

Minutes of the Public Health Partnership Board 2.30-4.30pm Monday 26th June 2006, Town Hall

- Present: Dr Dorothy Birks, South West PCT (Chair)
Evelyn Milne, Neighbourhoods, Sheffield City Council
Dr Jeremy Wight, North PCT
Nick Pearson, SOHAS
Kieron Williams, Health Partnership Team, Sheffield City Council
Frances Burton, VCF Representative
- In Attendance: Karen Webster, Health Partnership Team, Sheffield City Council
David Whitney, Leader Sheffield PCT Project
Permjeet Dhoot
- Apologies: Ian Ashmore, Sheffield City Council
Liz Cook, Sheffield City Council
Frances Cunning, South East PCT
Andrea Kanaris, Healthy Cities, Sheffield City Council
Professor Chris Welch, Sheffield Teaching Hospitals

1. Welcome & Introductions

Members were welcomed to the meeting and introductions went round the table. Frances Burton was welcomed as a newcomer to the group.

2. Minutes and Matters Arising

The minutes were agreed as a true record with the following matters arising:

- § It should be noted that Evelyn Milne attended the meeting on 26 April.
- § Item 2, Jeremy Wight had spoken to Malcolm Whitfield re the investment model, not 'monies' as the minutes stated.
- § Chair has communicated with Chris Welch. He will be taking over as Chief Executive of the Foundation Trust from 1st July. Graham Davies, Acting Medical Director, (or a named rep) will be invited to the Board meetings instead.
- § Item 4. The time frame keeps slipping, but will be sent out as soon as it is ready.
- § There were no further comments regarding the vision received by the Chair post April meeting.

3. Commissioning A Patient Led NHS

Professor Whitney gave a short update on commissioning a patient led NHS. During the past 5 years, the PCTs have led to a great deal of change in health policy, eg, patient choice, practice-based commissioning, etc. The PCTs will merge by October 2006 with an approximate saving of £2.7million recurrently. At the same time, all hospital trusts are moving towards foundation trust status by 2008. Therefore management of the single PCT will change.

All the new PCTs should be fit for purpose within the next year. A gap analysis will be done at the end of this time. It is hoped that the Sheffield PCT will run as a going

concern from the first day. At the moment staff are being interviewed for jobs, and there will be a difficult transition time over the next couple of months. Public Health will be excluded from the HR guidance that came out last December. There will, however, probably be a change in how the service is structured.

The new PCT can be basically split into 3 functions:

- § Health Function
- § Commissioning Function
- § Provider Function

It is hoped that what works well now within the 4 PCTs will be kept and reaffirmed.

Comments:

- § If a Chief Executive is not appointed on 4th August, would this filter down to other posts not being filled? There could be a knock-on affect; acting posts may be relied upon to overcome this.
- § It is expected that all GPs will be included in practice based commissioning within the year. Some GPs will be more engaged than others.

4. Vision for Public Health in Sheffield

The Chair tabled the 2nd draft for discussion at the meeting. Some of the text has been reordered and there is a more detailed description of what it is thought public health within the PCT could look like. Appendix 2 is missing – it is a paper describing a joint DPH post. A discussion will be held shortly to look at the paper to ensure that Barnsley is comparative with Sheffield.

Comments:

- § Within the breakdown of information there are some vague areas. Assurance is needed that services will be delivered in partnership. Perhaps an appendix detailing partnership working would address this.

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1.	Nigel West and Frances Burton to draw up an appendix from known examples.	ACTION: NW/FB
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- § More opportunity for collaboration should be included.

2.	Nick Person to draw up a paper outlining this.	ACTION: NP
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- § Partnership structures should also be included within the vision as they have also changed.
- § The staffing issue has not been covered within the vision as yet, but the structures are still being worked out. The vision needs to be clear about what it can afford in terms of capacity.
- § University partners are only briefly mentioned. Chair will meet with Rhiannon Billingsley this week and the other University will be contacted to address this.
- § Need to ensure that what is commissioned within public health is worthwhile, eg, disease pathways such as diabetes.
- § Management of Public Health Network should be included.

