale (coffee manufacturers and restaurants) to larger scale

Challenges and opportunities included:

- the relative lack of community energy installations in Sheffield and potential for more to increase generation and raise funds for future projects
- “leaky” buildings in Sheffield, and the need for increased retrofit and energy efficiency
- Inequalities – disabled people and people with poor health often have much higher energy needs than others in the population due to the need to charge machinery and adaptive equipment or to keep warm

Ideas for how organisations could work together included increasing communication on best practice, developing shared vision, research and policy and innovation.

Skills

Assets and strengths identified in the session included:

- The Schools Climate Conference South Yorkshire which has delivered two online conferences and is holding an in person conference this year, and Kids Plant Trees working in schools
- The universities have a range of relevant specialisms and outreach/civic engagement/knowledge transfer programmes
- Businesses and consultancies in the city have expertise they are willing to share
- Conservation and land management organisations are developing skills within workforces and community
- Council and Sheffield College are working together to develop skills interventions using Council buildings
- Some general carbon literacy has been delivered, e.g. by the council for employees and councillors

Challenges and opportunities include:

- Severe shortage of skills in a range of fields, particularly retrofit and green/blue land management and ecology skills
- The need to encourage creative thinking and imagination at all levels, from children to professionals and politicians
- Curricula are starting to develop in academic institutions and training providers, but matching demand and supply is challenging.
- Upskill designers on truly sustainable building technology
- Drive innovation in sustainability in construction
- The potential for professionals to educate our clients on why sustainability matters
- The need to provide greater social mobility in architecture, and increase equality, diversity and inclusion
- Sustainability based engineering challenges for students
- Placemaking – use digital tools to engage all

Skills was one of the areas with the greatest interest and there were two tables which explored different topics, including the potential for increasing general skills and understanding through better engagement and skills sharing, peer mentoring and coaching.

Food

There was a relatively small cohort of attendees with a special interest in food, and the group was combined with nature so learnings from this theme are fairly limited.

Assets and strengths identified in the session included:

- University expertise in sustainable food technology
- Carbon neutral local food businesses and food businesses working to reduce waste

- Community food initiatives which have the potential to reach across communities and reduce food waste, as well as hunger, through food banks and community fridges
- Allotments

Opportunities and challenges included:

- Potential to capture heat energy from food industry
- Cost to decarbonise and fund community initiatives
- Deliveries – potential for electric vehicles
- Potential for circular businesses to work with their customers to support them to become more circular

HWBB Forward Plan - Public Meetings

Month	Type	Topics	Topic Leads	Ambition	Time	Additional invitees and notes	Chair
29th June 2023	Public	Healthwatch Update	Judy Robinson		00:10		Cllr Argenzio
		BCF Update	Martin Smith		00:10		
		Health Protection	Ruth Granger		00:10		
		Meeting to be themed around Mental Health	Steve Thomas & Heather Burns				
		Forward Plan	Greg Fell		00:05		
					00:35		
28th September 2023	Public	Healthwatch Update	Judy Robinson		00:10		Dr McMurray
		BCF Update	Martin Smith		00:10		
		Tobacco Control	Sarah Hepworth				
		Forward Plan	Greg Fell		00:05		
					00:25		
14th December 2023	Public	Healthwatch Update	Judy Robinson		00:10		Cllr Argenzio
		Health Protection	Ruth Granger		00:10		
		BCF Update	Martin Smith		00:10		
		Forward Plan	Greg Fell		00:05		
					00:35		
28th March 2024	Public	Healthwatch Update	Judy Robinson		00:10		Dr McMurray
		BCF Update	Martin Smith		00:10		
		Forward Plan	Greg Fell		00:05		
					00:25		

Strategy Key	
1	Every child achieves a level of development in their early years for the best start in life
2	Every child is included in their education and can access their local school
3	Every child and young person has a successful transition to adulthood
4	Everyone has access to a home that supports their health
5	Everyone has a fulfilling occupation and the resources to support their needs
6	Everyone can safely walk or cycle in their local area regardless of age or ability
7	Everyone has equitable access to care and support shaped around them
8	Everyone has the level of meaningful social contact that they want
9	Everyone lives the end of their life with dignity in the place of their choice
HI	Overall Health Inequalities Goal

