

Sheffield Health and Wellbeing Board

Sheffield City Council • Sheffield Integrated Care Board

Thursday 28 March 2024 at 2.00 pm

Town Hall, Sheffield City Council

The Press and Public are Welcome to Attend

Membership

Councillor Angela Argenzio	Co-Chair Adult Health & Social Care Policy Committee, Sheffield City Council
Dr David Black	Medical Director (Development), Sheffield Teaching Hospitals NHS FT
Lindsey Butterfield	Chief Superintendent, South Yorkshire Police
Alexis Chappell	Director of Adult Health & Social Care, Sheffield City Council
Councillor Dawn Dale	Co-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

Yvonne Millard
Megan Ohri
Kathryn Robertshaw
Judy Robinson
Helen Sims
Rachel Siviter

Dr Leigh Sorsbie

Robert Sykes
Meredith Teasdale

Alison Wells
Salma Yasmeen

ICB Place Director - Clinical, ICB Place
Committee
Sheffield Children's Hospital
Partnership Manager, SOAR
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
Strategic Director of Children's Services,
Sheffield City Council
Sheffield Hallam University
Sheffield Health & Social Care Trust

SHEFFIELD'S HEALTH AND WELLBEING BOARD

Sheffield City Council • Sheffield Integrated Care 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 .

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

Sheffield City Council • Sheffield Integrated Care Board

28 MARCH 2024
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 - 30)
Report of Alexis Chappell, Director of Public Health and Adult Social Care and Ian Atkinson, Deputy Place Director (Sheffield).
- 6. Health Protection** (Pages 31 - 36)
Report of Greg Fell, Director of Public Health.
- 7. Employment and Health** (Pages 37 - 66)
Report of Greg Fell, Director of Public Health.
- 8. Unpaid Carers** (To Follow)
- 9. Annual Report and Update on Joint Health and Wellbeing Strategy**
- 9a Health and Wellbeing Board Annual Report 2023-24**
Report of Greg Fell, Director of Public Health.
- 9b Developing the new Joint Local Health and Wellbeing Strategy**
Report of Greg Fell, Director of Public Health.
- 10. Forward Plan** (Pages 99 - 102)
- 11. Minutes of the Previous Meeting** (Pages 103 - 110)
- 12. Date and Time of Next Meeting**
The next meeting is on 27th June 2024 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, General Counsel by emailing david.hollis@sheffield.gov.uk.

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HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Alexis Chappell, Director of Adult Health and Adult Social Care
Ian Atkinson, Deputy Place Director (Sheffield)

Date: 28 March 2024

Subject: Sheffield’s Better Care Fund Q3 Update

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

Summary:

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The Q3 Better Care Fund reporting template was published on 8 January 2024. The deadline for submission was Friday 9th of February 2024. To meet the deadline a briefing and sign off session took place with the Health and Wellbeing Board Chairs on 7 February 2024. The template was approved (appendix 1) and sent to NHS England on 9 February 2024 (appendix 2).

Questions for the Health and Wellbeing Board:

1. N/A

Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. Note the 23/24 Better Care Fund Q3 Performance.

Background Papers:

1. Chairs Sign
2. BCF Q3 Template
3. BCF Event Presentation

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 BETTER CARE FUND 23/25

Introduction

The Quarter 3 template was approved under delegated authority and sent to NHS England on 9 February 2023.

Q3 Performance

National Conditions

Sheffield is meeting all the Better Care Fund National Conditions.

Metrics

METRIC	DEFINITION	Target	Actual	Narrative
Avoidable admissions	This indicator measures how many people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure. This outcome is concerned with how successfully the NHS manages to reduce emergency admissions for all long-term conditions where optimum management can be achieved in the community.	257	287	<p>Although the city is not hitting this target the numbers have been consistent with Q3 and Q4 in 2023/34. A deep dive into this metric was requested following the Chairs briefing and will be reported back as part of the Better Care Fund year end report at the next Board.</p> <p>Progress has been through the ageing well programme and highlights include:</p> <ul style="list-style-type: none"> - Creating a city-wide multi-agency approach that supports an individual's anticipatory care needs via holistic assessment of needs and care coordination, leading to creation of a jointly shared action plan with the patient wishes at the centre. - Identified individuals in Sheffield at higher risk; with an aim of reducing risk of escalation and involvement from statutory services, reduce duplication, improve outcomes, and advocate for right care at the right time - Embedded a urgent community response pathway to support people in crisis in the community - Expanded City-Wide Care Alarms offer to enable pick up of the

				<p>immediately fallen and referral to UCR available 24hrs a day</p> <ul style="list-style-type: none"> - Creation of a service offer for UCR support in care homes - Established a 'Push' model from 999 to Urgent Community Response Teams - Sustainably delivering against target supporting Sheffield to achieve the lowest percentages of See Treat and Convey in South Yorkshire and second lowest in NEY. We have the highest percentage of those going to elsewhere other than ED recognising the focus on integrated primary and community services offer in Sheffield.
Discharge to normal place of residence	% of people who return to their normal place following discharge from hospital	98%	98%	Sheffield continues to be focused upon a home first where appropriate model, with limited use of beds for assessment when an alternative cannot be found. A recent report on the new discharge model was shared with the Adult Social Care Committee in January 24 - link
Residential Admissions	Rate of permanent admission of older people per 100,000 population into care homes.	683	678	The target is annually assessed and as a snapshot comparison Sheffield is reporting 678 against a target of 683. Historically the number of admissions to care homes has been low compared to other core cities, achieved through the principles of home first embedded within teams. Q3 23/24 = 693 per 100,000 pop (or 678 actual admissions).
Reablement	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation.	82%	85%	Short Term Intervention Team (STIT) are the Sheffield Council in-house reablement provider, supporting people to return home after a period in hospital, to regain independence. The Service supports on average up to 270 people at any one time and accept referrals seven days a week. The team has been maximising its capacity by reducing duplication, streamlining existing processes and working to the Intermediate Care Framework.

				<p>The team are performing well against this indicator with a Q3 performance of 85%. This is also against a backdrop of a reduced number of people occupying an acute bed once medically fit for over 7 days and a decreasing number of people readmitted.</p>
Falls	Emergency Hospital Admissions due to falls in people aged 65 and over directly age standardised rate per 100,000	2023	Q2 cumulative 1020	<p>The partnership work on falls was shared the national BCF event in Leeds on 29 February 2024 and was well received. The presentation can be found as appendix 3.</p> <p>Other key areas of work include:</p> <ul style="list-style-type: none"> - Development of a Sheffield Falls screening tool embedded in “What Matters to Me” shared across services; voluntary, council and health. - Development of a self-assessment falls tool that can be used by clients and staff. - Training of staff in the voluntary sector on Falls risk awareness and self-assessment. - Training of staff across the pathway to enable delivery of falls strength and balance programmes. - Mapping of the current pathway for falls Rehabilitation in the city. - Engagement with staff and residents in council housing to describing the anticipatory care needs of over 60s to prevent falls - The Falls team have written a ‘Team Sheffield’ Falls plan - Interventions to reduce unnecessary hospital admissions – expansion of falls pick up – Joint initiative between SCC/ICB & YAS

2.0 BCF FINANCE AND PLANNING UPDATES

SECTION 75 REVIEW

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.

Following the approval of the Better Care Fund Plan the Section 75 Agreement was updated to reflect the new BCF plan. A review of the Section 75 is currently underway as part of the work programme agreed by the joint South Yorkshire Integrated Care Board(syicb)/ Sheffield City Council (scc) Executive Strategic Meeting to ensure that the governance, deliverables and outcomes are aligned to the new Adult Social Care Strategy and Health Care Partnership Priorities. An update on the Section 75 change proposals will be shared at the next Health and Wellbeing Board meeting.

ADULT SOCIAL CARE DISCHARGE FUND

The Adult Social Care Discharge Fund started in 22/23 following the Autumn Budget Statement on the 17 November 2022. 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. The funding was required to be included as part of the Better Care Fund arrangements and S75 agreement and reported back to NHS on a fortnightly and then monthly basis. It was confirmed nationally that funding was available in 23/24 and 24/25. Criteria for the fund was set out nationally and discussion via the Urgent and Emergency Care Board with sign off from the Sheffield Partnership Board. A number of schemes which were implemented in previous years are anticipated to continue with funding in 2024/25 and a process is currently underway to ratify these schemes being funded to ensure transparency and accuracy. An update on the impact of this fund will be shared as part of the end of year BCF report to the board.

BCF PLAN REFRESH

The BCF National Team have indicated that the Addendum to the BCF Policy Framework and Planning Requirements for 23/25 to be published shortly along with the NHS Planning Guidance. This will set out what will be required in the update of BCF plans for 24/25 which will involve setting ambitions for metrics, a capacity and demand plan for 24/25 and an opportunity to submit updates to 24-25 spending plans.

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.

5.0 Questions for the Health and Wellbeing Board:

1. N/A

6.0 Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. Note the 23/24 Better Care Fund Q3 update.

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Joanne Cooper

From: MCMURRAY, Zak (NHS SOUTH YORKSHIRE ICB - 03N) <zak.mcmurray@nhs.net>
Sent: 09 February 2024 17:33
To: martin.smith8; Angela Argenzio (CLLR)
Cc: ATKINSON, Ian (NHS SOUTH YORKSHIRE ICB - 03N); Alexis Chappell
Subject: Re: BCF Q3 submission complete

Thanks Martin.
All your teams hard work on this appreciated.
Bw
Zak

Zak McMurray

Medical Director (Sheffield)
Co-chair Sheffield Health and Wellbeing Board.

t: [0114 305 1085](tel:01143051085)
e: zak.mcmurray@nhs.net
w: www.southyorkshire.icb.nhs.uk

PA: roni.foster-ash@nhs.net

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From: SMITH, Martin (NHS SOUTH YORKSHIRE ICB - 03N) <martin.smith8@nhs.net>
Sent: Friday, February 9, 2024 5:28:12 PM
To: Angela Argenzio <angela.argenzio@councillor.sheffield.gov.uk>; MCMURRAY, Zak (NHS SOUTH YORKSHIRE ICB - 03N) <zak.mcmurray@nhs.net>
Cc: ATKINSON, Ian (NHS SOUTH YORKSHIRE ICB - 03N) <ian.atkinson4@nhs.net>; Alexis Chappell <Alexis.chappell@sheffield.gov.uk>
Subject: BCF Q3 submission complete

Hi Angela/Zak

Following your approval on Wednesday the Better Care Fund Q3 template was send to NHS E today. I spoke to Alexis today to confirm she was happy with the content. A paper will come to HWBB for information on this item that Alexis is covering in my absence. I will also take forward the action around a deep dive into the data on Non elective admission to be included for discussion as part of the year end report.

Thank you for continued support.

Kind Regards

Martin

Martin Smith

Deputy Director of Planning and Joint Commissioning (Sheffield)
Sheffield ICB/Sheffied CC

e: martin.smith8@nhs.net

w: www.southyorkshire.icb.nhs.uk



South Yorkshire
Integrated Care Board

A system approach - Community Falls Pick Service Sheffield

Organisation: A Partnership between Yorkshire Ambulance Service, Sheffield City Council and South Yorkshire Integrated Care Board

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Sharon Marriott, Senior Programme Manager SYICB Sharon.marriott1@nhs.net

- Natalie Howson, System Support & Delivery Manager South Yorkshire Ambulance Service NHS Trust
Natalie.Howson@nhs.net
- Michelle Glossop, Service Manager, City Wide Care Alarms & Enablement
Sheffield City Council Michelle.Glossop@sheffield.gov.uk

Integration and
Better Care Fund



Overview

- Funding is being used to expand the city wide community falls pick up and response service. The service provides a non-urgent but rapid response to people who have fallen in their own homes and requiring assistance.

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- The scheme and the interventions aim to reduce the unnecessary conveyance and admission to hospital for non urgent treatment and by default is reducing the need for admission and subsequent discharge
- The partnership also work closely with the city's falls collaborative group and a range other services including voluntary sector partners who support with interventions to identify and reduce further risk of falls.



Method and approach

- Emergency admissions and readmissions : National data has shown the number of emergency admissions to hospital has risen year on year since 2014, rising sharply in 2021/22. Falls were the largest cause of emergency admissions in those aged over 65 and more significantly in those aged 85 and over ('State of the Older Nation', Age UK 2023)
- One third of adults over 65 who live at home will have at least one fall a year, most falls do not result in serious injury but they are often unable to get up from the floor themselves.
- This Initiative set up initially to support low acuity falls for those individuals who did not require emergency care but would often be conveyed due to a 'long lay'
- Referrals from YAS are made to the CWCA Service who deploy responders who attend, assess and using appropriate equipment and techniques 'lift' the person from the floor. They also provide assurance and well being checks and make any onward referral to other service and support



City Wide Care Alarms (CWCA)

- CWCA provide a community alarm service covering the city of Sheffield 24 hours per day, 365 days per year. This now includes an expanded service supporting level 1 falls response and pick up service
- Responsible for the installation of Telecare equipment, monitoring of the Telecare equipment via a dedicated Contact Centre and the provision of support workers/responders who respond to calls for assistance in their own homes - for people to remain as independent as possible.
- Available for anyone over 18 living in Sheffield who 'feels' they need the security the service provides, or someone they care for.
- Works in partnership and with diverse communities, statutory providers, housing, emergency services, Yorkshire Ambulance Service, NHS and the Voluntary Sector

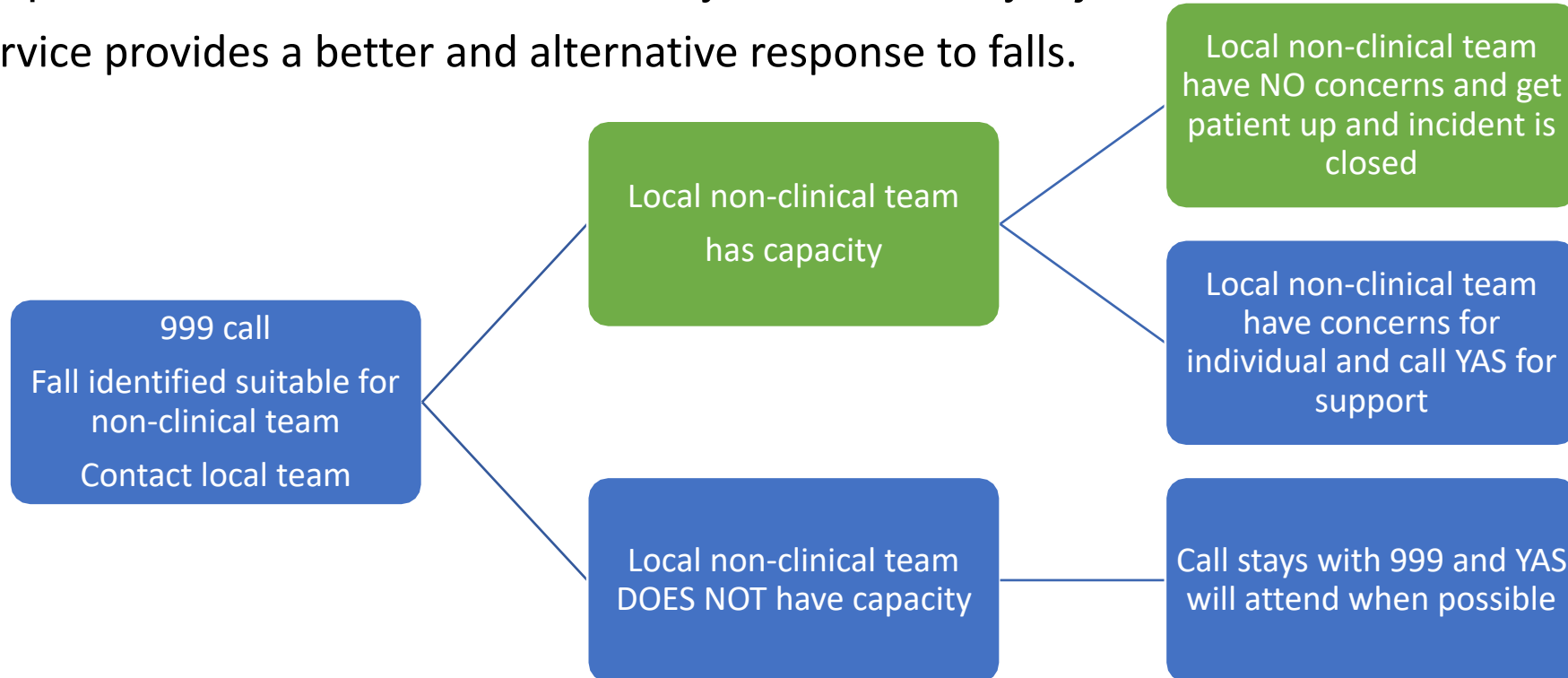


The best response – First Time

8-10% of Yorkshire Ambulance 999 demand are for people who have fallen

Someone who has fallen and has no injuries, can wait hours for 999 response, as we will always priorities those who are seriously ill or seriously injured.

