

Public Health Delivery

Board

Notes of meeting held on 3rd February 2015

Present:

Ros Jervis - Chair (RJ)

Jane Fowles (JF)

Sue Wardle (SW)

Katie Spence (KS)

Juliet Grainger (JGr)

Kerry Walters

Andy Jervis (AJ)

Neeraj Malhotra (NM)

Chris Hale (CH)

Karen Samuels (KSm)

Andrea Smith (AS)

Richard Welch (RW)

Sue McKie (SM)

Glenda Augustine (GA)

Neil Rogerson (NR)

Tessa Johnson (TJ)

Director of Public Health

Speciality Registrar in Public Health

Locum Consultant in Public Health

Consultant in Public Health

Public Health Commissioning Manager

Public Health Governance Lead Nurse

Head of Regulatory Services

Consultant in Public Health

Head of Housing

Head of Community Safety

Modernisation Manager, CCG

Head of Healthier Place Service

Healthy Start to Life Programme Manager

Consultant in Public Health

Resilience Manager

Graduate Management Trainee

Item No	Title	Action
1.	Welcome, introductions and apologies	
1.1	RJ welcomed Karen Samuels and Neil Rogerson to the Board	
1.2	Apologies were received from:- Donald McIntosh, Jo Birtles, Ian Darch	
2.	Minutes of the last meeting and minutes	
2.1	Page 1 – Tessa Johnson – Trainee Public Health to read <i>Graduate Management Trainee</i> . Page 4 – Action around Care Homes – Care Homes to be brought back to future PHDB meetings. Report to be circulated bringing together all the work done across all the different organisations. The document to be forwarded to Jas for circulation. Minutes were agreed as a true record of the last meeting.	Jas
3.	Management Restructure and Changes to Public Health (verbal update)	
3.1	Verbal update provided by RJ; Keith Ireland has been appointed to the post of Council's MD and management changes are being developed to include; <ul style="list-style-type: none"> Community Directorate being called People Directorate - Public Health will be Public Health and Wellbeing within this Directorate Education and Enterprise being known as Place Directorate. Parks (Development) has transferred from public health to the City Environment Team; a close working relationship will be retained to ensure strategic alignment with public health outcomes. 	

	<ul style="list-style-type: none"> Safeguarding services remain with Public health and these functions will be more widely integrated across the service area. 	
4.	Partnership and wider links: summary reports (ad-hoc basis)	
4.1	There was no presentation at this meeting.	
5.	Performance: Updates relating to:-	
5.1	<p><u>Working Well Week – Neeraj Malhotra</u></p> <p>NM presented a briefing paper the purpose was to update members of the PHDB on Working Well week which is to take place from 23rd to 27th March 2015. Working Well is one of three events in the year that is organised by the City Board as part of its actions to deliver the city strategy. The aim of the week is to boost employment for local people by bringing together residents and employers in a range of activities. It also seeks to promote healthier lifestyles for the people of Wolverhampton.</p> <p>NM advised that a steering group had been established which meets on a weekly basis. The Group is made up of representatives from PH, Communications, the City Board and the Healthy Lifestyles Team. Members of the Steering Group are putting on a lot of different events. PH will have a stand with Healthy Lifestyles Team and communities will be invited to come and take part.</p> <p>It was emphasised that WVSC will be engaged in helping to contribute to the Working Well Week.</p> <p>NM stated that we had to get more creative with dialogue with the businesses and advised RW was leading on this piece of work. In terms of engagement AJ suggested approaching small businesses and emphasised that we had good relationship with some businesses.</p> <p>The Board were requested to let NM have any creative ideas particularly around demonstrating the benefits for businesses.</p>	
5.2	<p><u>Transformation Fund – Neeraj Malhotra</u></p> <p>Briefing paper was presented by NM the purpose of which was to update the PHDB members on the transformational fund.</p> <p>The fund was established for a two year period to support the Council and partner organisations to try new ways of working that seek to improve the health of the population and wherever possible, save money.</p> <p>Due to many challenging issues that needed to be addressed in 2014, delay has been experienced with regards to the allocation of some of the funds. Some of these issues were to do with internal processes and others were to do with staff turnover and as a result some of these specification amendments have not happened as quickly as we would have liked. Some projects however are progressing well.</p> <p>RJ reflected that the programme had been aspirational for the first year of public health within the LA and learning had been gained. RJ stated that some interim results were however expected from the 9 projects that have been awarded funding totalling £1.187m over a period of 2 years. RW suggested programming a show case event.</p>	

