SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 8 December 2022

PRESENT: Councillors Angela Argenzio, Black, Chappell, Greg Fell, Latimer, Mays, Dr Zak McMurray, Robertshaw, Judy Robinson and Steers (Substitute Member)

1. APOLOGIES FOR ABSENCE

1.1 Apologies for Absence were received from Councillor Douglas Johnson, Councillor Mick Rooney, Robert Sykes, Kate Martin, Andrew Jones, Kate Josephs, Benn Kemp, Joe Rennie, Ruth Brown, Sandie Buchan, Toni Schwarz and Rob Sykes.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest from members of the Board.

3. PUBLIC QUESTIONS

3.1 The Board received a question from Sophie Rutter:

"I've been leading a project at Sheffield University that looks at the challenges workers face when trying to access hygiene facilities when working away from a fixed work base. We have found that many of these mobile workers (e.g. food couriers, community care workers, police) do not have access to hygiene facilities while at work. This is particularly concerning as with the decline in provision of public toilets and the closure of department stores mobile workers might not be able to access any hygiene facilities during their working day. This is a public health concern as opportunities for hygiene protect workers from infections and access to facilities helps prevent illnesses associated with restricting fluid intake and ignoring urges. I would like to ask if there are any plans to increase public toilet provision in the Sheffield city area."

The Chair (Councillor Angela Argenzio) provided the following answer to Sophie's question:

"The Council recognises that public toilet provision is important for supporting accessibility, and health and wellbeing. However, the provision of public toilets in some sites may only be financially sustainable if they are provided alongside other facilities. In our parks, for example, this may mean public toilets being provided alongside a refreshment offer.

SCC (Sheffield City Council) has a range of existing maintained/managed facilities within many of our key sites across Sheffield including Endcliffe, Millhouses, Firth,

Forge Dam, Graves, Ecclesall Woods, Stannington Park (Café), Centre in the Park (Norfolk Park), the Botanical Gardens, Weston Park (within the museum) – and a full list of these can be provided.

We have been working with partners to establish facilities that include toilets and toilet/refreshments facilities across green spaces. This includes:

- Shirebrook Valley Visitors Centre refurbishment
- Hillsborough Park AgeUK Sheffield Coachhouse Café facility (alongside the Gathering Ground suite of buildings that include the Makers Shed and pavilion)

We have a range of projects that are in development that aim to improve toilet/refreshment facilities including:

- Whirlow Brook Park – new café and toilets under development
- Parkwood Springs – new kiosk and toilet provision planned as part of phase 2 of the current 'trails and tracks' project.
- Hillsborough Park library is progressing a project to enhance access and toilet provision – linked to the park.
- Hillsborough Park pavilion – Changing Places Facility

There are also some future projects in the early stages of development that will include public toilets provision if feasible. These include:

- Hillsborough Park activity hub
- Ecclesfield Park café

We are also working with partners on plans and opportunities for facilities at a range of further sites.

Although there are limited toilet facilities in the city centre run by SCC (the only ones currently for public use are the containers ones and in the Moor Market) there are a number of businesses that allow use of their toilets (for example McDonalds allow blue light workers and delivery drivers to use their facilities).

All SCC staff are given access to nearby depots, housing offices, libraries etc.

The responsibility for ensuring employees' health and wellbeing including welfare facilities sits with the employer who should assess comfort breaks and welfare facilities. The Workplace (Health, Safety and Welfare) Regulations 1992, sections 20, 21, 22 & 25 lay out the requirements that the employer needs to meet for sanitation, drinking water, washing facilities, and facilities to rest and eat meals. However, the application of these regulations for "temporary" work, requires the employer to discharge its duties to section 20 – 25 so far as is reasonably practicable.

What that looks like for specific workers will need to be tested against the employer's policy. It is open to employers to engage with the Council to assess the availability of publicly accessible facilities as part of meeting the requirements of the regulations, but it remains the responsibility of the employer to ensure appropriate provision is available."

