

Sheffield Health and Wellbeing Board

Meeting held 28th October 2021

PRESENT: Terry Hudson (GP Governing Body Chair, Sheffield CCG) (Chair)
Councillor George Lindars-Hammond (SCC) (Co-Chair)
John Macilwraith (SCC)
Simon Verrall (South Yorkshire Police)
Chris Newman (University of Sheffield)
Helen Steers (VAS)
Judy Robinson (Sheffield Health Watch)
Sandie Buchanan (Director of Commissioning Development)
Cllr Alison Teale (SCC)
Chris Gibbons, Public Health Principal, SCC (deputising for Greg Fell)
Dan Spicer (SCC)
John Macilwraith (SCC)
Fiona Martinez (SCC)

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Alexis Chappell (SCC), Dr David Hughes (Sheffield Teaching Hospitals NHS Foundation Trust), Greg Fell (Director of Public Health), David Warwicker (Clinical Commissioning Group), Zac McMurray (Sheffield CCG), Councillor Jayne Dunn (Sheffield City Council), Mark Tuckett (AVP), Jane Ginniver (AVP), Kate Josephs (Sheffield City Council), James Henderson (Sheffield City Council), Mick Crofts (Sheffield City Council) and Dr Mike Hunter (South Yorkshire NHS).

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest made.

3. PUBLIC QUESTIONS

3.1 No public questions were received.

4. COVID-19 UPDATE

4.1 Chris Gibbons was in attendance to provide an update on COVID-19. Chris talked attendees through a number of slides outlining the current COVID-19 position in Sheffield. He stated that Sheffield's infection rate was lower than a number of cities within South Yorkshire. Chris stated that there had been some increases in younger people, between the ages of 19 and 24, and for those living in Care Homes. Chris said that the removal of restrictions on gathering and working from home had influenced the increase.

4.2 Chris stated that hospital admissions were rising. He stated that flu cases and other respiratory illnesses were also factors in the rise in hospital admissions.

Chris said that hospital numbers would continue to increase and stated that a further COVID-19 peak was due to occur.

- 4.3 Chris shared some information on vaccination and immunity in Sheffield. He stated that vaccination rates were decreasing but added that this was to be expected. He said that it was essential that people had their vaccinations and booster jabs, where required.
- 4.4 Helen Steers asked what the correlation was between those who have been vaccinated and hospitalisation. Chris stated that hospitalisations were most likely for those who had not been vaccinated or those who were immunocompromised. Helen suggested that this information be more widely publicised.
- 4.5 Terry Hudson asked the board to consider how they might use this information to inform the public and partner organisations.
- 4.6 Councillor George Lindars-Hammond referred to the role of inequality on the vaccination programme. Councillor Lindars-Hammond asked whether there had been a clear difference in terms of infections and hospitalisations in areas of Sheffield where health inequalities were at their greatest, in comparison to more prosperous areas of Sheffield. Chris responded and stated that there was a sense that understanding the prevalence of COVID depended on testing which was occurring at varying rates across the city. In terms of the hospital admissions, Chris stated that there was not a breakdown based on socioeconomic background available; however, he said
- 4.7 Judy Robinson asked how the COVID-19 review plan was being used during this phase of the pandemic.

5. ICS AND HEALTH AND WELLBEING – UPDATE AND ROLE OF THE BOARD

- 5.1 Chris and Sandy were in attendance to update the board on the relationship between Integrated Care Systems and the Health and Wellbeing Board. Chris stated he was aware that there had been a significant number of apologies and he said that he wanted to have input from all members of the board. He added that the supplied report was to provide Board Members with an understanding of the new Integrated Care Board and Partnership.
- 5.2 Chris stated that there was some ongoing work on the Health and Wellbeing Board Terms of Reference, including some one-to-one meetings with Health and Wellbeing Board members.
- 5.3 Chris shared some information on themes provided by the Director of Public Health, Greg Fell. These themes included resourcing, the board's intentions on joint commissioning, existing assets available and community capacity.
- 5.4 Sandy said that the Joint Commissioning Committee could assist in improving the relationship between Integrated Care Systems and the Health and Wellbeing Board.

