



Welcome to the fifth issue of NPT Community Networks News. Contributions have been received from partners in health, and other public sector organisations as well as the voluntary sector. We hope that you find the articles interesting. Please feel free to send in articles which you think will be of interest to the networks.

Editor

### Locality Update

#### By Hilary Dover

Firstly can I start by wishing you all a belated Happy New Year. The end of 2012 brought with it a number of changes including the retirement of Dr Annie Delahunty as the Consultant lead in public health for NPT Locality. Her previous work as a GP and as someone who had worked closely with Julian Tudor Hart gave her an excellent knowledge of the local area and fuelled her passion for the health and wellbeing of the population of this area. This, linked with her endless enthusiasm, means that she will be missed by her colleagues across a range of agencies. We hope to continue to see Annie in her new guise as a leader of reading groups in the local area.

The new Health Board chair Andrew Davies paid an early visit to the locality and made clear

his interest in primary and community services. He is also keen to see that the Health Board work more closely with Swansea University to address issues affecting frail elderly and people who have difficulty accessing services. He was interested to learn the extent to which we have made progress in partnership working within the networks.



Hilary Dover  
Locality Director  
Neath Port Talbot

Within the Locality work is ongoing in the bringing together a number of health and social care services to strengthen the Community Integrated Intermediate Care services and related services that, in combination will comprise the

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## Locality Update continued...

Community Resource Service [CRS]. The changes are being consulted upon over the next few months with the staff groups affected. We would hope to introduce the new service model from June 2013 and will keep you advised of the changes. With a major part of Cimla hospital vacated as a consequence of the changes to NPTH, we are also engaged in working through how we can bring the various groups that comprise the CRS together into workplace on that site, with the aim of having the Local Authority Occupational Therapy and Sensory Support Services, including Telecare joining their CIIS colleagues there as soon as possible after 31st March. Although the precise role that Cimla hospital needs to fulfil in the future has yet to be determined, it is clear that it has the physical capacity to develop as a Primary Care or Community Resource centre for at least the Neath area. An invitation is therefore being extended to the local GPs and network partners to consider the extent to which the site could provide a base for some of their services. The Locality is also engaged with the Local Authority in ensuring that primary care partners are up to speed with the implications of the likely housing developments currently featuring in the Local Au-

thority's emerging Local Development Plan [LDP] which contains projections of new or moving citizens/patients into several major developments, primarily along the M4 and elsewhere.

The new service model at NPT hospital has now been running for 3 months and we have been evaluating this model. A number of you have fed back on the positive experience you have had in dealing with the Acute GP Unit at Singleton but have also identified a number of things that can be improved upon particularly when you wish to see patients admitted. Please keep sending in your comments.

The New Year will bring with it the long awaited follow up paper to Setting the Direction, a draft of 'Together for Health – Delivering Local Integrated Care', having been issued for short consultation over the Christmas period. We are anticipating seeing more emphasis on the roles that community networks can play in the delivery of health care but also in how these can act as vehicles for greater partnership working across agencies. We would hope to provide a further update in the next newsletter.

## Primary Care Annual Report

### *By Lindsay Davies ~ Head of Primary Care*

The Locality Team are currently working with colleagues across ABM to produce the third Primary Care Annual Report. Originally required by Welsh Government as a comprehensive submission that set out all components of primary care contracting and activity, the opportunity is being taken this year to ensure that the focus is on briefing the Board on the scale of activity and achievement in primary care in 2012 and the issues that need to be acknowledged and tackled in partnership with the contracted services in 2013.

The following were highlighted as priority areas of work in an informal briefing to the Health Board on 7th February:

- ◆ Access and Out of Hours, e.g. Welsh Government requirements and implementation of additional dental access

- ◆ Governance and Performance, e.g. utilisation of self assessment tools
- ◆ Service Developments, e.g. including community network development and involvement in new clinical pathways
- ◆ Workforce challenges, including need for a primary care workforce plan
- ◆ Infrastructure, including IM&T developments and need for a primary care estates strategy
- ◆ Contract management, e.g. changes and implications

The full report, proposed action in 2013 and detailed appendices setting out the contractual framework and information will be received by the public Health Board meeting in March.

