

Public Health, Community Development, & Equality Committee – MINUTES

Venue: Room 13, Education Centre, Sandwell
General Hospital

Date: 29th November 2019, 15:00-16:30

In Attendance:

Prof Kate Thomas (Chair) (KT)
Richard Samuda (RS)
Waseem Zaffar (WZ)
Toby Lewis (TL)
Rafaella Goodby (RG)
Dr David Carruthers (DC)
Paula Gardner (PG)

In Attendance:

Ruth Wilkin (RW)

Committee Support:

Rebecca Bates (RB)

Apologies:

Chris Rickards (CR)

Guest:

Tanith Palmer (Consultant in Public Health) (TP)

Minutes	Reference
1. Introductions for the purpose of the audio recorder	Verbal
The Chair (KT) welcomed Committee Members and those in attendance to the meeting. The Committee members provided an introduction for the purpose of the recording.	
2. Welcome, apologies and declarations of interest	Verbal
There were no changes in declarations of interest. Apologies were received from Chris Rickards.	
3. Minutes of the meeting held on 26th July, 2019	PH (11/19) 001
The following amendments were required: <ul style="list-style-type: none"> Page 1 – The word ‘Sheikh’ should be changed to Sikh. Page 2, Item 5, Point 4 – RB to redraft the sentence to include the word ‘stigma’ to explain the concept. 	

- Page 2, Item 5, Point 5 – The word ‘Confidentially’ should be changed to confidentiality.
- Page 3, item 7, Point 10 – The word ‘prescribed’ to be changed to prescription.
- Page 4, Item 8, Final bullet point – ‘Ruth Wilkin’ name should be changed to Ruth Williams.
- Page 4, Item 8, Point 9 – The words ‘post gates’ to be changed to postcodes.

The minutes were **ACCEPTED** subject to amendments.

4. Actions log and matters arising from previous meetings

PH (11/19) 002

- PH (07/19) 006 - Review the pay gap and report back to the Committee with her findings in September

RG stated that she had reported back on the gender pay gap but more analysis was needed and this would be prepared in time for the writing of the annual Equality Report. She further reported that whilst the wider work had been done, a specific piece of work on Bandings would be undertaken.

TL commented it would be helpful to have figures and numbers to illustrate what needed to be achieved to close the pay gap. He commented that a gender pay gap had been identified at all Trusts and therefore this indicated a structural issue.

KT expressed the view that it would be important to ensure there wasn't a gap at each pay grade which might indicate discrimination.

- PH (05/19) 008 - TL to bring back progress report on interpreting to the meeting in January 2020 To be delivered in 2020.

Action: RG to ensure that pay gap closing analysis is provided alongside equality report in Q4

MATTERS FOR APPROVAL OR DISCUSSION

5. SBAF: Route to adequate

PH (11/19) 003

RG introduced the paper which addressed how the Trust could achieve adequate assurance status by January 2020. The following points were made:

- The SBAF item was discussed in some depth at the ‘Confirm & Challenge’ process. There was a projected reduction in the risk score of SBAF 13 to May 2020. This was as a result of:
 - Implementing compulsory and mental health assessments.
 - Introduction of mental health support for staff. A restructure of counselling services and 24/7 support had been undertaken with a new provider.

- Kaleidoscope had been appointed to deliver stress management techniques.
- RG reported that the Health & Safety Executive had implemented a stress risk assessment in the A&E department and it had been also been used inconsistently in Maternity. The Groups had reported their highest stress risk areas. She conceded that there was no real clarity yet about what would be done with the results or what interventions would be used.
- RW proposed that it could be linked to the 'Year of Wellbeing' idea, which TL indicated would not be our final branding. TL noted that a programme with CMT trainees in General Medicine had been very successful in reducing stress levels. RG expressed the view that a different approach to reducing stress might be needed in different departments.
- TL commented that a team intervention rather than an individual approach would be helpful. RG reported that there had been a significant change in leadership in Occupational Health which would now take the approach of keeping staff in work to help manage their recovery, rather than advising them to take time away.
- KT reported that Perinatal psychiatry had used compassion-focused therapy with patients and staff which had been successful. She proposed RG contact Floriana Coccia, who was operating the programme.
- TL suggested the view that he was comfortable in accepting assurance status for SBAF 13, once the preventative data risk expectation plan was viewed in February 2020. KT concurred.

Action: SBAF 13 route to adequate assurance to be discussed for approval at the Committee meeting of February 2020.