Any further comments to Dorothy Birks or Jeremy Wight.

5. LAA Healthy Communities

5a Feedback from LAA end of Year Review

Only the latter part of the Review was given over to talking about the 4th block of the LAA and inclusion of the voluntary sector, this left less than 10 minutes to reviewing the healthier communities element of the LAA.

There was frustration over the lack of resources and the Strategic Health Authority would be informed that this was hampering the delivery of the LAA. However, in terms of enhanced public health programmes, the PCT was doing everything it could.

Overall the Region was not open to challenges and did not want to accept that there may be any problems. A more meaningful conversation with Region would be achieved if Mark Gamsu or Rebecca Mathews would take a lead.

5b Enhanced Public Health Programs Progress Report and Roll Out Review

There was a short presentation by Kieron Williams. The neighbourhoods in phase 1 are now delivering services, phase 2 are developing their services for delivery early next year, phase 3 will develop their services in October and then deliver them later next year.

Should the timescale be changed, perhaps delaying the roll out of phase 3?
Should the programme be completely changed?

The Board was requested for its recommendations.

Comments:

- § Phase 1 has already had to be tweaked in some of the neighbourhoods.
- § An update on roll out times for each phase should be provided in light of these changes. The roll out times will be directly linked with the capacity available.
- § A level of priority should be assigned to this work. The capacity available is not static and so there may be the opportunity to reassess who does what within existing resources.
- § No work has been done on Communities of Interest, except in BME communities where progress has been slow. The report back to Sheffield First for Health should recommend that we postpone this work until resources are available.

The Board recommended the changes be taken forward.

5c Black & Minority Ethnic Communities

This is the response to the request at the last SFHWB meeting for an action plan around this area. Permjeet Dhoot presented a report to the meeting outlining the way forward for this work. It is hoped that the Board will approve the report and offer guidance regarding a timetable of work.

Comments:

- § POPPs programme also wants to target BME issues.
- § VAS is holding a BME communities event in September, which might be useful to this work, perhaps to launch the Pacesetters programme.

- § A BME basket of indicators would be a very good way forward.
- § What is the point of doing a stock take of current services if we don't have a baseline to work from? Why don't we have this data? Census categories are not helpful and we don't have information about BME statistics locally. There is solid data nationally and some local community profiles that could be looked into to get a focus for the report.
- § It would be helpful to identify 3-5 projects and ensure we get key data that we can measure and use. The Pacesetters project will go some way to doing this.
- § Perhaps, due to lack of existing information and resources, we should go for the bigger issues in the larger communities.
- § There seems to be a lack of expertise in gathering information at community level. Perhaps some training should be put into place.

These comments will be taken back and a second draft made ready for the VAS BME event. It can then go back to the Public Health Partnership Board.

6. Children & Young People Plan

This will be brought to the September meeting.

3.	The absence of information regarding domestic abuse and its impact on children's lives to be addressed.	ACTION: KW/FC
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Any other comments re contents should be forwarded to Frances Cuning so she can incorporate it in the draft for the September meeting.

7. Big Lottery Well-Being Fund

Chris Nield and Kieron Williams presented a report outlining the regional bid. If successful, Sheffield could be in line to receive about £1 million over the next 5 years as part of this bid.

The Board is requested to support the approach set out in the paper.

Comments:

- § There are a number of strategies and work already available relevant to this work.

The Board supported the paper.

8. Any Other Business

- § The NRF is offering £1 million for the City over one year 07/08. Should we pursue it? Due to the tight deadline it will be raised at the Senior Public Health meeting. Any views to Kieron.
- § The Regional Public Health Team have secured money to build a regional capacity unit to develop their public health function. They will be inviting Local Authorities to host it.

4.	Kieron to liaise with Evelyn, Ian and Liz re tendering a bid.	ACTION: KW
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- § Congratulations to Roz Davies on the birth of her son, Fabian Peter, on 14 June.

9. Date of Next Meeting

4th September 2006, 10-12am, Town Hall.