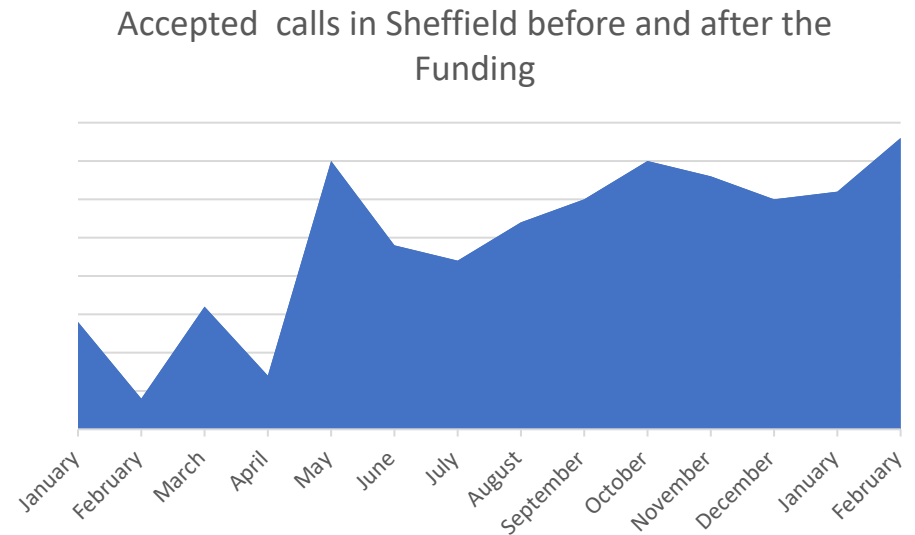
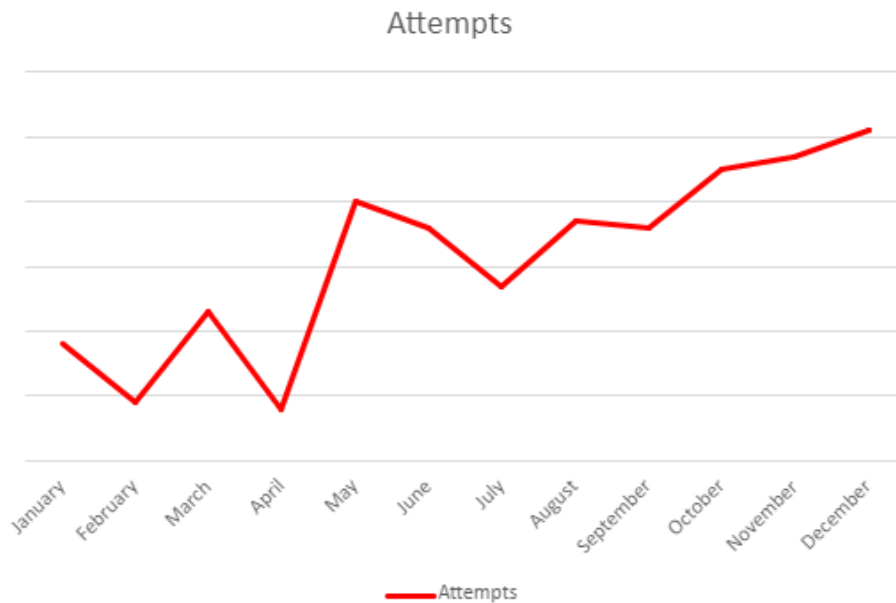
This service provides a better and alternative response to falls.



Successes, measurable impact and quantifiable benefits

- From the calls YAS have sent Sheffield in this past year only 6.85% of the people have required an ambulance.
- Sheffield falls response team have therefore prevented 93% of the calls passed to them from going to hospital.
- Not only does this prevent an ED attendance and possible admission but is more responsive to the individual and more catered to their needs reducing harm by the patient waiting on the floor for an extended time.

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Challenges

- Improving understanding to partners that calls to 999 are not necessarily an emergency and that they may be better responded to by a different provider.
- Capacity: Getting it right! Could the number of referrals the falls response teams accepted could still increase if capacity increased? The review will need to explore the full potential alongside the responses required for those with a community alarm

Key learning points

- Positive outcomes drive more referrals which embeds the work
- Positive impact and experience for those who fall
- Significant improvement in initial response times and reducing the risk of impact of long lies
- Improved system efficiency, in ambulance crew hours
- Improving and building on existing community-based provider models and resources including opportunities to explore the use of technology enabled models of care



Next steps

- **First year review in April 2024**
- **Explore/determine key areas for development for example, if this could be expanded to support other community settings, for example Care Homes (mixed stakeholder views around this)**
- **Learning from other areas**



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HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell Director of Public Health

Date: March 2024

Subject: Health Protection Update – focus on measles

Author of Report: Ruth Granger, Consultant in Public Health
0114 273 5093 ruth.granger@sheffield.gov.uk

Summary:

The Health and Wellbeing Board agreed in June 2022 to have a twice yearly update on the health protection system. This paper highlights the key issues facing the Health Protection system in Sheffield and makes recommendations to address these challenges for the Board to consider.

This report focuses on a recent outbreak of measles in Sheffield, the system wide response the underlying causes of the outbreak and the learning from the debrief of this work.

Recommendations for the Health and Wellbeing Board

1. Note learning from measles outbreak for individual organisations and the system as a whole including the value of engagement with communities through trusted community partners.
2. Thank partners and individuals within the Sheffield system who responded with promptness and great expertise to respond to the outbreak. This includes all who contributed to the vaccination provision in the school and those who continue to be involved in delivering vaccination in primary and secondary care and in community settings.

Background Papers:

none

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

This connects to the overall aim of the Health & Wellbeing Strategy of reducing health inequalities in Sheffield.

Who has contributed to this paper?

This paper is based on the draft debrief conducted by UK Health Security Agency (UKHSA) on the measles outbreak. The Health Protection team within the Public Health Specialist Service have written this paper (Ruth Granger and Oliver Roe).

SHEFFIELD HEALTH PROTECTION SYSTEM UPDATE

1.0 SUMMARY

- 1.1 This paper is focused on issues relating to measles as part of the twice-yearly update setting out the key issues facing the Health Protection system in Sheffield. It makes recommendations to address these challenges for the Board to consider.
- 1.2 The Director of Public Health for Sheffield has a statutory role to be assured that there are safe and efficient systems in place to manage, as far as possible, threats to health.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

- 2.1 Issues with prevention and management of threats to the health of the population are most felt by those who are vulnerable, with least money and those with protected characteristics. A well-functioning health protection system which, as far as possible, protects people from infectious diseases and environmental risks to health is therefore crucial for addressing health inequalities.
- 2.2 Uptake of measles (MMR) vaccination is lower in areas of socio-economic deprivation. If a child catches measles it can have serious health implications but also affects their school attendance and that of their siblings, leading to long term impacts for their health and wellbeing.

3.0 Measles

3.1 Measles infection

Measles is a highly infectious disease which is preventable through vaccination. For most it is an unpleasant illness but for a small number it can lead to serious complications. Measles is highly infectious. If children are unprotected by vaccination and have contact with a person with measles 9 out of 10 will catch it. Measles is preventable through vaccination and children are usually offered an MMR vaccine (Measles Mumps Rubella) by their GP surgery when they are 1 year old and 3 years 4 months old. A child's 'red book' shows whether they are up to date with their measles vaccination.

3.2 Outbreak of measles in Sheffield

In November 2023 UKHSA informed partners that there were 2 linked cases of measles in the city. The first case had caught measles on a trip to London.

The outbreak was managed by UKHSA with a large number of colleagues from local and regional teams working intensively to reduce spread. This included Sheffield Childrens NHS Foundation Trust and GP practices. Unfortunately some children with measles attended healthcare settings before it was clear that they had measles. Health partners took appropriate action to trace and inform families who may have been in contact with a

case. This placed substantial additional demands on health services in the city particularly GP practices and the Sheffield Childrens Hospital Foundation Trust.

Further cases were identified in the school nursery class which the first children with measles attended.

3.3 Activation of Mass Vaccination and Treatment Plan

Greg Fell as Director of Public Health activated the Sheffield Mass Vaccination and Treatment Plan to provide governance and coordination of vaccination to the school community. Vaccination was targeted at children with no or only one dose of MMR vaccination, siblings were also able to be vaccinated if they were over 1 year old.

The Sheffield Children's Hospital School Age Immunisation team delivered vaccination within the school setting within a week of the outbreak being declared. The engagement work undertaken by the school setting, with the support of a local GP, was a key element of the success of this work. This was based on long standing relationships with families and communities that the school had nurtured over many years. This led to a really successful vaccination session in the school with over 40 children given a dose of MMR vaccine.

In total 12 people were confirmed cases of measles in this outbreak and the judgement of UKHSA is that the vaccination provided in the school prevented further waves of cases and spread.

3.4 Learning the lessons from this outbreak

UKHSA have carried out an outbreak debrief with a range of partners to allow further understanding of what went well and where there are areas for improvement in the system. The report from this will be available in early April.

It is very fortunate, as well as a great achievement by partners, that this outbreak was brought to a swift end. Major outbreaks of measles are underway in the West Midlands (with hundreds of cases) and since this outbreak there have been further cases of measles in other cities in Yorkshire and the Humber. These substantial outbreaks cause harm for individuals and families, disruption and extra demand for health services and wider implications for children's learning and development.

A range of lessons have been identified through this outbreak. This includes areas where new processes are needed and where improvements can be made. The final debrief report will be shared with the Sheffield Health Protection Committee. This group will then seek assurance that processes and improvements have been made and the lessons from this outbreak have been learnt.

It is highly likely that we will have further cases of measles in Sheffield in the future and the system will have to respond again to an outbreak.

3.5 Underlying cause of outbreak – vaccination coverage

Measles is preventable through a safe and effective vaccine. One dose of the vaccine gives good protection and a second dose provides life long protection. As we have reported previously at the Health and Wellbeing Board, vaccination uptake is not high enough in some parts of the city to prevent measles spreading once a person with measles is within the community.

3.6 Provision of additional vaccination offers

Vaccination continues to be offered routinely in GP practices and additional offers are provided to enhance this including drop in clinics targeted in areas with lowest uptake. Systems are also being developed to ensure children attending hospital can have their vaccination status checked and can be offered MMR when they attend hospital. An additional 'call and recall' campaign is underway through GP practices. Communications promoting MMR vaccination have been sent out via a whole range of networks including via schools and early years settings to highlight the availability of these sessions that NHS colleagues are delivering.

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

5.1 Continue to work as a system We need to continue to work as a system to address low uptake of vaccination. We are also likely to have further cases and outbreaks of measles in the future. All partners have a role to play to support access to vaccination and engagement with communities.

5.2 Mass vaccination and treatment plan – this system wide plan was being updated before this outbreak took place. The lessons from this outbreak are being incorporated into the plan which is now in a final draft. Partners will then need to take the plan through their own internal governance systems for approval.

5.3 Recognise the importance of engaging with communities and working with trusted sources of information to promote vaccination – trusted networks and relationship are crucial to build trust, discuss concerns and promote the value of vaccination. Resources including leaflets are only useful in the context of conversations with trusted people. The role of frontline staff in a range of settings, community leaders and voluntary, community and faith organisations are crucial in this work.

6.0 RECOMMENDATIONS

The Board are recommended to:

3. Note learning from measles outbreak for individual organisations and the system as a whole including the value of engagement with communities through trusted community partners.
4. Thank partners and individuals within the Sheffield system who responded with promptness and great expertise to respond to the outbreak. This includes all who contributed to the vaccination provision in the school and those who continue to be

involved in delivering vaccination in primary and secondary care and in community settings.

Ruth Granger March 2024



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell Strategic Director of Public Health and Integrated Commissioning

Date: March 2024

Subject: Employment and Health

Author of Report: Ruth Granger Consultant in Public Health
Laura Hayfield Head of Employment and Skills
Sheffield City Council

Summary:

- Employment is a key determinant of health
- Good work is good for health
- Both getting a job and retaining a job are important
- A substantial proportion of the population who are out of work or who struggle to keep their job have a health condition, live in the most socio-economically deprived parts of the city and have protected characteristics.
- The Health and Wellbeing Board can support good work as advocates for addressing health inequalities, as employers and as providers of services.

Questions for the Health and Wellbeing Board:

1. How can the Health and Wellbeing Board support employers to have positive working practices including providing reasonable adjustments and workplaces which support good work?

2. What can the Health and Wellbeing Board contribute to 'stitching together' of services to support people with health conditions to get and keep a job?
3. As organisations linked to health and social care - how can we provide good work and support people to get and keep a job with us? How can major employers work together on this?
4. How can our service provision support people to get or keep a job? Including supporting people on waiting lists by linking with employment support?

Recommendations for the Health and Wellbeing Board:

1. Note the importance of employment for health and wellbeing
2. Take opportunities to advocate for good work as an important determinant of health including:
 - The role of employers providing good work and supportive environments
 - Supporting the work of the Sheffield Skills and Employment Advisory Board to develop the Employment and Skill Strategy
 - Supporting the work of the Local Integration Board stitching together support for people with health conditions to get and keep a job
3. To provide good work for employees in their organisations.

Background Papers:

- Attached to this paper is the presentation on work and health which outlines the key issues to be discussed by the Board in the meeting
-

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

Ambition 5 : Everyone has a fulfilling occupation and the resources to support their needs

Who has contributed to this paper?

Ruth Granger: Consultant in Public Health (Employment and Health)

Laura Hayfield: Head of employment and Skills

Kevin Owers – Policy Officer, Employment and Skills

Sheffield City Council

Employment and Health

This report summarises the slides that are attached and which will be shared with the Board in the public meeting.