- 5.5 Chris stated that the key question was 'How (practically) is our Sheffield Health and Wellbeing Board going to influence the work of the new Integrated Care Board and Partnership?'
- 5.6 Terry stated that there are three acronyms being used: the 'Integrated Care Systems' (ICS) which would be made up of two components, a Statutory Commissioning Board and the Integrated Health and Care Partnership (ICP). Terry stated that the partnership should inform other Health and Wellbeing Boards in the surrounding areas, for example Rotherham's Health and Wellbeing Board.
- 5.7 Helen stated she felt there would need to be a number of connections between boards and organisations. Terry stated that this issue would form part of the constitution for the consultation.
- 5.8 John Macilwraith stated that he felt this was an opportunity which the board should seize. He stated that the Council HAD a Health and Wellbeing Strategy which highlights the role of health inequality. John asked how different departments within the Council could address these issues.
- 5.9 George Lindars-Hammond said that he was interested in looking at the Integrated Care Partnership as he felt it was the least developed element. He stated he was optimistic, but that he had some queries around how the partnership would work with the Health and Wellbeing Board and Sheffield's other organisations. George asked how funding could be used to address some significant health inequalities. George said he felt this would be a significant challenge for the board without duplicating work and whilst keeping one another informed of work carried out.
- 5.10 Terry stated that he felt it was important to recognise that the legislation did not change the statutory nature of the Health and Wellbeing Boards. He noted it was important to ensure that the Health and Wellbeing Boards and the partnerships complement one another and added that the Strategic Needs Assessment would assist with this. Terry stated that when the Board thought about different determinants of poor health and poor wellbeing, there could be similarities across South Yorkshire alongside differences. He asked that the board consider which strategies would work for the system as whole, and which strategies should alter dependent on the City.
- 5.12 Julie asked what the hierarchy of boards would be, and asked whether there would be clarification on the seniority of these boards. Julie stated that Healthwatch believed that the further away decision making was from the people it affected, the less influence those people would have on these decisions. Julie asked that engagement be considered and embedded in the structure of these organisations. Chris stated that there would be further discussions on this.
- 5.13 Sandy said that given the transition of the CCGs going into the ICB next year it would be a focus to increase engagement.
- 5.14 **AGREED:** Councillor George Lindars-Hammond suggested that the board agree to convene a meeting between Health and Wellbeing Board Chairs within South

Yorkshire before returning to the board with some information on similarities and/or differences between the work of the boards. Chris and Sandy agreed this would be an appropriate move forward. It was stated that the designated Chair for the Integrated Care Board would be joining the meeting in January.

- 5.15 Chris stated that much of the work carried out during the pandemic had improved regional collaboration work.

6. BETTER CARE FUND

- 6.1 Jennie Milner was in attendance to present a report put together by Sheffield City Council in conjunction with Clinical Commissioning Groups (CCGs).

- 6.2 Jennie gave an overview of the reports aims.

- 6.3 Jennie outlined the Ambulatory Care Sensitive Conditions which were being considered. She said that the expectation was that 1,200 of these cases would have been presented last year; however, she said there were fewer admissions last year due to COVID-19 and people staying at home rather than going into hospital with these conditions.

- 6.4 Andrew stated that last year it was decided that 14 days and 21 days were the metrics to follow when examining longer-term hospital patients. Andrew outlined the number of patients in hospital from March 2021 to October 2021 and stated his belief that unless individuals were very unwell, they should not be in hospital.

- 6.7 Andrew outlined some of the reasons it was felt that patients could be in hospital for a longer length of time, including patients waiting for intervention, patients who did not have an agreed care plan and patients who were not well enough to go home. Andrew stated that partners met daily and escalated things twice a week, with the intention of reducing the number of inpatients. Andrew stated they were intending to put together a more targeted support team.

- 6.8 Andrew stated that the System Partnership approach to COVID-19 had been helpful in supporting the health of Sheffield citizens. He shared information with attendees around how System Partners could assist with reducing the number of inpatients.

- 6.9 Jennie asked Board Members whether they understood the planning guidance requirements and new metrics included within the Better Care Fund, and she asked that the Joint Commissioning Committee continue to monitor progress on behalf of Health and Wellbeing Board. She also asked whether the Board was happy to delegate approval of the narrative plan and submission to the Co-Chairs.

- 6.10 Terry reminded attendees that the Council was nine months past the beginning of the financial year.

- 6.11 Terry asked Jennie and Andrew whether they felt that the historical nature of the

metrics provided would pose any challenges with the BCF.