	<p>Financial profiles will be discussed and developed for decision on continuation reviewing the funding period and progression of the projects. It was felt that dialogue was required in relation to what options were available in the case of money running out.</p> <p>NM and AJ to have a conversation outside of the meeting re the environmental health enhanced nutrition project.</p> <p>SW asked to see the MH Community Hub project for an update around implementation.</p>	
5.3	<p><u>Pharmacy Needs Assessment – Dr Jane Fowles</u></p> <p>The purpose of the briefing paper was to provide a progress report on the development of the Wolverhampton Pharmaceutical Needs Assessment (PNA) for publication prior to April 2015. The PNA is a structured approach to identifying unmet needs for pharmaceutical services.</p> <p>JF advised that 60 day period of consultation closed at the end of January. No major changes were required to the document. The report was deemed to be an excellent piece of work and was well received by the HWBB. Conversations are happening with the members of the public. RJ queried how it would be promoted and used.</p> <p>AJ stated that the PNA could take some of the pressures off the GP services. KSm advised that people could be encouraged to access pharmacies rather than A&E and stated that if we were to invest resources then we should get return back.</p> <p>CH Asked the Board to think about what sort of information Pharmacies needed to hold in terms of signposting, the absolute key things that they hold. CH to feed through to JF.</p> <p>The final PNA will be signed off by the HWB Chair on behalf of HWBB.</p> <p>Noted: The Board noted the progress.</p>	
5.4	<p><u>Infant Mortality – Glenda Augustine</u></p> <p>The purpose of the briefing was to provide a progress report on the draft action plan developed to address the rate of infant mortality in Wolverhampton.</p> <p>The National Child Health Profiles published in March 2014 indicated that Wolverhampton has the highest rate of infant mortality in England. This raised concern across health and social care organisations and resulted in the convening of a multi-agency infant mortality working group in May 2014 and the production of an action plan to address the underlying causes of infant mortality. The action plan consists of 15 individual recommendations within six specific areas. The Plan will be presented at the HWBB on 4th March and if accepted, reported to the Royal Wolverhampton NHS Trust Board and Wolverhampton CCG Governing Body.</p>	

	RJ invited thoughts/concerns/issues from the Board.	
5.5	<p><u>Violence Reduction – Dr Jane Fowles</u></p> <p>Dr Jane Fowles presented the briefing paper the purpose of which was to update the PHDB on public health support to the violence reduction agenda in Wolverhampton.</p> <p>Local review of the WM Force area violence profile and Wolverhampton Spotlight identified two priorities for local action - youth violence and violence against women and girls (VAWG). Both are current priorities for the Safer Wolverhampton Partnership (SWP) and are reflected in the current Crime Reduction, Community Safety and Drugs Strategy. Wolverhampton Public Health is contributing to the violence reduction partnership with a focus on these two priority areas:</p> <ul style="list-style-type: none"> • Supporting the SWP in the allocation of the 2015/16 Community Safety grant – proposals have been agreed by the SWP board and will now be presented to the Police and Crime Commissioners Office. • Strengthening local understanding of youth violence and VAWG. • Developing the 2015-2018 VAWG strategy in partnership with the Wolverhampton Domestic Violence Forum (WDVF) and SWP. • Re-profiling the Hospital Youth Service around mental health and youth violence. <p>Prevention of both youth violence and VAWG is underpinned by wider PH work and links with a range of local authority programmes such as Early Help and Families r First.</p> <p>RJ invited thoughts and feedback from the Board.</p>	
5.6	<p><u>Health Visiting Transition Update – Neeraj Malhotra</u></p> <p>The purpose of the briefing paper was to update PHDB members on the transfer of commissioning responsibilities for the 0-5 Healthy Child Programme from the NHS to the Local Authority.</p> <p>Responsibility for commissioning 0-5 children’s public health services is transferring from NHS England to Local Government on 1 October 2015. This joins up the commissioning for children under 5 with the commissioning for 5-19 year olds and other public health functions.</p> <p>An internal transition group has been established within the local authority to oversee a smooth transition. The group is made up of representation from Public Health (transformation, NHS facing, commissioning), legal, finance, procurement as well as early years services and is accountable to the PHDB.</p> <p>Contractual arrangements need to be resolved by mid-March. At its inaugural meeting on 28th January the group agreed to proceed with the NHS contract some queries have been raised and responded to at the internal transition group about can we use the NHS contract and what it</p>	

	<p>means for the Council.</p> <p>Legal and procurement advice has been sought and the process for approval is underway. Communications with the stakeholders will be undertaken.</p> <p>Future service development to include a 0-19 years programme integrating school nursing.</p> <p>AJ suggested that this would link very closely with the work on the Pharmacy.</p> <p>RJ recommended that a briefing note to be produced (one side of A4) highlighting priorities for a forward plan.</p>	
6.	Joint Health and Wellbeing Strategy Update – verbal (RJ)	
6.1	<p>JSNA Refresh GA produced for HWBB to be circulated. No major changes to the document. Membership of the HWBB has been extended with the Leader now joined as a core member. Two main providers have been invited RWT and BCPFT. Positive step forward. But Strategy needs to be a lot more cross cutting with some of our ideas. Conversations need to be had around HWBB and greater partnership working and that the individual organisations can do. Trying to get all sectors contributing.</p> <p>JG raised issues around the need to raise the profile of alcohol. Health data and intelligence from across the health economy suggest that this need a partnership focus. Work is required on key priorities and these will be fed back in the first instance under the alcohol strategy refresh.</p>	JG
7.	Business Plan: summary reports from:	
7.1	<p><u>Effective Commissioning JG</u></p> <p>JG presented a table outlining progress to date on the Public Health Business Plan, priority one – Effective public health commissioning. It was noted that the contracting strategy had been approved in December by Cabinet Resource Panel for procurement planning over the next 3 years. Equality and Analysis reviews will be done as part of each programme. The drugs and Alcohol service is not included in the list as this will be part of an Options Appraisal process to decide if the available 2 year contract extension is applied post March 2016.</p> <p>RJ informed that it has taken two years to change from one model to another for our main programmes of redesign, substance misuse and sexual health.</p>	
7.2	<p><u>Effective Process – KW</u></p> <p>Progress of the Public Health priority 2 development of public health business systems and processes.</p> <p>There has been significant progression in terms of setting up the framework for the department governance arrangements however due to vacancies and team structure not all of the work has been able to be progressed.</p>	