1.0 SUMMARY

- 1.1 Employment is a key determinant of health
- 1.2 Good work is good for health
- 1.3 Both getting a job and retaining a job are important
- 1.4 A substantial proportion of the population who are out of work or who lose their job have a health condition and live in the most socio-economically deprived parts of the city.
- 1.5 The Health and Wellbeing Board have a role as advocates for addressing health inequalities, as major employers and as providers of health and social care services to support good work.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

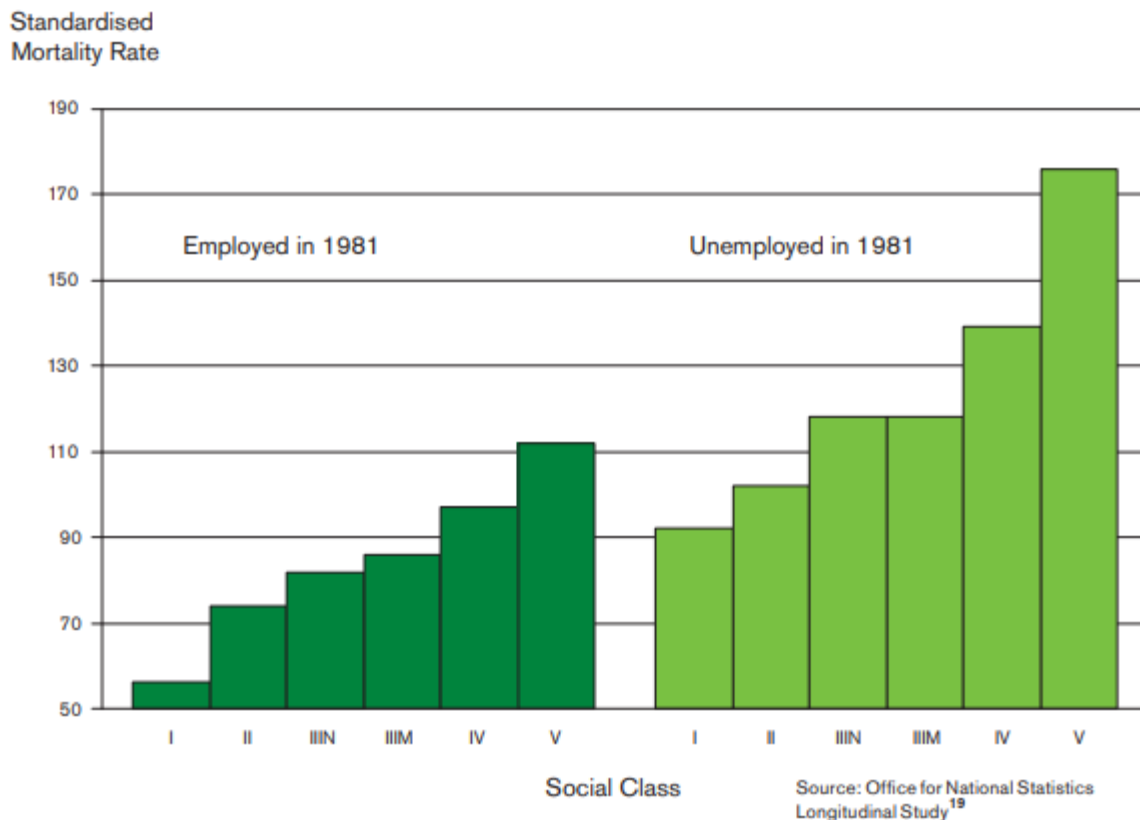
- 2.1 Unemployment is bad for health. Those who are unemployed die earlier than those who are employed.
- 2.2 Employment is a component within the Health and Well-Being Strategy Ambition 5: people have a fulfilling occupation and the resources to meet their needs.
- 2.3 Employment and Health are part of the City Goals, Goal 1: 'We build a fair, inclusive and creative local economy that attracts and retains talent, supports local businesses and invests in opportunities for all'.
- 2.4 People with health conditions are more likely to be unemployed. There is a gap in employment rates between those with and without a health condition. The gap is widest in those with a disability and those needing support from secondary mental health services.
- 2.5 People who live in the most socio-economically deprived parts of the city are less likely to be employed.
- 2.6 The impact of unemployment is long term and intergenerational. A higher proportion of children in the east of the city live in households where no adult is in paid employment. This affects their life chances now and in the future.

3.0 HOW DOES EMPLOYMENT LINK TO HEALTH

3.1 Evidence of the impact of Employment and Health

There has been evidence for decades that people who are unemployed die earlier. The graph below from the Marmot report shows the Standardised Mortality rate - how many people out of 100,000 people die in a year. This is quoted in the Marmot report (2010) Fair Society, Healthy Lives.

Mortality of men in England and Wales in 1981-92, by social class and employment status at the 1981 census



3.2 Why is good work good for health?

Good, paid, employment improves health and wellbeing and reduces social isolation through being a significant source of income. A large body of research has shown that income is related to life expectancy¹. Studies show amongst families where all adults are full time employed only 5% are living in poverty. In families where no adults are in paid work 50% of adults are living in poverty².

Employment also provides wider health benefits in providing a purpose and fulfilling occupation. The social support and networks provided by work are also valuable for health particularly mental health.

¹ Marmot (2010) Fair Society Healthy Lives

² Family work status and poverty <https://www.jrf.org.uk/data/family-work-status-and-poverty>

3.3 What is 'good' work?

Employment can be bad for health if it is unsafe job, is poorly paid or is a place where people experience discrimination or a lack of control. There are a number of definitions of what good work is. One definition is provided by the Trade Union Congress below:

A great job is where you ...

- are paid fairly
- work in a safe and healthy workplace
- are treated decently
- have guaranteed hours
- have the opportunity to be represented by unions and a strong independent voice on what matters at work
- have the opportunity to progress at work and get on in life

Source: <https://www.tuc.org.uk/publications/great-jobs-agenda>

3.4 Impact of health conditions on getting and keeping a job

Long term sickness is the most common reason for economic inactivity (not having a job and not looking for a job) in Yorkshire and the Humber. ³

People with health conditions are more likely to be economic inactive or unemployed and there are significant gaps between people with and without health conditions.

- 10% gap in employment between those with and without a long term health condition
- 65% gap for people who need support from secondary health mental health services
- 22% of autistic people are in employment compared to 52% of disabled people and 81% of non-disabled people ⁴

However, many people with health conditions want to work. Of the 4.9 million people with ill health who are not participating in paid work in the UK 46% want to work now or in the future.⁵

3

Data source: Office for National Statistics. Indicator source: Produced by Office for National Statistics from Annual Population Survey, accessed via [annual population survey - regional - economic inactivity by reasons - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

⁴ ONS labour market profile 2022 www.nomisweb.co.uk

Public Health Outcomes Framework (www.fingertips.phe.org.uk)

National Autism Strategy 2021 <https://sheffieldautisticsociety.org.uk/wp-content/uploads/2021/07/The-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026.pdf>

⁵ [The Great Retirement or the Great Sickness? Understanding the rise in economic inactivity \(dynamics.com\)](#)
Joseph Rowntree Foundation March 2023

3.5 Support available to get a job

There are a number of programmes to support people in Sheffield to get a job including specialist support for people with health conditions. This is provided by a range of providers working at a national, regional and local level. These are funded through a variety of routes. This support can be difficult to navigate both for referrers (like GPs) and for individuals who want support.

More detail about programmes to support people with health conditions to get a job can be found in slide 14 and 15 of the presentation.

The complexity of the landscape of support as well as the changing funding environment for these projects means that the system can be complex to navigate for referrers and for those looking for support. There is a need to stitch this provision together and this is the aim of the Local Integration Board which is described later in the paper.

3.6 Support available to help people to keep their job

Historically there has been a lower level of provision of support for people with a health condition to retain their job. For those working in larger organisations support might come from the organisation's occupational health provision but this support can be limited.

Recognising the national gap in occupational health, the government have recently established a commission examining occupational health provision chaired by Dame Carol Black. The limitations of the availability and scope of occupational health support impacts on job retention.

In Sheffield we also have Sheffield Occupational Health Advisory Service (SOHAS) commissioned by the Public Health Grant which is particularly focused on people working in small organisations without occupational health provision. This service supports people with health conditions to keep their job.

3.7 Governance for Employment and Health

Employment and Health work strategically straddles two worlds. These are the health and social care space and the employment and skills space. The Sheffield Employment and Skills Advisory Board is the partnership group work to address barriers to work. This group is developing the Sheffield Employment and Skills Strategy.

A subgroup of the Board brings together the providers of employment and health support to form the Local Integration Board. The membership includes Department of Work and Pensions, Health Partners, Community and Voluntary Sector and City Council commissioned employment support. The aim of this group is to bring together providers to share good practice on issues such as engaging with employers and to aid understanding of the system by providers so they in turn can support navigation of the system.

3.8 Employment and Skills Strategy

The Employment and Skills Advisory Board are leading work to deliver a new Employment & Skills Strategy for Sheffield, to be adopted by stakeholders across the city. This will deliver a long-term vision for the city beyond 2030 and a roadmap with clear milestones to drive delivery of a 5-year action plan. This will include action to

1. Increase economic activity, providing access to the labour market
2. Provide targeted and/or specialist support for those facing specific barriers to work
3. Support employers to provide inclusive workplaces with flexible practices

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

4.1 Provision of services to support those wanting to get or keep their job

Funding for employment programmes and support for people to keep their job have often been short term and can be precarious for smaller providers like the community and voluntary sector.

Changes in funding leads to changes in provision and it can therefore be difficult for those supporting people with health conditions (such as GPs) to know where to send people for support. Individuals who are looking for support can also struggle to find the most appropriate support for their need or health condition.

National funding has been made available for a Work Well Partnership Programme where the focus is on integrating existing local provision for supporting people in work and very recently out of work to keep their job or get quickly back into work. A bid from South Yorkshire for £3.5 million was submitted to the National Work and Health Directorate by the South Yorkshire ICB supported by South Yorkshire Mayoral Combined Authority. If this is successful it will fund work to aid navigation of the system and help to fill gaps in provision.

4.2 All employers supporting good employment practices

To provide good work, employers need to have supportive employment practices so all staff can work in environments which are free from discrimination, pay people appropriate and design jobs that allow people to be productive and thrive. Well-being initiatives such as providing free fruit or physical activity are only of value in the context of an employer who also has safe working practices, fair recruitment and career development and provides reasonable adjustments for staff with health conditions or caring responsibilities. Increasing the support to employers to enable them to have good working practices is an area where more work is needed and is included as part of the Work Well Partnership Programme bid for funding. Supporting employers will also be a component of the new Employment and Skills Strategy.

4.3 Role of Health and Social Care employers

Health and Social Care is the biggest employment category in Sheffield. As major employers Health and Social Care Providers members of the Board have a substantial role in helping people to manage their health condition so they can retain their job and in employing and providing good work for people with health conditions.

Health and social care providers can also support service users for example through ensuring that service users on waiting lists with health conditions are given advice or signposted to support to help them keep their job.

5. Questions for the Board

1. How can the Health and Wellbeing Board support employers to have positive working practices including their approach to reasonable adjustments and providing workplaces which are free from discrimination?
2. What can the Health and Wellbeing Board contribute to 'stitching together' of services to support people with health conditions to get and keep a job?
3. As organisations linked to health and social care - how can we provide good work and support people to get and keep a job with us? How can major employers work together on this?
4. How can our service provision support people to get or keep a job? Including supporting people on waiting lists by linking with employment support?

6. RECOMMENDATIONS

6.1. Note the importance of employment for health and wellbeing

6.2 Take opportunities to advocate for good work as an important determinant of health including

- The role of employers providing positive and supportive environments
- Supporting the work of the Sheffield Skills and Employment Advisory Board to develop the Employment and Skill Strategy
- Supporting the work of the Local Integration Board to fund and stitch together support for people with health conditions to get and keep a job

