

Minutes



To: All Members of the Public Health, Prevention and Performance Cabinet Panel, Chief Executive, Chief Officers, All officers named for 'actions'

From: Legal, Democratic & Statutory Services
Ask for: Theresa Baker
Ext: 26545

PUBLIC HEALTH, PREVENTION AND PERFORMANCE CABINET PANEL 2 FEBRUARY 2018: 10.00 AM

ATTENDANCE

MEMBERS OF THE PANEL

A P Brewster, L A Chesterman, C Clapper, B A Gibson, S Gordon, M B J Mills-Bishop, R M Roberts (Chairman), A F Rowlands, A Stevenson, A D Williams (Vice Chairman), W J Wyatt-Lowe

Upon consideration of the agenda for the Public Health, Prevention and Performance Cabinet Panel meeting on 2 February 2018 as circulated, copy annexed, conclusions were reached and are recorded below:

Note: No conflicts of interest were declared by any member of the Cabinet Panel in relation to the matters on which conclusions were reached at this meeting.

All Members who have a disclosable pecuniary interest arising from an allowance from the County Council, another local authority in Hertfordshire, or a body to whom they have been appointed by the County Council, have received a dispensation to allow them to participate in debate and vote on the Integrated Plan.

All Members have been granted a dispensation to participate in debate and vote in any business of the County Council relating to setting the council tax or precept when they would otherwise be prevented from doing so in consequence of having a beneficial interest in land which is within the administrative area of Hertfordshire or a licence (alone or jointly) to occupy such land."

"M B J Mills-Bishop – by virtue of his wife being employed as a teacher in Hertfordshire. He has been granted a dispensation by the Standards Committee to participate, debate and vote in business in which this Disclosable Pecuniary Interest is mentioned provided that the business to be considered does not directly affect his financial position or that of his wife; which he considered it did not.

CHAIRMANS ANNOUNCEMENTS

- i An Information Note ‘Update on Actions from Previous PHP&P Cabinet Panel Minutes’ had been circulated on 1 Feb 2018. Members were directed to raise any issues arising with the Chairman, Lead Officer or Business Manager.
- ii The ‘Year of Physical Activity’ (HertsYOPA18) had begun, January being the month of ‘Do Something New’ and February ‘Workforce Development’ month. Yopa the Stag (Year of Physical Activity mascot) had been present at the Letchworth Park Run. To encourage participation in sport, Members were encouraged to promote a series of 6 hole events [Golf Sixes](#) and sports taster sessions offered in May by a golf club to showcase different sports.

Members
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PART I (‘OPEN’) BUSINESS

1. MINUTES

ACTION

- 1.1 The Minutes of the Cabinet Panel meeting held on 10 November 2017 were confirmed as a correct record and signed by the Chairman.

2. PUBLIC PETITIONS

- 2.1 There were no public petitions.

3. OVERVIEW OF THE CHALLENGES FACING THE COMMUNITY PROTECTION DIRECTORATE IN RESPONDING TO AN INCREASE IN PRIMARY AND SECONDARY FIRES

[Officer contact: Chris Bigland, Deputy Chief Fire Officer
(Tel: 01992 507503)]

- 3.1 The Panel received an overview of the challenges facing the Community Protection Directorate (CPD) in responding to an increase in primary (1ry) and secondary (2ry) fires, also the work undertaken to mitigate the impact on residents, the Council and its partners in caring for and keeping safe residents and visitors.
- 3.2 In line with national trends, the ten year fire data for Hertfordshire showed a five year continuing reduction in fires until 2012 and a steady increase in the number of 1ry/2ry fires since then. It was, however, too early to confirm whether the increases were an upward trend or a natural correction after a 50% reduction in fires during the preceding 5-10 years. Hertfordshire continued to track much lower than the national figures and its actual performance was still below the projected annual targets set by the service.

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3.3	The research report 'Fire Deaths in Hertfordshire 2000-2017' identified the dwelling fire fatality factors since 2000 in order of prevalence as victim lived alone, smoking, limited mobility, alcohol, poor health, drugs (prescription and illegal) and mental health, with 82% of fire fatalities including the top two. Members noted the detail of the demographic context (both for people and the economy) in relation to the fire fatality factors, the rise in 1ry/2ry fires and that HFRS was addressing the rise through Prevention and Partnership activities.	
3.4	Prevention activities for older people were not only through one to one interactions but also through group activities i.e. Older Persons Active Learning Safety lunch clubs and U3A; District Commanders were keen to consider further suggestions for group engagement.	Members
3.5	A number of factors contributed to death by fire in the presence of fire alarms, including intoxication and sleeping through the alarm or not being equipped to respond, and HFRS had run a trial supporting responses to telecare calls, e.g. to assist persons who had fallen, the visit being an opportunity to understand the resident's needs regarding any future fire and also to install a fire alarm. Officers clarified that alarm systems could be automatically linked to the fire service and private providers already linked to private or commercial premises and contacted the fire service when the alarm actuated.	
3.6	Officers clarified that as Safe and Well Visits had been undertaken for less than a year insufficient data was available to identify uptake by 85 year olds and offered to update panel in due course. Collaboration between the blue light services and partners, via the capable guardian scheme for signposting, enabled prioritisation of those who must be visited rather than relying only on requests; officers agreed to ascertain if the visits were being coordinated with Age UK. All District Councillors had been advised of the scheme and were also promoting it.	C Bigland C Bigland
3.7	Psychological support and occupational health via TRiM Trauma decompression helped firefighters cope with potential daily exposure to fire trauma and trauma from other incident types. HFRS also maintained contact with personnel who had left the service through the retired members association and directed them to services as required e.g. for Post-traumatic Stress Disorder.	
3.8	Officers recommended Learn 2 Live to the panel and offered to circulate event details. Smoke alarms for the hearing impaired were often publicised in parish magazines and suggestions of other magazines were welcome.	C Bigland Members

