

Health & Wellbeing Board Annual Report 2023-2024

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;
- The strategic context around the Board has been stabilising as Council and NHS governance changes bed in and the COVID-19 pandemic response recedes in prominence;
- This does not mean challenges to the health and wellbeing of Sheffield are absent: the cost of living crisis is significant in terms of its impact on health, while the health and social care system remains under pressure for a variety of reasons;
- The Board has considered a wide range of issues over the last year, including:
 - Regular updates on Health Protection and the Better Care Fund, and from Healthwatch Sheffield on the issues identified by their work;
 - The links between health and food, physical activity, and climate change;
 - Examples of public health practice influencing delivery in other policy areas, such as the South Yorkshire Violence Reduction Unit;
 - How the health and care system is responding to the health challenge, through the SY Integrated Care Strategy and at Sheffield level through examining use of resources in comparison to need and outcomes delivered;
 - New ways of working within the system, such as in the Model Neighbourhood work in North East Sheffield;
- The Board has run dedicated deep dive sessions on mental health and wellbeing, and on the health and wellbeing of children and young people, which have served to build understanding of the issues in these areas;
- The Board has also convened city wide conferences around collaboration in communities to create health & wellbeing, and to begin the process of refreshing the Joint Health & Wellbeing Strategy;
- There are a number of areas where the Joint Health & Wellbeing Strategy and the conversations the Board have had or convened have led to progress or impact:
 - Continued delivery of the Board's statutory duties and development of its role in relation to Health Protection
 - Supporting joining up across employment and health, housing and health, and culture and health
 - Leading a new approach to end of life through Compassionate Sheffield
 - Endorsing a strong approach to addressing the Commercial Determinants of Health
- There are also areas where progress or impact is less obvious
 - The deep dive sessions on mental health and wellbeing, and the health and wellbeing of children and young people provided a good overview but delivered limited impact in terms of agreeing concrete actions;
 - Discussions on Food, Physical Activity and Climate Change all resulted in actions agreed for Board members, but it is not clear these have happened, highlighting the need for clearer accountability arrangements;
- As the new Strategy nears completion, and the role of the Board in delivering the City Goals is considered, there remains a need to ensure Board discussions lead to impact in practice, and that the system as a whole is fully lined up behind delivering the Board's Strategy for health and wellbeing.

Introduction

This is the second annual report on the work of the Health & Wellbeing Board, following the review of the Board and its ways of working conducted in 2022. As with last year's report, it 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 is not 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.

Its production is intended to provide an opportunity for the Board to reflect on its way of working and the topics it has chosen to engage with, and to consider how successful the system as a whole has been in driving the change necessary to reduce health inequalities in Sheffield. In particular it provides an opportunity to consider accountability for delivery against the Strategy that all partners are signed up to.

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.

It is important to remember that the Board does not have direct access to programme management or delivery resources. With this in mind its role has to be to set direction, and work to coordinate across partners to maximise impact, and to hold to account against commitments.

What's happened in the last year?

At the time of publishing last year's report we were coming to the end of the first year without restrictions in place to control the spread of **COVID-19**. The pandemic has continued to recede from national consciousness over the year, but the disease remains present leading to pressure on services, albeit with reduced harms due to the success of the vaccine programme.

The impact of COVID-19 is now starting to be seen in national data, with [the most recent period life expectancy data showing a fall in comparison to before the pandemic](#), with more deprived areas affected more than less deprived areas. [Sheffield is no different to the country in this](#), and although there is no data for areas smaller than the city yet, there is no reason to expect that the national and historical pattern in relation to deprivation is any different.

It is important to be clear that that COVID-19 is a significant factor in the difference in life expectancy between most and least deprived areas, reflecting the differential impact the pandemic had, but is far from the only factor. There remain a wide range of reasons for the unfairly shortened lives that some Sheffielders experience that are amenable to change with systematic and concerted effort.

The **Cost of Living** has remained a major issue with implications for health, overlaying on long term poverty for some parts of the city. Inflation has started to come down but is still very high by recent historical standards, with food and drink particularly badly affected. Energy costs are also starting to come down from their recent high but remain near double the level seen in the previous decade, while housing costs continue to climb, with median rents up around 35% over the last five years. This is having clear implications for households in Sheffield, with 27% of households now suffering from food insecurity compared to 17% in October 2020, while rent arrears are rising, spread unevenly both geographically and across ethnic groups.

