

## SHEFFIELD FIRST FOR HEALTH COMMITTEE

### Minutes of Meeting Held on 28 May 2004

- Present:
- Mr Bob Kerlake, Sheffield City Council (Chair)
  - Cllr Steve Ayris, Sheffield City Council
  - Prof Rhiannon Billingsley, Sheffield Hallam University
  - Mr Paul Billington, Sheffield City Council
  - Mr Andy Buck, North Sheffield PCT
  - Ms Nikki Chavaudra, Voluntary, Community and Faith Sector
  - Councillor Jean Cromar, Sheffield City Council
  - Ms Helen Fentimen, Sheffield South East PCT
  - Prof Allen Hutchinson, University of Sheffield
  - Mr Charlie Khan, Voluntary, Community and Faith Sector
  - Ms Dawn Lockley, Sheffield South West PCT
  - Mr John McAvoy, Sheffield South West PCT
  - Ms Evelyn Milne, Sheffield City Council
  - Ms Ruth Mitchell, Voluntary, Community and Faith Sector
  - Mr Stephen Pintus, Sheffield First for Health, PSU
  - Mr Leo Quigley, Sheffield City Council
  - Ms Julia South, Sheffield City Council
  - Mr John Taylor, Sheffield College
  - Mr Nigel West, Voluntary, Community and Faith Sector
  - Dr Jeremy Wight, North Sheffield PCT
- Apologies:
- Ms Liz Howarth, South Yorkshire Ambulance Service
  - Ms Janet Soo-Chung, Sheffield South West PCT
  - Mr Kevan Taylor, Sheffield Care Trust
  - Ms Penny Thompson, Sheffield City Council
- Also Present:
- Ms Polly Rippon, Diva Creative
  - Ms Cathy Savage (note taker)

**91/04 Declaration of Interest**

There were no declarations of interest specific to the agenda items.

**92/04 Choosing Health**

Jeremy Wight tabled a short report on the "Talking Our Health" conference held on the 19 May 2004. A more detailed report on the conference is also available.

It was reported that the conference was very well attended with over 200 people attending. There was a video link with the Minister for Public Health.

It was agreed that in addition to the report of the conference, a separate response should be submitted from Sheffield First for Health.

After a discussion the following points were agreed

- The government need an explicit set of values to work from applied consistently across all policy areas in order to address the imbalances in health.
- There is a role for regulation and the government should create and use regulatory powers.
- The key issues that came from the conference, in order of priority are:
  1. Physical Activity
  2. Smoke Free Sheffield - with a voluntary ban for 2-3 years with an option for a compulsory ban.
  3. More funding for alcohol treatment services
  4. Funding for preventative health improvement work should come from the government.

### **ACTION:**

1. **Jeremy Wight will draft a response to go from Sheffield First for Health.**
2. **All members to comment back on the draft, so further points can be added if necessary.**

### **93/04 Health Inequalities Action Plan**

An update has been requested from 6 leads.

It was agreed that a seventh strand for Physical Activity should be added to the action plan.

Colour coding of these issues (traffic light system) will be added against targets.

### **93/01/04 Systematic Implementation of Best Practice for Preventative and Treatment Services**

This is being taken forward with key GPs and will be going forward to Joint Planning Groups (JPG). A matrix of interventions will be produced and brought to the next meeting and also taken to the JPGs.

**Action: Jeremy Wight to bring to next meeting.**

This is attempting to replicate the CHD initiative.

