

## Minutes of the Sheffield First for Health & Well-being Partnership Board

15 April 2005, 2-5pm, Conference Room, Sheffield Town Hall

- Present:** Andy Buck, Sheffield North PCT (Chair)  
 Bob Kerslake, Sheffield City Council  
 Andrew Cash, Sheffield Teaching Hospitals Trust  
 Cllr Jean Cromar, Sheffield City Council  
 Cllr Ian Auckland, Sheffield City Council  
 Simon Gilby, Sheffield West PCT  
 Freda Cotterell, VCF Sector Representative  
 Eddie Sherwood, Sheffield City Council (on behalf of Cath Roff)  
 Evelyn Milne, Sheffield City Council  
 Charlie Khan, VCF Sector Representative  
 Prof Rhiannon Billingsley, Sheffield Hallam University  
 Ruth Mitchell, VCF Sector Representative  
 Helen Fentimen, South East Sheffield PCT  
 Jeremy Wight, North Sheffield PCT
- Support:** Roz Davies, Health Partnership Manager  
**Team** Kieron Williams, Healthy Cities Co-ordinator  
 Karen Webster, Health Partnership Team Administrator (note taker)
- Attending:** Caroline Burrows, Sheffield West PCT  
 Nick Pearson, SOHAS  
 Nick Rousseau, Sheffield First Partnership  
 Nigel West, Voluntary Action Sheffield  
 Owen McDowell, Sheffield City Council  
 Permjeet Dhoot, South West PCT
- Apologies:** Liz Howarth, South Yorkshire Ambulance Service  
 Professor Allan Hutchinson, University of Sheffield  
 Karl Tupling, Sheffield City Council  
 Janet Soo-Chung, Sheffield South West PCT  
 Jonathan Crossley-Holland, Sheffield City Council  
 Gary McGrogan, Sheffield City Council  
 Cath Roff, Sheffield City Council  
 Chris Sharratt, Sheffield Children's Hospital  
 John Taylor, Sheffield College  
 Kevan Taylor, Sheffield Care Trust

### 1. Introductions and Declarations of Interest

There were no declarations of interest registered at the meeting.

### 2. Sheffield First Review and Future of Sheffield First for Health

Andy Buck introduced this agenda item. The purpose of the meeting was to ensure clarity and agreement about the commitments that SFHW has made for the next period, and the actions to deliver them.

## Sheffield First Review

Nick Rousseau gave an overview of the Sheffield First revised roles and responsibilities.

Timetable:

- Currently in discussion with Government Office to agree the annual review process.
- Anticipating bringing the different strands of the strategy together in late May.
- Consultation on the City Strategy in June.
- City Strategy feedback on consultation in July.

## Future of Sheffield First for Health

Roz Davies presented a summary of the commitments for the next five years previously agreed by SFHW, including the LAA agreement.

Key points raised were:

- There was concern around the timescales of the LAA 6 month pilots of the trailblazers.
- There would be some benefit in specifically considering older people within the trailblazer areas.
- The trailblazers are only the testbed for this work. In the long term it will apply directly to the 30% of the population with the worst health inequalities and lessons learnt through this process could be applied across the city.

## WHO Healthy Cities

In March 2004 Sheffield achieved Phase IV status. Kieron Williams presented an outline of the WHO Healthy Cities commitments. This includes a specific focus on the following four areas:

Healthy Ageing – led by Older People’s Partnership Board

Healthy Urban Planning – lead to be agreed\*

Health Impact Assessment – led by Public Health Partnership Board

Active Living – led by Active Sheffield

The WHO’s areas of focus directly link to the city’s priorities including the LAA and Health Compact, as well as national policy priorities. It was emphasised that the WHO programme is an integral part of the work of Sheffield First, adding value to and supporting the delivery of the city’s locally determined health priorities. Participation in the network provides excellent opportunities for joint working and learning, influencing policy development and to champion good work happening in Sheffield at an international level.

### **Action:**

1. Public Health Partnership Board to work with Sheffield City Council’s city planning service (David Curtis) to develop the healthy urban planning theme. **KWi/PHPB**

## Health Compact

Nick Pearson presented an update on the Health Compact work.

- The Health Compact is focused on developing the relationship between the NHS and Voluntary Sector.
- Three task groups have been set up: Partnership, Funding and Participation and Consultation. These groups will run for 6 months, and the results will be reported back to SFHW Board.
- Commitment and ownership from SFHW is required to promote the work of the task groups.

## Proposals

Roz Davies presented an overview of proposals within the previously circulated discussion document including:

- Development of a combined Healthy Population/SFHW Vision and related success measures.
- Analysis of Health Inequalities six-point action plan.
- Terms of Reference and Performance Management Structure to be developed.
- Partnership members to consult on Draft Strategy within own organisations in June.
- Clear identification of specific linkages with other Partnership Boards through Sheffield First Partnership Manager workshops.
- Session for SFHW members to access health impact of other Partnership draft strategies.