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Sheffield Health and Wellbeing Board

Meeting held 8 December 2022

PRESENT: Councillors Angela Argenzio, Black, Chappell, Greg Fell, Latimer, Mays, Dr Zak McMurray, Robertshaw, Judy Robinson and Steers (Substitute Member)

1. APOLOGIES FOR ABSENCE

1.1 Apologies for Absence were received from Councillor Douglas Johnson, Councillor Mick Rooney, Robert Sykes, Kate Martin, Andrew Jones, Kate Josephs, Benn Kemp, Joe Rennie, Ruth Brown, Sandie Buchan, Toni Schwarz and Rob Sykes.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest from members of the Board.

3. PUBLIC QUESTIONS

3.1 The Board received a question from Sophie Rutter:

“I’ve been leading a project at Sheffield University that looks at the challenges workers face when trying to access hygiene facilities when working away from a fixed work base. We have found that many of these mobile workers (e.g. food couriers, community care workers, police) do not have access to hygiene facilities while at work. This is particularly concerning as with the decline in provision of public toilets and the closure of department stores mobile workers might not be able to access any hygiene facilities during their working day. This is a public health concern as opportunities for hygiene protect workers from infections and access to facilities helps prevent illnesses associated with restricting fluid intake and ignoring urges. I would like to ask if there are any plans to increase public toilet provision in the Sheffield city area.”

The Chair (Councillor Angela Argenzio) provided the following answer to Sophie’s question:

“The Council recognises that public toilet provision is important for supporting accessibility, and health and wellbeing. However, the provision of public toilets in some sites may only be financially sustainable if they are provided alongside other facilities. In our parks, for example, this may mean public toilets being provided alongside a refreshment offer.

SCC (Sheffield City Council) has a range of existing maintained/managed facilities within many of our key sites across Sheffield including Endcliffe, Millhouses, Firth,

Forge Dam, Graves, Ecclesall Woods, Stannington Park (Café), Centre in the Park (Norfolk Park), the Botanical Gardens, Weston Park (within the museum) – and a full list of these can be provided.

We have been working with partners to establish facilities that include toilets and toilet/refreshments facilities across green spaces. This includes:

- Shirebrook Valley Visitors Centre refurbishment
- Hillsborough Park AgeUK Sheffield Coachhouse Café facility (alongside the Gathering Ground suite of buildings that include the Makers Shed and pavilion)

We have a range of projects that are in development that aim to improve toilet/refreshment facilities including:

- Whirlow Brook Park – new café and toilets under development
- Parkwood Springs – new kiosk and toilet provision planned as part of phase 2 of the current ‘trails and tracks’ project.
- Hillsborough Park library is progressing a project to enhance access and toilet provision – linked to the park.
- Hillsborough Park pavilion – Changing Places Facility

There are also some future projects in the early stages of development that will include public toilets provision if feasible. These include:

- Hillsborough Park activity hub
- Ecclesfield Park café

We are also working with partners on plans and opportunities for facilities at a range of further sites.

Although there are limited toilet facilities in the city centre run by SCC (the only ones currently for public use are the containers ones and in the Moor Market) there are a number of businesses that allow use of their toilets (for example McDonalds allow blue light workers and delivery drivers to use their facilities).

All SCC staff are given access to nearby depots, housing offices, libraries etc.

The responsibility for ensuring employees’ health and wellbeing including welfare facilities sits with the employer who should assess comfort breaks and welfare facilities. The Workplace (Health, Safety and Welfare) Regulations 1992, sections 20, 21, 22 & 25 lay out the requirements that the employer needs to meet for sanitation, drinking water, washing facilities, and facilities to rest and eat meals. However, the application of these regulations for “temporary” work, requires the employer to discharge its duties to section 20 – 25 so far as is reasonably practicable.