6.3 To provide good work for employees in their organisations.

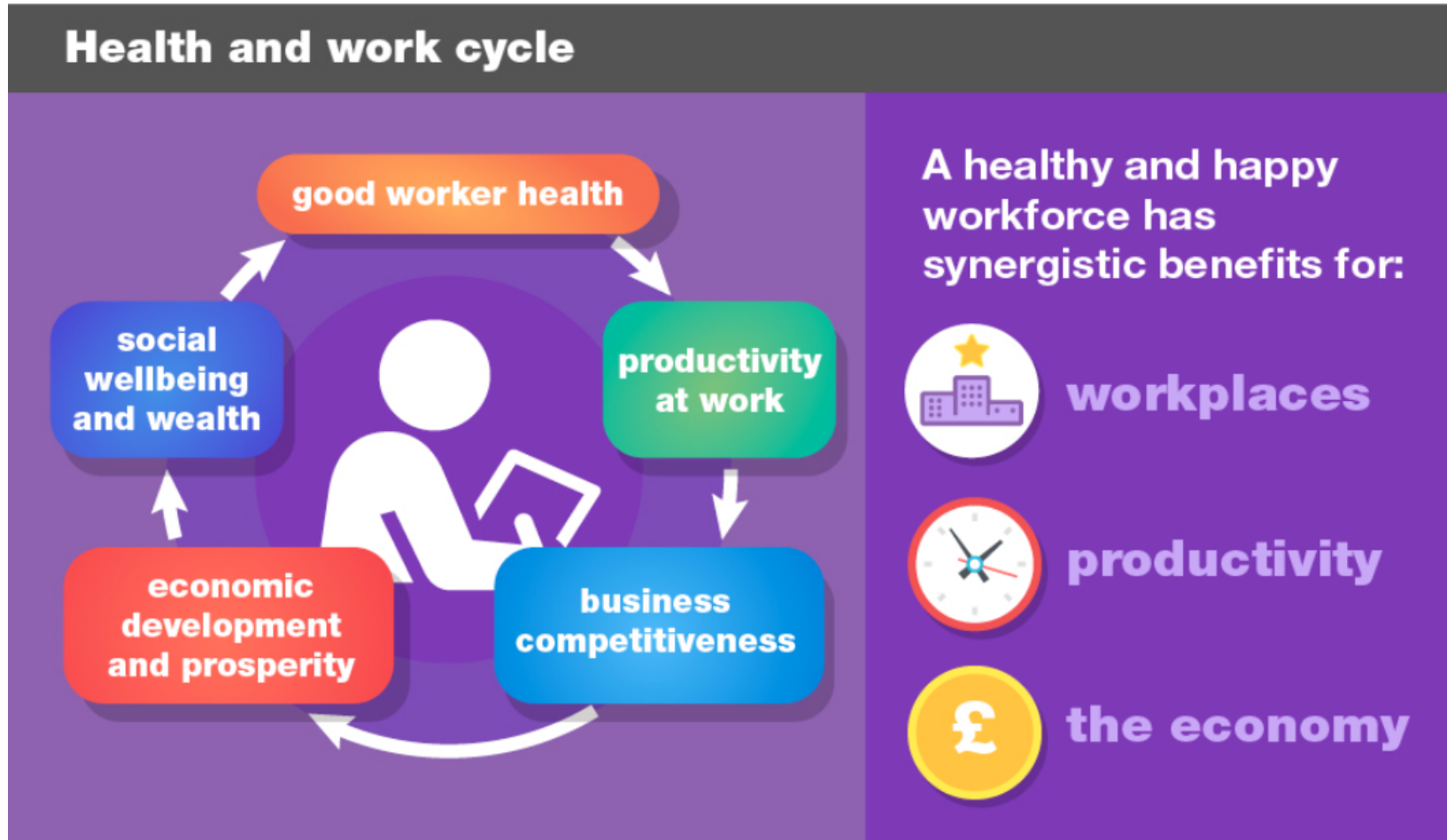
Ruth Granger March 2024

Employment and health Sheffield Health & Well Being Board

good work is good for the health of
Individuals
Families
Employers
The Economy

What this presentation will cover

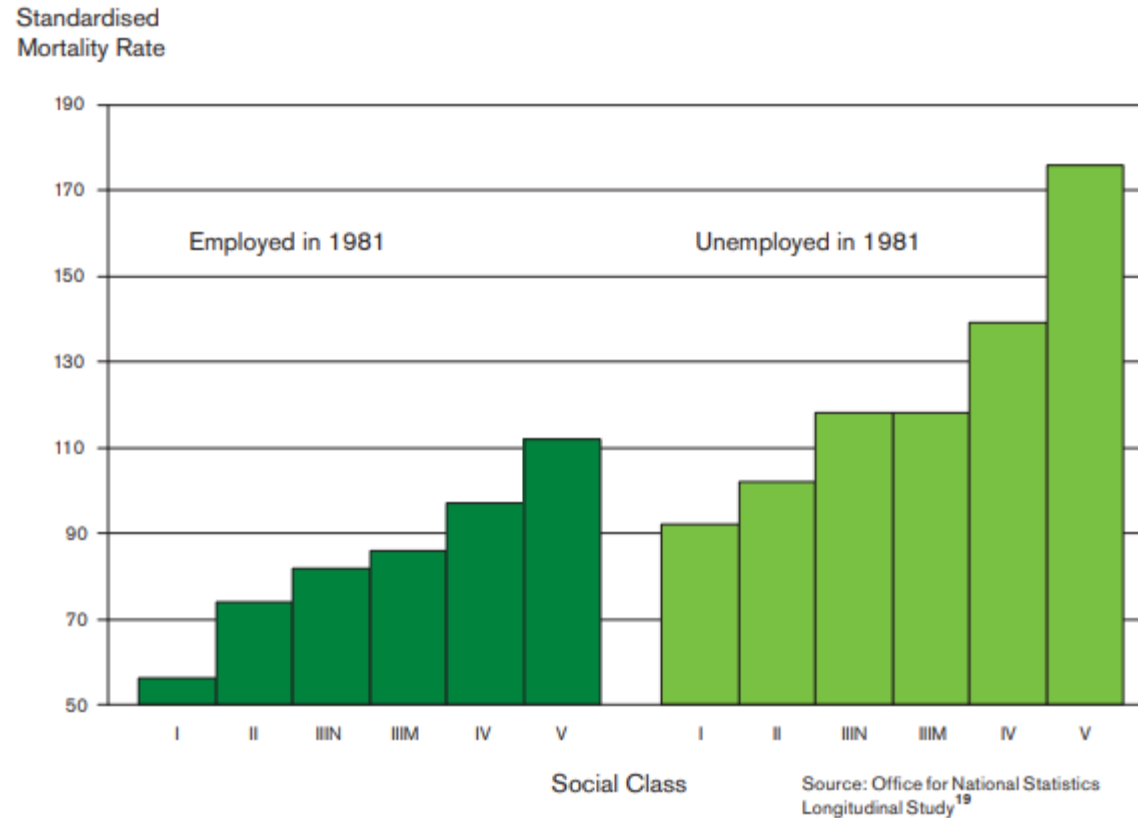
- Employment as a key determinant of health
- Good work is good for health
- It's about getting a job AND keeping a job
- A substantial proportion who are out of work or lose their job have a health condition
- We have a role as the H&WB Board AND as major employers in the city
- What governance and programmes we have in place



<https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work>

Unemployed people are more likely to die

Mortality of men in England and Wales in 1981-92, by social class and employment status at the 1981 census



Marmot (2010) Fair Society Healthy Lives

good work is good for health

Good work

Improves health and wellbeing and reduces social isolation through

- **Source of money**

Half of adults in workless families are living in poverty,

5% of adults in households where all adults are full time employed are living in poverty

- **Social support and networks**

- **Purpose and fulfilling occupation**

- **Good work can also aid recovery from health conditions such as mental health conditions**

What is good work?

- Are our organisations good employers?
- Do we successfully recruit and retain staff? Including staff with health conditions?
- Bananas and yoga provided? or workplaces free from discrimination where people have contracts and are paid appropriately?

A great job is where you ...

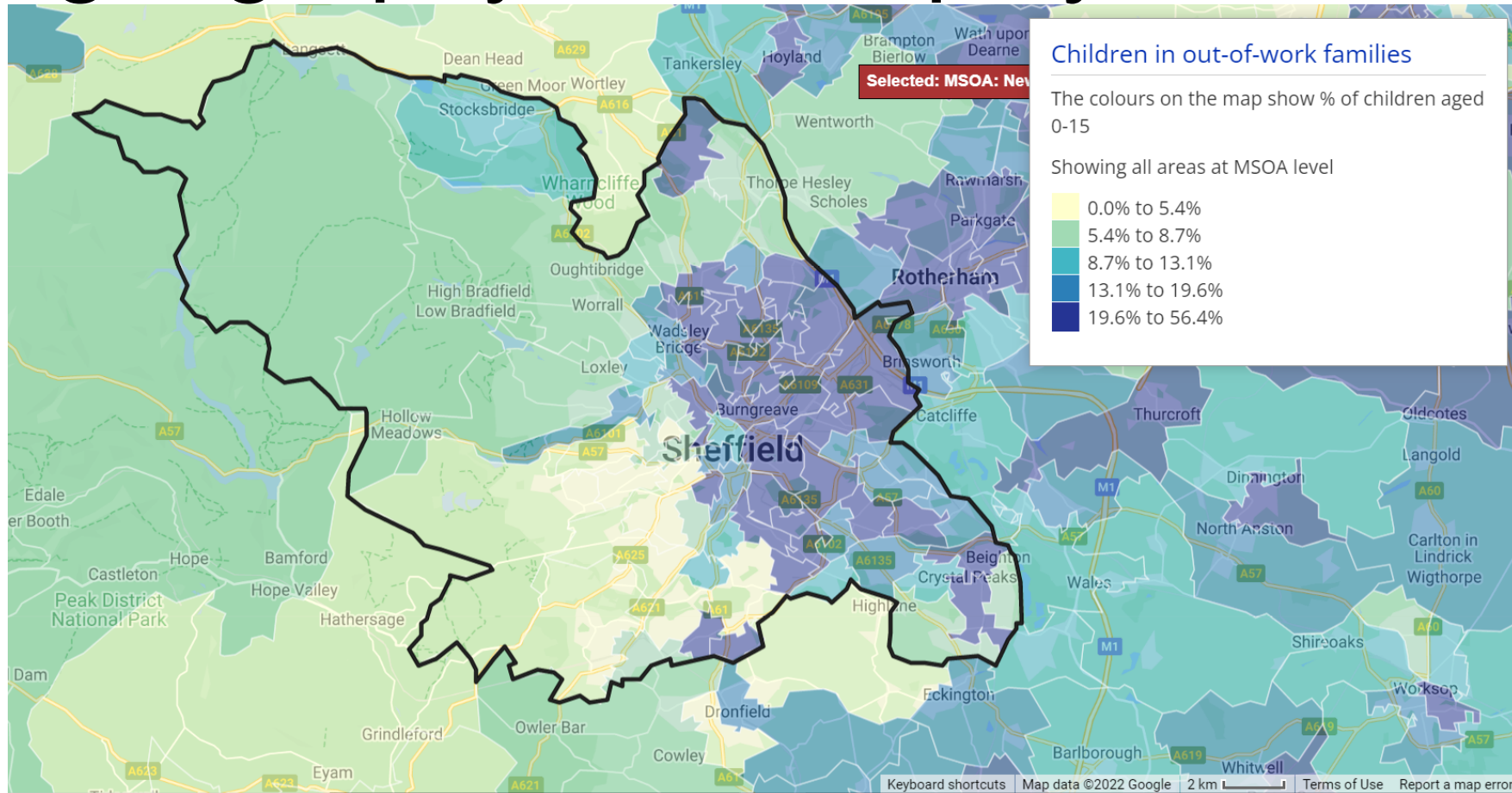
- are paid fairly
- work in a safe and healthy workplace
- are treated decently
- have guaranteed hours
- have the opportunity to be represented by unions and a strong independent voice on what matters at work
- have the opportunity to progress at work and get on in life

Source: <https://www.tuc.org.uk/publications/great-jobs-agenda>

Health conditions of those underrepresented in the workforce

- 10% gap in employment between those with and without long term condition
- 65% gap for people who need support from secondary health mental health services
- 22% of autistic people are in employment compared to 52% of disabled people and 81% of non-disabled people

The geography of unemployment



Source: Work and Health chapter of Sheffield Joint Strategic Needs Assessment

Why are people not in work?

Two main groups facing barriers to labour market participation

- those out of work primarily because they have **ill-health or a disability** (2.7 million people) –increased since pandemic
- those who are **looking after their family or home** (1.7 million)
 - decreased from 2.4 million in 2011

A substantial number of people who are not in paid work want to be

- 46% of the 4.9 million people not participating in paid work with ill-health want to work now or in the future.

Governance

- Strategically straddles two worlds – the health space and employment and skills space
- Health and Well Being Board
- Sheffield Employment and Skills Advisory Board
- Subgroup of SESAB is the Local Integration Board which brings together providers of employment and health support-
 - Department of Work and Pensions
 - Voluntary and community sector
 - Health partners
 - Council commissioned employment support work

Strategy links to work and health

Health and Well Being Strategy

Ambition 5:

Everyone has a fulfilling occupation and the resources to support their needs.

City Goals

Goal 1:

We build a fair, inclusive and creative local economy that attracts and retains talent, supports local businesses and invests in opportunities for all

Sheffield Employment & Skills Strategy

A project is underway to deliver a new Employment & Skills Strategy for Sheffield, to be adopted by stakeholders across the city

This will deliver:

- a long-term vision for the city beyond 2030
- a roadmap with clear milestones to drive delivery of a 5-year action plan

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Sheffield Employment & Skills Advisory Board has developed a set of themes, approved by the Council, to enable initial focus, including several related to work and health:

- **Increasing economic activity**, providing access to the labour market
- Providing **targeted and/or specialist support** for those facing specific barriers to work
- Supporting employers to provide **inclusive workplaces with flexible practices.**

How do members of the Health and Well Being Board link to this agenda?

- As **employers** who can recruit and retain staff including those with lived experience of health conditions
- **As organisations who support people with health conditions** struggling in work or out of work
- **As providers of health services** where their delivery impacts on whether people can work or not e.g. individuals on waiting lists for operations who are off work

Current work and health provision in Sheffield

PROGRAMME	PROVIDER	FUNDER	FUNDING ENDS
Feel Well, Work Well	Sheffield Futures	ESF	December 2023
Intensive Personalised Employment Support	REED in Partnership	DWP	December 2023
SEND Youth Hub	Autism Plus	DWP	April 2024
Opp Shef: Mental Health Keyworker	Big Ambitions (to Nov 2023)	UKSPF	March 2025
Opp Shef: LDD Keyworker	Yes2Ventures (to Nov 2023)	UKSPF	March 2025
Opp Shef: Autism Keyworker	Autism Plus (to Nov 2023)	UKSPF	March 2025
Opp Shef: Autism Supported Employment	Autism Centre for Supported Employment	UKSPF	March 2025
IPS for Substance Abuse	Likewise / Humankind	DWP	March 2025
Local Supported Employment (Sheffield)	SCC	DWP	March 2025
Work and Health Programme	REED in Partnership	DWP	December 2025
Work and Health Programme - Pioneer/Work Routes Contract	REED in Partnership	DWP	December 2025
Work and Health Service	Sheffield Occupational Health Advisory Service (SOHAS)	Public Health Grant	March 2028
First Routes	Autism Plus	Self-funded / Social Care	Ongoing
Employability	Standguide	DWP	Ongoing
Individual Placement Support for Serious Mental Illness	South Yorkshire Housing Association	NHS ICB	Not disclosed

What services are available to help people with a health condition get work

- Mainstream universal services to support people to get a job - Jobcentre Plus
- Additional offers to specifically support people with health conditions – Working Win commissioned by South Yorkshire Mayoral Combined Authority
- Health services with an employment component – Talking Therapies in Sheffield Health and Social Care Trust
- Supported employment, particularly for people with a health condition or disability to support them into work and during work

It's complex - We need to improve the coordination for referrers and service users

job retention- People in work but off sick

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Health matters: health and work (2019) Public Health England

What universal services are there in Sheffield to help people stay in work?

- Universal health services – GPs, musculoskeletal teams
- Good Employment practices (some of which are required in law) e.g carers leave, use of reasonable adjustments
- Occupational health services within organisations
- Sheffield Occupational Health Advisory Service – work and health support for those who work in organisations which don't have occupational health provision

What further provision do we want to see locally?

Work Well Partnership bid

This was a bid submitted by the Integrated Care Board supported by South Yorkshire Mayoral Combined Authority, Local Authorities and local providers in January 2024

- Focused on those with health conditions
- Focused on those in work or only recently having lost work
- Focused on integrating the support that there is in the system to make sure people can navigate the system and get the most appropriate support
- If successful this will provide a triage function
- Will identify gaps in provision and work to fill them

How can health services support people to keep their jobs?

- **Waiting lists** - People with health conditions can lose their jobs while waiting for healthcare interventions (e.g. operations, assessments)
- **Signposting** those on waiting lists to sources of support
- Taking an **asset based** approach – what people **can** do at work

Owen gets back to work via supported employment

When Sheffield's John Lewis store closed, Owen lost a supported employment role he had held for 13 years. This was a real setback given the progress Owen had made in his job, going from assisting in the staff canteen to hosting customers in the store's public café.

Owen was naturally upset by the turn of events but resolved to remain positive and seek a new opportunity. With this in mind, his AC4SE job coach helped him prepare for the future by creating a new CV and searching the jobs market. Before long, the perfect vacancy came up, assisting at Pets at Home. Animal-lover Owen gained an interview, worked hard on his preparation and was ultimately offered the job!

With ongoing in-work support from AC4SE, Owen has been swiftly progressing, gaining confidence, taking on new responsibilities and gradually moving towards a front-of-house, shop floor role. He is really enjoying looking after the animals, working with colleagues and is even responding well to working to targets, something he thought he would never be able to do.

"I love that I get to work with both people and animals. I love helping people, giving them the information they need to look after their pets and caring and looking after the animals." - Owen



Mental health support helps Randy conquer his fears

Having graduated from university in 2012, Randy spent many years unsuccessfully trying to find a job. As someone with high functioning Asperger's Syndrome, Dissociative Identity Disorder and Gender Dysphoria, he found various aspects of his life challenging, including job search. His mental health suffered as a result.

A referral to Big Ambitions' employment service was the catalyst for change. Working enthusiastically with his keyworker, Randy set about gaining a better understanding his mind, self, and the workplace, and trying to find his place in the world. From there, he started targeting appropriate job roles.

With an enhanced understanding of his mental health and gender dysphoria, Randy gained the confidence to talk about his life and the things he finds difficult, which enabled him to have open and frank conversations with potential employers.

Following a 16-week placement in a retail outlet, Randy successfully interviewed for a cleaning role at Marks & Spencer. He continued to receive support from his keyworker while he settled into the job.

