

Health & Wellbeing Board Annual Report 2022-2023

Summary of key points

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

Introduction

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

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

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

The Board's Mission

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

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

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

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

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

What's happened in the last year?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

What have we done over the last year?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Compassionate Sheffield

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

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

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

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

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

Cost of Living

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

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

A number of interventions have come out of this work:

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

Housing and Health

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

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

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

Early Years Development

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

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

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

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

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

Working with the Voluntary and Community Sector

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

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

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

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

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

Looking ahead to 2023/24

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

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

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

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

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

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

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

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

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