What that looks like for specific workers will need to be tested against the employer’s policy. It is open to employers to engage with the Council to assess the availability of publicly accessible facilities as part of meeting the requirements of the regulations, but it remains the responsibility of the employer to ensure appropriate provision is available.”

It was suggested that other options might also be explored, such as encouraging

businesses to allow people to use toilet facilities. It was also acknowledged that some people had particular circumstances which affected their access to hygiene facilities, including disabled people and people with jobs which meant that they were regularly moving around, such as lorry drivers.

4. HEALTHWATCH UPDATE

4.1 Judy Robinson gave a verbal update from Healthwatch, and summarised two areas in which people's lived experiences had informed work by Healthwatch:

- Sheffield ME (myalgic encephalomyelitis) & Fibromyalgia group heard from people living with these long-term conditions. They found there were barriers to accessing support and services and in relation to diagnosis. A report had been produced and work was being done to link people to services and identify what small things could be done which would make a difference to people and enable them to access services.
- Engaging with older people about their experiences of living in a care home and the differences between different care homes. The findings included observations about people's fears of the prospect of going into a care home, the importance of building relationships and of everyday choices, such as in relation to food. Work was being done with care homes and the Council. It was found that simple things mattered for people. There was a need to better understand the experiences of older people from black and minority ethnic groups.

Members of the Board thanked Healthwatch for its work and in obtaining people's experiences of moving into a care home. Further work would be done with Healthwatch over the next year in relation to the care homes project. The importance of responding and demonstrating what had been done as a result was noted, together with co-design. These were long term projects and it was acknowledged that in relation to the ME & Fibromyalgia work, there was a real willingness of GPs to improve people's experience, although there would need to be a focus on the quality of consultations with people and families and the system and the way the system was set up measured quantity, not quality.

The Board noted the update on the work of Healthwatch.

5. HEALTH PROTECTION UPDATE

5.1 The Director of Public health submitted a report to update the Board on the health protection system. Ruth Granger, Consultant in Public Health, presented the report. Key issues in the report included:

- 5.2
- Uptake of routine immunisations particularly routine childhood immunisations
 - Managing respiratory diseases for autumn winter 2022/23 winter season
 - Reviewing the Sheffield Mass Treatment and Vaccination Plan
 - The cost of living crisis increasing risk of spread of food borne disease
 - Learning from Covid and the Covid 19 Public Inquiry.

- 5.3 Ruth Granger updated the Board in relation to communications and activity with schools concerning Strep A and in relation to childhood immunisations.

Members of the Board discussed the effectiveness of vaccination programmes including support for GP practices because in some areas, such as those with high levels of deprivation, it was difficult for them to meet targets for vaccination. Following the last Board meeting, the Chairperson had written to NHS England highlighting concerns about the funding system for vaccination contributing to inequalities.

- 5.4 There was a role for partners who had contact with young people to help increase the uptake of vaccinations. There were also lessons from the Covid19 vaccination programme which could be applied. There was hard work being done to understand community needs and reasons why people did or didn't engage with vaccination programmes and broaden the type of locations where vaccinations were delivered. In terms of addressing inequalities and vaccination, it was important to gain understanding to know which interventions worked and where local solutions may be required.

- 5.5 The Health & Wellbeing Board agreed the following:

- To note the key health protection issues including the impact of winter pressures and cost of living.
- To support increased uptake of immunisation
- To ensure their organisation is engaged with review of the Mass Treatment and Vaccination plan and work to embed this into partner organisations.
- To continue to support cross system learning from Covid-19 including contributing to and learning from the UK Public Inquiry.

6. BETTER CARE FUND UPDATE

- 6.1 The Board received an update on the progress of the Sheffield Better Care Fund (BCF) and, as background, a report which had been considered by the Adult Health and Social Care Policy Committee on 16 November 2022. It summarised what the BCF was, how it was used and its purpose.

- 6.2 The report was presented by Alexis Chappell, the Director of Adult Health and Social Care, Sheffield City Council. Alexis stated that the underlying culture which was being created was about joined up working between health and social care and to improve outcomes for people.

