

**Minutes of the Sheffield First for Health and Well-being Partnership Board**

**30 September 2005, 2pm-5pm, Sheffield Town Hall**

**Present:**

Bob Kerslake (Chair)	Chief Executive, Sheffield City Council
Andy Buck	Chief Executive, North Sheffield PCT
Dr Jeremy Wight	Director of Public Health, North Sheffield PCT
Pam Stirling	Sheffield Care Trust
Ruth Mitchell	VCF Representative, MIND
Jonathon Crossley-Holland	Executive Director, Children and Young People, Sheffield City Council
Steve Pintus	
(for Janet Soo Chung)	South West Sheffield PCT
Louise Brewins	West Sheffield PCT
(for Simon Gilby)	
Miriam Cates	VCF Representative, St Thomas Church
Cath Roff	Director of Community Care, Sheffield City Council
Cllr Jean Cromer	Cabinet Adviser, Sheffield City Council
Cllr Ian Auckland	Health and Community Care Scrutiny, Sheffield City Council
Prof. Allen Hutchinson	Public Health, SchARR
Rhian Harding	VCF Representative, South Yorkshire Energy Network

**Support Team:**

Roz Davies (Notes)	Health Partnership Manager, Health Partnership Team
Kieron Williams	Healthy City Co-ordinator, Health Partnership Team

**Attending:**

Jane Brown	Director, Sheffield First
Nigel West	Health, Housing and Social Care Manager, VAS
Nick Pearson	Chair of Health Compact Steering Group, SOHAS

**Apologies:**

Freda Cotterell	VCF Representative, Blackcard
Gary McGrogan	Directorate of Environment and Leisure, Sheffield City Council
Andrew Cash	Chief Executive, Sheffield Teaching Hospital Trust
Karl Tupling	Director of Housing, Sheffield City Council
Evelyn Milne	Director of Regen and Partnerships, Sheffield City Council
Rhiannon Billingsley	Faculty of Health and Well-being, Sheffield Hallam University
Sue Cooper	Director Corporate Development, SY Ambulance Service
Helen Fentimen	Chief Executive, South East Sheffield PCT

**1. Introduction and Declarations of Interest**

There were no declarations of interest registered at the meeting.

**2. Minutes and Matters Arising**

Minutes were agreed as a true and accurate record.

**Actions**

1.	Agreed to receive future paper on proposals for revising terms of reference and communications	RD
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2.	Identification of Champions and completion of annual action plans	RD/ALL
3.	Urban Planning Update at next meeting	KW/DC
4.	Commissioning a Patient led NHS standing agenda item for SFHW meetings	RD

### 3. City Strategy

- Jane Brown was introduced as the new Director of Sheffield First.
- Jane gave a brief verbal update on progress with the city strategy.
- City Strategy launch event to be held on 31 October at the City Hall

#### Actions

5.	Circulate the City Strategy	JB
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### 4. LAA: Enhanced Public Health Programmes

- Jeremy Wight presented the circulated three year plan which has been produced following the first six month trailblazer period of delivery of the healthier communities block of the Sheffield LAA.
- Each of the neighbourhood trailblazers took a different approach to developing the business cases based on local circumstances, community infrastructure, existing work and resources.
- The total target population for the programme has been identified equating to a total of 36% of the total Sheffield population.
- The communities of interest element of the programme is now going to be implemented through health needs assessments to be applied across the priority neighbourhoods and used to challenge existing city wide policy.
- Work to be completed includes completing the basket of indicators and identification of resources.
- SFHW approved the three year plan.

#### Key Points Raised:

##### Community Capacity Building and Engagement:

- LAA is being used as a vehicle to strengthen relationships with communities and frontline workers building an understanding of local health issues and determinants. This is critical to the successful reduction of health inequalities.
- Health compact will become increasingly important.
- Need to ensure we are working closely with existing structures/staff working in our priority communities, e.g. area co-ordinators.

##### Level of Intervention:

- There are different levels and types of interventions depending on resources and timescales. We can develop specific targeted primary/medical interventions focused on older people and specific conditions, e.g. CHD and Diabetes which are most likely to impact on life expectancy targets in the next five years based on CIRC experience. We also need to take a longer term root causal/preventative approach to reducing health inequalities involving wider public health interventions which are much more difficult to directly link with specific outcomes although there is an evidence base to using many of the interventions, e.g. exercise, diet and smoking 'Choosing Health' type related interventions.

- Measuring success is very difficult, we can measure process and there are proxy outcomes and predictor measures, e.g. number of people smoking at 21.
- Would take a small percentage of total combined PCT and LA budget to have a significant impact on life expectancy in the next five years if resources were directed at an enhanced primary/medical programmes as described above
- Also need to look at wider approaches to unlocking barriers, e.g. where communities are engaged through other activities, e.g. Heeley Farm, public health interventions to improve healthy lifestyle choices can be incorporated in a more accessible manner.
- Need also to get the medical interventions right in terms of statins etc.

#### Approaches taken by Trailblazers:

- Only the Burngreave model was developed on the basis of potential significant additional resources. This approach meant that specific primary/medical interventions could be identified including measured outcomes.
- Other areas took a low cost/no cost option based on wider longer term preventative public health activities. The key issue which came up in two of the areas was around access to services, information and facilities. In some cases services are available but uptake is low.