An update on agreed network priorities will feature in the next newsletter.

## Neath Foodbank: Offers Christmas Cheer

By Yvonne Davies, Foodbank Volunteer and Krysia Groves



1 in 5 people are living below the poverty line in the UK. Today in Neath there are families struggling to put food on the table. For people on low incomes, a sudden crisis – redundancy, benefit delay or even an unexpected bill – can mean going hungry. Every day parents skip meals to feed their children and people are forced to choose between paying the rent and eating.

Neath Foodbank provides emergency food and support to local people in crisis. A gift of food does more than just fill empty stomachs; Foodbanks help to prevent family breakdown, housing loss, crime and mental health problems. We also take time to listen and signpost people to further support.

### HISTORY OF NEATH FOODBANK

Following a presentation given to 'Churches Together in Neath' during early Autumn 2010 by the Wales representative of 'The Trussell Trust' it was decided to support a Foodbank project in Neath.



Krysia (left) pictured with Yvonne (right) and another Foodbank volunteer

In view of the central location and close proximity to Victoria Gardens Bus Stand, 'Churches Together in Neath' decided to establish the Foodbank at Orchard

Place Baptist Church and work proceeded to establish a shop, storage and food handling facilities.

An enthusiastic group of multi-denominational volunteers came together and with the generous response of churches, schools and the com-

munity at large, Neath Foodbank was up and running by September 2011.

To date over 1600 people (including 500 children) in crisis in the Neath Port Talbot area, have been fed, and signposted to various agencies that may be able to help them.

The NPT Locality Office continues to support Neath



Christmas donations from staff of NPT Locality

Foodbank with regular donations. In the weeks before Christmas staff donated foodstuffs and raised money via 'dress down' Fridays and a Christmas raffle. A table-worth of food, including festive biscuits and chocolates, was delivered, and gratefully received, in time for distribution to those in need before Christmas Eve.

### HOW A FOODBANK WORKS

- ◆ Non-perishable food is donated by the public
- ◆ Volunteers sort and pack food into emergency food boxes
- ◆ Frontline care professionals such as doctors and social workers give Foodbank vouchers to people in crisis
- ◆ Foodbank vouchers are exchanged for 3 days of food at a Foodbank
- ◆ Foodbanks take time to listen and signpost clients to further support

Neath Foodbank is part of The Trussell Trust's UK-wide Foodbank network

([www.trusselltrust.org/foodbank-projects](http://www.trusselltrust.org/foodbank-projects))

which helps local churches and communities to open Foodbanks and provide emergency food to thousands of people nationwide every year.

## Promoting Positive Mental Health & Improved Emotional Health & Wellbeing

By Emma Jones- NPT CVS

### Acorn



Acorn was set up by a group of volunteers in August 2011 to promote positive mental health and improve the emotional health and wellbeing of individuals experiencing mental ill health in Neath Port Talbot.

On World Mental Health Day October 10<sup>th</sup> 2012 a support directory for Neath Port Talbot was launched. The directory was produced because members of

Acorn identified the need for information about services and support organisations to be easily available and in one place.

It is estimated that one in four people will experience mental ill health at some point in their life-



time, so mental illness will, at one time or another impact on many of our lives, either directly or through family, friends or colleagues. It is important to be able to find the right help, support and guidance easily so members of Acorn hope the directory will help to achieve this.

The Directory focuses on local services, but where these don't exist a section has been put together with information from national organisations, websites and help lines.

If you would like a copy of the directory please email: [acornnpt@hotmail.co.uk](mailto:acornnpt@hotmail.co.uk) or telephone Emma Jones 07949 836122



Emma Jones Chair of Acorn Giving Out First Directory on World Mental Health Day

## Understanding the Emotional Wellbeing needs of Students in NPT

By Mary Morris

In 2010, due to ongoing concerns relating to the emotional health and wellbeing of young people in Neath College, a series of Engagement Events were organised by NPT Safeguarding Children Board, NPT Improving Futures Strategy Group and the College.