It was suggested that other options might also be explored, such as encouraging

businesses to allow people to use toilet facilities. It was also acknowledged that some people had particular circumstances which affected their access to hygiene facilities, including disabled people and people with jobs which meant that they were regularly moving around, such as lorry drivers.

4. HEALTHWATCH UPDATE

4.1 Judy Robinson gave a verbal update from Healthwatch, and summarised two areas in which people's lived experiences had informed work by Healthwatch:

- Sheffield ME (myalgic encephalomyelitis) & Fibromyalgia group heard from people living with these long-term conditions. They found there were barriers to accessing support and services and in relation to diagnosis. A report had been produced and work was being done to link people to services and identify what small things could be done which would make a difference to people and enable them to access services.

- Engaging with older people about their experiences of living in a care home and the differences between different care homes. The findings included observations about people's fears of the prospect of going into a care home, the importance of building relationships and of everyday choices, such as in relation to food. Work was being done with care homes and the Council. It was found that simple things mattered for people. There was a need to better understand the experiences of older people from black and minority ethnic groups.

Members of the Board thanked Healthwatch for its work and in obtaining people's experiences of moving into a care home. Further work would be done with Healthwatch over the next year in relation to the care homes project. The importance of responding and demonstrating what had been done as a result was noted, together with co-design. These were long term projects and it was acknowledged that in relation to the ME & Fibromyalgia work, there was a real willingness of GPs to improve people's experience, although there would need to be a focus on the quality of consultations with people and families and the system and the way the system was set up measured quantity, not quality.

The Board noted the update on the work of Healthwatch.

5. HEALTH PROTECTION UPDATE

5.1 The Director of Public health submitted a report to update the Board on the health protection system. Ruth Granger, Consultant in Public Health, presented the report. Key issues in the report included:

5.2
- Uptake of routine immunisations particularly routine childhood immunisations
- Managing respiratory diseases for autumn winter 2022/23 winter season
- Reviewing the Sheffield Mass Treatment and Vaccination Plan
- The cost of living crisis increasing risk of spread of food borne disease
- Learning from Covid and the Covid 19 Public Inquiry.

5.3 Ruth Granger updated the Board in relation to communications and activity with schools concerning Strep A and in relation to childhood immunisations.

Members of the Board discussed the effectiveness of vaccination programmes including support for GP practices because in some areas, such as those with high levels of deprivation, it was difficult for them to meet targets for vaccination. Following the last Board meeting, the Chairperson had written to NHS England highlighting concerns about the funding system for vaccination contributing to inequalities.

5.4 There was a role for partners who had contact with young people to help increase the uptake of vaccinations. There were also lessons from the Covid19 vaccination programme which could be applied. There was hard work being done to understand community needs and reasons why people did or didn't engage with vaccination programmes and broaden the type of locations where vaccinations were delivered. In terms of addressing inequalities and vaccination, it was important to gain understanding to know which interventions worked and where local solutions may be required.

5.5 The Health & Wellbeing Board agreed the following:

- To note the key health protection issues including the impact of winter pressures and cost of living.
- To support increased uptake of immunisation
- To ensure their organisation is engaged with review of the Mass Treatment and Vaccination plan and work to embed this into partner organisations.
- To continue to support cross system learning from Covid-19 including contributing to and learning from the UK Public Inquiry.

6. BETTER CARE FUND UPDATE

6.1 The Board received an update on the progress of the Sheffield Better Care Fund (BCF) and, as background, a report which had been considered by the Adult Health and Social Care Policy Committee on 16 November 2022. It summarised what the BCF was, how it was used and its purpose.

6.2 The report was presented by Alexis Chappell, the Director of Adult Health and Social Care, Sheffield City Council. Alexis stated that the underlying culture which was being created was about joined up working between health and social care and to improve outcomes for people.

