

## SHEFFIELD FIRST FOR HEALTH COMMITTEE

### Minutes of the Meeting held on 24<sup>th</sup> March 2003

- Present:** Mr Andy Buck, North Sheffield PCT (Chair)  
Councillor Ian Auckland, Sheffield City Council  
Ms Helen Fentimen, South East Sheffield PCT  
Mr Gary McGrogan, Sheffield City Council  
Ms Ruth Mitchell, Voluntary, Community and Faith Sector  
Ms Hilary Pengelly, Voluntary Action Sheffield  
Mr Karen Ritchie, Voluntary, Community and Faith Sector  
Councillor Mick Rooney, Sheffield City Council  
Mr Chris Sharratt, Sheffield Children's NHS Trust  
Ms Penny Thompson, Sheffield City Council  
Dr Jeremy Wight, North Sheffield PCT
- Apologies:** Professor Rhiannon Billingsley, Sheffield Hallam University  
Mr Jonathan Crossley-Holland, Sheffield City Council  
Mr Simon Gilby, Sheffield West PCT  
Ms Liz Howarth, South Yorkshire Metropolitan Ambulance Service  
Professor Alan Hutchinson, University of Sheffield  
Mr Bob Kerslake, Sheffield City Council  
Ms Evelyn Milne, Sheffield City Council  
Ms Janet Soo-Chung, Sheffield South West PCT  
Mr Kevan Taylor, Community Health Sheffield
- In Attendance:** Ms Judith Anson, Partnership Support Unit  
Ms Frances Cuning, Partnership Support Unit  
Mr Steve Pintus, Partnership Support Unit  
Dr Charles Price, Sheffield West PCT

### 9/03 **Membership of the Committee**

Frances Cuning reported from the event on 21<sup>st</sup> March organised by OFFER and VAS to recruit voluntary, community and faith (vcf) sector representatives to the Committee. As an outcome of the process, four candidates were nominated and Frances proposed that there should be five places on the Committee rather than four. Members agreed that the terms of reference should be amended. It was noted that the vcf members were representing the sector as a whole, rather than their individual organisations. OFFER and VAS would be arranging an induction day.

**Action: Judith Anson**

### 10/03 **Minutes of the Meeting held on 10<sup>th</sup> February 2003**

The minutes of the meeting held on 10<sup>th</sup> February 2003 were approved as a correct record.

## 11/03 Matters Arising from the Minutes

### 11/03/1 Sheffield Care Trust

Penny Thompson confirmed that approval had been received from the Secretary of State for the creation of Sheffield Care Trust which brought together adult and older people's mental health services in the City. The Chief Officers Group (COG) had specifically discussed mental health services and integration issues. An excellent presentation had been made by chair of The Council, which was the title of the users council.

### 11/03/2 Children's Trust

Penny confirmed that the deadline for the submission of an application for Children's Trust pilot status was 31<sup>st</sup> March. Officers were drawing together the proposal on behalf of the Sheffield Children and Young People's Strategic Partnership Board. It was agreed this would be considered at the next meeting.

**Action: Penny Thompson  
Judith for agenda**

### 11/03/3 Sheffield First for Health Review

Frances Cunning reported that the Review was not yet complete but it was hoped to include this as part of the business report at the next meeting.

**Action: Frances Cunning**

### 11/03/4 HAZ Report

It was noted that all PCTs had approved the HAZ Report.

### 11/03/5 DAT Integration with Sheffield First Partnerships

Penny reported that the first meeting of the Drug Strategy Co-ordinating Group had focused on strategy and had been a good start. Andy confirmed that COG was to also have a strategic session on the problems of drugs in the City.

### 11/03/6 Compact

Although it had been intended to make this a major agenda item, the meeting was not being held until 28<sup>th</sup> March and it was agreed to discuss this in May.

**Action: Frances Cunning  
Judith for agenda**

## 12/03 Framework for Inequalities

Andy reminded members that following the presentation on health inequalities at the last meeting, Steve Pintus and Jeremy Wight had been asked to follow up the points made and return to the March meeting with firm proposals.

Jeremy summarised the papers circulated to members setting out activity currently underway and the proposed action. A basket of indicators had also been identified to monitor impact on health inequalities at neighbourhood level. If the Committee supported this approach, the next stage would be to develop an action plan, clear lines of accountability and a reporting process.

Andy thanked Jeremy and invited general questions, before moving into specific discussions. Mick Rooney asked whether the “warmth and safety” element would include local firms. Jeremy replied that the details had not been considered but that generating wealth in local communities was beneficial. Mick also asked what links there were with the Learning Disability Employment Strategy. Steve replied that close links were already in place and he would pursue this if it was unclear. Ruth Mitchell suggested that there should be a greater emphasis on mental health services. Charles Price commented that Sheffield First for Health had agreed to work on inequalities in health across the Sheffield First partnership and a set of principles and a framework was required to allow other partners to both contribute and to be influenced. Penny added that the responsibilities of Sheffield First for Health and Sheffield First for Inclusion needed to be clear, since both were looking at inequalities. There would also be overlap with other partnership boards on mental health, learning disabilities and particularly, children and young people. Steve reminded members of the round table session that had been arranged between Sheffield First for Health and Sheffield First for Inclusion. Andy stated that ethnicity was not explicitly stated in the papers, although it could be assumed.