6. Tackling Obesity: 2020 Plan

PH (11/19) 004

Tanith Palmer (TP), Consultant in Public Health at Sandwell, presented wider work on this topic, and made the following salient points:

- Sandwell had the second highest rate of childhood obesity in the region. Factors driving obesity were complex and it was recognised there was a big inequality gap.
- A team of 7 Metropolitan Chief Executives who had joined forces to undertake a piece of broad work to tackle childhood obesity, adopting a whole systems approach and investigating existing services and initiatives. The West Midlands Combined Authority and PHE were also doing similar work. The West Midlands Combined Authority had five Mayoral ambitions including:
 - The Black Country Place Based Fund – (increasing activity particularly in socially deprived areas, removing high fat/salt/sugar on bus tickets and signage)
 - Health and Wellbeing Design Principles - (A set of principles around healthy housing and wellbeing, working with planners of new housing projects).

- The Three Million Pounds Challenge – (A weight loss goal which was also working with schools, mental health projects, staff initiatives and PHE’s Sugar Swaps Campaign).
- Take to The Streets – (Providing grants to the local community to fund physical activities).
- The biggest finding was that work was concentrated on lifestyle factors and it was a challenge to get agencies and Local Authorities focused on a whole system approach. Feedback was that senior leadership support was required in order to take a broader approach.
- TP reported that the Australian approach was impressive with regard to whole systems. It was a high-touch, community led approach run by Deakin University, Victoria, which had been very successful. It involved mapping systems and then offering support. One idea had been the introduction of traffic exclusion zones around schools to force families to walk to school.
- WZ reported that Birmingham was already piloting traffic exclusion zones around 6 local schools which would be extended.
- TL expressed the view that it was difficult to turn around obesity in children without tackling obesity in parents/adults. TP agreed that there was limited research evidence in this domain.
- DC proposed linking the conversation about obesity with environmental awareness (fizzy drinks in plastic bottles etc).
- TP reported that the Childhood Measurement Programme had attracted criticism because people felt judged. Sandwell was considering replacing it with general health and wellbeing information for children transitioning to high school. TP raised a concern that maintaining a priority focus on the topic would be challenging. She expressed the view that success would rely on working with smaller population groupings in the community.
- KT assured TP that the leadership of the Trust was highly motivated in this area.

7. Regeneration Narrative: 2020 Timeline**PH (11/19) 005**

TL explained that the purpose of the paper was to more effectively communicate the Trust’s regeneration activities to the general public and staff.

- TL commented that connecting the Midland Met site with the City Hospital site presented a big opportunity to regenerate a whole community. He commented that he was optimistic about support from Birmingham City Council. He had given this area the name ‘West-Side’.
- KT cautioned that the narrative may be viewed as a distraction from the pressures faced by the Trust. However, she commented that the message from the Committee was that in order to improve health, the trust needed to do more than treat illness.
- WZ commented that West Side meant the Broad Street Business Improvement District, but expressed the view that the regeneration plans were exciting and would potentially have an impact on tackling health inequalities. A meeting with local stakeholders and partners had been arranged

for January 2020 with the aim of getting them to support the vision.

- TL reported that the Trust had met with the community research project, USE-IT! to discuss community engagement and impact. RW reported that USE-IT! had trained locals to be community researchers and then commissioned them to carry out local projects. This could be something the Trust could utilise to evidence impact.
- TL reported that the dominant issue for local residents was parking. He proposed the Trust could help promote the creation of residents parking schemes. He commented that more work needed to be done to build trust with local residents.
- The issue of sustainability and environmental impact and the legacy from the Commonwealth Games in Birmingham in 2022 was highlighted.
- RS expressed the view that stories around the regeneration plans needed to be richer than the building story.

Action: TL and RW to discuss the development of stories that could be told around the regeneration plans other than construction.

8. STP wide work on healthy life expectancy

PH (11/19) 006

TL presented the STP wide work on healthy life expectancy paper and made the following points:

- In Sandwell and West Birmingham, school readiness and Yr 6 obesity would be the issues having the most impact in terms of healthy life expectancy.
- Poor educational achievement was the strongest predictor of lower life expectancy. Poor health behaviours were important but changing people's start in life was essential for improvement.
- TL reported that the STP had agreed to focus on early years (0-3) in terms of health and care but in reality, adulthood services remained a priority. TL expressed the view that the paper strongly indicated that early years was where focus was required.
- KT expressed the view that adolescent services needed to be preparing people to be healthy parents, which was aligned with the 'Year of Wellbeing'. PG commented that awareness of neglect and abuse of children was also relevant.
- TL expressed the view that an awareness of the contribution of poverty to healthy life expectancy was important and needed to be tackled with resources and partnerships.
- An initiative was proposed regarding find out about poverty, debt and financial stress levels in the Trust workforce.
- WZ reported on a multi-agency partnership called the Financial Inclusion Partnership which had done some radical work on in-work poverty.

FOR INFORMATION/NOTING

9. Matters to raise to the Trust Board	Verbal
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KT agreed to highlight:
The wider work on obesity and work on regeneration as well as reporting the SBAF programme.

10. Date of next meeting:	Verbal
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The next meeting will be held on 28th February 2020, 15:00, Room 13, the Education Centre, Sandwell General Hospital.

Signed

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Date