SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 24 September 2020

NOTE: This meeting was held as a remote meeting in accordance with the provisions of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

PRESENT: Councillor George Lindars-Hammond (Chair) – Cabinet Member for Health and Social Care, SCC
Una Jennings - District Commander for Sheffield, South Yorkshire Police
Councillor Dawn Dale - SCC
Councillor Garry Weatherall - SCC
Greg Fell - Director of Public Health, SCC
John Doyle - Director of Business Strategy, SCC
Terry Hudsen - GP Governing Body Chair, Sheffield CCG
Brian Hughes - Deputy Accountable Officer, Sheffield CCG
Claire Mappin - Managing Director, Burton Street Foundation
Judy Robinson - Chair, Healthwatch Sheffield
David Warwicker - Governing Body GP, Sheffield CCG
Mark Tuckett - Director, ACP
Maddy Desforges - Chief Executive Officer, Voluntary Action Sheffield
Mike Potts – Health and Social Care Trust
Kathryn Robertshaw –
Toni Schwarz -

Also present were Eleanor Rutter - Consultant in Public Health, SCC (in respect of Minute No. 4) Clive Clarke, Chair of the Impact of Covid-19 on BAME Communities Strategy Group, and North East & Yorkshire Regional Director of Inclusion (formally Deputy Chief Executive, SHSC), Sarah Hepworth - Health Improvement Principal, Shahida Siddique - Chief Executive Officer – Faithstar (in respect of Minute No. 5) and Lucy Davies – Healthwatch Sheffield (in respect of Minute No. 8).

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Jackie Drayton and Paul Wood, and Sara Storey.

1.2 Councillors Dawn Dale and Garry Weatherall acted as substitutes for Councillors Jackie Drayton and Paul Wood, respectively.

2. DECLARATIONS OF INTEREST

2.1 No declarations of interest were made.

3. PUBLIC QUESTIONS

3.1 Question 1 – Received from Mr. Howard Gordon

The strict criteria for the Disabled Persons Council Tax reduction and Bus Pass discriminates against some people living with dementia and other disabilities.

The only qualification for a School/Under 24/Older persons Bus Pass is age, yet people with disabilities face significant barriers to attain equality of services and attain their rights regardless of diagnosis under International Law including via articles 9,19,20,25,26 & 30 of the United Nations Convention on the Rights of Disabilities, through the strict criteria imposed on them.

Will the Health and Wellbeing board act to ensure that Sheffield City Council uphold the rights and protected characteristics of people with Disabilities under International Law and remove the strict criteria for the Disabled Persons Council Tax Reduction and Bus Pass, replacing the criteria with a persons diagnosis, thereby redressing the inequality that some with a disability face in this and other matters.

3.1 The Chair responded with an offer to discuss the issue in person. Bus pass need was assessed by the Council on behalf of South Yorkshire Passenger Transport Executive. A full written answer would be provided.

3.3 Question 2 – Received from Natasha Wilson

I would like to pose the question as to how the city is facilitating essential family visits to people with dementia in care homes? Even with the rise in infection rates & covid positive homes, it is of paramount importance that people in their last months/summer/winter of their lives are allowed to have some degree of quality to it, which involves having loves ones surrounding them.
John's Campaign lead on his & have launched a judicial review in to this: https://johnscampaign.org.uk/#/
It would be useful for Sheffield care and nursing homes to have a minimum consistent standard approach. As this is here to stay for the foreseeable, I think we need to explore:

need to explore:

- Ways of updating family & friends; e.g all homes to readdress their media consent procedures for residents and have Facebook Groups & WhatsApp Groups for individual homes or even better specific floors. Newsletters for people who aren't online. Frequential texts so that relatives aren't having to do the contacting or just be contacted in an emergency. Updates about wellbeing & occupation aside from just "falls", "nutrition" etc.
- Could a new role be created for a member of existing staff or a volunteer to lead in facilitating this. I seemingly remember an update being sent in May/June time from SCC asking for social care staff to volunteer themselves for just that, so to free care staff for care tasks and have a volunteer helping with video calls etc. The offers were never took up as far

as I'm aware.
It seems a relatively small ask considering how long this will go on for. Some homes do this, but others don't. I feel consistency & minimum expectations are needed in our new approach.

3.4 Greg Fell responded that a full written response would be provided, as this was a big issue. Most care homes were facilitating essential visits within Government guidelines and trying to balance the benefits with the risks.

