

# Sheffield Health and Wellbeing Board

Sheffield City Council • Sheffield Integrated Care Board

Thursday 29 June 2023 at 2.00 pm

Town Hall, Sheffield City Council

The Press and Public are Welcome to Attend

## Membership

Councillor Angela Argenzio	Chair Adult Health & Social Care Policy Committee, Sheffield City Council
Dr David Black	Medical Director (Development), Sheffield Teaching Hospitals NHS FT
Sandie Buchan	ICB Place Director - Strategy, ICB Place Committee
Lindsey Butterfield	Chief Superintendent, South Yorkshire Police
Alexis Chappell	Director of Adult Health & Social Care, Sheffield City Council
Councillor Dawn Dale	Chair Education, Children & Families Policy Committee, Sheffield City Council
Greg Fell	Director of Public Health, Sheffield City Council
Councillor Douglas Johnson	Chair of Housing Policy Committee, Sheffield City Council
Kate Josephs	Chief Executive, Sheffield City Council
Emma Latimer	Executive Director for Sheffield, ICB Place Committee
Kate Martin	Executive Director-City Futures, Sheffield City Council
Dr Zak McMurray	ICB Place Director - Clinical, ICB Place Committee
Yvonne Millard	Sheffield Children's Hospital
Megan Ohri	Partnership Manager, SOAR
Joe Rennie	Sheffield Hallam University
Kathryn Robertshaw	Sheffield Health and Care Partnership
Judy Robinson	Chair, Healthwatch Sheffield

Helen Sims  
Rachel Siviter

Dr Leigh Sorsbie

Robert Sykes  
Meredith Teasdale

Chief Executive, Voluntary Action Sheffield  
Independent Chair, Sheffield Mental Health  
VCSE Alliance

PCN Clinical Representative, ICB Place  
Committee

Chief Operating Officer, University of Sheffield  
Strategic Director of Childrens Services,  
Sheffield City Council



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## **SHEFFIELD'S HEALTH AND WELLBEING BOARD**

Sheffield City Council • Sheffield Integrated Care Board

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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>

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### **PUBLIC ACCESS TO THE MEETING**

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A copy of the agenda and reports is available on the Council's website at [www.sheffield.gov.uk](http://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](mailto: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](mailto:committee@sheffield.gov.uk) .

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

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## **FACILITIES**

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

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## SHEFFIELD HEALTH AND WELLBEING BOARD AGENDA

Sheffield City Council • Sheffield Integrated Care Board

29 JUNE 2023

### Order of Business

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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**  
To receive a verbal update from Healthwatch.
5. **Better Care Fund Update** (To Follow)  
Report of Deputy Director Planning and Joint Commissioning.
6. **Refresh of the Joint Health and Wellbeing Strategy** (Pages 11 - 16)  
Report of the Director of Public Health.
7. **Mental Health and Wellbeing - In-depth Review** (Pages 17 - 34)  
An interactive and informative development session for Sheffield's Health and Wellbeing Board focusing on mental health and wellbeing.
8. **Minutes of the Previous Meeting** (Pages 35 - 42)  
To approve the minutes of the last meeting held on 30<sup>th</sup> March 2023.
9. **Date and Time of Next Meeting**  
The next meeting is on 28<sup>th</sup> September 2023 at 2pm, at the Town Hall, Sheffield

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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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 General Counsel by emailing [david.hollis@sheffield.gov.uk](mailto:david.hollis@sheffield.gov.uk).

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## HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

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**Report of:** Greg Fell

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**Date:** 29 June 2023

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**Subject:** Refresh of the Joint Health and Wellbeing Strategy

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**Author of Report:** Susan Hird, 205 6509

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**Summary:**

This report describes the suggested process for developing the Health and Wellbeing Strategy 2024-2029.

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**Questions for the Health and Wellbeing Board:**

Is there anything missing from this process that the Board would expect to see?

**Recommendations for the Health and Wellbeing Board:**

- Note the process outlined in this report
- Note the tight timescales contingent on publication of City Goals
- Provide any additional steer and guidance including the role of partner organisations in development and endorsement of the Strategy

**Background Papers:**

None

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

The refreshed Health and Wellbeing Strategy 2024-2029 will reset the ambitions for the city.

**Who has contributed to this paper?**

Sheffield City Council	Susan Hird Chris Gibbons Dan Spicer Jen Rickard
NHS	Anthony Gore Kate Gleave Sapphire Johnson Kathryn Robershaw
Healthwatch	Judy Robinson
VCFS	Helen Steers

# **Process for developing Sheffield's Joint Local Health and Wellbeing Strategy 2024 – 2029**

## **1.0 SUMMARY**

- 1.1 This report describes the suggested process for developing the Joint Local Health and Wellbeing Strategy 2024-2029.