- 6.3 The Board discussed delayed discharges from hospital and prevention of admission to hospital. They were informed that there were four targets relating to both issues in the BCF relating to continuing funding. Additionally, short term funding had recently been issued by the government which had another set of

targets and work was underway on the response to that funding and the funding criteria. Whatever their age or condition, including mental health or a learning disability, people should be able to return home well and not have long stays in hospital.

6.4 Insights and intelligence into people's needs and providing a holistic response was also discussed. The BCF presented an opportunity for culture change and how services work with people in the city. Reference was made to the Adult Health and Social Care change programme to enable people to live more independently at home; the role of the Urgent Care Board; and importance of working in partnership. There had to be a shift from a medical model to a wellbeing approach to support the prevention of crisis events which might lead to hospital admission. There was a recent report to the Adult Health & Social Care Policy Committee on the future design of adult social care, which set out joined up working between the voluntary sector, primary care and social care to enable people to live independently at home.

6.5 The Board noted the report.

7. HEALTH & WELLBEING BOARD - CO-CHAIRING

7.1 The Director of Public Health, Greg Fell presented a report on co-chairing arrangements for the Health and Wellbeing Board.

7.2 The Health & Wellbeing Board agreed:

- That chairing of the Board will be shared between the Chair of the Sheffield City Council Adult Health and Social Care Policy Committee, and the Medical Director for Sheffield Place, South Yorkshire Integrated Care Board;
- That this arrangement will be reviewed whenever there is a change in personnel in the relevant role(s); and
- To propose the necessary changes to the Board's Terms of Reference to Full Council at the next available opportunity.

8. ORAL HEALTH IN SHEFFIELD

8.1 The Director of Public Health submitted a report concerning oral health in Sheffield and which provided an overview on how NHS England and Sheffield City Council were working to improve oral health and reduce oral health inequalities in Sheffield.

8.2 Debbie Stovin, Dental Commissioning Manager, NHS England and Debbie Hanson, Health Improvement Principal, Public Health, Sheffield City Council, gave a presentation to the Board which provided an outline of oral health services to the Board. An oral health needs assessment had been produced for Yorkshire

and Humber and local profiles were being developed for each local authority area to understand needs and to direct commissioning. There were relatively high levels of tooth decay in Sheffield compared to other areas of South Yorkshire and there were challenges to dental access. The presentation set out initiatives to strengthen and improve access and outlined what was being done to improve oral health and reduce inequalities through oral health programmes and what needed to happen to make a difference in relation to people's oral health.

- 8.3 The Board discussed people accessing GPs and the waiting list for dentists and impact on other aspects of their lives and their health of living with pain and the demand on secondary care services. There were potential improvements through incentives to recruitment and retention of dentists and dental nurses, particularly in dental practices in more deprived areas. Workforce was a real issue and services had previously been affected by Covid restrictions and dental practices were doing additional sessions on top of normal activity. A waiting list initiative should provide better information about the nature of waiting lists. Anyone in pain should contact NHS 111.
- 8.4 Healthwatch received feedback on dental services. This included that there were issues with access to dentist waiting lists, 111 services at the weekend and services for women who were pregnant. There was a lack of up to date information so people found it hard to navigate. However, seeking patient feedback with a view to knowing what was going on, was critical and welcomed. Dentistry commissioning was coming back to the Integrated Care Board from April 2023 with issues including workforce and potential for contracting system reform, and activity with regards to prevention at an early age, such as children owning a toothbrush.
- 8.5 Whilst prevention activity which did take place was good, there was a need to invest in more in oral health improvement. Work was nearly complete with Yorkshire Water on the technical report for a community water fluoridation scheme. Yorkshire Water would send that report which looked at whether such as scheme was technically possible and as regards cost. That would be sent to the Secretary of State and fluoridation was the subject of a recommendation for this Board.
- 8.6 The Health & Wellbeing Board agreed to:
1. Ensure that the Health and Wellbeing Board continues to support the water fluoridation agenda in South Yorkshire.
 2. Ensure that oral health is mentioned in the Sheffield Health & Wellbeing Strategy.