"I felt like Big Ambitions really listened and understood what was going on inside my mind. I have not faced any prejudice - I would like to thank the team for their support and understanding." - Randy



Lived experience

Getting a job

- **“I had no job, no money and was living beyond my means. I hardly socialised with anyone because my depression was showing its ugly head. But now, I’m feeling positive for the first time in a long time and looking forward to starting my new role as Support Worker for adults with Autism.” (Working Win case studies)**

Staying in work

- **“(Sheffield Occupational Health Advisory Service) have supported me during a very difficult and complex grievance/workplace bullying issue while I was suffering from severe anxiety. I have only just returned to work but my employment adviser has supported me every step of the way’ (SOHAS annual report)**

Recommendations for the Board

1. Note the importance of employment for health and wellbeing
2. Take opportunities to advocate for good work as an important determinant of health including
 - The role of employers providing positive and supportive environments
 - Supporting the work of the Sheffield Skills and Employment Advisory Board to develop the Employment and Skill Strategy
 - Supporting the work of the Local Integration Board stitching together support for people with health conditions to get and keep a job
3. To provide good work for employees in their organisations.



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell, Director of Public Health

Date: 28th March 2024

Subject: Health & Wellbeing Board Annual Report 2023-24

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:

With the effective delivery of the next Joint Health & Wellbeing Strategy, and the three roles for the Board identified above (commissioning; engaging and influencing; convening) in mind:

- How should the Board approach use of their time to ensure they continue to deliver on their statutory duties and drive progress on the Strategy?
- How should this factor in balancing the need to stay abreast of developments in Sheffield, the need to agree actions, and the need to hold each other and the broader system accountable for delivery?

Recommendations for the Health and Wellbeing Board:

The Board are recommended to:

- Endorse the Annual Report for 2023-24
- Agree to incorporate the issues raised in the Annual Report into a development session focused on delivery of the Joint Health & Wellbeing Strategy

Background Papers:

- Appendix: Health & Wellbeing Board Annual Report 2023-24

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 2023-24

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 In 2022, the Board committed 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.

3.2 This is the second edition of this annual report. As with the previous year's edition, 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 Board continues to exercise its statutory functions effectively, overseeing the Better Care Fund, working with Healthwatch Sheffield to understand the experience of Sheffielders in the health and care system, and taking on new responsibilities in relation to Health Protection.

4.2 There is evidence that the Board's work on and approach to setting clear strategic direction around improving health and wellbeing in Sheffield is having an impact. This is particularly clear in relation to areas where work has been done on joining up across policy areas, such as employment and health, housing and health, and culture and health. Work sponsored by the Board is also delivering in this way, such as the Compassionate Sheffield approach to end of life. Given the limited direct resources that the Board has control over, this approach to direction setting and influence is the route to impact.

4.3 Against this, there are areas where more could have been made of opportunities. The Board ran two deep dive sessions connected to Board meetings, looking at Mental

Health & Wellbeing, and the Health & Wellbeing of Children & Young People, both of which provided a strong overview of the context and issues, but led to limited agreement on action, partly due to time and venue constraints. There may be a need to consider whether these sorts of session should be more separated from formal Board meetings to allow for a different approach to be taken, if it is agreed they have value.

4.4 The report also raises an issue in relation to accountability for partners for taking agreed action. This highlights a specific issue in relation to how the Board should hold organisations and individuals working on health and wellbeing accountable for taking the necessary steps to progress strategic aims, and for supporting delivery of the Joint Health & Wellbeing Strategy. This is a critical question to address as the refreshed Strategy nears completion.

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

5.1 There is a significant investment in senior individuals' time in Health & Wellbeing Board discussions, and it is important that this investment delivers the most return.

5.2 With view to delivery of a refreshed Joint Health & Wellbeing Strategy beginning later in the year, it is important to be clear on how the time of the Board is used most profitably for Sheffield.

5.3 In this context the convening role of the Board is particularly important and thought should be given to how to maximise this.

6.0 QUESTIONS FOR THE BOARD

6.1 With the effective delivery of the next Joint Health & Wellbeing Strategy, and the three roles for the Board identified above (commissioning; engaging and influencing; convening) in mind:

- How should the Board approach use of their time to ensure they continue to deliver on their statutory duties and drive progress on the Strategy?
- How should this factor in balancing the need to stay abreast of developments in Sheffield, the need to agree actions, and the need to hold each other and the broader system accountable for delivery?

7.0 RECOMMENDATIONS

7.1 The Board are recommended to:

- Endorse the Annual Report for 2023-24
- Agree to incorporate the issues raised in the Annual Report into a development session focused on delivery of the Joint Health & Wellbeing Strategy

Health & Wellbeing Board Annual Report 2023-2024

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;
- The strategic context around the Board has been stabilising as Council and NHS governance changes bed in and the COVID-19 pandemic response recedes in prominence;
- This does not mean challenges to the health and wellbeing of Sheffield are absent: the cost of living crisis is significant in terms of its impact on health, while the health and social care system remains under pressure for a variety of reasons;
- The Board has considered a wide range of issues over the last year, including:
 - Regular updates on Health Protection and the Better Care Fund, and from Healthwatch Sheffield on the issues identified by their work;
 - The links between health and food, physical activity, and climate change;
 - Examples of public health practice influencing delivery in other policy areas, such as the South Yorkshire Violence Reduction Unit;
 - How the health and care system is responding to the health challenge, through the SY Integrated Care Strategy and at Sheffield level through examining use of resources in comparison to need and outcomes delivered;
 - New ways of working within the system, such as in the Model Neighbourhood work in North East Sheffield;
- The Board has run dedicated deep dive sessions on mental health and wellbeing, and on the health and wellbeing of children and young people, which have served to build understanding of the issues in these areas;
- The Board has also convened city wide conferences around collaboration in communities to create health & wellbeing, and to begin the process of refreshing the Joint Health & Wellbeing Strategy;
- There are a number of areas where the Joint Health & Wellbeing Strategy and the conversations the Board have had or convened have led to progress or impact:
 - Continued delivery of the Board's statutory duties and development of its role in relation to Health Protection
 - Supporting joining up across employment and health, housing and health, and culture and health
 - Leading a new approach to end of life through Compassionate Sheffield
 - Endorsing a strong approach to addressing the Commercial Determinants of Health
- There are also areas where progress or impact is less obvious
 - The deep dive sessions on mental health and wellbeing, and the health and wellbeing of children and young people provided a good overview but delivered limited impact in terms of agreeing concrete actions;
 - Discussions on Food, Physical Activity and Climate Change all resulted in actions agreed for Board members, but it is not clear these have happened, highlighting the need for clearer accountability arrangements;
- As the new Strategy nears completion, and the role of the Board in delivering the City Goals is considered, there remains a need to ensure Board discussions lead to impact in practice, and that the system as a whole is fully lined up behind delivering the Board's Strategy for health and wellbeing.

Introduction

This is the second annual report on the work of the Health & Wellbeing Board, following the review of the Board and its ways of working conducted in 2022. As with last year's report, it 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 is not 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.

Its production is intended to provide an opportunity for the Board to reflect on its way of working and the topics it has chosen to engage with, and to consider how successful the system as a whole has been in driving the change necessary to reduce health inequalities in Sheffield. In particular it provides an opportunity to consider accountability for delivery against the Strategy that all partners are signed up to.

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.

It is important to remember that the Board does not have direct access to programme management or delivery resources. With this in mind its role has to be to set direction, and work to coordinate across partners to maximise impact, and to hold to account against commitments.

What's happened in the last year?

At the time of publishing last year's report we were coming to the end of the first year without restrictions in place to control the spread of **COVID-19**. The pandemic has continued to recede from national consciousness over the year, but the disease remains present leading to pressure on services, albeit with reduced harms due to the success of the vaccine programme.

The impact of COVID-19 is now starting to be seen in national data, with [the most recent period life expectancy data showing a fall in comparison to before the pandemic](#), with more deprived areas affected more than less deprived areas. [Sheffield is no different to the country in this](#), and although there is no data for areas smaller than the city yet, there is no reason to expect that the national and historical pattern in relation to deprivation is any different.

It is important to be clear that that COVID-19 is a significant factor in the difference in life expectancy between most and least deprived areas, reflecting the differential impact the pandemic had, but is far from the only factor. There remain a wide range of reasons for the unfairly shortened lives that some Sheffielders experience that are amenable to change with systematic and concerted effort.

The **Cost of Living** has remained a major issue with implications for health, overlaying on long term poverty for some parts of the city. Inflation has started to come down but is still very high by recent historical standards, with food and drink particularly badly affected. Energy costs are also starting to come down from their recent high but remain near double the level seen in the previous decade, while housing costs continue to climb, with median rents up around 35% over the last five years. This is having clear implications for households in Sheffield, with 27% of households now suffering from food insecurity compared to 17% in October 2020, while rent arrears are rising, spread unevenly both geographically and across ethnic groups.

All told these developments have significant implications for the health and wellbeing of Sheffielders. The cost of energy leads to people not feeling able to heat their homes, leading to cold, damp and mould; the cost of food prevents people being able to eat healthily and sufficiently; the stress of being short of money affects mental health; and all of these have knock-on impacts in other areas, such as the ability to attend and get the most value out of school, which will have effects for years to come.

Whilst flu prevalence has been lower in 23/24 than last year, the **winter has remained challenging for health and care services**. Industrial disputes have continued to place pressure on services, and an early October peak in A&E attendances in Sheffield was observed. Acute Trusts have remained under pressure, with surge beds opened throughout January 2024.

Major governance changes for both the Council and NHS have been bedding in over the last year, following the Council's shift to a committee system and the national move to formally establish Integrated Care Boards as key NHS institutions. These are developing well, and work is underway to renew Elected Member involvement in joint governance arrangements, a symbol of the developing and valued relationship between SCC and NHS as key local partners. Additional challenge has been

forthcoming this year with the nationally mandated reduction in ICB running costs, announced in March 2023; it remains to be seen what impact this will have over the longer term.

This year has also seen two major developments for Sheffield as a whole with implications for the Board and its work: the development of the **City Goals** and the establishment of the **Race Equality Partnership for Sheffield**.

Over the last year Sheffield City Partnership have sponsored the development of a shared set of **City Goals** that residents, communities and organisations can stand behind and provide a shared sense of purpose. The Goals are intended to support Sheffield to act together as a city to drive our response to a changing and challenging world, and cover much territory that is relevant to the work of the Health & Wellbeing Board.

The **Race Equality Partnership for Sheffield** (REPS) launched during Race Equality Week and will be an active, collaborative network of people and organisations with a shared aim to support race equality in Sheffield. REPS has been established by partners including public sector institutions, local businesses and community groups, following the publication of the Race Equality Commission (REC), in July 2022, and will play a pivotal role in supporting the city to deliver against the Commission's recommendations and secure a legacy from the work. Again, with the focus on addressing inequalities, the work of REPS will be of interest to the Health & Wellbeing Board.

What have we done over the last year?

As part of Sheffield's reflections on the pandemic response and preparation for potential future challenges, it was agreed during this year to strengthen governance around **Health Protection** work in Sheffield. As part of this, the Health & Wellbeing Board have begun receiving regular updates on current issues and challenges in the health protection system, to support and encourage better partnership working in this policy area and provide a clear and visible point of accountability.

Issues with prevention and management of threats to the health of the population are most felt by those who are vulnerable, with least money and those with protected characteristics. A well-functioning health protection system includes coordinated work across a wide range of statutory, voluntary and community sector organisations. The aim is to as far as possible, protect people from infectious diseases and environmental risks and is crucial for addressing health inequalities.

In addition to this, the Board have continued to receive regular updates from **Healthwatch Sheffield** to support their understanding of the issues Sheffielders are identifying in the healthcare system. They have also carried out their statutory duties with regard to the **Better Care Fund**, receiving and interrogating regular updates on the progress of work and agreeing updated plans for future rounds. As a result of HW's updates and highlighted reports there have been further conversations between HW, citizens, community organisations and the public sector about issues of concern and service improvements.

Beyond these regular items, the Board has covered a wide range of other issues and policy areas this year. At their **March** meeting, the Board considered a broad swathe of issues that relate to health and wellbeing, including:

- Endorsing the **Food Strategy** produced by Sheffield City Council with the ShefFood Partnership and agreeing that member organisations would undertake a review of existing policy and activity that relates to strategy outcomes;

- An update on the work and success of the **South Yorkshire Violence Reduction Unit**, implementing a public health-inspired approach in policing;
- Formally endorsing the **South Yorkshire Integrated Care Strategy** as the overall approach to improving health and wellbeing across the county and a key document for guiding the work of partners at that level;
- An update on **physical activity and health** and proposal to strengthen links between the Board and National Centre for Sports and Exercise Medicine;
- A briefing on work on improving health outcomes through **Culture, Arts and Heritage**
- A report on the **Climate Change and Health conference** convened by the Board at the end 2022.

In **June** the Board convened their first major conference of the year, bringing together public service leaders, front line workers, and community organisations to consider **Collaborating for Health**: how statutory services, the VCSE sector, and citizens can work together in ways that support the creation of health in communities. The conference heard from Donna Hall and Alison Haskins about good practice in other parts of the country, and from examples of good practice in Sheffield. Following the conference, building on the discussions that took place at it, a proposal for developing a Sheffield approach was endorsed at the Board's September meeting.

At their **June** meeting, alongside standing discussions the Board endorsed a proposed approach to **refreshing the Joint Health & Wellbeing Strategy**, but otherwise dedicated the bulk of the meeting to a deep dive session considering **Mental Health & Wellbeing** in Sheffield.

A similar experiment was attempted at the Board's **September** meeting, with statutory and standing items, and the proposal resulting from the conference mentioned above, followed by a deep dive workshop looking at the **health and wellbeing of Children & Young People**.

In **December**, the Board received an update on and summary of key findings in the **Joint Strategic Needs Assessment**, the key evidence base for its work and core component for the Joint Health & Wellbeing Strategy. They also dedicated a significant amount of time to a detailed look at where **resources are allocated within the health and social care system in Sheffield**, how this compares to potential impact on health outcomes, and what this means for shifting resources in the system to more preventative and health creating activity. Following this they received a briefing on the **Model Neighbourhood** work being developing in North East Sheffield, and endorsed the approach set out.

The Board convened a city conference in January to publicly launch the refresh of the Joint Health & Wellbeing Strategy. This event brought a wide range of people together from across the city, representing citizens, communities and statutory services to consider the building blocks of healthy lives, and the big shifts needed to deliver on the Board's aim of eventually eliminating unfair gaps in healthy life expectancy. Through discussions at the event, attendees constructed an initial picture of what Sheffield has to build on, where it needs to do more and what it would take to make the big shifts we need to, giving the process of developing the next Strategy the start it needs.

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

This report is not just a record of activity: it also seeks to report on progress and assess impact, difficult though the latter is in a strategic partnership environment. In doing this it doesn't just

consider what the Board has looked at this year: given the timescales on which some work takes to pay off it also looks back to previous years to identify where discussions in previous years are now starting to bear fruit. It also considers where there are areas where more could be done, and what the Board could do to address this.

With regard to its statutory duties, the Board have continued to provide support and constructive challenge to the development and delivery of the **Better Care Fund**. In particular the Board have played a valuable role in focusing attention on the right approach for Sheffield, alongside the work continuing to deliver on nationally-set priorities, with a clear focus on shifting to a more preventative model. The role of the Board in championing local priorities in addition to delivering national ones is valued by those working on the programme.

The Board's focus on **employment and health**, through its Strategy ambition "Everyone has a fulfilling occupation and the resources to support their needs", has supported colleagues in public health to work with those designing and delivering employment and skills programmes in Sheffield to understand the importance of health in that space and to maximise the health impact of those programmes.