## **2.0 BACKGROUND**

- 2.1 The current context in Sheffield post-pandemic, including longstanding structural inequalities and the cost of living crisis, means that people's health and wellbeing and widening inequalities matter more than ever.
- 2.2 The Sheffield Health and Wellbeing Board (HWBB) has a statutory role in producing a Joint Local Health and Wellbeing Strategy (JLHWBS) for the city. The overall purpose of the strategy is to set the key priorities for improving and reducing inequalities in the physical and mental health and wellbeing of the people of Sheffield. It is delivered by all key partners in the city including communities.

## **3.0 REFLECTIONS ON DEVELOPMENT OF THE JOINT LOCAL HEALTH & WELLBEING STRATEGY 2019-2024**

- 3.1 The last Strategy was developed during 2018 and runs from 2019 to 2024. It has an overarching objective to reduce health inequalities through the delivery of nine objectives, taking a life course approach (figure 1). In doing this it focuses on the upstream determinants of health and wellbeing.
- 3.2 At the time of development of the 2019-2024 strategy, Sheffield lacked an overarching vision for its future that was owned collectively by partners and the city as a whole, as well as some of the underpinning strategic framework to deliver on that vision. As a result, it wasn't clear how the H&WBB could directly influence issues relevant to the Strategy where these weren't in the direct purview of Board members and partners, and there was a lack of clear structures or strategies for H&WBB members to influence indirectly.
- 3.3 The onset of the Covid pandemic in March 2020 prevented work being done to develop some of this clarity, but the development of the next iteration should reflect on this and ask how to approach this differently, in light of the development of City Goals over this calendar year.

Figure 1: H&WB strategy goals 2019-2023



3.4 The Board also identified some key principles during development of the 2019-2024 strategy. These are still very relevant and should underpin the new strategy. They include:

- the need to recognise the critical importance of communities in the creation of wellbeing;
- the continuing relevance of Marmot’s message on proportionate universalism;
- the need to bend existing resources to the goal of reducing inequalities; and
- a need for the Board to know if they are making a difference.

3.5 These principles give us information on how the new strategy needs to be delivered, as well as what it might need to include.

3.6 In addition, we are doing a desktop review of what people in Sheffield have said is important to them for their health and wellbeing. This review is using pre-existing engagement work done in the city over the past 3 years, including work done by Healthwatch in 2019 for the 2019-2024 strategy.

3.7 The review to date shows that what people value and want for their health and wellbeing is:

- feeling a sense of belonging, feeling ‘held’ and connected to a community
- being able get around Sheffield easily to do the things they want and need to do, to feel safe on the streets and in their communities, and green space
- a desire for more support to be able to live healthier lives
- more preventive healthcare services and better access to healthcare services

What people have said is important to them is reflected in some of the Board’s key principles from 2019 and will help shape the JLHWBS 2024-2029.

## 4.0 PLAN FOR DEVELOPMENT OF THE JLHWBS 2024-2029

- 4.1 The context for developing the JLHWBS for 2024-2029 is different, with the City Goals currently being developed and other key strategies already in place or being developed. We expect that the purpose of the refreshed H&WBS will be to deliver the City Goal(s) on health and wellbeing, as well as linking with and mutually reinforcing other strategies that emerge from the City Goals work. It will also need to align with other key city strategies including those of partners such as the Integrated Commissioning Partnership strategy.
- 4.2 The JLHWBS needs to be rooted in issues identified by the city’s Joint Strategic Needs Assessment (JSNA), as well as in the views of the people of Sheffield on health and wellbeing. We are using a variety of pre-existing information to shape the refreshed JLHWBS. As mentioned in section 1.2, we are using the JSNA and existing city public engagement work as a baseline of what matters to people around health and wellbeing. Once this desktop review and the City Goals engagement work is done, we may need to collect additional information to fill gaps.

## 5.0 Outline of process and timescales

April 2023	JLHWBS Editorial group convened: subset of H&WBB members plus others (eg City Goals representative)
May/June/July	Desktop review of what we know about health and wellbeing: JSNA, engagement work from City Goals, ICP strategy, other engagement work.  Emergence of draft ‘framework for health’: what needs to be in place for the creation of health and wellbeing
July-Dec 2023	Strategy content development Any further engagement work needed to fill gaps in knowledge
Sept or Oct 2023 (date depends on publication of draft City Goals, currently expected early Sept)	<b>Option 1</b> Half day conference, externally facilitated. Board members plus invitees – larger invite list (for the 2019 strategy, the Board had an event on health inequalities facilitated by David Buck from the Kings Fund, which shaped the Strategy)  <b>Option 2</b> H&WBB members workshop plus smaller number of additional invitees Smaller event for members to help shape content
Dec 2023 or Jan 2024	H&WBB touchpoint: Board input into how content is shaping up (Dec is public board, Jan would be workshop – TBD)

March 2024 <b>OR</b> June 2024 (if timetable slips)	H&WBB meeting: final sign off followed by publication
Mar-Apr 2024 <b>OR</b> July 2024 (if timetable slips)	Strategy endorsement by city and organisational Boards/groups

## 6.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

6.1 A clear and well-articulated strategy is central to:

- Setting common goals based in an understanding of conditions in Sheffield and what the evidence says works to address challenges;
- Providing a framework within which Sheffield partners can work together in pursuit of those goals; and
- In doing that, ensuring resources in Sheffield are used most effectively and efficiently in addressing health inequalities.