- 93/02/04 Improving Maternal and Child Health  
A draft strategy is being discussed with workshop participants. Comments will be collated and an action plan devised. A comprehensive package will be brought to the next meeting.
- Action: Helen Fentimen to bring to next meeting.**
- 93/03/04 Further Development of Health and Social Care Policy and the Development of Community Enterprise and Social Economy.  
This is progressing well. The home care initiative will be launched in September and primary solutions launched in June. The issue of social enterprise is being discussed at the next Social Inclusion Board. This work dovetails with work being done at the South Yorkshire level on procurement funded by Yorkshire Forward.
- 93/04/04 Fuel Poverty  
There is more work to do on this. A further update is requested for the next meeting.
- Action: Joanne Rooney to provide an update.**
- 93/05/04 Improving School Attendance and Support in Transition  
This is showing progress. In the second quarter there was an increase of 1% in the figures, showing that the strategy is making an impact. A full update to be provided at the next meeting.
- Action: Penny Thompson to provide an update**
- 93/06/04 Employment  
**Action: Jeremy Wight to email round the report on this.**
- 94/04 Health Inequalities Action Plan – Indicators**
- A report of the blanket of indicators was tabled by Steve Pintus.
- The index is to monitor change and is not an index of need.
- Overall Life Expectancy – Figures for male and female have been combined at a neighbourhood level to get sufficient numbers. The ranking of neighbourhoods show that the most deprived quintile is getting better compared to the average.
- Pregnancy and early childhood  
Intention to Breastfeed – This is a CHI indicator. This may improve as an indicator when the time of data collection is changed to when mother and baby are discharged.

Teenage Conception – The numbers are too small to be included at neighbourhood level. However the average age of mothers includes teenage mums and raising the average age in poorer areas closer to the average Sheffield level is a good proxy measure.

### Children and Young People

Indicators that reflect behaviour in relation to the education system have been chosen across primary and secondary schooling.

School Attendance – This covers attendance of primary and secondary school children and the numbers of people remaining in education. The same pattern that has been seen in other areas relating to deprivation can be seen with this.

Dental – This is linked to closely to deprivation.

### Access to Services

Emergency admission rates show a similar pattern. There seems to be a data anomaly in the city centre, maybe relating to the numbers of people living in the city centre.

Planned/Emergency Admissions hips and knees were chosen as the measure because of the numbers done. Something similar has been done for Chronic Disease. Again there is a similar pattern relating to deprivation.

### Tackling Major Killers

Circulatory and cancer – there is an issue over the susceptibility to change over a short period and whether this makes mortality a good indicator of change.

### More Vulnerable Groups

Data in this section is harder to source.

Emergency admissions rates for the over 65s reflects inequalities in the city.

Mental Health – This is measured by the first attendance rate in out-patients. Data from referrals for self-harm will be added at some point.

Accidents – This shows that children in poorer areas are more likely to have accidents.

Income Support – This is the single measure of deprivation used by the city council in successful neighbourhoods and serves as a comparator for the whole basket.

Movement in Neighbourhoods – Household movement is a measure of population mobility and the percentage of vacant properties, serves as proxy indicator of the impact of neighbourhood renewal.

The report was approved and the team commended for its hard work.

As next steps it was agreed that

- it should be published. It was suggested that this be produced annually as an annex to the Director's of Public Health reports in future years
- A composite index will be developed and presented to make clearer that this is not an indicator of need.

### **95/04 Active Sheffield Strategy**

A presentation of "City on the Move" was given by Paul Billington and John McAvoy.

Physical inactivity kills as many people as smoking and should be addressed in a similar way to smoking. It has been shown that there is a link between physical activity, mental health and depression.

30% of people meet target of 30 minutes of moderate activity five times a week. One of the plans is to get the nearly active more active. The greatest health benefits though, are gained by getting the sedentary active, and this is the area that needs to be concentrated on.

Emphasis needs to be put on the fact that physical activity isn't just about sport, it includes increasing the amount of walking and other activities around the house and garden.

It was suggested that design changes should be integrated into new buildings in order to build physical activity into people's lives. This is a debate still to be had with the planning department.

It was suggested that working with children could help with involving parents in physical activity. The issue of selling off school playing fields was raised; it was said that alternative arrangements or compensation will be made for affected schools.

Major employers, such as the NHS and the Council, should be leading by example. This is a significant area to work on.

It was agreed that the following areas need working on, in this order of priority:

1. Raising the awareness of the benefits of physical activity, emphasising that it is not just about sport.
2. Focus on increasing the level of walking.
3. Work with schools and workplaces on increasing the amount of physical activity.