The Board's work to convene a conference on **Housing and Health** in June 2022 continues to pay dividends: the conference has acted as a catalyst for work on this agenda, enabling links to be made across organisations and sectors and covering work such as homelessness prevention and connections with the new Royal Foundation.

The conference has also helped catalyse strong Sheffield involvement in work at South Yorkshire level, building both on the outcomes of the conference and work across social landlords on the South Yorkshire Housing Prospectus. This has led to the development of a set of roundtable workshops with cross-sector invitees looking at five key issues for housing and health, leading up to a conference in June this year. This work should be a big step forward in system working on these issues.

Looking further back, the work the Board commissioned to form the foundation of the response to the Strategy ambition to ensure 'everyone lives the end of their life with dignity in the place of their choice', **Compassionate Sheffield**, has continued to develop and deliver. This work aims to build a compassionate approach to end of life, rooted in communities of all types. Its growth has been accelerated by its crucial role during the pandemic, and the programme now has five paid staff, hosted by St Luke's Hospice.

The work aims to increase the capacity and confidence of people in communities to support each other at times of crisis and vulnerability, particularly related to death, dying and bereavement. One element of the programme of work is to bring people together to have supported, compassionate conversations, thereby improving 'death-literacy'. Another is to help people to think about, and plan for, the final part of their own and others' lives. Crucially this is not just about communities of place, but also of experience and of profession, with some of the work focused on supporting care professionals in their ability to deal with end of life beyond clinical care.

The programme also works with minoritised communities to explore how the system needs to change to more culturally appropriate ways of working. To this point evaluation has been primarily qualitative in nature, but the programme is now working towards a project with Townships 1 Primary Care Network and other local community groups that will explore the quantitative impact of interventions on primary care and hospital admissions.

In addition, the Board's discussion on the **Commercial Determinants of Health** in December 2022, and strong endorsement of a robust approach to dealing with this issue, has supported the work of public health officers in developing an advertising and sponsorship policy for Sheffield City Council that seeks to factor health into decisions.

The value of the Board's endorsement has also been demonstrated by the work on **Culture and Health**, with the discussion and approval of this work at the March meeting supporting the development of links with South Yorkshire Mayoral Combined Authority and South Yorkshire Integrated Care Partnership. As with the Housing and Health work, this has led to Sheffield engaging in cross-South Yorkshire work, benefiting from the experience and knowledge of other areas and supporting them in turn.

The Board's endorsement has also been helpful in building links between public health and those working on culture in Sheffield, supporting our potential to achieve maximum impact on health from culture. Beyond this, the discussion at the Board meeting led directly to Board members involving themselves in the Sheffield Culture and Health group, providing valuable insight on the broader strategic and community context, including the viewpoint and experience of smaller organisations in the city.

However, this work also points to some of the limits of the Board's influence: despite the progress supported above, additional funding is not yet forthcoming which limits the progress that can be made rapidly. The Board's endorsement could be seen as necessary but not sufficient for support to be forthcoming; with this in mind, the relationship between the Board and those with formal responsibility for resource allocation, and how this should function, could be reflected on.

There were other areas where the Board's work did not lead to such clear progress. Both "deep dive" sessions, on Mental Health & Wellbeing and Children & Young People's Health & Wellbeing, broadened understanding of the issues and state of play in these areas across the Board, and were valuable for this alone. But these sessions also facilitated little in the way of progress or agreement on the critical question of what action should we focus on to address the issues raised. Beyond this, the decision to run these sessions in connection with Board meetings meant compromises had to be made on session design, and on who could be in the room involved in discussions, particularly in relation to lived experience. Thought will have to be given to the question of how best to run this sort of event to get the most out of the investment required to make it happen for any future examples, such as using a less formal venue or separating these sessions from business meetings to allow a different approach.

The Board's endorsement of the Food Strategy in March 2023 has been valuable in raising awareness of the work beyond the Food Partnership; however it is not clear what has happened in relation to some of the actions agreed for Board members as part of the discussion. This suggests an area of reflection for the Board, around how much Board Members feel, or can be, bound by agreements in Board meetings, and whether the right mechanisms are in place to ensure agreed actions are delivered.

Similarly, the discussion around physical activity and health at the March meeting raised awareness of and support for activity on this issue; it is less clear that the recommendations that were the focus of the paper, around developing governance links between the Board and the National Centre for Sport and Exercise Medicine (the body responsible for Sheffield's Move More Strategy) have progressed.

The conference sponsored by HWBB on climate change and health in November 2022 did make some valuable connections and propose some potential activity, but it is not clear what action has resulted from it: highlighting the challenge of identifying resources to take forward partnership activity.

Looking ahead to 2024-25

The next year will be a significant one for the Board and its work, with the refreshed **Joint Health & Wellbeing Strategy** on track to be endorsed and published during the year. This will set the agenda for the Board for the next five years. Once endorsed, the Board will then consider where best to prioritise their efforts in delivery, including considering where it could usefully convene city conferences to build a collective approach to challenges.

The Board should also expect to receive the output of the work initiated by the **Collaborating for Health** conference during the next year. Again, this should be a significant moment, providing a co-produced set of principles to working with and in communities that has the potential to transform ways of working in Sheffield and increase our focus on creating health.

This year will also see work beginning to be taken forward on implementation of the **City Goals**, with work currently underway to develop structures to support that. It should be expected that there will be strong overlaps between the Goals and the refreshed Strategy; as a result the Board should take a strong interest in how this develops and look to make all necessary links and play its part.



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell

Date: 28th March 2024

Subject: Developing the new Joint Local Health and Wellbeing Strategy

Author of Report: Helen Watson (293 0514)

Summary:

This report describes progress on the development of the Sheffield Joint Local Health and Wellbeing Strategy 2024-2034.

Questions for the Health and Wellbeing Board:

- Is there anything missing from the strategy development process that the Board would expect to see?

Recommendations for the Health and Wellbeing Board:

Board members are asked to:

- Note the strategy development journey outlined in this report and the timescales for finalising and publishing the new strategy.
- Support the revised implementation period for the strategy of 10 years.
- Participate in a Spring private workshop to agree priorities and develop commitments for the strategy.
- Provide any additional steer and guidance including the role of the public and partner organisations in development and endorsement of the Strategy.

Background Papers:

- Summary of pre-existing public engagement – ‘What matters to Sheffielders for a good life?’

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

The refreshed Joint Local Health and Wellbeing Strategy 2024-2034 will reset the ambitions for the city.

Who has contributed to this paper?

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

Developing our new Joint Local Health and Wellbeing Strategy

1 SUMMARY

1.1 This report describes progress on the development of the Sheffield Joint Local Health and Wellbeing Strategy 2024-2034.

2 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 require focused attention and action by all Sheffield partners.

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 reducing inequalities in and improving 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 WHO HAS BEEN INVOLVED IN THE STRATEGY DEVELOPMENT SO FAR?

3.1 The development work for the new JHWBS has been stewarded by a small editorial group consisting of a subset of HWBB members and others who bring expertise in the Sheffield health and wellbeing system and have links with wider City strategies including City Goals. However, progress has been dependent on the generous and honest contributions of Board members, people from a wide range of partner organisations, and from Sheffielders – all sharing their perspective and experiences, aspirations for the future, and bringing constructive challenge. We have been mindful of the need for diverse thinking in the development of the strategy and have tried to ensure equitable opportunities for involvement.

3.2 This has included:

- Reviewing relevant data from 22 pre-existing sources of public engagement from the past 5 years, which included the voices of at least 1836 people living in Sheffield: younger people, adults of working age, older people, people with learning and physical disabilities, families with children with special educational needs, and people from ethnic minority groups (See Appendix 1).
- Strategy development session on 16th January 2024 with HWBB members
- Public workshop on 31st January 2024 – 'Shaping Sheffield's approach to health and wellbeing', which involved 77 participants; Elected Members (5), colleagues from NHS organisations (6), South Yorkshire Police (1), South Yorkshire Combine Mayoral Authority (1), Business Sector (2), University of Sheffield (1), Voluntary and Community Sector (24 people from 21 different organisations), Sheffield City Council (28 people including 3 Executive Directors), members of the public (9).

- Engagement with Directorate Leadership Teams within Sheffield City Council
- Attending Sheffield City Partnership Board on 8th March 2024
- Strategy development workshop with Elected Members in the Strategy and Resources Committee on 13th March 2024

3.3 We are aware that the voices of the Faith sector and Business sector have been underrepresented in the conversation so far, and we are trying to address this. We are also keen to hear if there are groups of people in Sheffield or organisations who feel they have not yet been offered sufficient opportunity to be part of the development process.

4. WHAT HAS THE STRATEGY DEVELOPMENT JOURNEY INVOLVED?

Looking back – where have we come from?

4.1 We created space in the private workshop in January 2024 for Board members to reflect with curiosity and honesty, and to get an understanding of what has or hasn't been achieved over the life of the previous strategy and why, and what we want to take forward into the new strategy.

4.2 Some key insights include identifying that COVID had a huge impact on the Board's ability to focus efforts on implementing the current strategy, especially plans to convene city conversations around each ambition. However, the Board did still do some good work, with specific examples including Compassionate Sheffield, Employment and Health, and Housing and Health.

4.3 There were some things felt to be missing from the previous strategy:

- An understanding of what health and wellbeing means to the people of Sheffield, which the Board then has a role in helping deliver.
- A clear plan for accountability for delivery, to ensure we could know if the strategy and Board was having an impact.
- A focus on asset-based working, transferring power and working with communities.
- Commitments about how our collective assets are used to promote equity, including the allocation of our financial resources.

4.4 We also heard from Board members that they feel that:

- Strategies can be long and wordy, full of jargon, and they would like this strategy to be very accessible.
- They want the new strategy to be tangible and have some ongoing connection with the public about the impact it's having on their life.
- They would like a living document that they can refer back to and use, while they are living and breathing this work.
- Much of the content of the last strategy is still very relevant and very important.
- However, we can't do things the way we've always done them and need the new strategy to encourage new thinking and bravery across different parts of the system.

- It's vital that we genuinely listen to and involve people and partners in the development of the strategy and ensure we have diverse voices contributing to the work.

Looking around – where are we now?

- 4.5 The editorial group reviewed the current Joint Strategic Needs Assessment, which summarises data from a wide range of sources to describe the current state of health and wellbeing of people across Sheffield.
- 4.6 As well as gaps in health and wellbeing outcomes between Sheffield and other places, we see persistent gaps in the length of life, quality of life and access to the building blocks of a good life between different groups of people within our city, gaps which are unfair and preventable.
- 4.7 People in our poorest neighbourhoods are dying around a decade earlier than people in the wealthiest areas and are spending more of their life in poor health. They also have more complex poor health as they are affected by multiple health conditions at an earlier age.
- 4.8 National data demonstrates that other groups in the population also experience unfair gaps in length and quality of life and access to the building blocks of a good life, including people from some minority ethnic groups, people with a learning disability, people with a severe mental illness, asylum seekers and refugees, and people experiencing multiple disadvantage. However, there is currently a lack of detailed local data to enable us to describe these gaps fully within Sheffield.

Looking forward - where do we want to get to?

- 4.9 There has been clear consensus from the input of the public, partners, and Board members that we want to see a fairer and healthier future for Sheffielders, and that the overarching aim and vision of the new strategy should be to:

'Close the unfair gap in length and quality of life, by improving the health and wellbeing of those worst off the fastest.'

- 4.10 We have also listened to what Sheffielders say matters for this future good life, by undertaking thematic analysis of relevant data contained within 22 pre-existing sources of public engagement from the last five years. This included the voices of at least 1836 people living in Sheffield: younger people, adults of working age, older people, people with learning and physical disabilities, families with children with special educational needs, and people from ethnic minority groups. We have summarised the findings within 11 broad themes and presented these in a video (Figure 1), and in the report in Appendix 1.

Figure 1: What matters to Sheffieldsers for a good life?



What matters to people in Sheffield for a good life?

How are we going to get there?

4.11 Co-designing a path to the shared vision of the future has involved the editorial group reviewing a range of evidence and frameworks from the academic literature and other publications and creating space for deep listening and critical conversations with the public, partners and Board members. The outcome of this work is the recommendation that the strategy be shaped around eight foundational building blocks and four radical shifts.

4.12 The eight building blocks have been modified from the work of Professor Sir Michael Marmot at the Institute for Health Equity and are the foundations for a fairer and healthier future for Sheffieldsers – this is what we need to ensure is in place to create health and wellbeing for all (Figure 2). Many contributors have identified the good work already underway to address unfair gaps in health and wellbeing among Sheffieldsers, which align with these building blocks, and which we can build on. We have also heard about areas where we need to see more focused action as we move forward in the implementation of the new strategy.

Figure 2: Eight building blocks



4.13 The four radical shifts (Figure 3) are critical for making this new strategy more than just a grand ambition or inspiring words. We have heard the frustration from contributors who feel disillusioned and disappointed about the lack of momentum and determined action in the past. The four radical shifts are about acknowledging where we need to get unstuck and where the Board, its members and their organisations need to unlock the way to journey together to that shared vision of the future.

Figure 3: Four radical shifts



4.14 We've explored with the public and partners what it would look like if we made these four radical shifts and what it would take to do it, and we're using this input to develop challenging recommendations for brave and bold commitments from the Board and its member organisations to make them a reality.

4.15 The implementation of this strategy is going to require a long journey in the same direction, there's no quick way round to addressing the unfair gaps in length and quality of life among Sheffielders, so we are recommending that this strategy have a 10-year timeframe for implementation.

5. WHAT ARE THE NEXT STEPS IN THE DEVELOPMENT OF THE STRATEGY

Agreeing Board commitments and priorities

5.1 We want to encourage the Board to dedicate time to respond to the challenging recommended commitments for action to take on these radical shifts and to agree priorities within the eight foundational building blocks. This response will be incorporated into the strategy and inform the initial delivery plan. We suggest this could be best achieved in a private workshop with Board members taking place after the local government elections in May. We are keen to explore opportunities for the public and partners to review these agreed commitments and priorities and to challenge the Board if they feel they aren't brave and bold enough.

Exploring indicators

5.2 The editorial group has begun to identify a range of potential indicators that could be adopted to monitor the progress and impact of the strategy, to help us to understand if we are travelling in the right direction to the future we want to see. This work will be informed by the commitments and priorities agreed by Board members, and a refined set of indicators will be incorporated into the final strategy product.

Developing the first delivery plan

5.3 As we are proposing a 10-year implementation period for the strategy, this will be accompanied by 3-yearly reviews of progress and priorities, and yearly Board delivery plans to ensure clarity about the action the Board and its members are committed to and accountable for. The first delivery plan will be developed after the Spring workshop and will be published alongside the new strategy.

Ensuring synergy with Sheffield City Goals transition work

5.4 We are working to develop a clear narrative about how the strategy aligns with and supports delivery of the ambitions of the City Goals, and will continue to liaise with the

City Goals transition team to identify areas of synergy that we can build on and how to avoid duplication and confusion.

Product design

5.5 We have considered the views of Board members, partners and the public about the format and 'feel' of the new strategy and the desire for this to be tangible, accessible, living and interactive, and something that enables a connection between the Board and Sheffielders. We are beginning to explore the option of a hosted microsite rather than a traditional written strategy document, as this format would support interactive content including videos presented by Board members and is something that can evolve and develop over the life of the strategy, and tell the story of its implementation and impact.