6.2 The refreshed strategy will need to be clear about how it will impact on inequalities, and how this will be measured and monitored.

## 7.0 QUESTIONS FOR THE BOARD

7.1 Is there anything missing from this process that the Board would expect to see?

## 8.0 RECOMMENDATIONS

8.1 Board members are recommended to:

- Note the process outlined in this report
- Note the tight timescales contingent on publication of City Goals
- Provide any additional steer and guidance including the role of partner organisations in development and endorsement of the Strategy



## Health & Wellbeing Board

### In-depth Review of Mental health and its Impact on Whole Health in Sheffield

**Session Aim:** to facilitate an interactive and informative development session for Sheffield's Health and Wellbeing Board focusing on mental health and wellbeing.

#### Session Objectives

1. To provide an overview of the current state of mental health and wellbeing across all age groups for Sheffield.
2. To discuss and identify the key challenges and barriers faced in improving mental health and wellbeing.
3. To explore potential solutions and strategies (including resource shift) for improving mental health and wellbeing for all age groups in Sheffield.
4. To facilitate networking and collaboration among participants to develop joint working approaches in promoting mental health and wellbeing across all age groups.

#### Session Outcomes

By the end of the session the H&WBB will:

- Have an increased knowledge of the current challenges related to the impact of mental health problems in Sheffield
- Be more equipped with up to date information to drive meaningful change
- Be able to identify and support key priorities for their area of influence & responsibilities
- Have generated innovative ideas to help address problems
- Have identified collaborative partnerships and mandated partners to work in new ways
- Have created a shared commitment to improve the mental health and wellbeing of the citizens of Sheffield

#### Approach

The session will be delivered to model co-design principles and partnership working, including:

- Co-facilitation between Heather Burns and Steve Thomas (ICB), and Josie Soutar and Robyn Fletcher (Sheffield Flourish).
- Slides with minimal text and use of graphics/images, to present the evidence and statistical information based on relevant evidence,
- Visual content including videos that highlight expert by experience voices and the diversity of the city (individual picture).
- Group activities that enable creative thinking and foster discussion.

**Pre-Meeting Resource Pack** will be produced and circulated ahead of the meeting

**Video Montage** being produced by Flourish

## Session Plan

Item	Summary	Lead
1	<b>Lead-in:</b> Introduce the session team, housekeeping and plan for the session	Heather Burns
2	<b>Context setting: informed by international and national picture</b>  Setting out the links between mental health and: <ul style="list-style-type: none"> <li>• Whole health</li> <li>• Prevention</li> <li>• An all age approach (starting well/living well/ageing well)</li> </ul>	Steve Thomas
3	<b>The Sheffield context</b>  Our policy context and how this impacts individuals	Heather Burns and Josie Soutar
4	<b>Exhibition/Break</b>  Attendees will have the opportunity to view and discuss a small exhibition of art works produced with support from Mind on the theme of mental health and wellbeing	All
5	<b>Challenges, barriers and aspirations</b>	Mental Health Providers
6	<b>Q&amp;A</b>  Involving: <ul style="list-style-type: none"> <li>• Statutory Providers</li> <li>• VCS</li> <li>• Mike Hunter</li> <li>• Mark Cobb</li> <li>• Nicki Doherty</li> <li>• Jeff Pairing</li> <li>• Shatha Shibib</li> <li>• Alexis Chappell</li> </ul>	Heather Burns and Josie Soutar
7	<b>Identifying solutions and strategies</b>  Commitments and next steps for the Health and Wellbeing Board	Josie Soutar and Robyn Fletcher
8	<b>Closing Remarks</b>	Heather Burns and Josie Soutar



# Sheffield All-Age Emotional and Mental Health and Wellbeing Strategy 2023-2026

*“Good emotional and mental health and wellbeing, for all, at every stage of life”*



# Contents

- Introduction: Why do we need an all-age emotional and mental health and wellbeing strategy for Sheffield?
- 1. What's our vision for emotional and mental health in Sheffield?
  - *How did we develop this strategy?*
  - *What have people told us is important to them?*
  - *What do we know about local need?*
- 2. What principles are important for us?
- 3. What are our four key strategic priorities in this strategy?
  - *1. Address the wider determinants of health*
  - *2. Support the mental and emotional health and wellbeing of our children and young people*
  - *3. Provide earlier help to people who need it*
  - *4. Provide effective and good quality care and treatment services*
- 4. How will we monitor our strategy?
- 5. What links are there to other strategies in Sheffield?

