

EXECUTIVE MEMBER RESPONSE	
<p>NAME OF TOPIC GROUP: PUBLIC HEALTH REDUCED BUDGET</p> <p>CHAIRMAN: RICHARD SMITH</p> <p>SCRUTINY OFFICER: CHARLES LAMBERT</p> <p>DATE OF SCRUTINY: 28 NOVEMBER 2016</p> <p>EXECUTIVE MEMBER: TERESA HERITAGE</p>	
<p>DATE REPORT PUBLISHED: 16 DECEMBER 2016</p> <p>DATE RESPONSE DUE: 16 FEBRUARY 2017</p> <p>DATE RESPONSE RETURNED: 14 MARCH 2017</p>	
<p>Recommendations:</p> <p><i>e.g. To undertake a customer survey in xxxxx (month/year)</i> (Note: All abbreviations used must be set out in full the first time they are used)</p>	<p>Executive Response:</p> <p><i>e.g. To carry out the survey in xxxxxx (month/year)</i> (Note: All abbreviations used must be set out in full the first time they are used)</p>
<p>2.1 Public Health Executive Member should write a letter to the Department of Health relating to the upcoming review of the mandation of Health Visitors. This letter should include a request to not impose restrictions to local government on how this service and the included checks are provided and by whom. The letter should ask for outcomes to be mandated to particular or numbers of staff. (Conc. 4.1)</p>	<p>Officers were instructed to lobby through national meetings with Government and conveyed these views in the briefings. Government has since announced its intention to continue the mandation of the universal 5 health visiting checks which are offered between pregnancy and up to age 2½ years, as set out in Healthy Child Programme (0 to 5). This is in our view a positive result.</p>
<p>2.2 Further consideration should be given by Public Health to explore, with the support of the Children's Services Department, which services are provided by Health Visitors and those that can be administered from Children's Centres by their qualified staff. (Conc. 4.1, 4.2)</p>	<p>A joint working group has been working on this since 2016 overseen by a joint Early Years Board, chaired by the Director of Childrens Services and Director of Public Health. Both services are working closely together to develop an integrated pre-birth to 19 model including health visiting, school nursing and children's centres by October 2018.</p>
<p>2.3 That Public Health should explore where funding reductions can be mitigated through joint HCC and NHS</p>	<p>A working group has been set up to explore this further. The CCGs between them have contributed £80k to the over £1.5m</p>

ventures. (Conc. 4.3)	prevention portfolio in public health for the remainder of 2016-17. This is small contribution but a start. I have asked officers to make clear that prevention work for the sustainability and transformation plan is dependent on NHS contributions both financial and non-financial for its success. An update on commitment 2017/18 will be provided to the Monitoring of Recommendations Topic Group.
2.4 That a report be compiled of the projects that have had involvement from sporting organisations to be shared with members as well as at the next meeting of Public Health HCC and its district and borough partners. (Conc. 4.4)	This already exists in the form of the Lifestyle and Legacy Partnership plan and the physical activity and sport plan, with Public Health and the Sports Partnership leading work to bring money into Hertfordshire. At the time of writing bids are being prepared.
2.5 District and borough engagement is essential to the success of Public Health work across the county. District and borough Members should be encouraged to engage more fully. (Conc. 4.5)	The meetings with district portfolio holders with the Executive Member Public Health, Localism & Libraries will be continued and a joint work plan developed
2.6 That Public Health arranges meetings with school leads, such as SENCOs and governors outside of the annual conference, to discuss and agree an overarching health policy and health framework for schools. It is suggested that governor be appointed to champion Health. This should seek to include mental health as well as physical health, and sexual and relationships education. (Conc. 4.6)	Officers have attempted this and are willing to do this. Public health has established pastoral leads networks across both primary and secondary schools that enable schools to share best practice and access learning and resources. These appear to be working well. School Heads have been engaged in redesigning school nurse services but the take up by schools of more corporate work remains disappointing.
2.7 That Public Health oversees the compilation of a report from districts and boroughs to be shared with all members which identifies: <ul style="list-style-type: none"> the Public Health projects that were tried and tested in Year 1 	This is already underway with the ongoing report on the district-county partnership so we will share with members

<ul style="list-style-type: none"> • the Public Health projects that stopped in Year 2 and the reasons for this • the Public Health projects that have continued with any relevant partnerships in place to support these. 	
Any other comments on the report or this scrutiny?	