A joint appointment of a Physical Activity Manager has been made to assist in delivery of these plans.

**Action:**

- 1. An action plan to be produced and brought to the September meeting for discussion.**
- 2. Paul Billington.**

**96/04**

**Adult Protection**

A report, action plan and publicity materials were presented by Leo Quigley. The report addresses areas to be worked on.

A board level audit tool was circulated, which identifies areas of strengths and weaknesses.

Financial abuse is not included in the action plan as this is looked at globally.

A comprehensive programme of training is available to the statutory, voluntary and independent sectors.

The following recommendations were approved:

1. Sheffield First for Health endorsed the arrangements for monitoring and reporting the implementation of the Plan.
2. Sheffield First for Health noted the new publicity materials for Adult Protection launched at the same time as the MP review.
3. Sheffield First for Health endorsed the Adult Protection Committee's proposal to submit a self-assessment audit to key local partner organisations, in order to establish a baseline for monitoring the impact of the Action Plan for Practice Review and Research. This should be carried out by the 1 October.

**97/04**

**Local Delivery Plan (LDP)**

A two page summary was tabled along with a more detailed summary of the LDP, for information.

It was agreed that this was a useful summary, the PCTs would like to issue the information to the public domain in a 'smarter format'

**Action:**

- 1. The summary paper will be taken to JPGs.**
- 2. Simon Gilby will circulate to the Heads of Service.**

**98/04**

**Minutes of the Meeting held on 26 March 2004**

The minutes of the meeting held on the 26 March were approved as an accurate record.

### 99/04 Matters Arising from the Minutes

#### 99/01/04 Alcohol Harm Reduction Strategy for England (Minute 83/02/04 refers)

A report is now available on the research done into the needs of vulnerable people in the city centre in relation to alcohol.

**Action:**

1. A summary of the report will be emailed to members.
2. Alan McGoran will present the report at the next meeting

#### 99/02/04 Caring for Carers Strategy (Minute 85/04 refers)

Ruth Mitchell stated that she has only received 2 responses in 4 months. She requested that people submit a report.

**ACTION: All organisations are again requested to prepare a report and forward to Ruth Mitchell**

#### 99/03/04 SFfH Public Health Committee (Minute 82/04 refers)

A date for the first meeting is due to be set for the beginning of July.

### 100/04 Business Reports

#### 100/01/04 Small Grants – Ruth Grainger

This will be carried forward to the next meeting.

#### 100/02/04 Sheffield First for Health Newsletter – Julia South

Endorsement was given by the group for Julia to approach members to interview them for the review of the newsletter.

Julia asked for preliminary views on the newsletter and also pointed out that the editorial group is down to 2 people, she feels that this is not representative of the group and would like more people to be involved.

Views expressed were:

1. The Voluntary community feel that it is important to have consistent health messages across the different communities in the city.
2. The committee felt that the newsletter was valuable.
3. The editorial team should include a non-executive for an overall picture of the PCTs.
4. There should be more on older people from ethnic minority communities.

**Action: Julia will report back to the next meeting.**

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100/03/04 Sheffield First for Health Partnership Manager  
The post will be advertised in the Guardian in the next few weeks and may also be publicised in the local press.

The Co-Chairs of the Committee will be on the interview panel along with Jeremy Wight, Evelyn Milne and a representative from the voluntary sector. Jean and Rhiannon volunteered to assist if Evelyn was unavailable.

**101/04 Any Other Business**

101/01/04 Two more representatives on the committee are needed from the voluntary, community and faith sector to replace members that have left. It was agreed that just before the summer was not a good time to recruit and so in the interim, other representatives will be allowed to attend in a non-voting capacity.

101/02/04 Bob Kerslake reported that he had received a letter from UK transplant about the organ donor leaflets being included with Council Tax. To date 4396 new donors have registered as a result.

**102/04 Date of next meeting**

The next meeting of the Sheffield First for Health Committee will take place at 1:00pm on Friday 30 July at the Town Hall.