#### Communities of Interest:

- The BME trailblazer has resulted in a health needs assessment. One of the key issues which has been identified is the need to improve monitoring systems which is recognised at a national level.

#### Resources and Future Developments:

- There is a great deal of work already happening in the city which impacts on reducing health inequalities and it is important to take a multifaceted approach including engaging and empowering communities and long term public health interventions. It is also important to note that if we want to make a step change in health inequalities we need to move from the 'lab bench to industrial scale' level of intervention and this requires significant investment.
- Are there activities we are currently investing in that could be drawn back to resource this programme?
- Need to develop this model to estimate the total cost of targeting our priority communities and potential outcomes.
- Need to ensure we tackle the health challenges for children and young people.
- Need to evaluate the model in order to measure success and allow for potential replication.
- Need to consider impact of taking a resource intensive primary care intervention model on the three trailblazers which took a different approach.
- Need to consider options for drawing in resources, e.g. unallocated £1million of NRF in 07/08. Need to flag issue up at Sheffield First Agreement Board.
- Need to continue implementing business plans already built in trailblazers

#### Actions

6.	Build a model of intervention including resource requirement and potential outcomes/impact on life expectancy taking into account discussions at SFHW	PHPB
7.	Flag up issue at SF Agreement Board	BK/AB
8.	Continue development of trailblazers work	PHPB

## 5. Health Compact

- Nick Pearson presented the protocols which have been developed to implement the Health Compact. These are:
  - Funding
  - Partnership Working
  - Consultation and Participation
- The protocols were tested in principle through the trailblazer work within the LAA and will set the standards for the relationship for on-going delivery of the LAA.
- There needs to be a change in the relationship between the VCF and the NHS including the VCF raising its game.
- Next steps include the draft executive summaries being sent out for consultation across the health partnership network. The protocols will be available on the SFHW website.
- A launch conference is being held on 29 November.
- No resources have currently been gap in terms of implementing the health compact
- Overall, the protocols were agreed and endorsed by SFHW.

### Key Points Raised:

- Need to be clear that there are no additional grant funding available and need clarity over the use of the work 'bid'
- Consider potential of incorporating health compact work into existing training with relevant NHS/VCF groups
- Consider potential of a public sector compact relating to the LAA

### Actions

9.	Incorporate key points raised into future discussions	HCSG/NP
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## 6. LAA: Older People

- Cath Roff gave an update on work emerging from the LAA Older People Block.
- Wider context is the imminent white paper on care outside of hospital and the related 'Your health, Your Say' consultation in addition to the PCT reconfiguration.
- The Strategy for an Ageing Population is currently being developed and due to be in draft by December.
- There has been an intensive piece of work over the summer resulting in a £3.8million bid for the Partnership for Older People Project focused on community based preventative working to ultimately reduce avoidable emergency admissions.
- Ministers will be announcing the results in November.
- This process has improved partnership working and community engagement across the city.
- The pressure within the health economy has a significant impact on this type of preventative upstream work.
- SFHW approved the report.

### Key Points Raised:

- Ministers are looking for a big idea and we could increase the potential in the model we are developing if we could test out a more locally flexible approach, e.g. removing some of the potentially perverse incentives/restrictive systems. Could incorporate into discussions with GOYH relating to Freedoms and Flexibilities.

- Need to acknowledge the wider complexities of the national reforms which can lead to conflicting priorities locally.

## Actions

10.	Incorporate conclusions into discussions with GOYH	CR/BK/AB
11.	Further consideration to be given to the big idea approach	CR

## 7. Commissioning a Patient led NHS Update

- Andy Buck gave a verbal update on the Commissioning a Patient Led NHS process.
- The government is currently at the midpoint of the NHS modernisation plan. Considerable reforms have already taken place with the development of PCT's, Foundation Trust hospitals and changes in targets, investment, and financial systems managing the NHS.
- The key objectives identified for the changes relating to 'Commissioning a Patient Led NHS includes strengthening commissioning and rebalancing the system, potentially separating provision from commissioning, £250 million of savings through 15% management and administration cuts.
- On 17 August SY PCT's submitted proposals with 5 strategic priorities:
  - Public Health
  - Children's Services
  - Older People Services
  - Needs and demand led health services/interface with acute trusts
  - Financially balanced health systems
- In Sheffield recommendations were that the 4 PCT's merge into 1.
- The PCT would act as a host for public health leadership and resources but would lead a multi-sectoral partnership approach wider than the NHS
- The PCT's would like to accelerate the integration of Children's Services within the reconfiguration process.
- SYSHA has broadly endorsed the proposals and will submit it's proposals on 15 October.
- Awaiting guidance on the human resources aspect of the change.
- Boundary changes due by October 06 but could happen by April 06
- Ambulance services will be re-organised to a regional level.

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### 6. AOB

Bob Kerslake thanked the individuals and organisations which have been involved in the tremendous amount of hard work over the summer to progress the Trailblazer Enhanced Public Health Programmes, the Partnership for Older People's Project and the Health Compact.

### 7. Date of next meeting

Monday 30 January, 2-5pm, Town Hall

**Roz Davies, Heath Partnership Manager, October 05**