9. LEARNING DISABILITIES/LEDER UPDATE

- 9.1 The Board received a report providing an update on the LeDeR Programme – Learning from Lives & Deaths – People with a learning disability and autistic people, as requested by the Board in July 2022.

- 9.2 Heather Burns, Deputy Director of the Mental Health Team, NHS Sheffield presented the report. She explained that the physical health strategy aimed to improve access to healthcare for people with learning disabilities and to reduce the mortality gap for preventable ill health. The report also detailed how the Strategy was being co-produced and work had been done with Sheffield Voices in Summer 2022 to ask for their experiences. There were positive experiences with health services and people had been treated well, including reasonable adjustments for appointments and easy read materials. However, people also described a lack of understanding of a learning disability and autistic people said that they struggled to access healthcare. Concerns were also raised about health professionals' ability to communicate with people and involve them. Physical access for appointments was also a problem, e.g. if they were using a wheelchair. Heather Burns outlined other things that had been heard during the exercise, including examples of empathy and people in health settings getting to know people as individuals. People with learning disabilities did find the telephone system difficult. Discharge from hospital was also difficult for some people.
- 9.3 In terms of what the Health and Wellbeing Board could do to help, it was suggested that partner organisations could provide an update to the Board about what they were achieving to improve access and to help front line staff and understand people's needs. It was also suggested that the Board have a health inequalities champion and that the Board asked how any report or presentation it received applied to people with learning disabilities.
- 9.4 Members of the Board discussed the issues raised in the update. It was considered that partners did need to respond to the challenge and that the Board should take up the suggestions made, including an annual update as part of the annual accountability framework. It was thought that people's experience of health services should be a focus as well as access to healthcare.
- 9.5 Sheffield Teaching Hospitals had made additional investment in appointing two new members of staff for learning disabilities and autism and support for an individual to join the learning disabilities and autism consultant development programme. The Trust had established a new group which was to develop an action plan to improve care for patients with learning disabilities and autism, which it was hoped would make a difference for people.
- 9.6 It was important to think about where people were able to get support and bringing services to people so they would make a difference. More explicit consideration was needed of people, particularly autistic people who had not been identified as such. There was a pilot of annual health check for 100 people and that would help to provide more information on some of those issues. It was important to ask people with lived experience before any strategy was considered by the Board.
- 9.7 The work done by the teams involved was widely praised and supported by the Board. It was suggested that actions were co-ordinated through the autism and learning disability partnership boards, so actions could progress and were joined up. It was also important to consider other wider aspects of people's lives, as well as health such as employment for people with a learning disability or autism.

9.8 Healthwatch had done a piece of work using art with some profoundly disabled people for them to have a voice and it was suggested that the presentation might be shared with members of the Board

9.9 The Health & Wellbeing Board agreed:

1. To note the report and discussion thereon.
2. To progress the suggested actions as outlined in paragraph 9.3 above and in relation to partner organisations giving an update to the Board about what they were achieving to improve access and to help front line staff to understand people's needs; a health inequalities champion; and any future reports to the Board including consideration of how an issue applied to people with learning disabilities and autism.

10. COMMERCIAL DETERMINANTS OF HEALTH

10.1 The Board received a report of the Director of Public Health concerning the Commercial Determinants of Health.

10.2 Amanda Pickard, Acting Public Health Principal and Magdalena Boo, Health Improvement Principal, presented the report which focussed on the negative aspects of unhealthy commodities, such as high fat, salt or sugar foods, and the impacts on people's health and non-communicable diseases.

10.3 The Board discussed how it would wish to look at this issue, which concerned multinational corporations and involved being skilful about changing the choice environment and working as partners to address it. The consensus was that the Board wished to strongly pursue this issue . The cost impact of health conditions in the longer term also needed to be looked at, together with the role of prevention. A clear communication strategy was also required.