3.5 The Chair explained that a Task and Finish Group was looking at the challenges involved.

4. COVID-19: RAPID HEALTH IMPACT ASSESSMENTS

4.1 Eleanor Rutter gave a presentation which looked at:-

- Themes and key messages
- Crosscutting themes
- Limitations and gaps
- Theme recommendations

4.2 The themes included inequality, neighbourhoods and communities, digital inclusivity, mental health, access to health and care, employment and poverty, communications and engagement and limitations and gaps.

4.3 Greg Fell explained that it was a living document and it was hoped to use it to help implement the Health and Wellbeing Strategy.

4.4 Maddy Desforges said that it was an amazing piece of work, but there were some inconsistencies within the groupings. How did the work help to build resilient communities? It may be worth revisiting the strategy to help give structure to the Health Impact assessments and move them forward. Eleanor Rutter agreed, but this was a discussion for the Board. The structure of the recommendations coud be looked at as time allowed.

4.5 Mark Tuckett asked if it was clear where the recommendations would go and Eleanor informed the meeting that the End of Life Group was still meeting, but the recommendations needed some thought. It was possible that the Accountable Care Partnership (ACP) may be involved. It needed to be wider than the usual structures. Greg Fell felt that it would be up to Board Members to direct the recommendations to the most suitable place. The whole report was quite large, but would be shared on the website.

4.6 Terry Hudsen thanked all those involved for pulling the information together and felt that it gave a strong insight into the city. The information may need to be plugged in to what was happening nationally. He was keen to keep partnerships going, in particular addressing inequality and equality.

4.7 Brian Hughes liked the rawness of the recommendations, but how does the Board

own them? It would be helpful to align them with the State of Sheffield report. How do all the documents connect together?

4.8 David Warwicker noted that there was a difference between working on than sharing as perfect. The report needed to be given to partners so they could start working on the recommendations.

4.9 The Chair (Councillor George Lindars-Hammond) thanked Eleanor for the report and noted that the Board would commit to sharing the report quickly and efficiently to promote the findings.

4.10 Questions for the Health and Wellbeing Board:

1. How can the Board ensure that the evidence base and recommendations of these impact assessments are acted on?

It is the responsibility of Board Members to direct the report as appropriate.

2. Which groups and stakeholders do the board believe this report should be shared with?

The report should be shared wider than the usual stakeholders.

4.11 **AGREED** that:-

1. The full set of recommendations and endorse their delivery via appropriate governance structures;

2. To incorporate the evidence base generated through this work, and recommendations produced as a result, into implementing the Joint Health & Wellbeing Strategy;

3. A future Strategy Development session be considered to look at the findings of this work in more detail, and combine with the findings of work in other quarters to assess the impact of Covid-19; and

4. To support development and delivery of a communications strategy.

5. HEALTH INEQUALITIES AND IMPACT OF COVID-19 ON BAME COMMUNITIES AND HOW HEALTH AND SOCIAL CARE ARE WORKING WITH COMMUNITIES TO TACKLE IT

5.1 Clive Clarke, Chair of the Impact of Covid-19 on BAME Communities Strategy Group, and North East & Yorkshire Regional Director of Inclusion (formally Deputy Chief Executive, SHSC) attended the meeting and introduced the report. Sarah Hepworth (Health Improvement Principal) and Shahida Siddique (Chief Executive Officer - Faithstar) attended the meeting and gave a presentation entitled 'Impacts of Covid19 on Black, Asian and Ethnic Minorities in Sheffield'

5.2 The presentation looked at:

- PHE reports on Covid19 impact on risks and outcomes
- What we did and why?
- Who attends the group?
- Methodology and ethos of group
- Why are BAME populations being hit harder by Covid19 in Sheffield?
- Key impacts- lived experience
- BAME Community Organisations
- Development of Trust

5.3 It was noted that the impact on the BAME community was indisputable and the ACP had identified the need to establish a group to look at how to manage the impact. The Group included BAME community representatives who had helped to produce the proposals.

5.4 Five themes had been identified, including:

- Improving diagnosis dates
- Update on flu vaccinations in BAME communities
- Having a BAME community voice on the ACP
- Writing to various CEO's asking for implementation plans
- Asking the ACP for firmer proposals

5.5 It had been difficult to formulate a BAME impact assessment due to lack of data and it became evident that there was a need to talk to the communities and allow them space to talk about their experiences of Covid-19. A methodology to the group had been organised which included a range of different leaderships.

5.6 BAME communities had been hit harder on a geographical level and the group wanted to collect lived experiences, develop trust, be proactive and ensure that people were being heard.

5.7 Brian Hughes thanked Sarah and Shahida for their work and asked how do we listen and learn and take forward what we have learned? Greg Fell said that this would start with the recommendations from the Group. The methodology was also very good and could be applied elsewhere. Effort was needed to take forward the recommendations.

