



**Minutes of the Sheffield First Health & Well-Being Partnership Team  
Wednesday 26 September 2007**

**SUMMARY OF ACTIONS:**

Item 3: Children & Young People

1.	Maternal mental health to be addressed by the CAMHs group	FC/JW
2.	Distribute information regarding dental care of under 5's	FC/JW
3.	Investigate data at a GP Practice level	FC/JW
4.	Consider how child health key issues feed into the general health inequalities work of SFHW	All

Item 4: Alcohol

5.	Develop a progressive pooled budget approach	JDG/JW
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Item 5: Tobacco Control

6.	Need to investigate working with VCF sector	JW/JS
7.	Consider options for more flexible approach to delivery	JW/JS
8.	Update at next meeting	JW/JS

Item 6. LAA

9.	Report back to the Board at the November Meeting	JW/CR
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Item 10: Any Other Business

10.	City Region and the Economic Master Plan to be a future agenda item	BK
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**Minutes of the Sheffield First Health & Well-Being Partnership  
Wednesday 26 September 2007, 10.00am-1.00pm, Town Hall**

Present: Jan Sobieraj, Chief Executive, Sheffield PCT  
Cllr Ian Auckland, Shadow Cabinet Member Adult Services, Sheffield City

Council

Cllr Denise Fox, Cabinet Adviser Adult Services, Sheffield City Council  
Cllr Ray Satur, Sheffield City Council  
Cllr Mick Rooney, Cabinet Adviser Adult Services, Sheffield City Council  
Cath Roff, Director Adult Services, Sheffield City Council (for part)  
Jeremy Wight, Director of Public Health, Sheffield PCT  
Elaine Brookes, Principal Consultant Physical Activity, Sheffield Hallam University  
Rhian Harding, VCF Sector Representative, Heeley City Farm  
Ruth Mitchell, VCF Sector Representative, Sheffield MIND

Ian Ashmore, Sheffield City Council (on behalf of Gary McGrogan)  
Chris Love, VCF Rep, Healthy Cross

In Attendance: Jo Daykin-Goodall, Drug Action Team, Sheffield PCT  
Jane Anslow, Voluntary Action Sheffield  
Frances Cuning, Sheffield PCT  
Jasmine Warwick, Voluntary Action Sheffield  
John Soady, Sheffield PCT  
Juliette Rosser, Sheffield PCT

Support Team: Roz Davies, Manager, Health Partnership Team  
Kieron Williams, Healthy City Co-Ordinator  
Karen Webster, Administrator, Healthy City Team

Apologies: Sir Bob Kerslake, Chief Executive, Sheffield City Council  
Tony Pedder, Chair, Sheffield PCT  
Chris Sharratt, Chief Executive, Sheffield Children's Hospital  
Professor Allen Hutchinson, University of Sheffield  
Nick Pearson, VCF Representative, SOHAS  
Frances Burton, VCF Representative, Sheffield Wildlife Trust  
Freda Cotterell, VCF Representative, Black Card  
Andrew Cash, Chief Executive, Sheffield Teaching Hospitals Trust

1. Welcome Introductions & Apologies

- Introductions and welcome
- Apologies

2. Declarations of Interest

- None.

**STRATEGIC DISCUSSIONS**

3. Children & Young People

Frances Cunning gave a presentation on the health of children and young people in Sheffield.

Key Points Raised:

- There are 3 key priorities smoking, teenage pregnancy and breastfeeding
- There is considerable work to be done in terms of breastfeeding including challenging current wider cultural attitudes
- BME communities require a different approach when tackling breast feeding, smoking, teenage pregnancy.
- Dental health needs more work, there are big differences across the city. The time may be right to have a wider discussion around water fluoridation. A graph showing dental care of under 5s will be circulated with the minutes.
- The Board supported the need to identify maternal mental health as a priority.
- Mental health is a big issue in children It has been shown that early prevention has benefits in later years and this needs expanding.
- GP practices have statistics that show how many pregnant women smoke, incidence of teenage pregnancy and breastfeeding, but it is not direct data, eg, most children don't go to their family GP practice if they become pregnant.
- *How is a teenager defined?* Statistics are measured in 3 bands: Under 18 conceptions, conceptions measured under 16 and measured from 16-18. 18 and 19 year olds are not counted in this context.
- Alcohol consumption is not necessarily a pre cursor for pregnancy. There are a number of factors that can be attributed to incidence of teenage pregnancy.
- *Has there been resistance from schools in terms of health promotion?* Not aware of any, although there are specific packages targeted at some schools. The schools are well served in Sheffield, but high aspiration in youngsters is the best form of contraception.

Actions:

1.	Maternal mental health to be addressed by the CAMHs group	FC/JW
2.	Distribute information regarding dental care of under 5's	FC/JW
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4.	Consider how child health key issues feed into the general health inequalities work of SFHW	All

4. Alcohol

Jo Daykin-Goodall reported on the Alcohol Strategy commissioned by the city. There are 2 strategies, one for adults and one for children. The strategies have now been published and come with a CD Rom with the whole information package. These will become available from across the city from next week.

