Aneurin Bevan University Health Board

Minutes of the Public Health and Partnerships Committee
held on Thursday 11th December 2014

Present:
Professor Helen Houston - Chair/Independent Member (University)
Frances Taylor - Vice Chair/Independent Member (Community)
Jane Carroll - Independent Member (Trade Union)

In Attendance:
Dr Gill Richardson - Executive Director of Public Health
Dr Sarah Aitken - Consultant in Public Health Medicine
Bobby Bolt - Divisional Director, Primary Care &
Dr Jane Layzell - Consultant in Public Health Medicine
Colleen Bright - Head of Partnership and Network Planning
Sam Crane - Head of Partnerships and Networks
Diane Kirkland - Principal Public Health Practitioner
Martin Davies - Communities First Programme Integration Manager, Welsh Government
Emma Davies - Regional Collaboration and Improvement Officer, Torfaen CBC
Sarah James - Health Officer, GAVO
Richard Griffiths - NHS Management Trainee (Planning Division)
Anna Schwappach - Public Health Trainee
Emma Scherptong - Partnerships Team Leader
Dee Puckett - ABUHB LWLL Interim Programme Manager
Samantha Matthews - Secretariat

Apologies:
Liz Majer - Associate Independent Member
Judith Paget - Interim Chief Executive
Mark Gardner - Associate Independent Member (Chair Stakeholder Reference Group)
Brian Mawby - Independent Member (Local Authority)
Jamie Marchant - Interim Chief Operating Officer Networks
Chris Overs - Divisional Nurse
PHPC 1112/01 Welcome and Introductions

The Chair welcomed all attendees to the meeting and gave a special thanks to the Blaina Community Centre for welcoming our Committee. The Chair also welcomed Emma Scherptong to the meeting.

Part A - Presentations

PHPC 1112/02 The Partnership contribution to addressing Health Poverty

The Committee received a presentation from Sam Crane and Diane Kirkland, who presented information regarding the partnership contribution to addressing Health Poverty. Diane Kirkland explained to the Committee about the Blaenau Gwent health statistics. It was noted 70% of people living in Blaenau Gwent were more deprived than other local areas. The life expectancy however for Blaenau Gwent was less than the Welsh National Average. Blaenau Gwent had the highest level of smokers in Wales at 28%.

Progress plans for tackling Child Poverty were addressed at the Blaenau Gwent Local Service Board Development workshop with Welsh Government Anti-Poverty Champions. This focused on reducing the number of low birth weight babies and to reduce the number of young people not earning or learning. Support was received from smoking cessation for particularly young woman of childbearing age.

Low Birth Weight headlines highlighted a reduction for Blaenau Gwent in 2012 to 4.9% of singleton babies recorded as low birth weight compared to 5.6% for Aneurin Bevan University Health Board. Actions had been aimed at smoking and that action would be required to help get smoke free homes and public places. Communities First would concentrate on the risk factors.

Sarah James questioned whether caffeine drinks were linked to low birth weight. Dr Gill Richardson responded advising that there was no known link. Diane Kirkland highlighted that smoking cessation would help to reduce the level of risk to young pregnant women if this was
implemented in the right way. A plan to target women much sooner would ensure adequate access for referrals.

Colleen Bright queried the issue with regard to not just pregnant women but also small children. Dr Gill Richardson responded advising that the message should be for the future health of the baby and not just at birth. Sam Crane provided assurance that smoking was their top priority and the importance of the message to communities was essential.

Sam Crane explained how local delivery of services was important. Twelve Neighbourhood Care Network (NCN) plans were involved at a local level. The Mums to B Project would help to identify the risk of low birth weight with the help of health and community workers to identify the factors that would contribute to low birth weight. Tackling poverty through learning had been aimed at young people aged 10-18 who would have access to free school meals. Blaenau Gwent learning zone included support for young people in their transition from school to college and also for families. Individuals would be able to improve their basic skills and qualifications. Bridges to work engaged and supported those unemployed to help gain the skills for work.