Following these initial events an Action Plan was agreed and a working group of partners including members of staff from Neath Port Talbot College, staff from ABMU Mental Health Directorate and Neath Port Talbot Locality, Mind Cymru and CVS.

The college has worked closely with MIND Cymru to deliver Assist and SafeTalk training to college staff and peer mentors. The college now also holds an annual Well-being Fair for students, Emotional Well-being is now included in Fresher's Week activities and the Tutorial Program and information is provided on the college's website and radio station.

In 2012 the engagement events were repeated with the current cohort of students. The students who attended the sessions were able to relate to the subject matter of emotional health and well being. As in previous engagement events, they said that they would be reluctant to approach their GPs regarding emotional problems.

They suggested a number of ways in which the college could inform and engage with students on this topic. These include training for students and tutors on "Signs and Symptoms" of ill health and "what is normal", a quiet place to be available to students with an emotional crisis and trained peer mentors.

As a result of this feedback, peer mentoring is now available through the college with training and support being offered to the mentors. The area housing the Learners' Services Department has been reconfigured and a Chill Room is now available for students as needed.



Students at Neath College Annual Health and Wellbeing Fair

## The South Wales Programme

The South Wales Programme was established in January 2012 in response to the challenges outlined in the Welsh Government's report 'Together for Health'.

From 26th September 2012 to 19th December, 2012, five Health Boards in South Wales – ABMU, Aneurin Bevan, Cwm Taff, Cardiff and Vale and Powys – carried out an engagement exercise to seek the views of patients, staff and other stakeholders on some strategic options for some specialist health services in south Wales including Obstetrics, Neonatal care, Paediat-

rics, and emergency medicine (A&E).

The responses from the engagement exercise have been collated and are being analysed. The results will be considered by the South Wales Programme Board and will be taken into account in the work that is being undertaken to develop clinical service models. They will also feed into any further consultation.

For more information on Changing for the Better and the South Wales programme, visit <http://www.wales.nhs.uk/sitesplus/863/page/60278>

## Clinical Director (Primary Care) takes up appointment

I was appointed as Medical Director for Primary Care at the beginning of October following a considerable gap since Dr Shimnaz Nazeer left the area in 2011, a period during which the Locality was grateful for the additional input provided by the three Network leads, Dr Chiranjib Ghosh, Dr Sanjay Chalissery and Dr Heather Wilkes and myself latterly.

The past six months particularly have been a time of rapid change for Neath Port Talbot Locality. The transfer of acute medicine from Neath Port Talbot hospital required a great deal of organisation and on the whole occurred remarkably smoothly. The development of community networks is progressing but is hampered by not being able to appoint a lead GP for the Neath network. It is important that a practicing GP is able to inform the planning of local medical services, as I am of the opinion that a practicing clinician often views issues from a different perspective. The networks continue to plan for improvements in community services for the people of Neath Port Talbot, especially for those with conditions such as diabetes, heart failure and chronic chest problems and will actively

seek to cement more constructive and new relationships with secondary care colleagues across ABMU to enable primary and secondary care to serve patients more effectively

Over the last 3 months I have emphasised to the Health Board how important it is to receive timely and accurate discharge information. I know that it can be still a problem for GPs to receive such information. I have attended a time out session with cardiology to discuss how access for patients to cardiology services can be improved. A similar event has been held for access to neurology services.

It is an exciting and challenging time to be involved in planning and organising local health services and it is the duty of us all to make these as efficient and effective as possible for our patients.



Andy Muir ~ Clinical Director (Primary Care)

### Pause for thought

'Human rights are not worthy of the name if they do not protect the people we don't like as well as those we do. But they must not become the exclusive property of minorities. In a good society, human rights should be about balance and fairness for all - and no-one should ever need to ask "What about my human rights?"'.