6.3 The Board discussed delayed discharges from hospital and prevention of admission to hospital. They were informed that there were four targets relating to both issues in the BCF relating to continuing funding. Additionally, short term funding had recently been issued by the government which had another set of

targets and work was underway on the response to that funding and the funding criteria. Whatever their age or condition, including mental health or a learning disability, people should be able to return home well and not have long stays in hospital.

6.4 Insights and intelligence into people's needs and providing a holistic response was also discussed. The BCF presented an opportunity for culture change and how services work with people in the city. Reference was made to the Adult Health and Social Care change programme to enable people to live more independently at home; the role of the Urgent Care Board; and importance of working in partnership. There had to be a shift from a medical model to a wellbeing approach to support the prevention of crisis events which might lead to hospital admission. There was a recent report to the Adult Health & Social Care Policy Committee on the future design of adult social care, which set out joined up working between the voluntary sector, primary care and social care to enable people to live independently at home.

6.5 The Board noted the report.

7. HEALTH & WELLBEING BOARD - CO-CHAIRING

7.1 The Director of Public Health, Greg Fell presented a report on co-chairing arrangements for the Health and Wellbeing Board.

7.2 The Health & Wellbeing Board agreed:

- That chairing of the Board will be shared between the Chair of the Sheffield City Council Adult Health and Social Care Policy Committee, and the Medical Director for Sheffield Place, South Yorkshire Integrated Care Board;
- That this arrangement will be reviewed whenever there is a change in personnel in the relevant role(s); and
- To propose the necessary changes to the Board's Terms of Reference to Full Council at the next available opportunity.

8. ORAL HEALTH IN SHEFFIELD

8.1 The Director of Public Health submitted a report concerning oral health in Sheffield and which provided an overview on how NHS England and Sheffield City Council were working to improve oral health and reduce oral health inequalities in Sheffield.

8.2 Debbie Stovin, Dental Commissioning Manager, NHS England and Debbie Hanson, Health Improvement Principal, Public Health, Sheffield City Council, gave a presentation to the Board which provided an outline of oral health services to the Board. An oral health needs assessment had been produced for Yorkshire

and Humber and local profiles were being developed for each local authority area to understand needs and to direct commissioning. There were relatively high levels of tooth decay in Sheffield compared to other areas of South Yorkshire and there were challenges to dental access. The presentation set out initiatives to strengthen and improve access and outlined what was being done to improve oral health and reduce inequalities through oral health programmes and what needed to happen to make a difference in relation to people's oral health.

8.3 The Board discussed people accessing GPs and the waiting list for dentists and impact on other aspects of their lives and their health of living with pain and the demand on secondary care services. There were potential improvements through incentives to recruitment and retention of dentists and dental nurses, particularly in dental practices in more deprived areas. Workforce was a real issue and services had previously been affected by Covid restrictions and dental practices were doing additional sessions on top of normal activity. A waiting list initiative should provide better information about the nature of waiting lists. Anyone in pain should contact NHS 111.

8.4 Healthwatch received feedback on dental services. This included that there were issues with access to dentist waiting lists, 111 services at the weekend and services for women who were pregnant. There was a lack of up to date information so people found it hard to navigate. However, seeking patient feedback with a view to knowing what was going on, was critical and welcomed. Dentistry commissioning was coming back to the Integrated Care Board from April 2023 with issues including workforce and potential for contracting system reform, and activity with regards to prevention at an early age, such as children owning a toothbrush.

8.5 Whilst prevention activity which did take place was good, there was a need to invest in more in oral health improvement. Work was nearly complete with Yorkshire Water on the technical report for a community water fluoridation scheme. Yorkshire Water would send that report which looked at whether such as scheme was technically possible and as regards cost. That would be sent to the Secretary of State and fluoridation was the subject of a recommendation for this Board.

8.6 The Health & Wellbeing Board agreed to:

1. Ensure that the Health and Wellbeing Board continues to support the water fluoridation agenda in South Yorkshire.
2. Ensure that oral health is mentioned in the Sheffield Health & Wellbeing Strategy.

