



Minutes of Public Health Delivery Board 15 September 2015

Time: 10.00

Public meeting? No

Type of meeting: Internal

Venue: Committee Room 1

1. Present: Ros Jervis (RJ) (Chair), Joanne Birtles (JB), Glenda Augustine (GA), Ian Darch (ID), Karen Samuels (KS), Andy Jervis (AJ), Neeraj Malhotra (NM), Donald McKintosh (DM), Andrew Wolverson (AW), Juliet Grainger (JG), Kerry Walters (KW), Tara Ajimal (TA), Kam Banger (KB)

Apologies: Richard Welch, Katie Spence, Chris Hale, Sharon Sidhu

Item No.	Agenda Heading	Action
2.	<p>Minutes of last meeting and matters arising</p> <p>DM felt that the minutes from the last meeting held on 28th July 2015 did not reflect all the issues discussed and that it is important that these are captured. It was agreed that going forward the minutes would include key issues and discussion points.</p> <p>The minutes of the meeting held on 28th July 2015 were agreed as a true and accurate record.</p>	
3.	<p>Recap of presentations made at the last Public Health Delivery Board (PHDB)</p> <p>Group noted the contents of the paper produced by RJ highlighting the key points and recurring themes emerging from the PHDB meeting held on 28th July 2015. RJ asked group for any further comments to be added and the group discussed the following areas;</p>	

<p><u>Children, Young People and Families</u> RJ informed that due to re-configuration, the 'health' elements of Children, Young People and Families plan will sit under the PHDB. The Key Performance Indicators from the Children and Young People's Families plan will be shared with the group to define and measure progress towards key outcomes in relation to health related matter.</p> <p>DM felt that there was a gap in terms of single point of access for children and talked about the co-ordination of services working together at the GEM Centre to provide holistic care for children and their families.</p> <p>The group discussed prevention and early intervention by raising the health profile. It was noted that AW presentation focused on this area and group recognised that this was a priority area moving forward. ID highlighted that this could be a challenge and reasonable confidence is needed in order for an impact to be made. GA informed that Public Health has provided information on prevention in terms of lifestyle choices.</p> <p><u>Promoting and Enabling Healthy Lifestyles</u> The 3 sub-groups; Wolverhampton Tobacco and Substance Misuse Alliance, Infant Mortality Working Group and Obesity Call 2 Action Programme Board reporting to PHDB provide a firm mechanism to deliver against these priority areas.</p> <p><u>Keeping the City Safe</u> It was noted that this is in line with the Community Safety Plan.</p> <p><u>City Assets</u> Group discussed the Syrian refugee crisis and acknowledged that this could have an impact across many areas of Public Health. Group agreed that this is an area the board needs to focus on.</p> <p>ID highlighted the new legislation for landlords in relation to people not eligible to live in Wolverhampton could have an impact on their mental and physical health. It was noted that the Inclusion Board will be prioritising this but there was recognition that there are links to be made</p>	<p>RJ/JB</p>
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	<p>with this board.</p> <p><u>City Environment</u> Group discussed the links with air quality and ill health/death. AJ informed that the Local Authority is undertaking work around air quality in terms of PM 2.5 and PM10. AJ added that there is a definite link to ill health but more monitoring is required to understand the detail and the scale of the problem in Wolverhampton.</p> <p>DM informed that is important to raise people's awareness of the issues around air quality and also what choices they can make to improve it.</p> <p><u>City Economy</u> The board discussed the issues around Wolverhampton being amongst the worst nationally for adults with no qualifications and low numeracy skills. NM informed that Public Health is commissioning a school nursing service to provide health care for children at school and this service can contribute to supporting the skills and education agenda.</p> <p>ID talked about city economy and highlighted that mental well-being is more than just financial inclusion and that there is also a need to promote social inclusion and being valued.</p>	
<p>4.</p>	<p>Presentations:Business as usual</p> <p>i) Commissioning</p> <p>JG reported the commissioning team work programme and the contents of the slides were noted by the group. The following points were discussed further by the group:</p> <ul style="list-style-type: none"> • New services or market tested arrangements to be in place by April 2016 • Business planning sessions to review NACRO contract. JG informed that that a report will be presented to the board in December 2015. • Tender : sexual health portfolio. • Healthy lifestyles services – it was noted that a report will be presented to cabinet this evening and JG will update board at the next meeting. <p>The group discussed flexibility within contracts (in</p>	<p>JG</p> <p>JG</p>

year) and JG clarified that upon awarding the contract, the specification can be tweaked and amended but once contracts are awarded making changes can be difficult because of legal arrangements. However it was noted that there are opportunities to go back and have open discussions with any service provider.

NM questioned the links between the PHDB and Commissioning Oversight Group and JG reported that the Commissioning Oversight Group is an internal group.

ii) Healthcare Public Health

RJ reported on the healthcare action plan and the contents of the presentation were noted by the group. The following points were discussed further by the group:

- RJ informed that following the transfer to the Local Authority, Public Health continues to work with the CCG to deliver a core offer. It was noted that this is a statutory requirement.
- Migrant health –clear processes are in place and a lot of good work has taken place in Wolverhampton. However it was noted that the funding for this scheme with the RMC is non-recurrent from the transformation fund and sustainability of this workstream needs to be discussed.
- Pharmacy work stream – it was discussed that to improve health we need to work more closely with pharmacies to promote and deliver public health campaigns and services.

iii) Health Protection/EPRR

- Health Protection work plan – RJ informed that this work is a statutory requirement.
- TB – RJ informed that considerable amount of work is being undertaken both regionally and nationally. Group discussed that testing for latent TB can help prevent the disease. The pilot undertaken in Wolverhampton showed that from those tested, 33% tested positive and nationally there has been interest in the Wolverhampton model.
- Flu – It was noted that this is a high risk on

	<p>the national risk register.</p> <ul style="list-style-type: none"> • Immunisations – NHS England commission this service and Public Health scrutinise but it was highlighted that this can be difficult due to on-going issues around data access. <p>iv) Process, Quality and Governance</p> <p>KW went through the process, quality and governance work plan and the contents of the slides were noted by the group. The following points were discussed further by the group:</p> <ul style="list-style-type: none"> • Governance Framework – To be supported by the wider PH team as well as WCC • Workforce Development Plan – It was noted that this was an on-going process. RJ informed that this was a priority for the board last year. 	
<p>5.</p>	<p>Discussion and identification of priorities and work programme for 2015/2016 onwards</p> <p>The group discussed the key issues to take forward as a board over the next 12 months. Following this discussion the board agreed to focus on following key principles on themes and identify priority areas to develop as work streams-</p> <p><u>Principles/Themes</u></p> <ul style="list-style-type: none"> • Prevention/Behaviour change • Partnership • Effective engagement and building trust <p><u>Priority areas</u></p> <ul style="list-style-type: none"> • Mental Health and Wellbeing • Healthy lifestyle (Choices) • First year of life • Targeted work of at risk groups e.g. new communities and migrants <p>RJ informed that this work will be further developed and a process map will be shared with the board for review.</p> <p>It was highlighted that there are some gaps in terms of representation on the board and group agreed that a representative from mental health, new communities and CCG commissioning is required to drive forward this work.</p>	<p>RJ</p> <p>RJ/JB</p>

6.	AOB NM clarified time of next meeting is 1.00 pm – 3.00 pm.	
14.	Date of Next Meeting 15th December, 2015 at 1.00 pm Committee Room 3 – 3rd Floor, Civic Centre	

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