The Committee then considered three of the sections specifically: -

### Healthy Pregnancy and Early Childhood

It was agreed to give greater emphasis to mental health and to add screening for postnatal depression. It was noted that this was an area where the long term improvements in health could be made.

### Opportunity for Children and Young People

Penny stated that the Children and Young People’s Strategic Partnership Board was placing particular emphasis on attendance at school and that this was everyone’s business. If other professionals saw a school age child at home or in another setting, they should question it. Charles informed the Committee that the physical health of children was an indicator of inequality, particularly height. One target could be to narrow the gap of height difference between PCTs. However, the potential difficulty of recording this information was noted and this should be considered before making it a

definite target. This would also link through into programmes on diet, nutrition and exercise.

Penny informed members of the key outcomes identified by the Children and Young People's Board: -

- Decreasing the number of children born with low birth weight and improving the physical health of children and young people generally
- Improving school attendance
- Increasing levels of attainment and achievement
- Increasing the number of 16 – 19 year olds entering further education and training
- Reducing teenage pregnancies
- Reducing substance misuse
- Reducing repeat offending

Members supported the use of these seven outcomes but agreed to add mental and emotional health to the first point.

### Tackling the Major Killers

Steve emphasised that a key issue on inequality was encouraging people to actually use the services available. Decisions made in the other Sheffield First Partnerships also had an impact on health and it was important to link in to these. Ian Auckland added that education generally and health education in particular was important as increasing wealth did not always result in an improvement in health.

Andy thanked members for their contribution to the discussion and asked members to let Steve and Jeremy have any additional comments by 11<sup>th</sup> April. Firm proposals would then be brought to the next meeting. It was agreed to use enumeration districts/new census output areas since this would allow "hot spots" to be identified. At the next meeting, the Committee would agree the areas of work required and whether this needed to be commissioned. Existing partnerships and processes would be used wherever possible. One way of communicating these decisions could be the Director of Public Health's Annual Report, although the work was not just in the NHS.

**Action: All to let Jeremy and Steve have comments  
Steve and Jeremy to prepare proposals for next meeting**

### 13/03 **Draft Environment Strategy for Sheffield**

Gary McGrogan circulated the action plan summary from the draft environment strategy for Sheffield and confirmed that the full document would be available for members, although it was also on the website. Dr Charles Price was now a member of the new partnership, Sheffield First for the Environment. There were six key challenges and timescales, measures and a champion had been identified for each.

The first was recycling and a waste strategy was to be considered by Cabinet. In answer to a question, Gary confirmed that the consultation process on the waste strategy could have been improved and it was agreed to discuss this outside the meeting. The consultation period was until the end of May and Andy suggested that the Committee should send a single response, although this would not preclude individual organisations from sending their own response.

Charles informed members that he had only just joined Sheffield First for the Environment and therefore had not been able to input to the draft strategy. Charles added that the environment had a direct impact on human health in terms of the psychological, spiritual, physical and sustainability aspects. In Charles' view, the strategy was light on health and on how to engage the population. Ruth asked about the not so visible environmental aspects, e.g. rats, noxious substances and contaminated land. Gary replied that the full document included these under challenge 6. Gary added that air quality was mainly influenced by traffic since the decline of heavy industry. Helen Fentimen raised the need to communicate effectively with communities and gave examples of the Bernard Road incinerator and a problem with a butchers which the PCT had only been aware of through the public. Gary agreed that communication could be improved and the Board would have 5 members from the vcf sector. Groundwork were now joining the partnership and would be also able to involve the public.

Jeremy stressed that the newly created Health Protection Agency should also be a key partner and asked how what the policy was on the reduction of waste. Gary replied that this was part of the waste strategy and a new campaign "let's sort it" but it was important to involve the commercial sector. Steve also raised food availability, food security and food production.

Andy thanked members for their contributions in the meeting. Jeremy was asked to work with Charles to produce a draft response from the Committee to the consultation document for the next meeting. Members were asked to let Charles and Jeremy have any comments by 25<sup>th</sup> April.

**Action: All to give comments to Jeremy and Charles  
Jeremy and Charles to produce draft response for next meeting**

## 14/03 Local Delivery Plan Update

Andy reported that the service plan for the NHS over the next three years had been developed, although a balanced financial position had not yet been reached. Further discussions were required between the PCTs and Sheffield Teaching Hospitals. South Yorkshire Strategic Health Authority had requested that plans were signed by the end of March. A further report would be given at the next meeting.

**Action: Simon Gilby  
Judith for agenda**

## 15/03 **Business Report**

The Business Report from the Head of the Partnership Support Unit was received and the following items specifically discussed: -

### 15/03/1 Section 28a NHS Act

Members received details of funding transfers undertaken between the NHS and Local Authority during 2002/03. This was agreed by the Committee although it was noted that part of the funding for hospital discharge had come from HAZ, rather than SaFF.

### 15/03/02 Dorothy Dixon-Barrow Award

The Committee would be informed at its next meeting of the outcome of the Dorothy Dixon-Barrow award.

## 16/02 **Date and Venue of Next Meeting**

The next meeting would be held 10.00 – 1.00 PM on Wednesday, 19<sup>th</sup> May at Sheffield Hallam University. Members were reminded that, in line with the terms of reference, the Chair would change at the next meeting to Bob Kerslake.