- 6.12 Jennie stated that she felt the biggest challenge would be the length of stay one. She added that they had been asked to use the figures from the previous year and said if that had been done the figures would be significantly different. She said she had consulted with the region and asked whether the current position could be used as a starting point.
- 6.13 Andrew stated that they were previously asked to reach pre-COVID-19 levels, which he had felt was a challenging target.
- 6.14 George Lindars-Hammond stated that he felt the Board should thank everyone involved in carrying out the work being carried out in this area. He said that he felt there had not been enough support available at a national level to enable a long-term vision which helped to avoid crises.
- 6.15 Chris noted that there appeared to be many references to singular conditions. He said that a number of people in this situation would have multiple conditions and asked how this information was being gathered and used to inform the plan. Andrew stated that the work carried out aimed to consider how care could be optimised for those with chronic conditions.
- 6.16 Jennie stated that the Key Performance Indicators considered were the main focuses.
- 6.17 **AGREED:** In response to the two questions asked, Board Members agreed they understood the guidance requirements. They stated that Health and Wellbeing Board would delegate the signoff of the plan to Co-Chairs Terry Hudson and Councillor George Lindars-Hammond.

7. HEALTH AND WELLBEING BOARD AND ENGAGEMENT

- 7.1 Rosie May was in attendance and outlined the work of the Engagement Group to date. She stated that the group needed to put together a strategy and engagement plan for the coming 3 years. Rosie stated that there were not at that time enough resources to carry out the required work. She added that there was a good report provided by SHAH but she said that it indicated information was not shared between partners.
- 7.2 Rosie stated that they had commissioned Healthwatch to assist; however, she stated there had only been a limited budget for this. She recommended that this figure be doubled from £10,000 per annum to £20,000 per annum.
- 7.3 Rosie asked that the Engagement Working Group continue to work as a steering group going forward.
- 7.4 Helen clarified that Healthwatch works with individuals rather than the VCS.
- 7.5 George thanked those who were involved in this work and report. He stated that he felt it was important that what the Engagement Working Group had requested was met.

He said that the Board did not then have allocated funds, and asked that the full partnership of the Board could work together to try to get this funding. He stated that he felt it was important that there be a clear idea of how to work with existing partners and bring in additional staff.

- 7.6 Judy stated she agreed with George, and added that she felt it was important to connect Together the work already being carried out.
- 7.7 Terry stated that he felt there it was important that there be a co-ordinated response. He suggested that the phrase be 'the Engagement Working Group begins to define...' be used.
- 7.8 Terry noted that financial decisions could not be made here, but added that the Board would support these suggestions.
- 7.9 George suggested that wording along the lines of 'the Board agrees an ambition' be added.
- 7.10 Rosie stated that improving the sharing of information would be less costly longer term.
- 7.11 **AGREED:** The Engagement Working Group's requests were agreed upon.

8. HEALTHWATCH UPDATE

- 8.1 Judy provided an update on Healthwatch's recent themes. She stated that feedback had not all been negative, but said that she was sharing negative feedback to highlight what they felt needed be improved. She said that access continued to be an issue for those with disabilities. Judy stated that mental health resources were limited, and only provided for a short period time. She said that a number of people had said they found it challenging to log a complaint. Judy stated she had met with the Dental Commissioner as this was a national issue whereby many individuals were not able to access NHS dental healthcare but were unable to pay for private appointments. Judy said that small changes could make a significant difference to people with access issues. She added that Healthwatch felt these changes should address inequality wherever possible.
- 8.2 Councillor George Lindars-Hammond asked how Healthwatch felt they might need to change in order to improve the quality of their work as the system changed, and how the system might support that change. Judy stated that Healthwatch were trying to work with their colleagues Nationally. Judy added that she felt that the more the board engaged with local people on these issues the more successful Healthwatch's work would be.
- 8.3 John Macilwraith asked how the board could support the voice of the service user. Judy stated that Healthwatch found it difficult to link the voices of service users to decisions being made. She said that reports could be completed, alongside recorded lived experiences; however, linking these voices and stories to decisions were challenges.

- 8.4 Terry Hudson asked how the board might also incorporate the voices of those who do not get access to services which they might require. Helen stated that COVID-19 had increased waiting lists for mental health services. She stated that she felt the board should use the intelligence provided by Judy to consider how those requiring the services can be supported.
- 8.5 Simon stated that many people seen by South Yorkshire Police do not know how to access these resources. He stated that as many elements of face-to-face support, for example, a GP appointment, had now been reduced. He suggested that these support markers and resources needed to be better shared with those who require the support the most.
- 8.6 Terry Hudson informed attendees that Healthwatch had shared some Speak Up reports which did focus on the experiences of people with learning disabilities, autism and mental health. He recommended that attendees review these.

9. MINUTES OF THE PREVIOUS MEETING

- 9.1 **AGREED** that the minutes of the meeting held on the 25th of March 2021 to be approved as a correct record.

10. DATE AND TIME OF NEXT MEETING

- 10.1 The next meeting of Sheffield Health and Wellbeing Board would be held on Thursday 9th December 2021 at 2.00pm.

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