All told these developments have significant implications for the health and wellbeing of Sheffielders. The cost of energy leads to people not feeling able to heat their homes, leading to cold, damp and mould; the cost of food prevents people being able to eat healthily and sufficiently; the stress of being short of money affects mental health; and all of these have knock-on impacts in other areas, such as the ability to attend and get the most value out of school, which will have effects for years to come.

Whilst flu prevalence has been lower in 23/24 than last year, the **winter has remained challenging for health and care services**. Industrial disputes have continued to place pressure on services, and an early October peak in A&E attendances in Sheffield was observed. Acute Trusts have remained under pressure, with surge beds opened throughout January 2024.

Major governance changes for both the Council and NHS have been bedding in over the last year, following the Council's shift to a committee system and the national move to formally establish Integrated Care Boards as key NHS institutions. These are developing well, and work is underway to renew Elected Member involvement in joint governance arrangements, a symbol of the developing and valued relationship between SCC and NHS as key local partners. Additional challenge has been

forthcoming this year with the nationally mandated reduction in ICB running costs, announced in March 2023; it remains to be seen what impact this will have over the longer term.

This year has also seen two major developments for Sheffield as a whole with implications for the Board and its work: the development of the **City Goals** and the establishment of the **Race Equality Partnership for Sheffield**.

Over the last year Sheffield City Partnership have sponsored the development of a shared set of **City Goals** that residents, communities and organisations can stand behind and provide a shared sense of purpose. The Goals are intended to support Sheffield to act together as a city to drive our response to a changing and challenging world, and cover much territory that is relevant to the work of the Health & Wellbeing Board.

The **Race Equality Partnership for Sheffield** (REPS) launched during Race Equality Week and will be an active, collaborative network of people and organisations with a shared aim to support race equality in Sheffield. REPS has been established by partners including public sector institutions, local businesses and community groups, following the publication of the Race Equality Commission (REC), in July 2022, and will play a pivotal role in supporting the city to deliver against the Commission's recommendations and secure a legacy from the work. Again, with the focus on addressing inequalities, the work of REPS will be of interest to the Health & Wellbeing Board.

What have we done over the last year?

As part of Sheffield's reflections on the pandemic response and preparation for potential future challenges, it was agreed during this year to strengthen governance around **Health Protection** work in Sheffield. As part of this, the Health & Wellbeing Board have begun receiving regular updates on current issues and challenges in the health protection system, to support and encourage better partnership working in this policy area and provide a clear and visible point of accountability.

Issues with prevention and management of threats to the health of the population are most felt by those who are vulnerable, with least money and those with protected characteristics. A well-functioning health protection system includes coordinated work across a wide range of statutory, voluntary and community sector organisations. The aim is to as far as possible, protect people from infectious diseases and environmental risks and is crucial for addressing health inequalities.

In addition to this, the Board have continued to receive regular updates from **Healthwatch Sheffield** to support their understanding of the issues Sheffielders are identifying in the healthcare system. They have also carried out their statutory duties with regard to the **Better Care Fund**, receiving and interrogating regular updates on the progress of work and agreeing updated plans for future rounds. As a result of HW's updates and highlighted reports there have been further conversations between HW, citizens, community organisations and the public sector about issues of concern and service improvements.

Beyond these regular items, the Board has covered a wide range of other issues and policy areas this year. At their **March** meeting, the Board considered a broad swathe of issues that relate to health and wellbeing, including:

- Endorsing the **Food Strategy** produced by Sheffield City Council with the ShefFood Partnership and agreeing that member organisations would undertake a review of existing policy and activity that relates to strategy outcomes;

- An update on the work and success of the **South Yorkshire Violence Reduction Unit**, implementing a public health-inspired approach in policing;
- Formally endorsing the **South Yorkshire Integrated Care Strategy** as the overall approach to improving health and wellbeing across the county and a key document for guiding the work of partners at that level;
- An update on **physical activity and health** and proposal to strengthen links between the Board and National Centre for Sports and Exercise Medicine;
- A briefing on work on improving health outcomes through **Culture, Arts and Heritage**
- A report on the **Climate Change and Health conference** convened by the Board at the end 2022.