Key points raised were:

- The term 'Health and Well-Being' includes social care. This is reinforced by the Green Paper.
- The LAA Substance Misuse work will report on the Safer Communities Board.

All proposals were agreed.

## **Actions:**

2. Development of a combined healthy population/SFHW vision and related success measures. **RD/Chairs**
3. Development of an action plan around key responsibilities. **RD/Leads**
4. Identification of key strategic linkage with Sheffield First Family partnerships. **RD/KW/ALL**
5. Analysis of Health Inequalities Six Point Action Plan. **RD/Thematic Leads/PHPB**
6. Clarification on infrastructure. **RD/ALL**
7. Revise Terms of Reference. **RD/Chairs**

### **3. Minutes and Matters Arising from 7 February 2005**

The minutes of the last meeting were agreed as a true and correct record.

### **4. Management and Operations Report**

SFHW agreed the standing items and forward plan as proposed in the Managers Report. In addition the following future presentations were requested:

- Adult Social Care Green Paper (CR)
- Maternity Strategy
- Voluntary Sector on potential contribution to health & well-being
- Presentation from University on contribution to health and well-being

SFHW endorsed the Communities for Health and Eurocities proposals and agreed to receive a communication plan at a future date.

### **5. Communication Exercise**

Consultation will be an important challenge for the SFHW over the next 3-5 years. SFHW will need to be clear on:

- Its key messages to champion through Sheffield First.
- The remit of SFHW and the other partnerships.

Partners were asked to come up with sound bites to outline what SFHW does in no more than 15 words. (see Annex One for a summary of the results). It was agreed that a fresh, proactive sound bite to describe Sheffield was appropriate to help define SFHW aims and inspire the public.

Amanda from Diva was thanked for her contribution to the meeting.

### **6. Refugee Strategy**

A presentation was given by Owen McDowell from the Asylum Team outlining the needs of asylum seekers and refugees.

- The Government dispersal scheme means that asylum seekers and refugees on entering the country are dispersed to different areas throughout the UK, instead of accumulating in overcrowded areas. The City Council is one of four accommodation and support providers in the city under contract to the Home Office.
- Sheffield City Council and the Refugee Forum have agreed a refugee integration strategy, 'New Lives', that sets out how new refugees can be assisted to settle in the city.
- A wide variety of services are involved in supporting the integration of new refugees, some of which have physical and mental health problems, into society. A new model is therefore being set up to bring mainstream organisations and specialised dedicated projects together to integrate and enhance their services to better serve asylum seekers and refugees. The aim is to step up service responsiveness and raise general awareness of these people's circumstances, and also to dispel hostility towards them.

- SFHW was requested to endorse the aims of the strategy and agree a process for taking the work forward. It was also asked to receive a report on progress, which would be submitted by December 2005.

## Key points raised:

- The Gateway Programme, using needs assessment processes, suggests that it takes approx 1 year for someone to achieve 'normal' citizenship from refugee status.
- Joint working and an audit would identify the process and any gaps in the strategy.
- It was noted that the Voluntary and Community Sector is an important partner in terms of offering support.
- The Home Office doesn't give figures on how many people are given refugee status, but it is thought that between 3-4,000 have been resident in Sheffield since 2000. This equates to 1% of the population, and the number is growing by approximately 500 per year.
- Increasingly these people are being accommodated across the city.
- Failed asylum seekers lose support, unless they have dependents, and are shipped back home. People with health needs get support, and those who are willing to be sent back home get support. There is limited monitoring and assistance to the most vulnerable.
- There are approximately 300 destitute asylum seekers. Sheffield is doing what it can, but this is still unsatisfactory.

## **Actions:**

8. SFHW agreed to endorse the Refugee Strategy. The South East PCT would lead on securing NHS involvement/endorsement. **SEPCT/NHS**
9. SFHW would welcome a report back on progress in the future. **OM**

## **7. Any Other Business**

No other business.

## **8. Date and time of next meeting**

Friday 27 May, 2-5pm, Town Hall

## Annex One: Communication Exercise Results

Britain's healthiest happiest city  
Improving city's worst areas fastest  
Health and well-being at the heart of decision-making  
Britain's healthiest city aspiration  
Not just about absence of illness  
Smoke free and active  
Living well and feeling great/good/better  
Professional community synergy  
Single minded  
Determined  
Partners  
Opportunities  
Community Need and Service Provision  
Enabling groups to exercise choice in services  
World  
Area of best practice leading the way  
Health and Care for all  
Promote  
Maximise health benefits  
Action  
Changing lifestyles  
Improving health  
Supporting people to take responsibility  
What it means  
Driver for social reform  
Independent  
Taking responsibility  
Empowering  
Populist slogan  
Everyone can contribute – inclusive at all levels  
Distinguish – aims/how we are doing it