

# WEST MIDLANDS REGIONAL ASSEMBLY

## NOTES OF REGIONAL HEALTH PARTNERSHIP MEETING HELD ON THURSDAY 6 APRIL 2006

### Present

David Littlemore (Chair)	- West Midlands Regional Assembly
Allison Orchard (Notes)	- GOWM/West Midlands Public Health Group
Musarrat Afza	- Health Protection Agency, West Midlands
Janet Baker	- GOWM/West Midlands Public Health Group
Peter Boileau	- CSIP, West Midlands
John Cunningham	- Learning & Skills Council
Cllr Steve Eling	- West Midlands Local Government Association
Amy Forrest	- University of Central England
Catherine Goodridge ( <i>item 5</i> )	- GOWM/West Midlands Public Health Group
Sue Holmyard	- Dudley MBC
David Lanfear	- Sport England, West Midlands
Cavelle Lynch	- OSABA Family Centre
Zena Lynch	- West Midlands Regional Assembly
Kate O'Hara	- CSIP, West Midlands
Elaine Russell	- Ladywood Healthy Living Centre
Gary Saunders	- Confederation of West Midlands Chambers of Commerce
John Sharp	- BMI, Healthcare
Dr Rashmi Shukla	- GOWM/West Midlands Public Health Group
Dr Chris Spencer-Jones	- South Birmingham PCT
David Taylor	- University Hospital Birmingham NHS Trust
Mike Tiddy ( <i>item 6</i> )	- NHS Purchasing & Supply Agency

### ACTION

#### 1. APOLOGIES

Apologies had been received from Mark Britnell, Professor David Ashton, Cllr David Beechey, Julie Burgess, Dr Jacky Chambers, Dr Rob Cooper, Marion Davis, Steve Fitzgerald, Sharon Gray, Graham Jones, Dr John Kemm, Cllr Mc Grath, Professor Ian McPherson, Professor Edward Peck, David Roberts, Karen Saunders, Catherine Smith and Dr Andy Wakeman.

#### 2. MINUTES FROM THE MEETING HELD ON 10 JANUARY 2006 AND MATTERS ARISING

The minutes of the meeting held on 10 January were accepted as an accurate record of the meeting.

#### 2.1 Item 2.3 – Big Lottery Fund Proposals

Zena reported that she had had an initial meeting with Jane

Puzey from the Big Lottery Fund about the two proposals that she has written. Zena stated that for the well-being programme, all bids have to be a minimum of £1m and there has to be a lead organisation. The template will be launched on 10 April and outline proposals, including financial details, have to be submitted by the end of July. Zena will be meeting Jane again on 10 April.

## **ACTION**

### **2.2 Item 4 – Improving Mental Health and Well-Being in England**

Zena referred to the response that she had drafted on behalf of the RHP to the EU Green Paper on Improving the Mental Health of the Population which had been circulated to the RHP. Zena had not received any comments to the response and therefore she will send the final version.

**Z Lynch**

Janet stated that a response had also been sent on behalf of the RHP to the EU Green Paper on Nutrition and Physical Activity. The key points within the response were about the review of the common agricultural policy and food labelling across Europe re. salt, fat, saturated fat and sugar content. David Beechey raised the issue of the common agricultural policy when he visited Brussels in February.

### **2.3 Item 7 – Regional Spatial Strategy (RSS) and Health Task Group**

Zena reported that the RSS and Health Task Group has now been set up and the first meeting of the group will take place on 13 June. David Littlemore will chair the group. Members of the RHP who are interested in participating in this group or have a person within their organisation who may be suitable should contact Zena ([z.lynch@wmra.gov.uk](mailto:z.lynch@wmra.gov.uk)).

**All**

Janet stated that the Regional Housing Partnership has been asked to translate the regional housing projections into populations as this is important in planning NHS services.

Rashmi stated that it was clear from the “Planning for a Healthier Region” workshop held in November that PCT engagement was an issue and discussions need to take place about how to continue to engage PCTs during the current re-organisation of the NHS.

**Z Lynch**

## **3. CHOOSING HEALTH IN THE WEST MIDLANDS**

Rashmi Shukla, Regional Director of Public Health gave a brief overview of the recently published report “Choosing Health in the West Midlands” and then focussed on the key points within

the obesity chapter.

The main points to note were:

- The report was launched in March this year.
- West Midlands has the highest level of obesity in females and is the fourth highest in terms of males.
- If the population is more affluent, then it is more likely that they will eat 5 portions of fruit and vegetables per day.
- The Asian population eats the least proportion of fruit and vegetables per day.
- Almost 45% of schools in Telford & Wrekin have a whole school food policy compared to 13% in Solihull. These figures are based on Local Authority boundaries.