In **June** the Board convened their first major conference of the year, bringing together public service leaders, front line workers, and community organisations to consider **Collaborating for Health**: how statutory services, the VCSE sector, and citizens can work together in ways that support the creation of health in communities. The conference heard from Donna Hall and Alison Haskins about good practice in other parts of the country, and from examples of good practice in Sheffield. Following the conference, building on the discussions that took place at it, a proposal for developing a Sheffield approach was endorsed at the Board's September meeting.

At their **June** meeting, alongside standing discussions the Board endorsed a proposed approach to **refreshing the Joint Health & Wellbeing Strategy**, but otherwise dedicated the bulk of the meeting to a deep dive session considering **Mental Health & Wellbeing** in Sheffield.

A similar experiment was attempted at the Board's **September** meeting, with statutory and standing items, and the proposal resulting from the conference mentioned above, followed by a deep dive workshop looking at the **health and wellbeing of Children & Young People**.

In **December**, the Board received an update on and summary of key findings in the **Joint Strategic Needs Assessment**, the key evidence base for its work and core component for the Joint Health & Wellbeing Strategy. They also dedicated a significant amount of time to a detailed look at where **resources are allocated within the health and social care system in Sheffield**, how this compares to potential impact on health outcomes, and what this means for shifting resources in the system to more preventative and health creating activity. Following this they received a briefing on the **Model Neighbourhood** work being developing in North East Sheffield, and endorsed the approach set out.

The Board convened a city conference in January to publicly launch the refresh of the Joint Health & Wellbeing Strategy. This event brought a wide range of people together from across the city, representing citizens, communities and statutory services to consider the building blocks of healthy lives, and the big shifts needed to deliver on the Board's aim of eventually eliminating unfair gaps in healthy life expectancy. Through discussions at the event, attendees constructed an initial picture of what Sheffield has to build on, where it needs to do more and what it would take to make the big shifts we need to, giving the process of developing the next Strategy the start it needs.

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

This report is not just a record of activity: it also seeks to report on progress and assess impact, difficult though the latter is in a strategic partnership environment. In doing this it doesn't just

consider what the Board has looked at this year: given the timescales on which some work takes to pay off it also looks back to previous years to identify where discussions in previous years are now starting to bear fruit. It also considers where there are areas where more could be done, and what the Board could do to address this.

With regard to its statutory duties, the Board have continued to provide support and constructive challenge to the development and delivery of the **Better Care Fund**. In particular the Board have played a valuable role in focusing attention on the right approach for Sheffield, alongside the work continuing to deliver on nationally-set priorities, with a clear focus on shifting to a more preventative model. The role of the Board in championing local priorities in addition to delivering national ones is valued by those working on the programme.

The Board's focus on **employment and health**, through its Strategy ambition "Everyone has a fulfilling occupation and the resources to support their needs", has supported colleagues in public health to work with those designing and delivering employment and skills programmes in Sheffield to understand the importance of health in that space and to maximise the health impact of those programmes.

The Board's work to convene a conference on **Housing and Health** in June 2022 continues to pay dividends: the conference has acted as a catalyst for work on this agenda, enabling links to be made across organisations and sectors and covering work such as homelessness prevention and connections with the new Royal Foundation.

The conference has also helped catalyse strong Sheffield involvement in work at South Yorkshire level, building both on the outcomes of the conference and work across social landlords on the South Yorkshire Housing Prospectus. This has led to the development of a set of roundtable workshops with cross-sector invitees looking at five key issues for housing and health, leading up to a conference in June this year. This work should be a big step forward in system working on these issues.

Looking further back, the work the Board commissioned to form the foundation of the response to the Strategy ambition to ensure 'everyone lives the end of their life with dignity in the place of their choice', **Compassionate Sheffield**, has continued to develop and deliver. This work aims to build a compassionate approach to end of life, rooted in communities of all types. Its growth has been accelerated by its crucial role during the pandemic, and the programme now has five paid staff, hosted by St Luke's Hospice.

The work aims to increase the capacity and confidence of people in communities to support each other at times of crisis and vulnerability, particularly related to death, dying and bereavement. One element of the programme of work is to bring people together to have supported, compassionate conversations, thereby improving 'death-literacy'. Another is to help people to think about, and plan for, the final part of their own and others' lives. Crucially this is not just about communities of place, but also of experience and of profession, with some of the work focused on supporting care professionals in their ability to deal with end of life beyond clinical care.

