Armagh City, Banbridge and Craigavon Borough

Healthy Community Thematic Action Planning Team

Meeting Notes

DATE: Thursday 21 June 2018 **TIME:** 9.30am, **VENUE:** Palace Demesne

Interim Chair: Southern Health & Social Care Trust (SHSCT) – Colette Rogers

Attendees: – **Facilitator** – Richard, **HSCB** – Alison Patterson, **Northern Ireland Ambulance Service** – Andrew Patterson, Stephanie Leckey, **LLTCA** – Claire Patience, **Volunteer Bureau** – Donna Stewart, **NIFRS** – Eddie Carroll, , **West Armagh Consortium** – Stephen Fields, **Donaghcloney Community Garden** – Walter Ferris, **NIACRO Portadown** – Rachel Long, **Ulster GAA** – Anne Garvey, **Volunteer Now** – Eamon Murphy, **TADA** – Ruth McCrory

Statutory Partners: – **Armagh City Banbridge and Craigavon Borough Council** – Carmel Taylor, Catriona Regan, Claire Weir, Eileen Campbell, Elaine Devlin, Elaine Gillespie, Gerard Houlahan, Jennie Dunlop, Jennifer Doak, Lynn Esler, Michelle Markey, Gillian Dewart, **Libraries NI** – Sean Beattie, **Public Health Agency** Ciara O'Hanlon, **Sport NI** – Angharad Bunt, **SHSCT** – Lynne Smart, M Thompson

Apologies: – **Armagh City Banbridge and Craigavon Borough Council** – Gillian Topping, Cathy Devlin, **Public Health Agency** – Fiona Teague, **SHSCT** – Gerard Rocks, **Richmount Rural Community Association** – Joe Garvey

1	**Welcome and aims of the session**
	Colette Rogers (Public Health Agency) opened the session and thanked everyone for their attendance. Colette explained that she was chairing this session in place of Gerard Rocks. Colette went on to provide a quick reminder to the group about the purpose of the workshops and what people can expect through engaging with the process. NCB reminded attendees of the work undertaken to date and shared the aims of the session as follows:
	• To review Turning the Curve reports so far;
	• To revisit story behind the baseline discussion, taking into consideration new information collated; and
	• To begin to consider 'what works' to address the story behind the baseline.

2	**Reviewing the progress so far**
	A number of outputs were shared with participants including:

a. ***Draft turning-the-curve reports*** populated with information that has been generated from the workshops undertaken to date including, the agreed outcome, indicator data, the story behind the baseline and any additional data cuts required (i.e. the data development agenda). The group was reminded that this is a work in progress and that the activities of this workshop (workshop 3) will be used to populate the 'what works' section of the turning-the-curve reports (see Appendix A).

b. ***Data development agenda:*** NCB provided an overview of the additional cuts of indicator data that are available for each of the indicators to help enrich the story behind the baseline and identify whether their actions should be targeted at specific groups within the ABC population. In summary:

- **Indicator 1:** Gap in life expectancy between most deprived areas and the Borough overall – additional data sourced related to NI as a whole and was not specific to ABC Council area. In terms of moderate or vigorous exercise[1] women were less likely than men to meet recommended levels (51% vs. 61%). The differences were even more marked in terms of deprivation (44% in most deprived areas vs. 63% in least deprived areas). Additional data was also sourced in relation to rates of smoking and Body Mass Index (BMI). In relation to smoking, the greatest differences were between most deprived and least deprived communities, with smoking prevalence almost three times higher (32% vs. 11%). In relation to BMI, there were no notable difference between most and least deprived communities.
- **Indicator 2:** % of people who participate in sport / physical activity on at least 1 day per week – again data are available at NI level only. They show females more likely than males to walk for recreation (54% vs. 40%). In terms of age, youngest and oldest age groups are least likely to walk for recreation, with 45-54 year olds the most likely.
- **Indicator 3:** Personal wellbeing score – large gender differences apparent in terms of life satisfaction and feeling worthwhile. Conversely, women were more likely than men to report higher levels of anxiety. In terms of age groups, in general the data illustrated a U-Shape with average scores for life satisfaction, worthwhile and happiness starting high for 16-19 year olds and dipping toward the 50-54 age group and then rising in older age groups (in particular the 70-74 age group). In terms of anxiety, this increases from ages 16-19 and peaks at 50-54 age group and reduces significantly for the 65-69 age group and beyond.
- **Indicator 4:** Number of preventable deaths per 100,000 population. The top three causes of preventable deaths for the ABC area are cancers, heart disease and suicide/undetermined causes. Further data was sourced for incidence of different types of cancers for both males and females. The three cancers with the highest incidence in males were non-melanoma skin, prostrate and bowel, whilst for females the top three types of cancer by incidence were non-melanoma skin, breast and bowel.

c. ***Feedback on mapping exercise:*** copies of the mapping exercise were left on each table to be used to help inform the 'what work's' actions and ensure that any new actions developed are aligned with, and do not duplicate, anything else being delivered in the ABC area.

d. ***Feedback on engagement activities:*** Key findings from the engagement activities were shared with attendees. In summary, the key community strengths noted were: the

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[1] Moderate exercise = 150 minutes per week; vigorous exercise = 75 minutes per week.

