

**Health Partnership Managers Report: Management and Operations
20 March 2006**

Purpose: A regular report from the Health Partnership Manager on the management and operations of Sheffield First for Health and Well-being Partnership Board (SFHW) highlighting any issues or important events and changes.

Key Points to Note and Decisions for SFHW

1. SFHW to note the new role of PHPB in 'Ensuring a Patient Led NHS'
2. SFHW to note the key intelligence and action points from the DH visit to Sheffield

1. Future Agenda and Events

(See Annex One for SFHW forward programme)

2. Public Health Partnership Board

- Healthier Communities: Enhanced Public Health Programmes
 - An event to kickstart the roll out of phase two was held on 3 February 2006
 - The BME communities of interest report is to be completed shortly
 - The overarching costed model is continuing to be developed by Jeremy Wight
 - The end of year review report has been submitted to SFHW
- NRF: Each trailblazer has submitted NRF proposals for £50,000 over two years based on the implementation of their action plans
- The PHPB has accepted responsibility for acting as the steering group of the 'Ensuring a Patient Led NHS' public health work stream. This involves developing a vision for the future of Public Health in Sheffield. See Annex Two for the Terms of Reference.
- Next Meeting: 26 April 2005

3. Health Partnership Team

- WHO HEALTHY CITY NETWORK EVENT: The Health Partnership Team hosted a UK WHO Healthy City Network Event on 24 Feb. The WHO Healthy City Event included a meeting of urban planners, the WHO Healthy City Co-ordinators and a chance for the Network to discuss the role of WHO Healthy Cities in reducing health inequalities with the Dept of Health.
- VISIT FROM DH: We also hosted a showcase day for the Dept of Health to show how we are tackling the reduction of health inequalities in Sheffield including a visit the Burngreave Children's Centre and Netherthorpe/Uppertorpe Healthy Living Centre and a discussion focused on how we are measuring inequalities in Sheffield and the overall healthier communities local area agreement model. See Annex Three for a summary of the session.
- BRUSSELS: The Health Partnership Team have been commissioned to deliver a regional project to better engage the health community in Europe. This project culminates in a visit to Brussels on the 8/9 March where the Team will be hosting a delegation from Yorkshire and Humber meeting with a range of Eurocrats and other regions. We hope this will result in new opportunities for Sheffield to influence policy and access current and future public health funding programmes in partnership with regions from across Europe.
- OTHER WORK: The Team have also been involved in the initial stages of developing an integrated Smoking Cessation Plan jointly owned by Sheffield City Council and the PCT's.
- PERSONNEL: Roz Davies will be on maternity leave from the end May.

4. Health Scrutiny

- The Health Scrutiny Committee scrutinised the Healthier Communities block on 13 February and have asked for an annual report back on the LAA work.
- The Health Scrutiny Committee are scrutinising the financial deficit of the PCT's on 8 March
- Progress continues on the Health Scrutiny Pilot Project to examine the transition for young people with mental health problems moving from children's to adults services.

**Roz Davies, Health Partnership Manager
March 06**

Annex One: Future Agenda

SFWH Meetings Draft Forward Plan

DATES	Strategic Discussion and Decisions Agenda Items
Fri 25 November 2pm – 5pm	<ul style="list-style-type: none"> ▪ Urban Planning ▪ Transport ▪ Work, Economy and Health
Mon 30 January 2pm-5pm	<ul style="list-style-type: none"> ▪ Older People/Healthy Ageing ▪ Public Health ▪ Mental Health
Mon 20 March 2pm-5pm	<ul style="list-style-type: none"> ▪ End of Year Review of Strategy ▪ Health and Europe ▪ Community Engagement/PPI/Health Compact/Health Partnership Network
Wed 24 May 9am-12pm	<ul style="list-style-type: none"> ▪ Terms of Reference and Communication ▪ Health Impact Assessment ▪ Employment and Skills/Worklessness/Skills for Life ▪ Public Health
Wed 26 July 9am-12pm	<ul style="list-style-type: none"> ▪ Adult Protection Committee ▪ Maternal Health Strategy ▪ Public Health
Mon 18 Sept 2pm-5pm	<ul style="list-style-type: none"> ▪ Six Monthly Review of Strategy incl. LAA ▪ Public Health ▪ Healthy Ageing ▪ Culture and Health
Mon 20 Nov 2pm-5pm	<ul style="list-style-type: none"> ▪ Transport and Planning ▪ Environment ▪ Health Compact ▪ Public Health

2006 SFHW Events

8/9 March – Yorkshire & Humber Health Engagement in Europe (Brussels)

8 March No Smoking Day

June/July – POPPS/Healthy Ageing Launch Event(Sheffield)

? – Core Cities Health Event

For further information contact Roz Davies, 0114 273 5869/ roz.davies@sheffield.gov.uk

Annex Two: Terms of Reference for Public Health Work Stream

ENSURING A PATIENT-LED NHS - SHEFFIELD

Public Health Project Group (Developmental Group): TERMS OF REFERENCE

Roles and Responsibilities:

The Public Health group will provide public health leadership and advice to the PEG during the planning and implementation of organisational change associated with *Commissioning a Patient-Led NHS*.