*Trevor Philips, Sunday Times, 11 December 2011*



## Heart Failure pilot

**By Bethan Rogers ~ Pharmaceutical Advisor**

During the last 18 months Kathryn Roberts (BHF Heart Failure Specialist Nurse) and I have been working within the Neath Network to support the development of practice nurse / nurse practitioner led heart failure clinics. Several practices have participated in the pilot, which aims to improve the continuing care for new and existing heart failure patients, as well as providing support and education to patients.

Nurse-led clinics have been successfully initiated in Briton Ferry (Dr Wilkes), Skewen Medical Centre and Castle Surgery.

Practices were initially supported to validate their practice heart failure register and develop a recall system for the ongoing management of these patients.

Practice based nurses have been up-skilled on the management of heart failure patients through one to one teaching, prior to seeing patients. Nurses were also supported by Kathryn and Bethan during the first few weeks of clinics, the number of clinics varying with the competency and confi-

dence of the nurse. Ongoing, both are contactable to act as a resource and aid with queries. Key areas addressed to improve patient care included: clinical assessment, medicines management and appropriate up-titration of medication, ongoing monitoring and patient education and awareness. The project has also seen the development of stronger relationships between primary and secondary care. Kathryn commented she has found it valuable being able to discharge patients to a specific practice nurse and that patients often feel more confident when they are provided with a named primary care nurse who is able to support their ongoing care alongside their GP. It has been a positive exercise to help raise practice awareness of current evidence-based heart failure management, and an opportunity to provide practical tips to aid with the management of this complex long term condition.

Furthermore, work is ongoing to produce a guidance document to support GPs and practice based nurses in the initiation, running and management of heart failure clinics.

## Building Stronger Bridges With The Voluntary Sector

**By Mary Morris**

The community networks in Neath Port Talbot are seen as a vehicle to raise awareness in primary care of the importance of the voluntary sector as partners in supporting health and wellbeing. Many of these organisations contribute to the health promotion and improvement agendas and support residents in maintaining a healthy lifestyle.

Neath Port Talbot Council for Voluntary Service (CVS) has over 500 voluntary sector organisation members and close links with over 1000 voluntary organisations in Neath Port Talbot. Helen Williams works with CVS as the Health, Social Care and Wellbeing Facilitator, a Health Board funded post, to promote joined up thinking, bringing together voluntary organisations and health and social care providers.

Helen has been very proactive in identifying opportunities for the Third Sector to actively contribute to action plans and to the developments within community networks. She has attended several Neath Community Network and Upper Valleys Community Network meetings where she

has raised awareness of Third Sector services which could complement the health care provided by GP practices and raised awareness of information resources including the NHS Direct Wales Wellbeing and Support Directorate.

Recently Helen has also been very active in the 'Changing for the Better' engagement process ensuring that the voice of voluntary sector organisations is heard.

Helen said, 'There are so many organisations in the local area which offer excellent services and which could complement the formal health services provided by the NHS. I am happy to be a point of contact for enquiries and information about the Third Sector.'

To contact Helen, Telephone: 0163931246  
Email: [HelenW@nptcvs.org.uk](mailto:HelenW@nptcvs.org.uk).



**Helen Williams ~ Health Social Care and Wellbeing facilitator NPTCVS**

## Communication between Primary and Secondary Care

By Kevin Duff

In April 2012 the Neath Port Talbot Locality Team issued a questionnaire to GPs in the area asking their opinion of the communication between primary care and secondary care. The team received 27 individual GP responses, out of 23 practices and 74 GPs; some of the comments received reinforced concerns circulating about the difficulties experienced in communicating across primary care and secondary care interface. On the one hand only 8% of respondents described the current working relationship between primary and secondary care as poor, the other 92% describing it as either excellent / good or average (37% as excellent). However, in comparison 59% felt that over the past 10 years the communication between GPs and consultants had become worse.