Finalising and publishing the strategy

5.6 Our intention is to finalise the content of the strategy and bring this for agreement to the June 2024 HWBB meeting, and then finalise and publish the interactive format by the end of August 2024.

6 HOW DOES THIS WORK 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 be clear about how it will impact on inequalities, how this will be measured and monitored, and mechanisms for accountability.

7. QUESTIONS FOR THE BOARD

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

8. RECOMMENDATIONS

8.1 Board members are asked to:

- Note the strategy development journey outlined in this report and the timescales for finalising and publishing the new strategy.

- Support the revised implementation period for the strategy of 10 years.
- Participate in a private Spring workshop to agree priorities and develop commitments for the strategy.
- Provide any additional steer and guidance including the role of the public and partner organisations in development and endorsement of the strategy.

0HWBS - Summary of pre-existing public engagement

‘What matters to Sheffielders for a good life?’

Introduction

This document summarises the findings within pre-existing sources of public engagement that are relevant to the development of the 2024-2034 Joint Local Health and Wellbeing Strategy (JLHWBS).

Review question

The focus for this review is data that informs the following question: ‘What matters to Sheffielders for a good life?’

Data sources

Pre-existing sources of public engagement that contained relevant data were identified by members of the Joint Local Health and Wellbeing Strategy Editorial Group – by identifying sources they were already aware of and by reaching out to Health and Wellbeing Board (HWBB) member organisations for any other relevant material.

In total, 22 sources of insight were reviewed and are summarised in Table 1. These sources were published between 2018 and 2023 and included the voices of at least 1836 people living in Sheffield. Not all the sources provided details about the participants, however detail that was shared indicates that these include the voices of younger people, adults of working age, older people, people with learning and physical disabilities, families with children with special educational needs, and people from ethnic minority groups. The sources used a range of methods to gather insights including focus group discussions, surveys with closed or open questions, 1-1 interviews and a creative arts-based approaches. The sources focused on a range of different topics and questions, but all contained some relevant information concerning what matters to Sheffielders for a good life.

Table 1: Sources of relevant, pre-existing sources of public engagement

Source	Year	Whose voices?	How was insight gathered?	Focus of the work
Healthwatch ‘Health and Wellbeing Board Engagement’	2018	Heard from 93 people Younger people and families, older people, people with learning and physical disabilities, and BAME groups	Used a mix of 1:1 and group sessions, in-depth conversations and brief feedback	What matters to people for health
Youth Cabinet Consultation	2022	397 respondents Young people in Year 7 to Y13	Survey with closed questions	Mental health and wellbeing

Source	Year	Whose voices?	How was insight gathered?	Focus of the work
Youth Cabinet reforming curriculum consultation	2022	241 respondents Young people – ages not specified	Survey with open and closed questions	Curriculum at school/college
City Goals consultation in youth clubs	2023	40 respondents from 6 youth clubs across Sheffield Young people aged 11-16	Focus group discussions	Not specified
Park and Arbourthorne Youth Provision Consultation	2023	207 respondents Young people, ages not specified	Focus group discussions	Not specified
SEND youth club consultation	2023	8 participants Aged 14-24 Accessing SEND Youth Club provision	Arts based and focus group discussion	Friendship
State of Sheffield 2023 - The views of parents of children and young people (aged 0-25 years) with special educational needs and/or disabilities	2023	496 respondents Parents of children and young people (aged 0-25 years) with special educational needs and/or disabilities (SEND) in Sheffield.	Survey with closed and open questions	How caring for a child with SEND affects the whole family
SYICS Developing NHS South Yorkshire's Integrated Care Strategy: the patient and public perspective in Sheffield	2023	Review of existing insight of patient experience and engagement carried out by ICP partners – 102 documents 91 participants	Survey with open questions	What matters to people about their health and wellbeing
Collaborative Conversations – Pitsmoor Adventure Playground	2023	42 people Children, young people, and adults of working age	Informal conversations	What is good about the community and what would make Sheffield a better place to grow up, lead a good life and grow old?
Collaborative Conversations - Women and girls in the woods	2023	13 people Adult women and girls	Group discussion	How do the women and girls feel alone in nature now and imagining how they may feel in the future.

Source	Year	Whose voices?	How was insight gathered?	Focus of the work
Collaborative Conversations - SAVTE	2023	Not specified	Not specified	Aspirations for Sheffield as a city and what would make your life better.
Collaborative Conversations – Life after crisis	2023	Not specified	Not specified	Not specified
Collaborative Conversations – DWB	2023	27 people	Group discussion	Role as carers and how mental health services can be improved
Collaborative conversations - Darnal Primary Care	2023	15 people	Group discussion	Role as carers and how mental health services can be improved
Collaborative Conversations – Bens Centre	2023	20 people	Individual or group discussions	Aspirations for Sheffield as a city and what would make your life better.
Collaborative Conversations – B:Friend	2023	12 people Older people	Group discussion	What has mattered to people in Sheffield in the past, what concerns them, what they love and what they want for the future.
Collaborative Conversations - Third Angel	2023	19 people	Group discussion	Aspirations for Sheffield as a city and what would make your life better.
Collaborative Conversations - Disability Sheffield	2023	Not specified	Written contributions and arts-based approach	Not specified
Collaborative Conversations – The Terminus	2023	Not specified	Group discussion	Aspirations for Sheffield in the future
Collaborative Conversations – Family Voice	2023	Women	Group discussion and arts-based approach	Aspirations for Sheffield as a city and what would make your life better.
Collaborative Conversations – Ignite Imaginations	2023	100 people People in the Moor Market	Arts-based approaches	What would make Sheffield a better place and what local people need and want.
Collaborative Conversations – The Furnival	2023	15 people Women from minority ethnic groups	Arts-based approach and group discussion	Aspirations for Sheffield as a city and what would make your life better.

Analysis

Thematic analysis of the data was undertaken to look for patterns and to find themes. This involved reading through all the sources, undertaking line by line coding and adding new codes to the 'bank' of codes as required, organising codes into descriptive themes according to their

similarities or differences and using new codes to capture the group of original codes, generating broad analytical themes. The output of this analysis is seen in Figure 1 and Table 2.

Figure 1: The 11 broad areas that matter to Sheffielders for a good life



Table 2: Summary of the findings within the 11 broad areas that matters to Sheffielders for a good life

What matters to Sheffielders for a good life?		Relevant quotes – Sheffielders want...
Financial security	Having enough income	<i>To have enough money to pay my bills and keep out of debt.</i>
	Freedom from poverty	
	Freedom from debt	
	Access to sufficient welfare benefits	
Work and employment	Fair wages	<i>A good job I enjoy.</i> <i>Meaningful work that enhances my wellbeing.</i> <i>To be treated well at work and receive a fair wage for what I do.</i>
	Job security	
	Work that is meaningful	
	Opportunities to progress	
	Safe and healthy work environments	
Education and learning	High quality nursery and early years provision	<i>Education that is focussed on holistic needs.</i> <i>More English classes.</i> <i>A good school that is suitable for my child with special educational needs.</i>
	Good schools with great teachers and inspiring curriculums	
	Adult learning opportunities	
	Support and provision for children and adults with additional needs	
Housing	Enough space for the household	<i>To be able to heat my home.</i> <i>A house that I own.</i>
	A quality home that is affordable	
	A home that is warm, safe and secure	
	Possibility of home ownership	
Transport	Regular, reliable and affordable public transport	<i>More cycle routes everywhere and traffic free areas.</i> <i>More accessible and cheaper public transport.</i> <i>More speed bumps and zebra crossings on roads.</i>
	Safe roads	
	Infrastructure that enables active travel	

Environment around us	Access to nature, wildlife and green space	<p><i>Easier access to healthy, low-cost foods.</i></p> <p><i>Access to fitness classes that suit me.</i></p> <p><i>Clean air.</i></p> <p><i>More activities for Young People that are free or cheap.</i></p>
	Clean air and clean spaces	
	Facilities for people of all ages, for leisure, socialising and being active	
	Access to affordable healthy food	
	Access to WiFi	
Community and relationships	Close, caring relationships and people to rely on	<p><i>Have people around me that I can trust and who listen to me and treat me with kindness, people around me who I can rely on.</i></p> <p><i>To feel safer because sometimes it's scary where I live.</i></p> <p><i>More kindness for others – to feel responsible and caring for others in their community.</i></p> <p><i>More festivals to bring people closer together.</i></p> <p><i>More understanding of diversity, more mixed communities instead of them vs us - be as one.</i></p> <p><i>The council and other people of power listen.</i></p>
	Safe, well policed, and crime-free neighbourhood	
	Opportunities for participation	
	Celebrating our culture and heritage	
	Cohesion and neighbourliness	
	Active voluntary, community, and faith groups	
Health and Social Care services	Availability of services	<p><i>Be in control of decisions about my own care and needs - and be respected and listened to... we all deserve to be treated with warmth, understanding, kindness, and non-patronising care. And without prejudice, and second guessing.</i></p>
	Awareness of services	
	Accessibility of services	
	Services that support me to manage my own care	

	Quality, safety and being treated with kindness and compassion	<p><i>Have the right access to services when needed and for those working within services to be compassionate and have sufficient time to listen.</i></p> <p><i>The reassurance that good social care will be available if needed.</i></p>
	Focussing on both prevention and treatment of disease and ill health	
Looking after my health	Eating well	<p><i>To play football in the park</i></p> <p><i>More chance to be creative.</i></p> <p><i>Be a healthy weight...eat healthy foods</i></p> <p><i>Have good fitness, a strong heart...don't smoke...don't drink too much.</i></p>
	Being creative	
	Giving and volunteering	
	Being physically active	
	If/how I use substances	
	Continually learning	
	Quality sleep	
	Sexual behaviours	
Manageable caring responsibilities		
Fairness	Opportunities for everyone in our society	<p><i>Be able to access good quality care when it is needed; that all sectors of the community feel they can do the same.</i></p> <p><i>To live in an equal society...I want to live in a city that takes care of the most vulnerable, and where everyone is valued.</i></p> <p><i>No racism in the area. All neighbourhoods are supported and treated fairly</i></p>
	Leaving no one behind	
	Freedom from racism and discrimination	
Protecting the planet	Reducing air pollution	<p><i>A green city with a low carbon footprint.</i></p>
	Recycling and reducing waste	

Confidence in the findings

Confidence in the findings was assessed using the [CERQual framework](#), which involved looking at the data contributing to each finding and assessing relevance, adequacy (number of sources and richness of the data), and coherence (evidence of conflicting findings). As there was such limited information about the methods adopted in the reports, methodological limitations, whilst part of the CERQual framework, was not considered here. A summary of the CERQual assessment can be seen in Table 3.

Of the 51 findings, there is high confidence in 28, moderate confidence in 8 and low confidence in 15. Low confidence primarily resulted from concerns about adequacy of data supporting the findings. Broad themes with no low confidence findings were Transport, Education and Learning, Community and Relationships, and Fairness. The broad themes with the greatest proportion of low confidence findings are Work and employment, Housing, Looking after my health, and Protecting the planet.

Table 3: Assessment of confidence in the findings

Finding		Confidence rating	CERQual component assessment		
			Concerns about adequacy	Concerns about relevance	Concerns about coherence
Financial security	Having enough income	High	minor	minor - some reports focussed on other topics	none
	Freedom from poverty	High	minor	none	none
	Freedom from debt	low	serious	none	none
	Access to sufficient welfare benefits	moderate	moderate	minor - some reports focussed on other topics	none
Work and employment	Fair wages	moderate	minor	none	none
	Job security	low	serious	none	none
	Work that is meaningful	high	none	none	none
	Opportunities to progress	low	serious	none	none
	Safe and healthy work environments	low	serious	none	none
Education and learning	Access to high quality nursery and early years provision	moderate	moderate	minor - some reports focussed on other topics	none
	Access to good schools with great teachers and inspiring curriculums	high	minor	minor - some reports focussed on other topics	none
	Adult learning opportunities	high	minor	none	none
	Support and provision for children and adults with additional needs	high	minor	minor - some reports focussed on other topics	none
Housing	Enough space for the household	low	serious	none	none
	A quality home that is affordable	high	minor	none	none
	A home that is warm, safe and secure	high	minor	none	none
	Possibility of home ownership	low	serious	none	none
Transport	Regular, reliable and affordable public transport	high	none	minor - some reports focussed on other topics	none
	Safe roads	high	none	minor - some reports focussed on other topics	none

	Infrastructure that enables active travel	high	none	minor - some reports focussed on other topics	none
Environment around us	Access to nature, wildlife and green space	high	none	minor - some reports focussed on other topics	none
	Clean air and clean spaces	high	none	minor - some reports focussed on other topics	none
	Facilities for people of all ages, for leisure, socialising and being active	high	none	minor - some reports focussed on other topics	none
	Access to affordable healthy food	low	moderate	minor - some reports focussed on other topics	none
	Access to WiFi	low	serious	none	none
Community and relationships	Close, caring relationships and people to rely on	high	none	minor - some reports focussed on other topics	none
	Safe, well policed, and crime-free neighbourhood	high	none	minor - some reports focussed on other topics	none
	Opportunities for participation	high	minor	none	none
	Celebrating our culture and heritage	moderate	minor	none	none
	Cohesion and neighbourliness	high	none	minor - some reports focussed on other topics	none
	Active voluntary, community, and faith groups	high	none	minor - some reports focussed on other topics	none
Health and social care services	Availability of services	high	none	none	none
	Awareness of services	low	serious	none	none
	Accessibility of services	high	none	minor - some reports focussed on other topics	none
	Services that support me to manage my own care	low	serious	none	none
	Quality, safety and being treated with kindness and compassion	high	minor	minor - some reports focussed on other topics	none
	Focussing on prevention and treatment of disease and ill health	moderate	moderate	none	none
Looking after my health	Eating well	High	none	none	none
	Being creative	moderate	moderate	none	none
	Giving and volunteering	low	serious	none	none
	Being physically active	High	minor	minor - some reports focussed on other topics	none
	If/how I use substances	moderate	moderate	minor - some reports focussed on other topics	none
	Continually learning	low	serious	none	none
	Quality sleep	low	serious	none	none
	Sexual behaviours	low	serious	none	none
	Manageable caring responsibilities	moderate	minor	none	none
Fairness	Opportunities for everyone in our society	high	none	none	none
	Leaving no one behind	High	minor	none	none
	Freedom from racism and discrimination	High	none	minor - some reports focussed on other topics	none
Protecting the planet	Reducing air pollution	High	none	none	none
	Recycling and reducing waste	low	serious	none	none

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HWBB Forward Plan - Public Meetings

Month	Type	Topics	Topic Leads	Ambition	Time
28th March 2024	Public	Healthwatch Update	Judy Robinson		00:10
		BCF Update	Martin Smith		00:10
		Health Protection	Ruth Granger		00:20
		Employment and Health	Ruth Granger/Laura Hayfield		00:45
		Unpaid Carers	Alexis Chappell/Janet Kerr		00:30
		Annual Report and Joint Health & Wellbeing Strategy update	Susan Hird		00:30
		Forward Plan	Greg Fell		00:05
					02:30
27th June 2024	Public	Healthwatch Update	Judy Robinson		00:10
		BCF Update	Martin Smith		00:10
		Joint Health & Wellbeing Strategy	Susan Hird		00:20
		Delivering change through the Strategy - making progress	Greg Fell		00:20
		Changing Futures	Alexis Chappell		00:20
		ICB Update	Greg Fell		00:30
		Compassionate Sheffield	Eleanor Rutter		00:30
		Collaborating for Health - update	Eleanor Rutter		00:10
Forward Plan	Greg Fell		00:05		
					02:35
26th September 2024	Public	Healthwatch Update	Judy Robinson		00:10
		BCF Update	Martin Smith		00:10
		Health Protection Update	Ruth Granger		
		Forward Plan	Greg Fell		00:05
					00:25
December 2024	Public	Healthwatch Update	Judy Robinson		00:10
		BCF Update	Martin Smith		00:10
		Forward Plan	Greg Fell		00:05