The challenges for the Public Health Project Work Stream Group are to ensure that:

- momentum on delivering the public health agenda in Sheffield is maintained and developed further during this transitional phase;
- the proposed PCT can discharge its public health responsibilities effectively in partnership with Sheffield City Council and other key local Stakeholders;
- public health staff can make an effective and valuable contribution to the corporate business of the new organisation.

Key Objectives:

- To ensure business continuity for the public health responsibilities of Sheffield Primary Care trusts during the planning and implementation of organisational change associated with '*Commissioning a Patient-Led NHS*'
- To integrate the existing staff within the PCT Public Health Directorates into a single public health function. This requires the identification of core public health posts and the identification of those posts which are not primarily public health posts but happen to be in existing PCT Public Health Directorates. It will also involve the determination of the best use of existing staff.
- To protect public health posts from management cost savings as is mandated in the "Orford letter" of 3 October 2005. All such posts, including those currently vacant, need to be identified and their security ensured.
- To ensure the continued effective governance of public health. In particular, in the circumstances of there being four PCTs and a single public health function for the City, appropriate governance arrangements need to be in place to ensure that the PCTs are assured of the proper discharge of their public health responsibilities.
- To produce a range of options for the future delivery of public health responsibilities in Sheffield and for engagement with sub regional and regional public health networks. Although the future Sheffield PCT will likely be the main employer of public health staff and the primary organisation with responsibilities for public health, the greatest gains for public health can only be achieved through the establishment of an effective network which involves other NHS, public sector, voluntary and community sector and private sector partners.
- To give consideration to the possible future of provider type public health services, such as the stop smoking service etc.
- To ensure effective links to other project work streams, and effective communication with existing public health staff, other staff within PCTs (particularly senior staff), and other colleagues in the NHS and outside.

Membership:

- The current Public Health Partnership Board will act as the project group. The PHPB has representation from the PCTs, the City Council, the voluntary and community sector, and the Sheffield Teaching Hospitals Foundation Trust.
- In the interim between meetings of the PHPB the existing Sheffield Senior Public Health Group, supported by the project administrator, will ensure that progress is made with this agenda. For this area of work, the Senior Public Health Group will be answerable to the PHPB. Current membership is:
Dorothy Birks, Jeremy Wight, Frances Cunning, Stephen Pintus, Andrew Furber, Gary McCulloch, Louise Brewins, John Soady, Bethan Plant, John Green, Roz Davies

Accountability: The PHPB will be accountable to the Programme Executive Group for this work through David Whitney.

Reporting: The PHPB or Senior Public Health Group will report monthly on progress to the PEG meetings.

Frequency of Meetings: The PHPB meets bimonthly. The Public Health Group has monthly meetings established but will review the frequency of these meetings as necessary. Subgroups to deliver key milestones will meet as frequently as necessary to deliver their objectives.

Annex Three: Tackling Health Inequalities in Sheffield Visit from Department of Health

Key Intelligence Points to Share:

- Prime Ministers Delivery Unit is developing an investment medical and longer-term model focused on reducing health inequalities through two key PSA targets, i.e. life expectancy and infant mortality. The model timescales includes 2010 and beyond, e.g. 2015.
- The Department of Health's top priority for next year will be reducing health inequalities with an emphasis on co-delivery across PCT's and LA's and on using LAA's as a valuable tool.
- Department of Health will be taking a significantly more active approach to LAA's. They have cleared all requests for freedoms and flexibilities (either by accepting or refusing). There will be a greater interest in the horizontal governance.
- The Department of Health is looking at neighbourhood profiling/mapping and considering how PCT's can/should relate to this model.
- It will be important to get practice based commissioning integrated into the tackling of health inequalities
- Funding programmes and other activities relating to health inequalities, e.g. communities for health, health champions, IDEA capacity building programme has been brought together
- The Department of Health are developing a strong interest in the city-region/core cities etc agenda emerging from the Miliband policy agenda.
- The IDEA's capacity building programme is currently being scoped out and will total £4million over 2 years. The aim is to build the capacity of local government to deliver public health in partnership through initiatives such as peer review, leadership development and dissemination on good practice.

Opportunities and Next Steps:

1. Department of Health are interested in being linked into the Core Cities health event	RD
2. Need to explore the potential to link/learn from the national investment medical and longer term model being developed	JW
3. Explore potential for a proposal from the WHO Healthy City network to deliver some of the IDEA's capacity building programme.	KW