Whilst 27 responses (36%) is not a hugely significant response rate it does give some indication of the communication issues that need to be addressed if the services are to be improved and the ambitions behind *Changing for the Better* are to be realised. There were a number of points flagged up as important:

- ◆ GPs and consultants engaging in the clinical environment
- ◆ Processes in place to ensure efficient communication
- ◆ Better understanding of primary / secondary care environment
- ◆ Consultants more accessible.

GPs were also asked in the questionnaire how they thought communication between primary and secondary care could be improved:

- ◆ Provide better telephone access to secondary care colleagues
- ◆ Improve written communication between primary and secondary care colleagues
- ◆ Provide electronic method to discuss patients.

All three were popular options amongst the respondents, however, improving written communication and providing an electronic



Kevin Duff  
Primary Care and  
Planning Manager

method to patients ranked most favourably.

The questionnaire was also distributed to secondary care colleagues in Neath Port Talbot and 18 responses were received. Out of these 50% thought the relationship between primary and secondary care to be average and 28% as good, but 22% felt it to be poor. Alongside this 39% felt that communication had become worse, which reflects the similar concern amongst

the GP respondents. The responses were fairly evenly spread amongst the three options to improve communication, but providing an electronic method to improve communication ranked highest, closely followed by better telephone access to secondary care colleagues.

Whilst not eliciting a particularly high response rate from either primary or secondary care, the survey does highlight some areas of communication which can be improved and which ring true with the general conversation experienced between the Locality Team and GP colleagues. Initiatives to enhance communication, supporting both primary care to manage patients within the community and enabling secondary care to manage referrals to hospital, such as the Rheumatology Advice Line have proven very popular and well received amongst primary care colleagues.

It is our intention to build upon successes such as these and to this end we are working on the development of an e-mail based respiratory advice line. The advice line will be piloted amongst the 5 GP practices in the Upper Valleys Community Network in the next few months and will give GPs direct access via e-mail to consultant respiratory colleagues in Neath Port Talbot Hospital for advice on individual patients. We shall look to monitor the pilot to identify the value of the support it offers to primary care and gauge its impact upon the rate of referral to hospital services. If successful the pilot will give the locality team a template by which to increase this type of communication method with the crucial support of colleagues in both primary and secondary care.

## Annie Delahunty retires

**By Marie Amanoritsewor**

Dr Annie Delahunty, Consultant in public health medicine and the Public Health Lead for Neath Port Talbot recently retired from the service. Annie was a GP for several years before she joined Public Health Wales. She has served in many roles including as public health lead for homeless and vulnerable groups across ABMU Health Board, public health representative on Neath Port Talbot Health Social Care and Wellbeing partnership Board and the Local Service Board, and consultant lead for Wales for the National Health Services Primary Care Quality and Information Service.

My enduring impression of Annie is that she lives what she preaches. She is a repository of knowledge and varied experience. She is very interested in learning about different people and



*Annie Delahunty (wearing the red cardigan) at her send-off reception in NPT*

places and is very widely travelled. She is also a connoisseur of culture, visiting literary festivals and reading voraciously. One of her latest projects is the 'Shared Reading for Wellbeing' initiative which involves her visiting very ill patients on rehabilitation wards and reading aloud to them.

Dr Ian Millington, Secretary to Morgannwg Local Medical Council said, 'Annie has a straight forward northern approach to life, coming from Formby near Liverpool. She has a great sense of social responsibility which fitted very well with her role as a Consultant in Public Health Medicine particularly in relation to disadvantaged groups. I am sure she will continue with her interest in the people and their issues in this area during her retirement and we wish her well.'

## GP Advice Service offers support to unemployed patients in NPT

**By Susan Stapleton Department for Work and Pensions**

### 'Want to Work'

Patients in Neath Port Talbot have been benefiting from 'Want to Work,' a GP advice service which aims to help and support them to make positive changes in their lives.