# Introduction: Why do we need an All- Age Emotional and Mental Health and Wellbeing Strategy for Sheffield?

- **Sheffield needs it:** Good mental health is key for everything, and poor mental health is impacting on the life chances of children, young people and adults in the city. We are seeing a significant increase in emotional and mental health problems associated with Covid-19, and some services have long waiting lists. But more than this, the city has been impacted by many years of structural inequalities across our communities and underinvestment in our services, not helped by cost of living crises.
- **Our children and young people need it:** Many of those who have severe and enduring mental illness in adulthood are diagnosed when they are children or young people. If we want to act preventatively, we need to act now to support our children, young people and their families – and we know that many are struggling and need targeted help and support.
- **Professionals need it:** Improving and protecting the mental health of Sheffield is something no single person or organisation can do alone – we want to provide a framework for professionals to work together.

**This strategy sets out an ambitious vision for the city’s emotional recovery and the wellbeing of Sheffield people. We need our services to be excellent, joined up, and to support people in the right way. Working in partnership, we know we can begin to make the changes we need.**

[Sheffield Mental Health, Learning Disabilities, Dementia and Autism Board](#)

# 1. What's our vision for emotional and mental health in Sheffield?

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*Good emotional and mental health and wellbeing, for all, at every stage of life"*

1. Mental and emotional health and wellbeing are at the heart of all we do as a city
2. Mental and emotional health and wellbeing is valued the same as physical health
3. Mental wellness, resilience and the prevention of illness are promoted at the earliest opportunity
4. Discrimination and inequalities that lead to poor health and mortality are tackled
5. Children and young people's emotional health and wellbeing is a top priority
6. The right care and support is provided at the right time and as close to home as possible
7. People are recovering from mental illness and are able to live healthy and fulfilled lives

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# How did we develop this strategy?

We co-produced the approach to developing the strategy

We hosted consultation events with a range of service users, groups and partners, including with children and young people, and looked at what the numbers tell us about people's mental and emotional health and wellbeing in Sheffield

We made sure we aligned our strategy with other organisation's strategies and the things they had learned from their consultation events

We invited and received comments on the final draft from a range of partners, including Experts by Experience

# *What have people told us is important to them?*

*“What will we see that’s different?”* – public bodies need to communicate what they are doing and how it’s making a difference

Less of a focus on ‘treatment’ and medicine; more of a focus on and investment in resilience, community, education and employment, support for carers and early intervention and prevention

Integrated services and funding that are high quality, local where possible, are culturally appropriate, easy to access, put people first and connect up physical and mental health

Campaigns and education; that the city is comfortable and professionals trained to talk about mental health

Greater response to the increasing complexity of need and demand for support – especially with cost of living crises

That services recognise the trauma people may have experienced and support those who have experienced disadvantage

Commissioning approaches must change to enable innovation and creativity



# What do we know about local need?

Mental ill health represents 28% of ill health that the NHS deals with and is the largest single cause of disability. However, only 13% of England's health budget is spent on mental health

138,000 children, young people and adults in Sheffield will experience a mental health problem each year. Half of all mental health problems are established by the age of 14, rising to 75 per cent by age 24

One in four 17-19-year-olds in England had a probable mental disorder in 2022 (up from one in six in 2021). Positively, uptake from BAME communities using the Kooth service increased from 17% in 2020 to over 23% in 2022 due to targeted local engagement work

It is estimated that up to 20% of women will experience mental health problems during the perinatal period

It is estimated that 15,000 Sheffield children and young people live with a parent who lives with a mental health disorder. Many will be young carers

An estimated 1.25 million people have an eating disorder in the UK, and they can be complex and life-threatening mental illnesses

The proportion of homeless people in Sheffield with a diagnosed mental health condition (63%) is over double that of the general population (around 25%)