Tackling poverty within mental health had been based around education and wellbeing. CBT (Cognitive Behavioural Therapy) would help young people cope with their emotions and thoughts in a more positive manner.

Jane Carroll asked if the access figures for the CBT workshop and more in depth details of student’s educational attainment in BG could be shared with the Committee. Sam Crane agreed to circulate.

**ACTION: S Crane**

The Department for Works and Pensions had a variety of elements within Blaenau Gwent which included work coaches working with individuals that had been on benefits for over three years.

Tai Calon Community Housing had more than 6,000 homes which included 11 supported living schemes.
Tai Calon was very tenant focused and supported with the management of money, fuel poverty, jobs and training opportunities within Blaenau Gwent.

Gwent Money Advice project would be running until March 2016. The aim would be to help deliver training for frontline staff on financial inclusion issues and map the money advice services currently available across Gwent. The next steps would be to continue with the progress made and continue making the changes for the future.

The Chair was pleased to see the integration of services and highlighted the importance of figures included for effectiveness.

Introductions were given from the Committee.

**PHPC 1112/03 Tackling Poverty in Gwent**

Martin Davies and Emma Davies provided the Committee with a presentation about Tackling Poverty in Gwent. Communities First had funding provided for the project that helped the most deprived and more affluent areas. The programme had fifty two clusters; each cluster had their own cluster team. They had three strategic objectives that would help to achieve these outcomes they were:

- Prosperous Communities
- Learning Communities
- Healthier Communities

Martin Davies explained to the Committee that Communities First framework from April 2013 would ensure the promotion of physical wellbeing, mental wellbeing and encourage healthier eating. There was a wide variety of projects and activities with Communities First outcome framework that also linked with other health and wellbeing programmes. There were opportunities to work jointly with other programmes.

Emma Davies explained Communities First had focused on individual needs for training or employment. Mental Health basic skills would also be available.
Life coaching within the Torfaen Local Authority worked closely with people who had mental health issues. Communities First helped individuals outside of families with physical activity and also cookery classes to gain nutritional skills. This programme would make GP’s more aware of people’s health needs and reviewing partnership results to broaden opportunities.

The Chair was impressed with how fast partnership working had progressed.

Frances Taylor expressed concern and disappointment that Communities First was not a tackling poverty at its roots programme. Good sustainable jobs programmes could have longer term consequences for families.

Jane Carroll felt this would be a very positive approach and that partnership working was essential. With financial pressures occurring what would the Health Board be able to do to help. Emma Scherptong was also impressed with the partnership working and the use of information was more effective.

Martin Davies responded advising that with individual solutions and different funding streams, this would be available over time. Joint resources would create strong links and ensure resources were used to their full potential.

The Chair thanked Martin and Emma for their presentation and also gave thanks to Emma Scherptong for attending.

**PHPC 1112/04 Ebola Plan**

Dr Gill Richardson provided the Committee with an update with regard to Ebola. Dr Gill Richardson informed the Committee that the information related to cases of Ebola changed on a daily basis and that a link would be provided to the members of the Committee for those who would like to access further updates provided on the site.

**ACTION: Secretariat**

Dr Gill Richardson explained each table and reported Sierra Leone had increased cases within the last month.
The risk to the UK was low. There were currently forty healthcare workers who had provided help in Sierra Leone and would return on Christmas Eve.

Plans had been put in place for any suspected cases. C6 East at the Royal Gwent Hospital had an Ebola bay prepared in readiness. Areas had been setup for personal protective equipment to be put on to limit any risks and plans had also been put in place for anyone who may enter the hospital with suspected Ebola or if they were to travel by ambulance to the hospital. Potential pathways also include maternity and paediatric services.

Jane Carroll queried how the ambulances were prepared. Dr Gill Richardson responded advising that a number of meetings had taken place and following a meeting held by Quentin Sandifer at the Local Resilience Forum there had been more partnership working and engagement.