9. LEARNING DISABILITIES/LEDER UPDATE

9.1 The Board received a report providing an update on the LeDeR Programme – Learning from Lives & Deaths – People with a learning disability and autistic people, as requested by the Board in July 2022.

9.2 Heather Burns, Deputy Director of the Mental Health Team, NHS Sheffield presented the report. She explained that the physical health strategy aimed to improve access to healthcare for people with learning disabilities and to reduce the mortality gap for preventable ill health. The report also detailed how the Strategy was being co-produced and work had been done with Sheffield Voices in Summer 2022 to ask for their experiences. There were positive experiences with health services and people had been treated well, including reasonable adjustments for appointments and easy read materials. However, people also described a lack of understanding of a learning disability and autistic people said that they struggled to access healthcare. Concerns were also raised about health professionals' ability to communicate with people and involve them. Physical access for appointments was also a problem, e.g. if they were using a wheelchair. Heather Burns outlined other things that had been heard during the exercise, including examples of empathy and people in health settings getting to know people as individuals. People with learning disabilities did find the telephone system difficult. Discharge from hospital was also difficult for some people.

9.3 In terms of what the Health and Wellbeing Board could do to help, it was suggested that partner organisations could provide an update to the Board about what they were achieving to improve access and to help front line staff and understand people's needs. It was also suggested that the Board have a health inequalities champion and that the Board asked how any report or presentation it received applied to people with learning disabilities.

9.4 Members of the Board discussed the issues raised in the update. It was considered that partners did need to respond to the challenge and that the Board should take up the suggestions made, including an annual update as part of the annual accountability framework. It was thought that people's experience of health services should be a focus as well as access to healthcare.

9.5 Sheffield Teaching Hospitals had made additional investment in appointing two new members of staff for learning disabilities and autism and support for an individual to join the learning disabilities and autism consultant development programme. The Trust had established a new group which was to develop an action plan to improve care for patients with learning disabilities and autism, which it was hoped would make a difference for people.

9.6 It was important to think about where people were able to get support and bringing services to people so they would make a difference. More explicit consideration was needed of people, particularly autistic people who had not been identified as such. There was a pilot of annual health check for 100 people and that would help to provide more information on some of those issues. It was important to ask people with lived experience before any strategy was considered by the Board.

9.7 The work done by the teams involved was widely praised and supported by the Board. It was suggested that actions were co-ordinated through the autism and learning disability partnership boards, so actions could progress and were joined up. It was also important to consider other wider aspects of people's lives, as well as health such as employment for people with a learning disability or autism.

9.8 Healthwatch had done a piece of work using art with some profoundly disabled people for them to have a voice and it was suggested that the presentation might be shared with members of the Board

9.9 The Health & Wellbeing Board agreed:

1. To note the report and discussion thereon.
2. To progress the suggested actions as outlined in paragraph 9.3 above and in relation to partner organisations giving an update to the Board about what they were achieving to improve access and to help front line staff to understand people's needs; a health inequalities champion; and any future reports to the Board including consideration of how an issue applied to people with learning disabilities and autism.

10. COMMERCIAL DETERMINANTS OF HEALTH

10.1 The Board received a report of the Director of Public Health concerning the Commercial Determinants of Health.

10.2 Amanda Pickard, Acting Public Health Principal and Magdalena Boo, Health Improvement Principal, presented the report which focussed on the negative aspects of unhealthy commodities, such as high fat, salt or sugar foods, and the impacts on people's health and non-communicable diseases.

10.3 The Board discussed how it would wish to look at this issue, which concerned multinational corporations and involved being skilful about changing the choice environment and working as partners to address it. The consensus was that the Board wished to strongly pursue this issue . The cost impact of health conditions in the longer term also needed to be looked at, together with the role of prevention. A clear communication strategy was also required.