	extent of existing cross-community working; the wide range of social clubs, programmes and activities available and the quality of facilities/resources available to run them. In terms of issues that need to be addressed going forward – the need for greater partnership was identified by many respondents as was the need for greater promotion of services, programmes and activities. In addition to this – several lifestyle factors were identified as needing to be tackled – smoking, drugs, alcohol and poor diet (see presentation for a fuller account of the feedback).
3	**Group exercise: Finalising the story behind the baseline** Following the presentation of additional cuts of the indicator data, groups were invited to revisit the story behind the baseline (within the turning-the-curve reports) to update it (where appropriate) and to begin to focus in on particular issues or groups of individuals that they might want to focus their agreed actions on. The following points summarise these discussions: - *Indicator 1: Gap in life expectancy between most deprived areas and the Borough overall* The additional data did not help to pinpoint where there are specific issues for particular age groups within the population. There is a recognition that more data is needed. The group has decided to focus on young people and curriculum development within schools; rates of smoking (in particular focusing on more deprived areas where prevalence rates are three times higher) and BMI. - *Indicator 2: % of people who participate in sport / physical activity on at least 1 day per week* The group agreed that the focus of their efforts needs to be across the entire population rather than focusing efforts on particular groups of individuals. The additional data led to discussions around the lack of clear and consistent messaging around sports/physical activity and the need to promote the positive and fun elements of it. The group also identified the lack of a coordinated approach as a potential barrier. Finally, the group mentioned the need to develop volunteering across the borough as a means to motivate others. - *Indicator 3: Personal wellbeing score:* This group talked about the lack of early interventions in place in schools and other settings to build resilience in children and young people. They also talked about the negative impact of stigmatising which can impact negatively on people seeking help as soon as an issue emerges. - *Indicator 4: Number of preventable deaths per 100,000 population:* The top three causes of preventable death (cancer, heart disease and suicide/undermined) led this group to discuss issues/causes in more detail. The group identified that in relation to suicide, more work need to be done around prevention targeted specifically at males/under 40. Given the link to indicator 3, the group decided to focus on the cancer and heart disease. In relation to cancer, the group recognised that more needed to be done in relation to screening and heightening public awareness – particularly for skin cancer – as there is currently no screening offered for this. In relation to heart disease – the group felt that more could be done to increase survival rates (CPR / greater provision of defibrillators) and aftercare.

4	**What might work to improve things? Revisiting the causes and activities already happening, use the following questions to guide discussion: (2 hours)**
	Indicator 1: Gap in life expectancy between most deprived areas and the Borough overall
	• Potential actions to reduce Body Mass Index (BMI) suggested include:
	    o Improving nutrition – revisiting older models (e.g. HAZ, IFH)
	    o Cook It! Programme – the delivery model needs to be overhauled; there is no measuring, issues with insurance and indemnity and potential issues relating to follow up with lack of facilitators cited
	    o Choose to lose – this is a weight management programme with 'Choose to lose' on one of the weeks

- o Food values – Grow your own/ community gardens/ conservation volunteers
- Curriculum development
  - o Lobby education stakeholders to update the curriculum to place a greater emphasis on nutrition, physical activity and mental health and resilience [across primary, post-primary, FE colleges and university].
  - o More afterschool activities
  - o Conservation activities, e.g. polytunnels
- Partner with technology companies to target apps/podcasts at young people (e.g. 16-18) on topics such as preparation of food and cooking.
- Smoking
  - o Schools education programme
  - o Workplace smoking cessation programme – focusing on two specific groups, manual workers in deprived areas and BME population

Indicator 2: % of people who participate in sport / physical activity on at least 1 day per week
- Consistent messaging – co-ordinating what is available so people know about everything without being overwhelmed by info
- Co-promotion of Give it a Go (GIAG) events – Sheffield mentioned as an example.
- Best practice approach tailored to area / engagement with local community/ sports/ business (workplace health) / GPs / Education/ Voluntary and Statutory sector – e.g. door to door
- Creation of local champions as motivators, e.g. Operation Transformation [Whole town/village model]

Indicator 3: Personal wellbeing score:
- Recruit and train volunteers to support children with skills in schools (libraries provide the book stock)
- Support and supervise volunteers (to manage well-being of volunteers)
- Building resilience in suicide prevention within schools through programmes such as 'Together not Alone'
- Raising awareness of activities in the area to reduce isolation
- Mental health services/PHA well-being projects co-located in education – not as pilots but ongoing
- Run free physical and other after school activities

Indicator 4: Number of preventable deaths per 100,000 population:
- In relation to heart disease, the group recommended a series of actions to increase survival after the event. Actions included:
  - o Increasing schools with CPR
  - o Collaborating in mapping defibrillators across the Council area and understanding where gaps are
  - o Enhancing capacity in the community for CPR through using a Train-the-Trainer approach and getting key partners around the table to support this, e.g. Ambulance Service, Trust Fire Service, businesses (e.g. Almac, Tesco) British Heart Foundation [To support this some myths need to be addressed around insurance and indemnity]
- In relation to cancer, the group focused on screening. Actions included:
  - o Bowel cancer screening by post – potentially across the entire ABC area
  - o Linking in with existing groups (e.g. Men's Sheds) to increase coverage of bowel cancer screening
  - o Working with existing groups to combine messages around skin cancer prevention and tailor to specific audiences (e.g. males vs females) or activities (e.g. football).

5	**Feedback** • See above	
6	**Next steps** At the next workshop, groups will: • Refine actions; • Fill any gaps; and • Start to populate action plans.	