The presentation was then followed by questions.

John Sharp referred to the two centres within the NHS that carry out surgical operations for obese people and asked if this was going to be expanded to other hospitals.

Chris Spencer-Jones responded that Birmingham and Solihull are working together to produce a strategy which will incorporate both medical and surgical responses to obesity. The numbers of people having surgery is currently very low but it is increasing. In Birmingham, it is expected that there will be a 30 fold increase in the numbers of people having surgery over a period of 5 years. The operations are likely to be concentrated into one or two centres but if demand increases beyond the capacity for the centres, then there maybe consideration of an expansion.

Cavelle Lynch stated that in Coventry there are issues around people from the Afro-Caribbean group adding salt to everything they eat including fruit. Cavelle asked if any work had been carried out in trying to educate people from the minority ethnic groups. Rashmi agreed to look into this through Coventry PCT.

Sue Holmyard stated that one of the difficulties is encouraging small shopkeepers to make it economically viable to sell perishable food. Chris referred to a project funded by Sandwell Health Action Zone a few years ago where local shopkeepers in food poverty areas were subsidised and a sale or return scheme was introduced. The project was not successful as people were not buying the goods.

Chris stated that schemes are being run in South Birmingham with primary schools where children have a garden and grow their own vegetables and then they cook the vegetables

## ACTION

**R Shukla**

themselves.

Rashmi commented that it would be useful for the RHP to focus on children around the food agenda as adults have a choice and children do not exercise choice until they are older.

## **ACTION**

**Z Lynch**

#### 4. **CHOOSING A BETTER DIET – THE WAY FORWARD FOR THE WEST MIDLANDS**

Catherine Goodridge, Regional Five a Day Co-ordinator for the West Midlands gave a presentation on Choosing a Better Diet – the way forward for the West Midlands.

The main points to note were:

- The Food and Health Action Plan focuses on 5 key areas:
  - healthy eating in a consumer society;
  - children and young people;
  - healthy eating in the communities;
  - promoting healthy eating in the NHS; and
  - healthy eating in the workplace.
- There were 3 interesting studies in the Magistrate newsletter in May 2005. These were carried out in:
  - Durham on 6-11 year olds.
  - Aylesbury Prison on 18-21 year olds.
  - Schools in the US on 5-10 year olds.
 The article can be downloaded from the website [www.magistrates-association.org.uk](http://www.magistrates-association.org.uk).
- Healthy Start – reform of Welfare Food Scheme. This has been piloted in Cornwall and will be rolled out later this year. Vouchers can be redeemed at local shops for milk, powdered milk and fruit and vegetables.
- National Healthy Schools Programme – there are now four themed areas that schools have to work to and one of these is food.
- Food in Schools programme – a Food in Schools Toolkit has been produced and a pack has been sent to every school in the region. Regional training events have taken place to support the delivery of the pack with a particular focus on developing a whole school food policy. A lot of work has taken place on transforming school meals but this needs to be joined up at a local level.
- School Fruit and Vegetable Scheme – all 4-6 year olds receive a piece of fruit/vegetable each school day.
- A survey was carried out in all primary schools in the West Midlands in order to identify their current position in terms of food in schools. There was a 51% response rate to the survey (895 schools responded). The survey was carried out before the Food in Schools Toolkit had been distributed.

**ACTION**

- There was a Five a Day stand at the Education Show and visitors to the stand were asked what their 3 top priorities were around Food in Schools. The 3 top priorities were:
  - Whole school food policy;
  - Improving school meals; and
  - Healthier lunchboxes.
- A range of promotional materials about healthy eating have been produced for secondary schools. A letter has been sent to secondary schools in the West Midlands giving the details of where these materials can be requested.
- There are 9 funded community 5 A Day initiatives and Catherine circulated a booklet called “5 A DAY – Just Eat More” which gives details of these initiatives.
- A letter has been sent to all Universities, Colleges and Sixth Form Colleges in the West Midlands in order to draw their attention to the Fuel for Living campaign. A booklet has been produced called “Fuel for Living” which gives recipes and ideas to help reach 5 A Day.
- 2 projects are being developed with Advantage West Midlands on smoothie bars and healthy vending machines.
- A healthy catering policy is being developed for Government Office, West Midlands.
- NHS as a role model – mystery shopping has taken place across the region looking at the vending machines and restaurants within the Acute Trusts.