South Yorkshire and Bassetlaw has a higher suicide rate than the England average

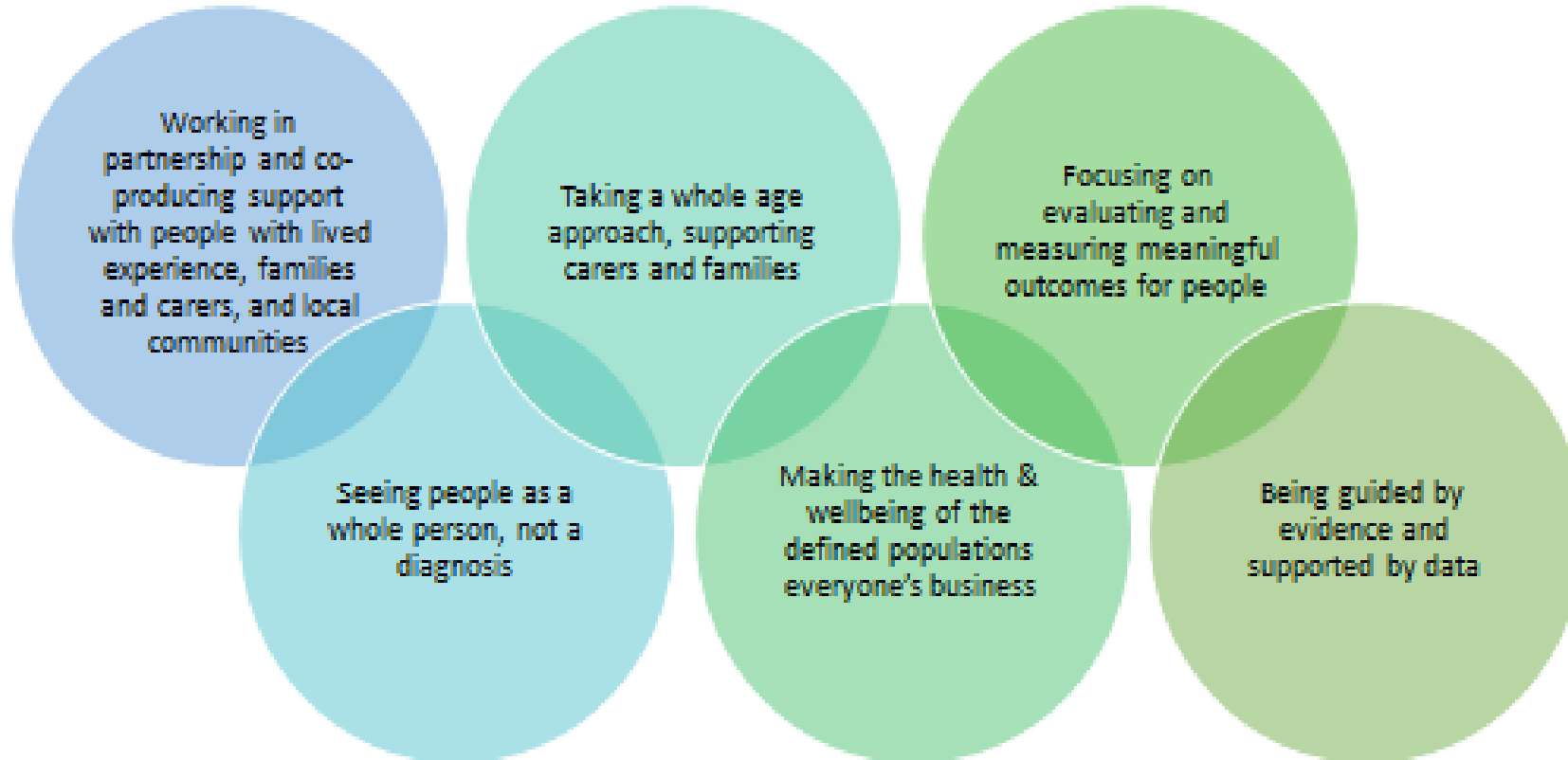
In England in 2017/18, rates of detention under the Mental Health Act were over four times higher for Black/Black British ethnicity than White British ethnicity

300,000 people in work with a long term mental health condition lose their jobs every year

The average life expectancy for someone with a long-term mental health illness is at least 15-20 years shorter than for someone without (from preventable causation)

There are approximately 7,000 people living with dementia in Sheffield – just over 1% of the whole city's population

## 2. What principles are important for us?



*“Good emotional and mental health and wellbeing, for all, at every stage of life”*

# 3. What are our four key strategic priorities in this strategy?

1

Address the wider determinants of health

*Links to Joint Health and Wellbeing Strategy theme: Live Well and Age Well  
Links to Adult Social Care Strategy theme: Safe and Well, Connected and Engaged  
Links to ICB Mental Health and Employment Workstream*

2

Support the emotional and mental health and wellbeing of our children and young people

*Links to Joint Health and Wellbeing Strategy theme: Start Well and Live Well  
Links to ICB CYP MH Strategic Plan and Crisis Pathways*

3

Provide earlier help to people who need it

*Links to Joint Health and Wellbeing Strategy theme: Live Well and Age Well  
Links to Adult Social Care Strategy theme: Safe and Well, Active and Independent  
Links to ICB Suicide Prevention Workstream*

4

Provide effective and good quality care and treatment services

*Links to Joint Health and Wellbeing Strategy theme: Live Well and Age Well  
Links to Adult Social Care Strategy theme: Safe and Well, Active and Independent, Aspire and Achieve, Efficient and Effective  
Links to ICB Perinatal Mental Health Workstream*

