

**Minutes of the Sheffield First Health & Well-being Board
Wednesday 26 July 2006, 9.00am-12.00pm, Town Hall**

Present:

Andy Buck	Chief Executive, North PCT (Chair)
Sir Bob Kerslake	Chief Executive, Sheffield City Council (for part)
Cllr Ian Auckland	Health & Community Care Scrutiny, Sheffield City Council
Cllr Mick Rooney	Cabinet Lead, Sheffield City Council
Rhian Harding	VCF Representative, South Yorkshire Energy Network
Chris Love	VCF Representative, Healthy Cross
Ruth Mitchell	VCF Representative, Sheffield MIND
Dr Dorothy Birks	Director Public Health, South West PCT
Cath Roff	Director of Community Care, Sheffield City Council
Dr Jeremy Wight	Director Public Health, North PCT (Chair for part)
Prof Allen Hutchinson	Deputy Dean & Prof of Public Health, University of Sheffield

Support Team:

Kieron Williams	Healthy City Co-Ordinator, Health Partnership Team
Karen Webster	Health Partnership Administrator, Health Partnership Team

In Attendance:

Anne Gosse	Director of Culture, Sheffield City Council
Paul Billington	Active Sheffield, Sheffield City Council
Jackie Gladden	Public Health Specialist, South East PCT
Louise Brewins	Acting Director of Public Health, Sheffield West PCT

Apologies:

Jonathan Crossley	
-Holland	Executive Director, Children & Young People, Sheffield City Council
Vaun Cutts	Sheffield College
Evelyn Milne	Director Regeneration & Partnerships, Sheffield City Council
Gary McGrogan	Director Environment & Leisure, Sheffield City Council
Chris Moore	Acting Executive Dean, Faculty of Health & Well-being Sheffield Hallam University
Cllr Mike Peat	Sheffield City Council
Pam Stirling	Executive Director, Sheffield Care Trust
Karl Tupling	Director Housing, Sheffield City Council
Chris Welsh	Acting Chief Executive, Sheffield Teaching Hospital Foundation Trust

STRATEGIC DISCUSSIONS

1. Sheffield Cultural Strategy

Anne Gosse presented the work of the Culture Strategy and its links to health and well-being. The Strategy includes a focus on improving the physical and mental health of communities and educate people towards an active lifestyle.

Although figures are improving in terms of Sheffield people attending gyms and other sports facilities, more targeted marketing and more health promotion for Sheffield is required. It was hoped that the new PCT might employ a senior lead officer to work full time in this area.

The Board is required to ensure a joint up approach towards the success of physical activity and to keep up its profile. There also needs to be more lobbying for preventative work.

Comments

- What consideration has been given towards charging reductions? This is happening in Scotland and Wales for under 16s, although it is subsidized by the Government. We have no control over charging policy, but some commercial outlets are trying to make facilities more affordable.
- How does this strategy link in with other strategies and how do you know what's working? How can you spread the message with personal anecdotes? The strategy is at the first level, but it is planned for performance to be monitored against targets by the Culture Board on an annual basis. At the moment the strategy is output rather than outcome driven, because the Sheffield area is so huge and tracking impacts of individual groups is difficult. Promotion of physical activity is constant, but it is very difficult to monitor uptake. There is some citywide activity, led by Sport England, that can be measured and results should become available from September. Projects and programmes are also being measured, as well as people entering projects from hard to reach areas. A local campaign for physical activity should be included next year.
- It is important for older adults to be targeted because the benefits are quicker and more obvious.
- It should be recognized that there is more to health and well-being than just physical activity.
- Fitness suites are geared towards adults, but there is a move towards introducing tailored equipment for the under 16s.
- There are no appropriate changing facilities for disabled people. This needs improving for total inclusion. The city could do a lot more to meet the needs of disabled people, and this is being considered.
- Resources are always a problem, despite the current interest being shown in physical activity. However, campaigning the benefits of physical activity is as important as tackling the supply side of these services.

Follow Up Points:

- Health Impact Assessments should take account of physical activity in their development.
- The Director of Public Health is likely to be a joint appointment which should introduce some leverage.
- Need to work towards more inclusion for the disabled.
- It should be ensured that the physical activity campaign complements other social marketing, eg, smoking cessation and food and nutrition.

Actions

1.	The Culture Board should consider having a Health representative on its Board.	AG
3.	Progress report and measured results to be presented to the Board at a later meeting.	KW/AG
4.	Report required on the Sport England Physical Activity Survey and the Physical Activity LPSA to the Board.	PB

Anne Gosse and Paul Billington were thanked for their presentation and input.

2. Maternal Health

Jackie Gladden presented an update on the Maternal Health Strategy.