HWBB Forward Plan - Public Meetings

00:25

Strategy Key

1	Every child achieves a level of development in their early years for the best start in life	6	Everyone
2	Every child is included in their education and can access their local school	7	Everyone
3	Every child and young person has a successful transition to adulthood	8	Everyone
4	Everyone has access to a home that supports their health	9	Everyone
5	Everyone has a fulfilling occupation and the resources to support their needs	HI	Overall He

HWBB Forward Plan - Public Meetings

Additional invitees and notes	Chair
	Cllr Argenzio
	Cllr Argenzio
To sign off the Strategy	
CEX and Chair of ICB to be invited	
Update on work following June 2023 conference	
	Dr McMurray
	Dr McMurray

HWBB Forward Plan - Public Meetings



can safely walk or cycle in their local area regardless of age or ability

has equitable access to care and support shaped around them

has the level of meaningful social contact that they want

lives the end of their life with dignity in the place of their choice

Health Inequalities Goal

Sheffield Health and Wellbeing Board

Meeting held 7 December 2023

PRESENT: Dr Zak McMurray (Co-Chair), Councillor Angela Argenzio (Co-Chair), Greg Fell, Mike Hunter (Substitute Member), Councillor Douglas Johnson, Supt Benn Kemp (Substitute Member), Janet Kerr (Substitute Member), Emma Latimer, Yvonne Millard, Megan Ohri, Kathryn Robertshaw, Judy Robinson, Helen Sims and Dr Leigh Sorsbie

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence had been received from David Black, Councillor Dawn Dale, James Henderson, Kate Josephs, Kate Martin, Dr Toni Schwarz, Rob Sykes, and Meredith Teasdale.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

3. PUBLIC QUESTIONS AND PETITIONS

3.1 The Board received a petition containing 82 signatures requesting better provision for Pharmacy services in Stocksbridge and Deepcar.

A representation on behalf of the petitioners was made by Kathryn Giles-Bowman who advised that in addition to the 82 online signatures she had also collected 100 signatures on a paper petition.

The petition stated:

"It's been an ongoing issue for some time that local pharmacy provision isn't adequate for our area affecting the most vulnerable in our society, lack of pharmacists to dispense, waiting times for dispensing prescriptions, restricted opening times and no weekend services. This isn't aimed at the staff of our current pharmacies they are working hard, but there just isn't enough of them. The object of this petition is to encourage Sheffield Health and Well-being Service to relook at the current provision and repeat the Pharmaceutical Needs Assessment (PNA) so further pharmacy licenses can be granted in the area. With a rising population and new homes coming to the area, this should ensure a safer better future for our community and its members."

The petitioner added that as part of the Stocksbridge Town Fund there was a proposal for a new building which would result in the removal of one of the existing pharmacies if alternative premises were not provided.

The petition was referred to the Co-Chair of the Committee, Dr Zak McMurray to respond. He suggested that Ms Giles-Bowman should meet with Officers and himself to discuss specific details and that this would be arranged by the Team. It should also be borne in mind that there was a national shortage of pharmacies and existing pharmacies were also subject to competing pressures.

The Chair read the following response:

“The Health & Wellbeing Board are required to publish a Pharmaceutical Needs Assessment (PNA) every three years, with the current assessment for Sheffield having been published in 2022 and running to 2025.

The Assessment was conducted based on a thorough assessment of demographic and population changes since the previous assessment in 2019, and with expected future population change due to new development over the life of the Assessment also taken into account, the view of officers responsible for this work is that there has been no significant change in the local demographic context that would justify a full review of the PNA, or production of a supplementary statement focused on Stocksbridge and Deepcar.

With regard to the commissioning and provision of services in response to the PNA, notifications of changes that result in additions to provision or changes of ownership are made through Primary Care Support England, while following the Health and Care Act 2022 and subsequent transfer of responsibilities to Integrated Care Boards, NHS South Yorkshire ICB are responsible for commissioning of community pharmaceutical services, and for notifying of changes that would have a detrimental impact on service delivery.

The NHS South Yorkshire ICB Primary Care Team have not been notified of any recent closures in the area. However, the Team are aware that there have previously been issues with the delivery of services by two of the local pharmacies in particular. One of these (now called Allied Pharmacy Stocksbridge, located on Johnson Street) changed ownership in August this year and there appears to have been a resulting improvement in the delivery of services, as NHS South Yorkshire have not received any recent complaints from patients or local GP practices and have not been notified of any unplanned closures for this pharmacy since the change of ownership.

The Primary Care Team have also been in contact with the other pharmacy in Stocksbridge (Well Pharmacy) to discuss the previous issues and concerns. They have been advised by Well that the workforce issues have improved, due to the recruitment of permanent staff members and also through support provided by their regional management team. There also appears to have been an improvement in delivery of services, as again the Team have not received any recent complaints from patients or local GP Practices and have not been notified of any unplanned closures for this pharmacy in the last few months. The Primary Care Team do have ongoing regular meetings with the Well area management team to discuss any issues and so, if there are specific issues related to this pharmacy, these can be followed up through that route.

With regard to Deepcar, the opening hours of Deepcar pharmacy have not changed since the current PNA was completed. NHS South Yorkshire have not received any recent complaints from patients or local GP Practices, or any recent notifications of unplanned closures for this Pharmacy.

Responsible officers would be happy to meet with the petitioners to discuss their concerns, and to understand whether there are specific services that are not currently being provided, or opening hours required by local patients that are not currently being delivered, and to take this into consideration. If this would be welcome the Health & Wellbeing Board support team can make the necessary connections.”

- 3.2 Members requested confirmation of when the next PNA was due and noted the gap between what the petition stated and the response given, in particular regarding pharmacy provision at weekends.

Greg Fell (Director of Public Health, Sheffield City Council) advised that the previous PNA had been conducted in 2022 and the next one was due in 2025. He stated that he agreed that there were issues with current community pharmacy provision and that a meeting with the petitioner would be appropriate.

Members also requested that the Board write to the Stocksbridge Town Deal Board to make sure that premises were made available for pharmacy provision in the new development, and also requested that the attention of the ICB be drawn to the risk to pharmacy provision caused by the development.

4. HEALTHWATCH UPDATE.

- 4.1 A verbal update was given by Judy Robinson of Healthwatch, who advised that:
- Healthwatch were keen to draw attention to the contradiction of the NHS pushing patients towards digital systems, e.g. for ordering prescriptions, whilst at the same time wishing to address health inequalities. GPs could not reasonably expect all patients to be able to use digital systems.
 - Healthwatch were involved in a collaboration with Voluntary Action Sheffield regarding Long Covid, focussing on people who have contracted Long Covid but have not accessed the specialist services available. This had involved interviews and focus groups. A film had been produced to be shown in GP surgeries and a training course developed for community workers.
 - “Speak Up Reports”- Healthwatch gave small grants to community groups to improve health, one example was “CABS” (Champions in Achieving Better health in Sheffield) a project with taxi drivers, mainly of South Asian heritage, to improve information about nutrition and promote social prescribing, another was “Spece to Breathe” a GP Access report on access to Mental Health Services.
 - It was the 10-year anniversary of Healthwatch.

- 4.2 Board Members noted the update and discussed the role of Healthwatch in providing a feedback loop to improve services, and whether the Board is playing the right role, and if the right systems are in place to make the most of this. They also offered their congratulations on the 10-year anniversary of Healthwatch and thanked the organisation for its ongoing work.

5. BETTER CARE FUND UPDATE.

- 5.1 The report which gave a summary of Quarter 2 performance, was presented by Jackie Mills (Chief Finance Officer for Sheffield, NHS South Yorkshire).
- 5.2 **RESOLVED:** That the Sheffield Health and Wellbeing Board notes the 23/25 Better Care Fund Q2 Performance update.

6. JOINT STRATEGIC NEEDS ASSESSMENT

- 6.1 The report, which gave an update on the Joint Strategic needs Assessment, was presented by Chris Gibbons (Public Health Principal, Sheffield City Council).
- 6.2 Chris Gibbons added that it would be useful to hold a training session on the various data toolkits that were available to the Board. He also explained that there was an error on page 74 of the reports pack, and that the Pharmaceutical Needs Assessment was due to be updated in 2025, however discussions were taking place as to whether it would be better for the assessment to be done at a South Yorkshire Integrated Care Board (ICB) level rather than just at a Sheffield level.
- 6.3 Greg Fell (Director of Public Health, Sheffield City Council) thanked the team for producing the report, he explained that it was particularly praiseworthy given the small size of the team.

Members discussed how whilst the data was welcome, it was important to ensure that it was used to address health inequalities in the city. Greg Fell advised that policy choices could be made to address health inequalities e.g. around planning, advertising, and hot food takeaways. The Joint Strategic Needs Assessment was a high-level statement on the health of the city and could not be used to answer specific operational questions. He encouraged all Board Members to consider the conclusions on page 73.

- 6.4 A discussion took place regarding "Population Health" data and the weight that could be given to this information.
- 6.5 **RESOLVED:** that Sheffield Health and Wellbeing Board notes the Joint Strategic Needs Assessment update.

7. ASSESSING SPENDING DECISIONS AGAINST OUR STRATEGY.

7.1 A presentation, subsequently published on the Council's website was delivered by Chris Gibbons (Public Health Principal, Sheffield City Council) and Jackie Mills (Chief Finance Officer for Sheffield, NHS South Yorkshire). This covered what the Integrated Care Board (ICB) spends money on in Sheffield, outlined the high-level outcomes, the Local Authority Spend, and Return on Investment (ROI) and gave examples of where moving funding might deliver different outcomes.

7.2 The Chair noted the four questions asked in the report which were as follows:

1. How do we create consistent methodologies for evaluating value for money, both for existing spend and future investment?
2. What outcome measures (for example, Wellbeing measures) do we not currently measure that we should? How can this be operationalised?
3. Who or what should be responsible for reviewing progress towards improving outcomes? How would this work?
4. How should this be reflected in the Health and Wellbeing Board Strategy?

He requested that a fifth question be added:

5. The Health and Wellbeing Board Strategy has been signed up to in partnership with the ICB committing to the left shift of funding (i.e. prioritising early preventative interventions rather than later medical interventions) so why is this not being carried out?

7.3 Board Members raised the following points:

- Public health interventions have around 4 times the return in health terms as downstream health care.
- Healthy life expectancy and a reduction of the inequality gap with regards to this, was the outcome that should be measured.
- The Health and Wellbeing Board is responsible for reviewing progress and asking "are all the right planes in the air" to deliver on the Strategy over the long term.
- It was important to avoid the need for patients to be hospitalised if they could be treated in another way or if the issue could be prevented from arising in the first place, and to explain why timely discharge from hospital is so important, i.e. because it is better for people's health.
- There was a need to address the combination of factors affecting people's health rather than tackle each factor individually.
- Energy should be focussed on people rather than on their conditions.
- The reduction in Local Authority budgets had had a serious impact on health.
- There was an opportunity to spend money differently to how the Board was instructed to spend it by the government and to use the data to drive this approach. This might require bravery on the part of partners together to do something different.
- A united approach would need to be taken to these changes by all involved and all decisions should be evaluated to establish how they square with the left shift approach.

- There was a moral choice to be made between looking after the few and looking after the many.
- Respiratory data was important in showing how people were interacting with healthcare.
- A piece of work was proposed which would set out what the Board's top priorities were for improving health.
- The importance of prioritising prevention rather than late intervention had been agreed by members of the Board and even though these were ethical decisions they would potentially be controversial to the public.
- Could the Board consider approaches like a Citizen's Assembly to build consent for a different approach?
- Depression, obesity and high blood pressure were the 3 main issues arising from the data and if these were concentrated on, a great difference could be made.
- This approach needed to be balanced in order to reassure patients that they would still be treated for other matters.
- Prevention should be explicitly stated in the Board Strategy.
- There was a need to be "people centric" to give people agency and capacity for better health.
- The Board had chosen to focus on Health and Wellbeing rather than on Social Care integration.
- The Board's role is connecting with other areas that address the wider determinants of health. The NHS is just one part of the Board- this is about broader public service reform.

7.4 **RESOLVED:** that the Health and Wellbeing Board notes the paper and the progress of the work.

8. **NHS SHEFFIELD NEIGHBOURHOODS WORK (HEALTH AND CARE PARTNERSHIP NORTH EAST MODEL)**

8.1 The report, which set a programme of work to help tackle health inequalities using a ring-fenced budget which prioritised building a model neighbourhood, in the north east of the city, was presented by Lucy Ettridge (Deputy Director of Community Development and Inclusion (South Yorkshire ICB) and Emma Latimer (Executive Place Director Sheffield, SY ICB). The work was described as a new approach for the NHS, developing a different relationship with Sheffielders, focusing on empowering people to live healthy and happy lives.

8.2 Members commented that this work was an example of courageous work which took a different approach to that usually taken by the NHS e.g. as it measured different outcomes and used different metrics. It represented a healthier and more constructive way of working. It was also noted that work had to be done to address the historical effects of heavy industry on people's health.

Members agreed that this approach should be endorsed by the Board rather than merely noted.

8.3 **RESOLVED** that Sheffield Health and Wellbeing Board:

- (a) Endorses the NHS Sheffield North East Neighbourhoods Work and
- (b) requests regular updates.

9. **FOLLOW UP FROM MENTAL HEALTH AND CYP WORKSHOPS.**

9.1 The report which summarised the main points of learning from the Board workshops on Mental Health and Children and Young People, was presented by Greg Fell (Director of Public Health, Sheffield City Council), who asked Members to let him know if they felt that the content and the style of the meeting had worked as he had concerns over the amount of work involved in organising the event given it had not been well attended.

The Chair underlined that organisations should send a deputy if their representative was unable to attend.

9.2 Members discussed the following points:

- A feeling that there was a disconnect between lived experience and services in discussions that wasn't satisfactory;
- It was valuable to have thinking and discussion time and the workshops hadn't quite got the balance right in this respect;
- Concern that the sessions hadn't clearly answered the "so what"? question;
- A suggestion that if the Board wanted to run future examples of these sessions they might need a task and finish group to support the work and these could be established through the HCP Delivery Groups.

9.3 **RESOLVED:** that Sheffield Health and Wellbeing board notes the paper and the progress of the work.

10. **FORWARD PLAN.**

10.1 The Forward Plan was introduced by Greg Fell (Director of Public Health, Sheffield City Council).

10.2 A request was made to add a review of Housing and Health to the work programme.

10.3 **RESOLVED:** that Sheffield Health and Wellbeing Board agrees the work programme, including the additions and amendments identified.

11. **MINUTES OF THE PREVIOUS MEETING**

11.1 The minutes of the previous meeting held on the 28th September 2023 were agreed as a correct record.

12. DATE AND TIME OF NEXT MEETING

12.1 It was noted that the next meeting of the Health and Wellbeing Board would be on Thursday 28th March at 14.00.