5. **PUBLIC SECTOR FOOD PROCUREMENT**

Mike Tiddy from the NHS Purchasing & Supply Agency did a presentation on Public Sector Food Procurement. Mike works with the Department of Health on the implementation of the Food and Health Action Plan in terms of the purchasing side.

The main points to note were:

- A supply chain excellence programme was introduced and this delivered enormous savings throughout the NHS.
- The next tranche of movement is towards collaborative hub purchasing and this is where Trusts come together to provide one contract for IT, food etc.
- Sustainable food – this applies globally. There are five major strands of activity that they encourage into every contract that they offer Trusts.
- Food Standards Agency traffic light system – all products which are under contract and Trusts can purchase are on the website and Trusts are able to see the salt, fat and sugar contents in each of the products. Each product is labelled High, Medium or Low. This tool is only available to the NHS.
- Future contracting – work will begin with other public sector

providers and this will include contract caterers.

The presentation was then followed by questions.

Rashmi asked about sustainability in relation to environmental impact and the role of the Purchasing and Supply Agency. Mike stated food miles is an issue as within EU procurement, food miles is something that PASA has no control over. PASA do ensure that when they purchase a product that they maximise the opportunity that local producers can give. Rashmi stated that this is an area that the RHP needs to discuss.

Chris Spencer-Jones commented that one area that seems to be developing is the lower nutritional value of foods as the soil depletes. Mike responded that it is a lot easier to sell fruit and vegetables that look nice to eat even though they have a lower nutritional value than ones that do not.

Janet asked if data is available in the region in order to see how Trusts perform on procurement. Mike responded that this information is collected in England but it is not broken down regionally but would be willing to look at this data.

Sue Holmyard stated that through the Local Strategic Partnerships, Local Authorities are developing Health Inequalities strategies and one of the key areas within these strategies will be obesity. Dudley has developed a Health Inequalities checklist so that whenever a new policy/strategy is developed, it has to be looked at in terms of how it will impact on health inequalities.

John Cunningham commented that most projects do not continue when the funding ceases. The projects therefore need to be in the schools' curriculum as if it meets the national curriculum, then the schools will continue with the projects. In the West Midlands, the Learning & Skills Council spends over £140m on health care courses and it would be useful to have a component about personal health in the curriculum of these courses. Janet stated that it would be useful to include it in the basic skills training.

## 6. **ANY OTHER BUSINESS**

### 6.1 **Regional Health Strategy**

Zena referred to the document that had been circulated prior to the meeting outlining the methodology for the preparation of a Regional Health Strategy. Zena will be attending the other Regional Assembly partnership meetings to outline the process

## **ACTION**

**Z Lynch**

**M Tiddy**

**J  
Cunningham  
Z Lynch**

**ACTION**

and to ascertain the details of their health priorities and actions that they would like to see referred to in a Regional Health Strategy. A desk-top exercise will also be carried out on a sample of regional strategies in order to identify the key health messages. An issues paper will then be circulated for the July meeting of the RHP. Any work that is carried out will have to be in line with the Regional Sustainable Development Framework.

Rashmi stated that ownership of the strategy should be with the Regional Assembly.

Steve Eling commented that added value is an issue and consideration needs to be given about what stakeholders are going to achieve from buying into such a strategy.

David Taylor stated that the Medical Technologies Cluster within Advantage, West Midlands may be able to add some value to the strategy as they have done some work with SMEs.

**6.2 Female Genital Mutilation (FGM)**

Cavelle Lynch reported that a seminar was held on 6 March about the issues of FGM in the West Midlands region. Zena did a presentation at the seminar about how FGM can be incorporated into the work of the RHP. Following the workshop, a report has been produced and Cavelle will circulate this to the RHP.

There is only one hospital in the region that will carry out the reversal of the procedure. This hospital has been doing this for 3 years and has seen approximately 500 women. There are also clinics in London, Sheffield and Liverpool.

In Coventry, a focus group has been set up by the Coventry Safeguarding Children Board to raise awareness of FGM, promote good practice and to provide a forum for networking between professionals.

Rashmi stressed the fact that FGM is an illegal practice in this country and health professionals need to be trained in what action to take in a sensitive manner.

**6.3 Deficits and Job Losses at NHS Hospitals & Changes to NHS Dental Care**

As Gary Saunders had to leave the meeting early, David asked

Zena to follow these items up with Gary.

7. **ROUND TABLE UPDATE**

Rashmi stated that thought needs to be given about NHS membership on the RHP due to the current re-organisation.

8. **DATE OF NEXT MEETING**

The next meeting will take place on 6 July at 10am at The Regional Partnership Centre.

**ACTION**

**Z Lynch**

**Z Lynch**