10.4 The Board agreed the following:

1. That Sheffield develops a Commercial Determinants of Health / Unhealthy Commodity Industry (UCI) approach/guidance;
2. A Conflict of Interest Policy particularly in relation to commercial influence/involvement in education.
3. That we have a structured "Public Health Playbook" to counter the Industry Playbook;
4. Advocate caps and limits on exposure in certain settings and locations e.g. zero limit in certain areas and sensitive location, sensitive receptors e.g. schools, hospitals, addiction services;
5. That we use our existing powers as a Local Authority to address the negative impact Unhealthy Commodity Industries have on local residents, namely that

we adopt the following.

- Advertising and sponsorship policy to limit exposure to Unhealthy Commodity Industries,
- Cumulative Impact Policy for alcohol and the night time economy (NTE) strategy through Licensing,
- Use planning powers and the Local Plan to restrict density and proliferation of high fat salt sugar foods, tobacco, alcohol, gambling;
- Use our powers of regulation, for example Trading Standards age regulation to reduce avoidable exposure and harms (this list is not exhaustive);
- Advocate caps and limits on exposure in certain settings and locations e.g. zero limit in certain areas and sensitive location, sensitive receptors e.g. schools, hospitals, addiction services.

11. SHEFFIELD HEALTH AND CARE PARTNERSHIPS

- 11.1 The Board received a verbal update from Emma Latimer, Executive Place Director, Sheffield NHS South Yorkshire ICB. She explained that the Place Partnership was a collection of all providers, ICB, local authority, voluntary sector and Healthwatch, which were coming together to look at health and care. There were three goals, namely integration to deliver integrated models of care at the point of delivery and measurable improvements in health and care; to involve and make sure the voice of the local community is heard; and to inspire by working together differently and thinking about people rather than services.
- 11.2 Emma explained further that the purpose of the Partnership was to deal with both the difficult issues, such as workforce and finance and to look at what was being done with the resources for health and care and how we might begin to change things for people and do things differently to improve people's health and wellbeing.
- 11.3 The Board noted the verbal update.

12. PRIMARY AND COMMUNITY MENTAL HEALTH TRANSFORMATION

- 12.1 The Board received a report from Nicki Doherty Deputy Chief Executive and Director of Strategy and Operations, Primary Care Sheffield, Prof. Damian Hodgson, University of Sheffield and Fiona Goudie, Clinical Director, Sheffield Health and Social Care NHS Foundation Trust, concerning the primary and community mental health transformation. The Programme was designed to offer care at neighbourhood level, built around Primary Care Networks (PCNs). The report to the Board outlined the findings of the evaluation of the programme by the University of Sheffield.

- 12.2 There were 7 key themes from the evaluation of the programme, and these were outlined in the evaluation report and summary:
- The Programme was successful in reaching marginalised groups and tailoring mental health care to match local need.
 - The Programme benefitted from strong engagement with general practice.
 - The Programme faced challenges managing the scale of demand.
 - The Programme also faced some challenges integrating with secondary and specialist mental health services.
 - The VCSE (voluntary, community & social enterprise) partners were important to the Programme and had the potential to make a greater contribution in the future.
 - The effectiveness of the Programme relied on the flexibility and innovation of the staff in delivering care.
 - All staff identified key challenges in rolling out the service so that it could be sustainable at scale.
- 12.3 The Board was informed that the recommendations from the programme would be progressed through the Joint Executive Board between Sheffield Health and Social Care, the PCNs and Sheffield Mind and the Transformation Board.
- 12.4 The Board commented on the programme, including the level of complexity for people with a mental health condition and the management of that in primary care. Learning from the programme indicated that the programme was locally sited and that helped to make the services accessible and for the different partners to build relationships and enable flexibility through a team approach, which empowered practitioners to be more innovative.
- 12.5 The cohort was adults with serious mental health conditions and often with significant comorbidities, physical health challenges, economic and housing issues. This was a process evaluation over 12 months and not an outcome evaluation. A further evaluation was needed to measure the impact on people's mental health in the longer term. Qualitatively, service users interviewed were very positive. Mental Health outcomes were not as well developed as other acute pathways, such as for a stroke.
- 12.6 Further work would be needed on connections with the future design of social care and how the learning from the programme was taken into neighbourhoods. The programme had been a very positive partnership and was also influencing and linking into other transformation at Sheffield Health and Social Care. The timeline for the programme to link into other PCNs was likely to be October 2023, although this would be a challenge and there was a significant amount of change management to do. Waiting lists gave useful insight into the scale of unmet need and it would be useful to use that information and for non-medical elements to also do a piece of work on how people and their families might be supported.
- 12.7 The Board noted the report concerning the Primary and Community Mental Health Transformation.