# 1. Address the wider determinants of health

## We will:

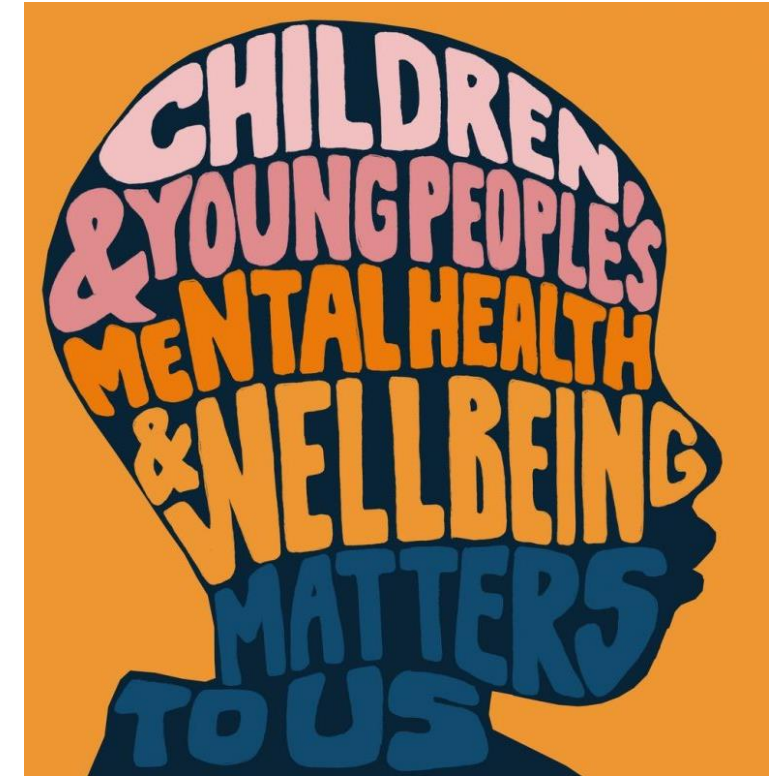
- Improve awareness in the wider population and workforce to support good emotional health and wellbeing and reduce stigma, including through compassionate approaches which recognise the trauma some people have experienced
- Enable employment and training opportunities for people with mental health conditions and help employers look after the wellbeing people who are in work
- Connect to wider programmes and public policy which tackle poverty and inequality, such as housing, education and skills
- See the value of the contribution made by the voluntary, community, social enterprise sector and faith and community groups and recognising the support of community-based support which combats isolation and supports connection and recovery



## *2. Support the emotional and mental health and wellbeing of our children and young people*

### **We will:**

- Develop support for infant mental health and peri/prenatal services to give children a great start in life and support their and their family's attachment, attunement and attainment
- Increase early intervention and targeted support for school-age children, and give schools and other professionals the tools they need to support to children's emotional health, wellbeing and resilience
- Provide intensive outreach and home treatment services, and better, earlier crisis care including safe space alternatives to A&E and approaches to support suicide prevention and awareness
- Work in partnership with the provider collaborative to reduce avoidable admission to inpatient care
- Support young people to receive developmentally appropriate care as they grow into young adults and ensure clear service pathways are in place that work for them especially for those aged 16-25
- Protect and safeguard children and young people from exploitation and abuse



### *3. Provide earlier help to people who need it*



#### **We will:**

- Transform community based and primary care mental health provision to make it easier to get help
- Expand access to talking therapies and increase the range of different therapies available
- Provide better, more joined up, whole-family support to carers and families at the earliest point
- Intervene and promote resilience for our children, young people and adults at an early stage



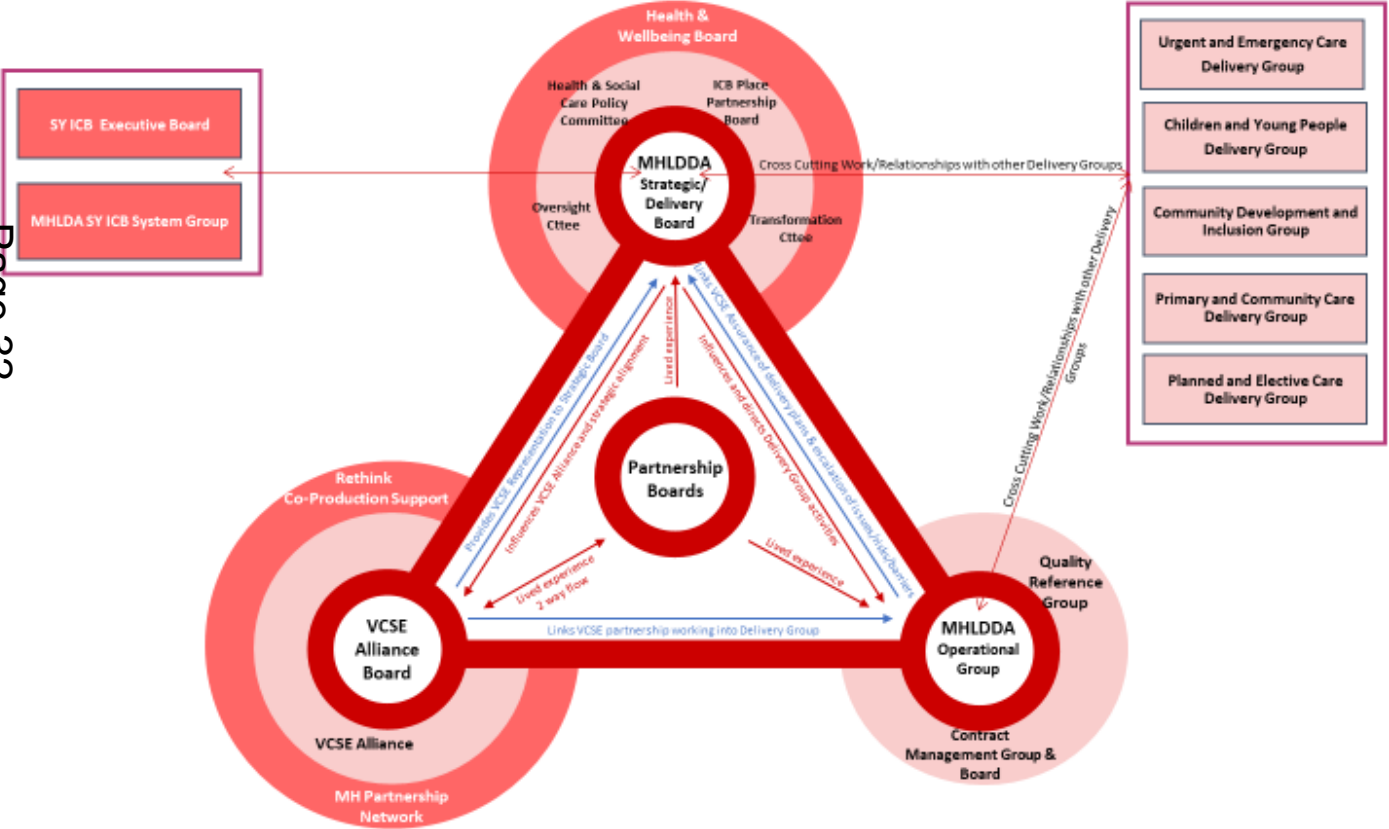
## 4. *Provide effective and good quality care and treatment services*