The programme also works with minoritised communities to explore how the system needs to change to more culturally appropriate ways of working. To this point evaluation has been primarily qualitative in nature, but the programme is now working towards a project with Townships 1 Primary Care Network and other local community groups that will explore the quantitative impact of interventions on primary care and hospital admissions.

In addition, the Board's discussion on the **Commercial Determinants of Health** in December 2022, and strong endorsement of a robust approach to dealing with this issue, has supported the work of public health officers in developing an advertising and sponsorship policy for Sheffield City Council that seeks to factor health into decisions.

The value of the Board's endorsement has also been demonstrated by the work on **Culture and Health**, with the discussion and approval of this work at the March meeting supporting the development of links with South Yorkshire Mayoral Combined Authority and South Yorkshire Integrated Care Partnership. As with the Housing and Health work, this has led to Sheffield engaging in cross-South Yorkshire work, benefiting from the experience and knowledge of other areas and supporting them in turn.

The Board's endorsement has also been helpful in building links between public health and those working on culture in Sheffield, supporting our potential to achieve maximum impact on health from culture. Beyond this, the discussion at the Board meeting led directly to Board members involving themselves in the Sheffield Culture and Health group, providing valuable insight on the broader strategic and community context, including the viewpoint and experience of smaller organisations in the city.

However, this work also points to some of the limits of the Board's influence: despite the progress supported above, additional funding is not yet forthcoming which limits the progress that can be made rapidly. The Board's endorsement could be seen as necessary but not sufficient for support to be forthcoming; with this in mind, the relationship between the Board and those with formal responsibility for resource allocation, and how this should function, could be reflected on.

There were other areas where the Board's work did not lead to such clear progress. Both "deep dive" sessions, on Mental Health & Wellbeing and Children & Young People's Health & Wellbeing, broadened understanding of the issues and state of play in these areas across the Board, and were valuable for this alone. But these sessions also facilitated little in the way of progress or agreement on the critical question of what action should we focus on to address the issues raised. Beyond this, the decision to run these sessions in connection with Board meetings meant compromises had to be made on session design, and on who could be in the room involved in discussions, particularly in relation to lived experience. Thought will have to be given to the question of how best to run this sort of event to get the most out of the investment required to make it happen for any future examples, such as using a less formal venue or separating these sessions from business meetings to allow a different approach.

The Board's endorsement of the Food Strategy in March 2023 has been valuable in raising awareness of the work beyond the Food Partnership; however it is not clear what has happened in relation to some of the actions agreed for Board members as part of the discussion. This suggests an area of reflection for the Board, around how much Board Members feel, or can be, bound by agreements in Board meetings, and whether the right mechanisms are in place to ensure agreed actions are delivered.

Similarly, the discussion around physical activity and health at the March meeting raised awareness of and support for activity on this issue; it is less clear that the recommendations that were the focus of the paper, around developing governance links between the Board and the National Centre for Sport and Exercise Medicine (the body responsible for Sheffield's Move More Strategy) have progressed.

The conference sponsored by HWBB on climate change and health in November 2022 did make some valuable connections and propose some potential activity, but it is not clear what action has resulted from it: highlighting the challenge of identifying resources to take forward partnership activity.

Looking ahead to 2024-25

The next year will be a significant one for the Board and its work, with the refreshed **Joint Health & Wellbeing Strategy** on track to be endorsed and published during the year. This will set the agenda for the Board for the next five years. Once endorsed, the Board will then consider where best to prioritise their efforts in delivery, including considering where it could usefully convene city conferences to build a collective approach to challenges.

The Board should also expect to receive the output of the work initiated by the **Collaborating for Health** conference during the next year. Again, this should be a significant moment, providing a co-produced set of principles to working with and in communities that has the potential to transform ways of working in Sheffield and increase our focus on creating health.

This year will also see work beginning to be taken forward on implementation of the **City Goals**, with work currently underway to develop structures to support that. It should be expected that there will be strong overlaps between the Goals and the refreshed Strategy; as a result the Board should take a strong interest in how this develops and look to make all necessary links and play its part.