13. INFANT MORTALITY

- 13.1 The Board received a report of the Director of Public Health concerning infant mortality. The report was presented by Amanda Pickard, Acting Public Health Principal and Julia Thompson, Health Improvement Principal, Sheffield City Council.
- 13.2 The Board was informed that the rate of infant mortality had fallen by 42% since 2005, which was approximately 3.5 per thousand and below the England average and the inequality gap was closing. However, infant mortality was closely associated with poverty and the progress might be threatened by the present cost of living crisis. Therefore, there was an urgent need to refresh the Infant Mortality Strategy.
- 13.3 The Chair suggested that the work on the Strategy should also take account of the recommendations of the Race Equality Commission and issues for people with physical and learning disabilities.
- 13.4 The Board discussed and commented on the report. The Strategy needed to focus on action and the success of the previous strategy that would make a difference to child mortality, including the 8 themes within the existing strategy such as smoking in pregnancy, teenage conceptions and breastfeeding. Sheffield Teaching Hospitals Trust was working on its maternity services was keen to support the work on infant mortality.
- 13.5 There was a welcome emphasis on trusted individuals/relationships between mothers, families and services. It was thought that it might also be beneficial to speak with the PCNs regarding safe sleep champions. There was also a focus on the ante-natal parenting offer and post-natal support as part of the Start for Life programme. It was suggested that it might also be useful to have advocates in the community to help raise awareness of infant mortality.
- 13.6 It was suggested that there could be more discussion about the Start for Life programme and children's services in the partnership arrangements and to co-ordinate work that was happening. With regard to the Strategy, the 8 existing themes/programmes would remain, and work would continue consistently and in a co-ordinated manner. It would also be linked to the development of Family Hubs.
- 13.7 There was acknowledgement of the voluntary and community sector role in supporting the relational aspects of the activity to reduce infant mortality. There was potential to develop the role of volunteers and community organisations to support the work in relation to infant mortality.

The Health & Wellbeing Board agreed the following:

1. To recognise the good progress on infant mortality since the inception of the last strategy.
2. To acknowledge the risk to infant mortality progress in relation to the

current cost-of-living crisis.

3. To raise awareness of infant mortality risk factors and incorporate actions to address these in their field of influence.
4. To endorse the approach to the current Infant Mortality Strategy refresh.

14. FORWARD PLAN

- 14.1 The Board considered the work programme as previously circulated and the Director of Public Health, Greg Fell stated that he would welcome input from members of the Board as to future items for the Health & Wellbeing Board's work programme.
- 14.2 The Chair (Councillor Angela Argenzio) commented on the length of some reports to the Board and the number of items on Board agendas. There had been suggestions for in-depth sessions to be arranged on particular topics and it was suggested this be considered further.
- 14.3 The Board noted the work programme

15. MINUTES OF THE PREVIOUS MEETING

- 15.1 The minutes of the meeting of the Board held on 29 September 2022, were agreed as a correct record, subject to a correction at paragraph 10.1 to delete the word 'Professor' and replacement with the word 'Dr'.
- 15.2 The Chair provided an update regarding the membership of the ICB from the housing and voluntary sectors.

16. DATE AND TIME OF NEXT MEETING

- 16.1 The next meeting would take place on 30 March 2023 at 2pm.