### **We will:**

- Transform our crisis response services including home treatment, earlier support, access to crisis 'buddies', and alternatives to A&E such as crisis cafes and safe spaces
- Improve inpatient care and our inpatient facilities, and invest in training and workforce
- Provide effective and purposeful reviews of care to support people in their journey of recovery and independence
- Continue to review presenting priorities within the Sheffield population and invest to meet this need
- Work in concert with the provider collaboratives to ensure clear areas of responsibility and service pathways
- Ensure that the accommodation services we commission help people to live as independently as possible in the community

# 4. How will we will monitor our strategy?

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- Working in partnership is really important to us. Each and every partner has a critical part to play in this system, and the latest NHS reforms have solidified the importance of **partnership in strategic commissioning**
- Over the last few years we have especially been developing our partnership with the **voluntary and community sector** who play a crucial role both helping people in their communities and in supporting people to have their voice in the decision-making process. The **Mental Health Partnership Network, Mental Health Alliance, and Mental Health Collaborative** provide opportunities for voluntary sector provider organisations and service users to feed into service planning, commissioning and delivery
- We will be developing a **delivery plan with outcomes for this strategy** which will be overseen by a **delivery group**, reporting to the **Mental Health, Learning Disabilities, Dementia and Autism (MHLDDA) Board**. These groups have a range of partners on them, working together to bring about change for Sheffield
- The MHLDDA Board feeds up to other city-wide boards, including the **Health and Care Partnership Board** and the **Health and Wellbeing Board** - as well as South-Yorkshire-wide boards, which the diagram to the left explains



# 5. What links are there to other strategies in Sheffield?

We have drawn upon a number of other strategies to build our plan, including:

- [Sheffield's Joint Health and Wellbeing Strategy](#)
- [Sheffield's Joint Strategic Needs Assessment](#) and [Covid Rapid Health Impact Assessment for Mental Health](#)
- [Sheffield's Adult Health and Social Care Strategy](#) and [Mental Health Market Position Statement](#)
- [Sheffield Children's Hospital's Clinical Strategy](#)
- [Sheffield Health and Social Care Trust's Clinical and Social Care Strategy](#)
- [Sheffield's Dementia Strategy Commitments](#)
- [Sheffield's Domestic and Sexual Abuse Strategy](#)
- [Sheffield's Race Equality Commission](#)
- [Sheffield Suicide Prevention Action Plan](#)
- [South Yorkshire and Bassetlaw Integrated Care System Mental Health Plan](#) and reports from consultation with children and young people
- [NHS England's Five Year Forward View for Mental Health](#)

We will make links to the city's Learning Disabilities Strategy, Autism Strategy, and regional strategies when these are complete