The Chair raised concern regarding the local press. Dr Gill Richardson explained that Karen Newman, Head of Communications had been informed about the plans that had been put in place and that Karen Newman had been in contact with the South Wales Argus.

Jane Layzell advised the Committee that it was important to remember that the infection was only transmitted through direct contact with bodily fluids of someone who was ill or just died of the disease, or within infected bush animals or bush meat. Frances Taylor said it was important to have an understanding of Ebola. Jane Carroll agreed that a message to raise awareness about Ebola was important.

**PHPC 1112/05 Performance Report – Living Well Living Longer**

Sarah Aitken provided an update to the Committee and the ‘Key Decisions’ for the development of the implementation plans for the Living Well Living Longer Programme.
A discussion took place with regard to the risk of Cardiovascular Disease and it was noted that patients with high risk of Cardiovascular Disease would be provided with support.
It was agreed to amend paragraph three of the ‘Key Decisions’ for more reassurance for patients with Cardiovascular Disease.

**ACTION: S Aitken**

Sarah Aitken informed the Committee that Health Diagnostic software had been setup to support cardiovascular and diabetes that would include printed personal reports however the launch had been postponed as the branding originally chosen had been under trademark although new branding and advertising materials would be ready in time for the launch in January 2015.

Sarah Aitken also made the Committee aware that the CPD event was taking place to support primary care and recognise risks however this would be taking place on the same day as the next Public Board meeting.

Sarah also gave a special thanks to Dee Puckett for her help and hard work throughout the programme.

The Chair was very pleased with the work that had been done and was keen to follow with the progress of the programme.

**PHPC 1112/06 Implementation of the Social Services and Wellbeing (Wales) Act**

Bobby Bolt provided the Committee with an update on the Social Services and Wellbeing act 2014. Funding had now been agreed for WRGA. Five national programmes were being established and each programme would be chaired by the Directorates of Social Services.

The Act would be made up of eleven main areas aiming to support individual needs and to improve the understanding and delivery of people’s needs. It was agreed Bobby would inform the Independent Members of the launch.

**ACTION: B Bolt**
PHPC 1112/07 DPH Annual Report 2013

Dr Gill Richardson presented to the Committee the Public Health Annual Report and gave a special thanks to her team and lead Editor Dr Jane Layzell and for their hard work.

Dr Gill Richardson explained the contents of the report which included:

- Alcohol
- New Psychoactive Substances
- Gambling
- E-Cigarettes
- Hep C

The Hep C response had received positive feedback after being presented at the Four UK nations Health Protection Conference in York 2014. It was agreed that a presentation on the annual report would be provided for PH and P and a future Board.

**ACTION: G Richardson**

The Chair raised concern about the amount of work being done for alcohol and queried whether there should be more done. This will be explored at a future meeting.

PHPC 1112/08 ABUHB Integrated Medium Term Plan – public health sections

Sarah Aitken provided an update on the Aneurin Bevan University Health Board Integrated Medium Term Plan 2015/18. The Committee were asked to comment on the first draft of the Service Change Plan – Reducing Health Inequalities. The Committee also discussed the Make Every Contact Count Programme. It was agreed the paper would be circulated via e-mail to the Committee for comments and would be discussed at the next meeting.

**ACTION: S Aitken**
PHPC 1112/09 Risk Register

Jane Layzell provided a brief update on the progress of the Risk Register. Additional content had been included from the previous meetings action log. The Chair felt vulnerable groups would be a significant part of the contribution to health needs. However this had not been specified and could be a risk. It was also noted the short and long term column within the Risk Register would be helpful to demonstrate the Public Health Risks to the Health Board.

PHPC 1112/10 Minutes of the Meeting held on 9th October 2014

The minutes of the meeting held on 9th October 2014 were accepted as a true and accurate record of the meeting.

PHPC 1112/11 Date and Time of Next Meeting

Thursday 15th January 2015, 9.30 am at Van Community Centre, Caerphilly