	Priority 2 will be business as usual and therefore not routinely reported unless there is an exception.	
7.3	<p><u>Integrating Healthier Place Team – RW</u></p> <p>Progress to date on the Public Health Business Plan Priority 3 – Integrating Healthier Place Team into Public Health. Healthier Place project plan update:</p> <ul style="list-style-type: none"> • Strategic influence on the distribution of S106 monies related to 30 schemes within the last 6 months (with an emphasis on health related provision). • Production of a school based health related behaviour survey (in 66 schools with 7790 respondents) with analysis being used to help determine future commissioning of services and also utilised by a range of local partners and stakeholders to address current issues. • £1.1m external funding secured for Sport and Physical Activity Capital schemes with the opportunity to lever a further £900k. 	
7.4	<p><u>Obesity (SW)</u></p> <p>The Board is requested to note the summary report of the Obesity Summit held at Dunstall Racecourse on 10th November 2014 and note the work streams that make up the Obesity Action Plan.</p> <p>SW advised that an action plan was being developed. In addition to the work being undertaken to develop the Action Plan, work streams have been identified and task and finish groups are being established. SW invited ideas for membership for the task and finish group. It was suggested Heads of Service should be approached for ideas.</p> <p>The Board were asked to support SW in the delivery of the action plan. In terms of this Board RJ confirmed that she along with the team would be happy to decide on the workstream and that it would be a good idea to focus on one of the workstreams at each of the future PHDB meetings. NM stated that further conversations need to take place regarding overlapping work and what is distinct.</p> <p>RJ invited the Board to direct comments to SW.</p>	
7.5	<p><u>Healthcare Advice (KS)</u></p> <p>The Board were asked to note the progress to date on the Public Health Business Plan Priority 5: Healthcare Advice.</p> <p>KS advised the Plan was on target. There were some issues around the SEND data. In terms of the Prevention Strategy there has been some slippage on the delivery and a new target for completion is March. Agreement being reached about what data we can provide.</p> <p>Suggestion was made to ask Linda Sanders to be a champion to support unblocking data barriers and enabling development.</p>	
7.6	<p><u>Smoking (SMc)</u></p> <p>The purpose of the report was to provide the Board with an overview of</p>	

	<p>performance against priority 6 – smoking as identified in the Public Health Strategy.</p> <p>SMC advised that the Council have now signed up to The Local Government Declaration on Tobacco Control.</p> <p>Smoking is still the biggest cause of preventable illness and premature deaths in the country – accounting for over 80,000 deaths in England a year. People will carry on smoking while the cigarettes are cheaper.</p> <p>A number of escalation plans are underway to target smoking populations in particular around pregnant women and smoke free homes. JG asked that support for people who smoke cannabis is also integrated.</p> <p>RJ asked for the Position Statement to be circulated.</p>	
7.7	<p><u>Health Protection /EPRR (KS)</u></p> <p>The purpose of the report was to outline progress on Priority Seven within the Public Health Business Plan.</p> <p>KS advised that with the successful appointment to the Health Protection Lead Practitioner post, the Health Protection work has taken off over the past five months. The Wolverhampton ConOps for the management and response to public health incidents was agreed at the Health Protection Forum in May. A Communications Plan is now being developed to support this document.</p> <p>Neil Rogerson is joining Public Health focussing on Health Protection and EPRR and Resilience Board.</p>	
8.	Any Other Business	
8.1	<p>RJ gave a brief update on the visit to Wolverhampton on 4th February by Duncan Selbie, and stated that the visit would include a tour of the Incident Room, Civic, Refugee Migrant Centre and Contraception and Sexual Health Service. RJ said feedback of the visit will be provided at the April meeting of PHDB.</p> <p>Corporate Plan – RJ confirmed that by the time of April meeting our Corporate Plan will have been delivered with the 3 objectives and will discuss how we take this programme forward.</p>	
9.	Date and Time of Next Meeting	
9.1	The next meeting will be held on 14 th April 2015 at 10.00 am, Committee Room 4.	

Attachment: Appendix 1 – Business Plan Summary