The GP advice service is beneficial to both patients and medical practitioners, as often there are underlying problems such as loneliness, debt, redundancy or little social support, which result in patients attending surgeries frequently. Want to Work offers support, guidance and encouragement, to help patients overcome these issues. Patients could get involved in health and well-being activities, volunteer in their local communities, learn a skill or make steps towards employment.

GP's, Health Practitioners or surgery staff can refer patients to the service regardless of the individual's work status or the benefits they receive. The service has very strong partnership

links with organisations in Neath Port Talbot, and can signpost patients to appropriate services.

" Between January 2009 and January 2013 the GP advice service has received over 900 referrals from GPs, the Local Primary Mental Health Support Service and other Health Professionals within NPT".

### Incapacity Benefit

The service anticipates that with the transition from Incapacity Benefit to Employment and Support Allowance, there will be many patients attending GP surgeries who may be feeling very anxious and vulnerable. To alleviate this, the Want to Work team is encouraging professionals to refer patients to the service. Staff will meet with these patients at local outreaches, where they can explain the transition process and provide information on available help and support. For further information contact:

Susan Stapleton on 0800 328 6370 or 0787 555 0569

## Obesity, Diabetes & Afan Community Network

**By Dr. Mark Goodwin, ACN GP and Krysia Groves**

Diabetes UK reports that obese people are up to 80 times more likely to develop Type 2 diabetes than those who maintain a healthy weight. Although weight is not always a contributory factor in Type 2 diabetes, it has been shown that the risk of developing the condition increases progressively as an individual's Body Mass Index (BMI) increases. With a BMI over 30 a person is already up to 10 times more likely to get diabetes.

The links between Type 2 diabetes and obesity are firmly established, so as a pre-diabetes risk factor, obesity can take years off people's lives.

Between 35-40% adults have been obese at sometime in their lives and currently 15-20% still are. NHS Wales's statistics show NPT Locality to have the highest rate of obesity within the ABMU Health Board at 13.6%. Within the Locality Afan Community Network (ACN) has the highest obese population percentage overall at 14% (ABMU Health Board average is just over 10%; Neath CN is 13.5% and Upper Valleys CN is 13%). Drilling deeper into their Practice disease registers ACN GPs have uncovered more interesting data that bears thinking about.

In accordance with the Quality Outcomes Framework (QOF) GPs will record the number of patients aged 16 years and over with a BMI greater than, or equal to 30, recorded in the previous 15 months. QOF points and potential income may be lost if practice disease registers are inaccurate and not kept up to date, yet there are variations between GP Practices in their data recording/coding, completeness and accuracy.

As a point of interest ACN GPs have interrogated

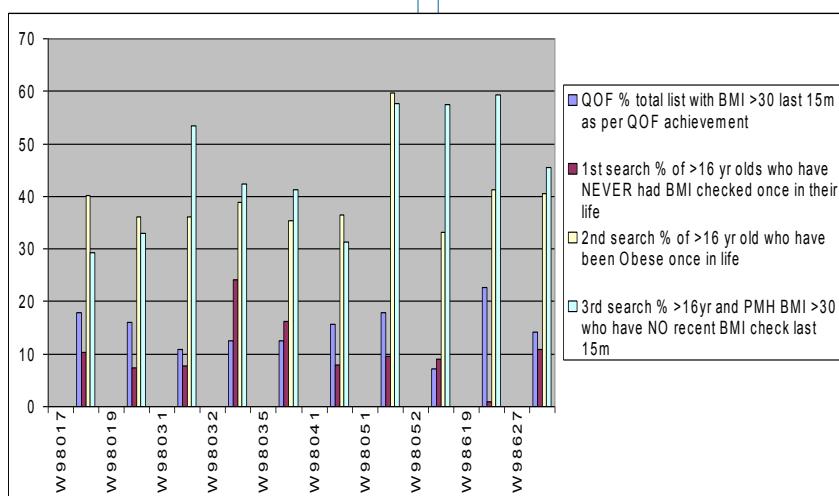
their Obesity disease register and uncovered the figures displayed in the Chart below. It was also shown that, although rates of recorded Obesity in ACN averages around 14%, it varies greatly between Practices (from 7 to 22%). This variation, particularly within adjacent Practices is most likely explained by Practice variability in measuring the list rather than true prevalence of obesity.

