

Minutes of Public Health Delivery Board 28 July 2015

Time: 10.00

Public meeting? No

Type of meeting: Internal

Venue: Committee Room 3

 Present: Andrew Wolverson(AW), Andy Jervis(AJ), Chris Hale(CH), Donald McIntosh (DMc), Glenda Augustine (GA), Ian Darch (ID), Jo Birtles (JB), Juliet Grainger (JG), Karen Samuels (KSa), Katie Spence (KSp), Neil Rogerson (NR), Richard Welch (RW), Ros Jervis (RJ) (Chair), Sue McKie (SMc), Sheila Collett (SC), Sharon Sidhu (SH) Notes: Sarah Capewell

Apologies: Neeraj Malhotra, Jane Fowles

ltem No.	Agenda Heading	Action
3.	 Approval of minutes of previous meeting and matters arising. Approval of minutes of meeting 3rd February, 2015 with the following amendments: Sue McKie Job Title – Health Improvement principal Page 2 paragraph: 3.1 add: Community Safety and Resilience are service areas which are now part of the public health and wellbeing portfolio. 	Minutes approved
	RJ felt that the Public Health Delivery Board should extend its remit to bring in health elements of Children's Services and to determine priorities for decision making, driving through key issues to improve health across the city.	Decision to bring Children's health into the Board remit from the next meeting scheduled for 15 th September

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Presentations and discussions:- (v). Children, Young People and Families (This item brought forward to accommodate AW leaving meeting early).	
AW presented an update on the restructuring of the Children, Young People and Families service over the past 12 to 18 months and the new operating model being adopted. This model was being co-located across geographical areas and was based on delivery of 0-5 and 5 – 18 services and the development of the MASH strategy. RJ commented that Children, Young People and Families work was crucial in improving health and gaining health improvement. In order to prevent duplication the board will need to consider the work could be driven through on Public Health Delivery Board. (i) Promoting and Enabling Healthy Lifestyles GA's presentation included updates on Smoking	Decision to include Children, Young People and Families in Public Health Delivery Board. Identify from the presentation 3 main areas to drive through for Board, with a focus on outcome measures.
in Pregnancy Programme and the Stop Smoking programmes commissioned to target 9 - 11 year olds, and secondary school children, Smoke Free Campaign across the city to be delivered in conjunction with STOPTOBER and March No Smoking day.	
RW reported that the council will consider the adoption of the workplace well-being Charter as part of the obesity call to action. In addition, Wolverhampton University and RWT will be encouraged to adopt the charter with wider adoption across the City in 2016.	Intention to adopt Charter to be reported to Cabinet Resources in Oct 2016.
SMc highlighted the increasing number of alcohol related admissions. There is a need to look at supporting GP's to identify alcohol related problems. Uptake of NHS health checks can be improved. Making Every Contact Count across all services to identify alcohol related, and other health issues needs to be promoted.	Target of Public Health Delivery Board to support Making Every Contact Count
	the Children, Young People and Families service over the past 12 to 18 months and the new operating model being adopted. This model was being co-located across geographical areas and was based on delivery of 0-5 and 5 – 18 services and the development of the MASH strategy. RJ commented that Children, Young People and Families work was crucial in improving health and gaining health improvement. In order to prevent duplication the board will need to consider the work could be driven through on Public Health Delivery Board. (i) Promoting and Enabling Healthy Lifestyles GA's presentation included updates on Smoking in Pregnancy Programme and the Stop Smoking programmes commissioned to target 9 - 11 year olds, and secondary school children, Smoke Free Campaign across the city to be delivered in conjunction with STOPTOBER and March No Smoking day. RW reported that the council will consider the adoption of the workplace well-being Charter as part of the obesity call to action. In addition, Wolverhampton University and RWT will be encouraged to adopt the charter with wider adoption across the City in 2016. SMc highlighted the increasing number of alcohol related admissions. There is a need to look at supporting GP's to identify alcohol related problems. Uptake of NHS health checks can be improved. Making Every Contact Count across all services to identify alcohol related, and other

year were Infant mortality, Obesity call to action and continued effort on alcohol and substance misuse. Future reporting on these areas would be by exception.

(ii) Keeping the City Safe

KSa presented the key developments in Community Safety. Mandatory Prevent Training now features on the learning hub. There is ongoing work around female victims of crime such as domestic violence and female genital mutilation.

(iii) City Assets

Presentation by CH on Housing Offer and work being done to provide new safe, secure, appropriate housing. There are strategies on reducing homelessness by highlighting risk of homelessness at an earlier stage. Support will be provided for households in vulnerable situations, such as risk of fuel poverty. The potential for housing need displacement towards Wolverhampton from Birmingham city council highlighted.

(iv) City Environment

AJ presented how the City environment contributes to Public Health with a review of the Service Dashboards, work plans and programmes on key issues and KPI's to measure targets. This clearly highlighted how a cleaner, healthier environment can contribute to positive health benefits and mental health wellbeing which impact on quality of life.

RJ stated that there are opportunities to do more with this agenda and introduce mainstream Public Health outcomes into every service. The Board will need to consider where value could be added.

(v) City Economy

SC highlighted to the Board that nationally Wolverhampton, as a city, was amongst the worst

[PUBLIC] [NOT PROTECTIVELY MARKED]

<u>13.</u> 14.	Date of Next Meeting	
	Any Other Business	None
	Closing comments from RJ (Chair) The Board to reflect on the presentations at today's Board to identify and 'tease out' recurring themes in order to bring to next Board meeting for consideration for programme of work for next year.	
	RJ requested that the RICH profiles are shared with public health.	RICH profiles to be shared with Public Health
	for adults with no qualifications (22.9%) and 59% of the local adult population have the numeracy skills expected of an 11 year old. It was noted that a combination of issues contributed to these outcomes, but school issues were a major factor. There are a number of models in place to address the issues of economic inclusion in various targeted neighbourhoods. A consistent common theme of mental health, alcohol and substance misuse contributed to a lack of literacy skills. A number of schemes were in place to assist people into work. Newly formed YOO Recruit gave individuals the opportunity to work at all levels.	