10.4 The Board agreed the following:

1. That Sheffield develops a Commercial Determinants of Health / Unhealthy Commodity Industry (UCI) approach/guidance;
2. A Conflict of Interest Policy particularly in relation to commercial influence/involvement in education.
3. That we have a structured "Public Health Playbook" to counter the Industry Playbook;
4. Advocate caps and limits on exposure in certain settings and locations e.g. zero limit in certain areas and sensitive location, sensitive receptors e.g. schools, hospitals, addiction services;
5. That we use our existing powers as a Local Authority to address the negative impact Unhealthy Commodity Industries have on local residents, namely that

we adopt the following.

- Advertising and sponsorship policy to limit exposure to Unhealthy Commodity Industries,

- Cumulative Impact Policy for alcohol and the night time economy (NTE) strategy through Licensing,

- Use planning powers and the Local Plan to restrict density and proliferation of high fat salt sugar foods, tobacco, alcohol, gambling;

- Use our powers of regulation, for example Trading Standards age regulation to reduce avoidable exposure and harms (this list is not exhaustive);

- Advocate caps and limits on exposure in certain settings and locations e.g. zero limit in certain areas and sensitive location, sensitive receptors e.g. schools, hospitals, addiction services.

11. SHEFFIELD HEALTH AND CARE PARTNERSHIPS

11.1 The Board received a verbal update from Emma Latimer, Executive Place Director, Sheffield NHS South Yorkshire ICB. She explained that the Place Partnership was a collection of all providers, ICB, local authority, voluntary sector and Healthwatch, which were coming together to look at health and care. There were three goals, namely integration to deliver integrated models of care at the point of delivery and measurable improvements in health and care; to involve and make sure the voice of the local community is heard; and to inspire by working together differently and thinking about people rather than services.

11.2 Emma explained further that the purpose of the Partnership was to deal with both the difficult issues, such as workforce and finance and to look at what was being done with the resources for health and care and how we might begin to change things for people and do things differently to improve people's health and wellbeing.

11.3 The Board noted the verbal update.

12. PRIMARY AND COMMUNITY MENTAL HEALTH TRANSFORMATION

12.1 The Board received a report from Nicki Doherty Deputy Chief Executive and Director of Strategy and Operations, Primary Care Sheffield, Prof. Damian Hodgson, University of Sheffield and Fiona Goudie, Clinical Director, Sheffield Health and Social Care NHS Foundation Trust, concerning the primary and community mental health transformation. The Programme was designed to offer care at neighbourhood level, built around Primary Care Networks (PCNs). The report to the Board outlined the findings of the evaluation of the programme by the University of Sheffield.

12.2 There were 7 key themes from the evaluation of the programme, and these were outlined in the evaluation report and summary:

- The Programme was successful in reaching marginalised groups and tailoring mental health care to match local need.
- The Programme benefitted from strong engagement with general practice.
- The Programme faced challenges managing the scale of demand.
- The Programme also faced some challenges integrating with secondary and specialist mental health services.
- The VCSE (voluntary, community & social enterprise) partners were important to the Programme and had the potential to make a greater contribution in the future.
- The effectiveness of the Programme relied on the flexibility and innovation of the staff in delivering care.
- All staff identified key challenges in rolling out the service so that it could be sustainable at scale.

12.3 The Board was informed that the recommendations from the programme would be progressed through the Joint Executive Board between Sheffield Health and Social Care, the PCNs and Sheffield Mind and the Transformation Board.

12.4 The Board commented on the programme, including the level of complexity for people with a mental health condition and the management of that in primary care. Learning from the programme indicated that the programme was locally sited and that helped to make the services accessible and for the different partners to build relationships and enable flexibility through a team approach, which empowered practitioners to be more innovative.

12.5 The cohort was adults with serious mental health conditions and often with significant comorbidities, physical health challenges, economic and housing issues. This was a process evaluation over 12 months and not an outcome evaluation. A further evaluation was needed to measure the impact on people's mental health in the longer term. Qualitatively, service users interviewed were very positive. Mental Health outcomes were not as well developed as other acute pathways, such as for a stroke.