Key Points Raised:

- *Do alcohol dependency units concentrate on binge drinkers?* The treatment system concentrates on binge drinkers who come into contact with the law and require brief intervention and prevention. It also looks at dependent drinkers who require more individual work. This area needs to be improved.
- *What are safe levels of drinking?* Understanding alcohol limits used to be easier as it was so many units per week for men and women. However this has been reviewed and more is now focused on daily intake.
- *Is the balance of spend from the overall substance misuse budget correct, or is there some room for manoeuvre and Is there a ballpark figure to aim for a practical service that will make a difference?* Balance of spend is not evenly split between drugs and alcohol but there is no room for manoeuvre either. Budgets are ring fenced for drug users and there is no slack in the system. What is needed is additional resources for money for alcohol misuse treatment. We need a 3-5 year strategic plan with at least £500,000 in the first year, approximately double the current spend.
- *How do you envisage partnership working in terms of this programme?* The drug treatment service in Sheffield succeeds partly because of partnership working which is a change of culture from past working. There is currently no extra funding available to help tackle alcohol prevention.

- Alcohol is a real problem for acute trusts.
- *Which other Partnership Boards discuss alcohol?* Safer Communities commissioned the Strategy, and a business case will be presented to Sheffield First.
- There is good evidence to show that investing in alcohol treatment saves money in the long run, not just in health, but in other areas too, eg, police time and for employers. It is suggested that the city develops a progressive pooled budget across sectors to deliver a strategic plan. This would also fit in with the Local Area Agreement.
- *Are the areas of deprivation for health the same as those for alcohol abuse?* Some people go outside their local area to get help for drug abuse, so this doesn't necessarily follow. Alcohol dependency has different faces and is prevalent across the city.

Actions:

5.	Develop a progressive pooled budget approach	JDG/JW
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## 5. Tobacco Control

Jeremy Wight gave a brief update to the Tobacco Control presentation given at the last meeting.

Key Points Raised:

- A reflective piece of work needs to take place regarding progress of quitters.
- The work with employers is part of the self-referral category
- There is a CD of brief intervention and awareness training commissioned for Doncaster and Barnsley available from Elaine Brookes.
- Community events and localised groups need to be targeted. It is a very resource intensive area and needs more engagement to establish links. There are some community organisations that offer local stop smoking services however this is currently producing small number of referrals.
- *Is targeted work going on in universities, etc?* There is a programme specifically targeted at young people working in tandem with the health service and welfare officers in the universities and student unions. However, this age group is difficult to target and uptake is low.
- *Should we offer more flexible user-friendly training sessions?* Examples of this being done so far include a clinic has been set up in First Point, which takes place once a week. There are also clinics in the Town Centre, and Midland Mainline has a clinic for staff. There is no compulsion for people to attend each session and it is quite flexible, but attendees have to have an initial assessment.

Actions:

6.	Need to investigate working with VCF sector	JW/JS
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## **BUSINESS**

### 6. Local Area Agreement

Roz Davies updated the Board on the national and local context for the new Local Area Agreement in preparation for future decisions to be taken by the Board.

Key Points Raised:

- *Have we benefited from flexibilities? If so, what flexibilities are we going to negotiate with GOYH?* This aspect of LAA's has been largely unsuccessful for Sheffield.
- *What consultation is happening within the LAA process?* It will be up to the City Performance Board to decide how to identify priorities, processes etc. There are time constraints.

- Health inequalities will be a priority, it is especially important for Sheffield? This has been reiterated by Sheffield, so it will be addressed even though it isn't a national priority.

Action:

9.	Report back to the Board at the November Meeting	JW/CR
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#### 7. Achieving Balanced Health – PCT Strategy

Simon Kirk gave a brief presentation on Achieving Balanced Health.

##### Key Points Raised:

- What are the budget pressures over the coming years and will it have an impact on the coming strategy?* There is an awareness and clear understanding of the situation and the related budget spending. There is within the strategy a spending timetable over the next 5 years.

#### 8. Minutes and Matters Arising

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

- An initial meeting to discuss strategic needs assessment took place at the beginning of summer and a couple of strands of work have been put in place. There is a further meeting on Tuesday of next week looking at the work obtained so far. An index of information may be developed as the most fit for purpose piece of work to come from this. The timetable for the strategic needs assessment has slipped to April next year.
- The Board noted that 'Local Improvement Networks' in the previous minutes should read 'Local Involvement Networks'.

#### 9. Activity and Progress Report

This will be circulated to the Board this week. Main points include:

- Health Champions Big Lottery Group now in place
- WHO Healthy Cities Conference taking place in Rennes in mid October.
- Cllr Ray Satur has joined the Board membership.

#### 10. Any Other Business

The last South Yorkshire Open Forum meeting, attended by Ruth Mitchell, mentioned the City Region. How is the Board going to respond to the City Region? There is a big infrastructure that manages hospital activity flows, and as a result the regional PCTs are already networked to deal with various health services. The configuration in terms of the 'city region' will not be changed fundamentally.

10.	City Region and the Economic Master Plan to be a future agenda item	BK
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11. Date of Next Meeting: 10am-1pm, 22 November 2007