The figures also revealed that as a network the Afan Community:

- ◆ has 12% patients over 16 with no weight ever recorded (varies within practices from 7 to 24%);
- ◆ of those who have had even one weight recorded at sometime since age 16, 38% have been recorded as obese at some stage (NB this figure is skewed slightly by pregnant women);
- ◆ only 44.8% of those who have been recorded as obese once have been rechecked in the last 15 months. (Practice rates vary between 29% and 57%)

It is evident that not all people who are obese are recorded as such by general practices, particularly if they are young and have not experienced

any particular health-related difficulties. However, the search undertaken uncovers interesting figures that relate to 10,000's of patients and vast numbers needing diet and lifestyle classes. To aim to address all these people's needs is expensive, but if even only 50% can be prevented from progressing



to Diabetes then it must be cost effective in the long term to do something. ACN are now discussing ways to work together, with partners and with patients to 'do something'.

# EPP - Education Programmes for Patients and Carers

By **Donna Davies**

ABMU EPP Cymru Coordinators and team of volunteer tutors provide a Chronic Disease Self Management Programme (CDSMP) for people living with a Long Term Health Condition and 'Looking After Me' (LAM) a programme for people in a caring role.

These courses are offered free of charge in the local community over six weeks, to people over the age of 18 who have a variety of different health conditions or are in caring situations. They are delivered by trained tutors who themselves have experience of living with a long-term condition or experience of a caring role. The courses are designed to help adults understand more about their chronic health condition or caring role and its impact on their lives. The aim is to enable them take more responsibility and control of their condition or situation and this involves developing people's confidence, self efficacy, skills, motivation and un-



derstanding. Issues addressed include recognising and responding appropriately to symptoms, acute exacerbation, the impact of exercise and diet; communicating effectively with carers and health professionals, pain management and treatment and medication options.

The courses do not provide health information or treatment, or look at clinical needs. The EPP Cymru courses complement health information or treatment by teaching people skills and techniques so that they can help themselves and implement the condition specific and or clinical information they get from health care professionals.

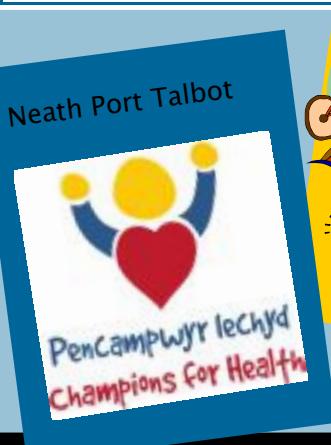
If you would like to attend a course, refer someone or get more information about the EPP Cymru courses, please contact the ABMU EPP Coordinators:

Donna Davies on 01792 326528 or e-mail [donna.davies5@wales.nhs.uk](mailto:donna.davies5@wales.nhs.uk) or

Christine Morgan on 01792 326559 or e-mail [christine.morgan3@wales.nhs.uk](mailto:christine.morgan3@wales.nhs.uk)

## EPP - Course Dates

Date	Venue	Date	Venue
2nd April 2013	Bridgend	26th April 2013	Neath
8th April 2013	Swansea	9th May 2013	Neath
16th April 2013	Swansea	13th May 2013	Neath
24th April 2013	Swansea	23rd May 2013	Bridgend



For full details and sign-up pack email us on:

[ABM.NPTChampChallenge@wales.nhs.uk](mailto:ABM.NPTChampChallenge@wales.nhs.uk)



Need some extra motivation to keep your health and wellbeing goals on track? Then do an Ironman Triathlon, or Walk the World...

...not as impossible as it sounds!

Please let us have your views about the newsletter. If you have any comments or suggestions for improvement or would like to submit an article, we would love to hear from you.

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