12.6 Further work would be needed on connections with the future design of social care and how the learning from the programme was taken into neighbourhoods. The programme had been a very positive partnership and was also influencing and linking into other transformation at Sheffield Health and Social Care. The timeline for the programme to link into other PCNs was likely to be October 2023, although this would be a challenge and there was a significant amount of change management to do. Waiting lists gave useful insight into the scale of unmet need and it would be useful to use that information and for non-medical elements to also do a piece of work on how people and their families might be supported.

12.7 The Board noted the report concerning the Primary and Community Mental Health Transformation.

13. INFANT MORTALITY

13.1 The Board received a report of the Director of Public Health concerning infant mortality. The report was presented by Amanda Pickard, Acting Public Health Principal and Julia Thompson, Health Improvement Principal, Sheffield City Council.

13.2 The Board was informed that the rate of infant mortality had fallen by 42% since 2005, which was approximately 3.5 per thousand and below the England average and the inequality gap was closing. However, infant mortality was closely associated with poverty and the progress might be threatened by the present cost of living crisis. Therefore, there was an urgent need to refresh the Infant Mortality Strategy.

13.3 The Chair suggested that the work on the Strategy should also take account of the recommendations of the Race Equality Commission and issues for people with physical and learning disabilities.

13.4 The Board discussed and commented on the report. The Strategy needed to focus on action and the success of the previous strategy that would make a difference to child mortality, including the 8 themes within the existing strategy such as smoking in pregnancy, teenage conceptions and breastfeeding. Sheffield Teaching Hospitals Trust was working on its maternity services was keen to support the work on infant mortality.

13.5 There was a welcome emphasis on trusted individuals/relationships between mothers, families and services. It was thought that it might also be beneficial to speak with the PCNs regarding safe sleep champions. There was also a focus on the ante-natal parenting offer and post-natal support as part of the Start for Life programme. It was suggested that it might also be useful to have advocates in the community to help raise awareness of infant mortality.

13.6 It was suggested that there could be more discussion about the Start for Life programme and children's services in the partnership arrangements and to co-ordinate work that was happening. With regard to the Strategy, the 8 existing themes/programmes would remain, and work would continue consistently and in a co-ordinated manner. It would also be linked to the development of Family Hubs.

13.7 There was acknowledgement of the voluntary and community sector role in supporting the relational aspects of the activity to reduce infant mortality. There was potential to develop the role of volunteers and community organisations to support the work in relation to infant mortality.

The Health & Wellbeing Board agreed the following:

1. To recognise the good progress on infant mortality since the inception of the last strategy.
2. To acknowledge the risk to infant mortality progress in relation to the

current cost-of-living crisis.

3. To raise awareness of infant mortality risk factors and incorporate actions to address these in their field of influence.
4. To endorse the approach to the current Infant Mortality Strategy refresh.

14. FORWARD PLAN

14.1 The Board considered the work programme as previously circulated and the Director of Public Health, Greg Fell stated that he would welcome input from members of the Board as to future items for the Health & Wellbeing Board's work programme.

14.2 The Chair (Councillor Angela Argenzio) commented on the length of some reports to the Board and the number of items on Board agendas. There had been suggestions for in-depth sessions to be arranged on particular topics and it was suggested this be considered further.

14.3 The Board noted the work programme

15. MINUTES OF THE PREVIOUS MEETING

15.1 The minutes of the meeting of the Board held on 29 September 2022, were agreed as a correct record, subject to a correction at paragraph 10.1 to delete the word 'Professor' and replacement with the word 'Dr'.

15.2 The Chair provided an update regarding the membership of the ICB from the housing and voluntary sectors.

16. DATE AND TIME OF NEXT MEETING

16.1 The next meeting would take place on 30 March 2023 at 2pm.