

Sheffield Health and Wellbeing Board

Meeting held 7 December 2023

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

1. APOLOGIES FOR ABSENCE

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

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

3. PUBLIC QUESTIONS AND PETITIONS

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

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

The petition stated:

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

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

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

The Chair read the following response:

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

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

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

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

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

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

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

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

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

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

4. HEALTHWATCH UPDATE.

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

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

5. BETTER CARE FUND UPDATE.

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

6. JOINT STRATEGIC NEEDS ASSESSMENT

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

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

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

7. ASSESSING SPENDING DECISIONS AGAINST OUR STRATEGY.

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

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

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

He requested that a fifth question be added:

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

7.3 Board Members raised the following points:

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

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

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

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

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

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

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

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

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

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

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

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

9.2 Members discussed the following points:

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

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

10. **FORWARD PLAN.**

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

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

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

11. **MINUTES OF THE PREVIOUS MEETING**

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

12. DATE AND TIME OF NEXT MEETING

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