5.8 Shahida Siddique explained that an intersectional approach was very important to the citizens of Sheffield and would place citizens at the heart of the issue.

5.9 Judy Robinson stated that health inequality within the BAME community was not new. What would be done now to make a difference? Shahida Siddique explained that the group aimed to promote proactive inclusivity and there was a need to look at how to develop policy and strategy and ensure community involvement.

5.10 Mike Potts felt that it was good to see the rawness of the report, but it needed to

be distilled into a more structured way. How do we continue to deliver? No conversation had taken place of any capability to deliver and an honest conversation needed to take place regarding what could and couldn't be delivered.

5.11 Shahida Siddique explained that communities were tired of recommendations and the Group had started an action log titled 'You Said, We Did' so that group members could see progress made.

5.12 Terry Hudsen said that he was fully supportive of the report and all those involved must commit to making progress against the recommendations.

5.13 Kathryn Robertshaw informed the meeting that the ACP had put a response to NHS England, but there was more work to be done. More BAME representation on different bodies was required.

5.14 The Chair felt that the group fully endorsed what had been heard today and he was impressed by the breadth of work undertaken so far.

5.15 The Board are asked:

1) Comment on the work done to date - *As seen above*.

2) Are there any other areas that the Board feel need to be pursued as a priority – *Ensuring that the recommendations are followed up and carried out.*

3) How can the board be kept up to date with this aspect of inequalities work steam? *By trying to ensure more BAME representatives on appropriate groups/bodies.*

5.16 **AGREED** that the Board:-

1) Note the summary document with the appendices;

2) Recognise that work is ongoing, the next deadline is the production of proposals of detailed action focused proposals, to go back to the Executive Delivery Board;

3) Note the work to address the national recommendations;

4) Note that this work will be feed into the new formed Race Equalities Commission as supporting evidence of good practice in the city to address the disparities of risk to Covid19 in workplace settings for Black, Asian and Ethnic Minorities; and

5) Request a report back in the next 6 months.

6. BETTER CARE FUND UPDATE

6.1 Jennie Milner from the Better Care Fund attended the meeting and gave the presentation.

6.2 The presentation looked at:

- Priorities
- 2019 Better Care Fund Plan
- 2019/2020 Budget
- Performance Indicators
- Making a Difference
- Successes and Challenges

6.3 The priorities included urgent care, people keeping well, active support and recovery, ongoing care, mental health, independent living (equipment) and Capital.

6.4 Greg Fell said that the Better Care Fund was well led and well executed, patient experience was also important.

6.5 David Warwicker felt that the Better Care Fund was moving towards a situation where frontline care staff did not have to ask if a patient required health or social care which was a broadly shared goal.

6.6 The Chair thanked the team for all their hard work.

6.7 **AGREED** that the Better Care Fund Update be noted.

7. TERMS OF REFERENCE

7.1 Greg Fell presented the report and thanked Dan Spicer for putting the revised Terms of Reference together.

7.2 The Board was now focussed on delivering the Health and Wellbeing Strategy. The Board was not as representative as it could be, but there was a need to avoid tokenism. There were also no children or young people representatives. Membership also didn't cover housing. Effort was needed to look at different ways of working and the size of the Board.

7.3 **AGREED** that the Terms of Reference, now submitted, be approved.

8. HEALTHWATCH UPDATE

8.1 Lucy Davies from Healthwatch Sheffield attended the meeting and gave the update.

8.2 A survey had been carried out and 570 responses had been gathered online and via paper copies. The survey showed there was continued confusion regarding

the messages being published, and a continuing impact on mental health.

8.3 Concerns raised included ability to access dental care, which was a national concern, the move to digital consultations was also of concern as not everyone could access the technology needed.

8.4 Praise was given to frontline social care staff, but there were concerns around paid direct services and restrictions around care home visitation.

8.5 Challenges included contacting those with whom only informal contact had been made prior to Covid-19. E.g. those who had previously attended drop-in centres etc. How do we contact those that we haven't heard from?

8.6 The Chair noted the difficulties and that it was important to reflect on how contact could be made.

8.7 **AGREED** that the Healthwatch Sheffield Update be noted.

9. MINUTES OF THE PREVIOUS MEETING

9.1 **AGREED** that the minutes of the meeting held on 30th January 2020 be approved as a correct record.

10. DATE AND TIME OF NEXT MEETING

10.1 The next meeting of the Health and Wellbeing Board would be held on Thursday 10th December 2020 at 3pm.