Comments

- What are the numbers for infant mortality? 5.9 per 1000 live births annually over 3 years. This works out at about 30 per year. The reasons for these deaths are currently being researched, to try and identify trends.
- It is hoped to introduce contraception education for teenage mothers before they leave hospital after the birth. Some teenagers, however, see being mother as a lifestyle choice.
- Is there more choice for women in terms of where they give birth? Home births are available and a birth center is being considered. The primary care sector needs to be re-educated to offer alternatives to Jessops. The private sector might also be an option and be engaged to provide a service.
- There are some childcare programmes available in schools, but these are geared towards meeting the needs of children who have to care for other siblings rather than those who become mothers themselves.
- SOHAS commissioned work on maternal health in the workplace last year and the results have been passed onto midwives so they can incorporate the recommendations into their work.
- Post traumatic stress can occur after birth and can put women off from having more children.
- Care needs to be taken over statistics as small numbers may not show real trends. Most statistics will be taken from across the city.

Actions

1.	Report to board on teenage pregnancy.	
2.	A further update on the maternal strategy required by the Board in due course.	

3. Minutes and Matters Arising

The minutes of the last meeting were agreed as a true and correct record, although Councillor Mick Rooney should have had his apologies noted.

- The Public Health Partnership Board will look at the Decent Homes and M1 Motorway Health Impact Assessments at their next meeting.
- The Super Casino HIA is near completion and will go back to Bishop Jack in August. The SFHW Board had agreed to monitor all HIAs and there was concern that this HIA had fallen out of the loop.
- An announcement of the proposal consortium for **work and employment** is due this week.

Action

1.	A copy of the working draft of the Casino HIA, as well as the final HIA, should be distributed to the Board.	
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4. Sheffield PCTs Service and Financial Strategy 2006/07 and Beyond

The scope for resources on health prevention and the wider programme of work will be limited and there is no scope for increased monies. The outcome of discussion with the VCF sector was:

- The VCF sector welcomes the new dialogue with the new PCT re the Inequalities Strategy and the Financial Turnaround Strategy. Discussion should include practice based commissioning.
- New dialogue re procuring and contracting services with the GP commissioning Groups ensuring it follows best practice guidelines.
- There was some concern about the line in the Strategy on Mental Health. This would be discussed further at a meeting called on 8th September 2006 with the Mental Health Sector.
- There is concern that the smaller voluntary groups within the city might lose funding and it was agreed the diversity of the sector should be supported and maintained.
- The Health Compact work is very valuable and should be supported.

5. Review of LAA Health Communities Roll Out Programme

Due to lack of resources, the Public Health Partnership Board has recommended that the geographically based areas of the LAA still be worked on, but that apart from black and ethnic minorities, the Communities of Interest should be put on hold. The Board reluctantly accepted this position but wanted it noted that it should still be an opportunity for the NRF strand.

6. Decent Homes Health Impact Assessment

Louise Brewins presented the HIA report to the Board, briefly outlining the 4 key outlines, which essentially make up the report. The Board was asked to:

- Endorse the findings of the report – specifically those referring to health improvement.
- With Sheffield Homes provide a formal response to recommendations of the report.
- Undertake further work on the 4th recommendation.

Comments

- Jean Cromar could provide information on falls prevention. There is a lot of work on this in Sheffield at the moment.
- The Fuel Poverty programme is ongoing re district heating supply.
- There should be a fast-track service for people struggling to heat their homes. This could be addressed, but there are other schemes that cover this.
- Value for money shows that area programmes are more cost effective than house-by-house assessments. However, exploring vulnerable households should be explored.
- How cost effective is this? It is hoped that this will be addressed if further work is undertaken.
- The strategy shows clearly the relationship between health and residents in A-C council houses. Health considerations when building homes and alternative therapies can impact on incidences of stress and respiratory disease. Perhaps it would be possible to draw together a whole range of community services for housing estates.

- The Strategy had been well received at the Sheffield Homes Board and this Board congratulated the compilers on a very accessible report, which should be used as a model for other HIAs.

Actions

1.	The report is currently hypothetical. It should be followed up with real data in a longitudinal study.	
2.	Comments to be taken back and a report will be brought back to the Board at a later date.	LB

7. Management and Operations

The Yorkshire and Humber bid to the Big Lottery Well-Being Fund focuses on 3 strands:

- empowering individuals
- support development of local enterprises
- flexible approach for staff and more sympathy to those with mental health needs.

Comments

- The inclusion of effective health interventions data is being addressed.
- VCF was concerned about the tight timescale for the first stage of the bid. If our bid is successful, it is hoped that the next stage should be over a longer period of time with a higher quality of engagement.
- The bid would focus on Communities of Interest as well as the poorest areas.

The Board endorsed the bid.

Communication Strategy: The Communication Leads discussed how to get out the key messages of the Sheffield First Partnership and agreed on a monthly bulletin and enhanced website.

The Communication Leads will liaise with PCTs and other media to ensure that coverage will reach beyond the membership of the Board. The Sheffield First Partnerships should also be drawn into the circulation.

It was noted that logos should not be included in any electronic communication to ensure ease of sending.

8. Any Other Business

The Department of Health has reopened the Communities for Health funding and we have been asked to resubmit existing projects. Further details awaited.

9. Date of Next Meeting

Wednesday 18th September 2006, 2.00-5.00pm, Town Hall.