# Appendix: Mental Health, Learning Disabilities, Dementia and Autism Board members (December 2022)



Organisation	MHLDDA Membership	Role
SCC	Alexis Chappell	Director Adult Social Care
SCC	Joe Horobin	Director of Commissioning
SCC	Clr Angela Argenzio Clr George Lindars-Hammond	Co-Chairs Health & Social Care Policy Committee
SCC	Dr Eleanor Rutter	Consultant in Public Health
SCC	Sally Williams	Director Children & Families
SCC	Dawn Shaw	Director of Communities
Healthwatch	Lucy Davies	Chief Officer
VCF	TBC (Margaret Lewis CEO Mind interim)	Mental Health Partnership Network
VAS	Helen Steers	Director of Strategic Partnerships
LD Partnership Board	Andrew Wheawall	Chair
Autism Partnership Board	Alexis Chappell	Chair
Sheffield Psychology Board	Dr Johann Labuschagne	Chair of Sheffield Psychology Board & Head of Psychological Services STH
Student H&WB Partnership Board	Nicola Rawlins	Chair
SHSC	Dr Linda Wilkinson	Director of Psychological Services
SHSC	Beverley Murphy	Director of Nursing, Professions and Operations
SHSC	Pat Keeling	Director of Strategy
SHSC	Hassan Mahmood	Consultant Psychiatrist and Clinical Director for the Learning Disability Service
SHSC	Mike Hunter	Medical Director
SCH	Dr Jeff Perring	Medical Director SCH
SCH	Dr Shatha Shibib	Clinical Director CAMHS

STH	Prof Mark Cobb	Clinical Director
STH	Dr Avril Kuhrt	Associate Medical Director for Mental Health, Learning Disabilities and Autism
PCS	Nicky Doherty	Deputy Chief Executive
NHS Sheffield	Sandie Buchan	Director of Commissioning Development (Co- chair)
NHS Sheffield	Dr Steve Thomas	Clinical Director Mental Health, LD, Dementia & Autism Commissioning Portfolio (Chair)
NHS Sheffield	Dr Anthony Gore	Clinical Director CYP Portfolio
NHS Sheffield	Heather Burns	Deputy Director of Mental Health Transformation
NHS Sheffield	Chris Cotton	Management Accountant
HCP	Kathryn Robertshaw	Interim Director
<b>In Attendance</b>		
NHS Sheffield	Kate Gleave	Deputy Director Commissioning & CYP
SCC	Tim Gollins	Assistant Director (Mental Health)
SCC	Andrew Wheawall	Assistant Director (Learning Disabilities)
NHS Sheffield	Louisa King	Head of Commissioning MHLDDA
NHS Sheffield	Business Support	Business Support
LMC	LMC Chair/Secretary	Sheffield Local Medical Committee (Receive Documents)
SY ICB	Wendy <del>Lowder</del>	Executive Director (MHLDDA Responsibility)
SY MH Learning Disability Autism Alliance	Marie Purdue	Managing Director
SY Provider Collaborative	Michelle Fearon Dr Vinaya Bhagat	Director Clinical Director



Sheffield Health and Wellbeing Board

Meeting held 30 March 2023

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

**1. APOLOGIES FOR ABSENCE**

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

**2. DECLARATIONS OF INTEREST**

2.1 There were no interests declared at the meeting.

**3. PUBLIC QUESTIONS**

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

**4. HEALTHWATCH UPDATE**

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

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

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

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

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

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

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

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

Commissioning.

5.3 The Board discussed enabling people to stay well, safe and independent at home for longer and providing the right care in the right place at the right time. It was advised that hospital discharges were on track and this was broken down within the report.

5.4 The Health and Wellbeing Board –

1. noted the update on the Better Care Fund Performance;
2. noted the Section 75 approval;
3. notes the Governance changes; and
4. agrees that the Chair of Health and Wellbeing Board, the Director of Adult Health and Social Care and the ICB Director of Strategy sign off the BCF 2022-23 Year end template before the next meeting in June 2023 to meet the national timeline.

## **6. FOOD STRATEGY**

6.1 The Health Improvement Principal, Jessica Wilson submitted a report concerning Fairer, Healthier, Greener – A Food Strategy for Sheffield.

6.2 A new food strategy for Sheffield had been produced. It focussed on addressing the threats to people's ability to access food that supported their own health and wellbeing and the health of our planet. These included having enough money to buy nutritious food, living, and working environments that supported healthy and sustainable food choices, and a more localised and resilient food system.

6.3 The emphasis was on the levers that the council and its partners had to bring about for system change, such as through the food we purchased at scale or that it sold within its venues, such as schools.

6.4 The Council would implement its own commitments as outlined in the strategy and Health and Wellbeing partners should consider the role they play.

6.5 In light of the new strategy and due to some existing contracts coming to an end the council would review the initiatives it funds that focussed on improving nutrition and/or preventing obesity. It was advised that a new commissioning model would be developed during 2023.

6.6 The Board felt that the strategy was really clear and ambitious and were really glad that this was coming though. The Board were happy to endorse and recommend to Strategy and Resources Policy Committee.

6.7 The Health and Wellbeing Board:

- endorses the Fairer, Healthier, Greener – A Food Strategy for Sheffield and

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

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

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

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

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

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

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

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

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

7.7 The Health and Wellbeing Board agree:

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

## **8. VIOLENCE REDUCTION UNIT**

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

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

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

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

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

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

8.6 The Health and Wellbeing Board noted the update.

## **9. INTEGRATED CARE STRATEGY**

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

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

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

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

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



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

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

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

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

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

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

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

**13. FORWARD PLAN**

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

**14. MINUTES OF THE PREVIOUS MEETING**

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

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

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