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| 3.9 | As understanding of trauma had progressed and guidance from the British Psychological Society had been updated, a conference on trauma was being organised between Public Health, HFRS and the Hertfordshire Partnership Foundation Trust. | |
| 3.10 | Officers concluded that as the population for the county increased and life styles became more complex the fire service was evolving to meet the need, in particular partnership working since most people affected by fire were known to one or other of the partners. Since age had been identified as one of the major contributory factors to fires in residential premises Members requested that year on year age data should be tracked and that HFRS provide demographic data in relation to fires to the PHP&P panel Performance Report, even if only annually. Officers clarified that this was possible only for incidents where age was recorded, thus future reports would be indicative for all but fatal injuries which are comprehensively captured (see report). | C Bigland
C Bigland |
| 3.11 | As there was still no clear reason for the rise in 1ry and 2ry fires, officers were requested to refer the issue back to HFRS and the Community Safety and Waste Management cabinet panel. | C Bigland |

Conclusions:

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| 3.12 | The Panel noted and commented on the challenges facing the Community Protection Directorate and highlighted any further information that could be of value. | |
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4. HERTFORDSHIRE COUNTY COUNCIL PERFORMANCE MONITOR –QUARTER 2 (Q2), 2017-18

[Officer Contact: Stuart Bannerman Campbell, Assistant Director, Improvement and Technology (Tel: 01992 588397)
Martin Aust, Head of Intelligence, Improvement and Technology, Resources (Tel: 01992 555793)]

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| 4.1 | The panel received the Performance Report for Q2 of 2017-18. | |
| 4.2 | In relation to the Resources, Property and the Economy, the panel requested an update on the position in regard of use of temporary and agency staff. | S
Bannerman
Campbell
M Aust |
| 4.3 | Members heard that work following member comment on the 'Adult Care Services-Service Challenges and Response' report was ongoing. It was agreed to allow more time for data collection and review progress in the Q3 Performance report. The panel requested that the Q3 descriptor clarify why the annual target had been chosen in relation to Direct Payments and why HCC was not performing better. | S
Bannerman
Campbell
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| 4.4 | Members requested feedback to Children’s Services (CS) that, from a Member’s personal experience and feedback from parents, the online application system for free early education for 2 year olds was complicated and many parents did not realise they were eligible unless advised so by the provider and given a form; CS to report back to the panel. | S
Bannerman
Campbell
M Aust
M McQueen |
| 4.5 | Officers were asked to ensure the Comparison data for the Eastern Region Average for ‘Total household waste per household in kilograms’ was available in the Q3 performance report. | S Bannerman
Campbell
M Aust |
| 4.6 | Officers agreed to seek to provide more basic data on Highways matters, but highlighted the difficulties with comparison as other authorities did not release their data and the limited historical picture as some measures were new. Members also requested long term data for Highways and in particular ‘Street lighting defects rectified within the prescribed response times’ including time taken for defect rectification. | S Bannerman
Campbell
M Aust |
| 4.7 | Members heard that the comparatively low level of ‘Hospital Admissions for Mental Health Conditions (under 18s)’ in Hertfordshire was a consequence of an emphasis on early intervention and community based treatment and that the data related only to Hertfordshire residents. The panel requested the conclusions, if available, of the CAMHS Topic Group, and a report on the Mental Health of Young People, including where they were being treated, and hospital admissions for Mental Health Conditions (Adults) for the March panel. | N Rotherham
C Lambert

J McManus |

Conclusions:

- 4.8 The Public Health, Prevention and Performance Cabinet Panel
- a) Commented on the recommendations on any performance, project, contract and risk or audit matter outlined in this report.
 - b) Identified further actions to address any performance concerns raised in the performance monitor.

5. INTEGRATED PLAN 2018/19 - 2021/22 PUBLIC HEALTH, PREVENTION AND PERFORMANCE

[Officer Contact:
Joanne Doggett, Head of Programme Delivery and Resources
(Tel: 01992 556458)
Lindsey McLeod, Head of Corporate Finance (Tel: 01992 556431)]

- 5.1 The panel received a report which highlighted the areas of the Integrated Plan relating to Public Health, Prevention and Performance for members consideration and comment. The

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following issues were discussed in relation to the report to Cabinet of 22 January 2018, agenda item 4(ii): Integrated Plan 2018/19 - 2021/22:

- 5.2 Members heard that the 2.5% reduction in the Public Health grant from September 2017 and rising to 7.5% by 2019/20 had been known and accounted for when preparing the proposed budget. Attention was drawn to PH's small capital budget of £725m, the key revenue pressures, savings proposals and capital schemes (page 152) and the service's strategy to work to maintain services and outcomes.
- 5.3 Officers clarified that, despite the proposal for 'Reduction in funding offered to district councils' (page 157: Key Budget Movements 2018/19-2021/22), the service was investigating ways of continuing to contribute financially to working with district councils which were well placed to provide particular PH agendas including weight management and physical activity. Member input to this issue was encouraged. Following observations from the Peer Challenge and PH's strengths in influencing across and between, and that partnership working and greater integration were the way forward, Members requested the full written report to the LGA Peer Challenge on Public Health to be circulated as soon as possible.
- 5.4 Officers clarified that although Mental Health (MH) was not a mandated service for PH, to prevent a reduction in support for MH issues it was being written into children's centre, school nurses and health visitor service specifications currently being recommissioned by the County Council. The relevant MH staff budgets had been protected as had the staff budgets for school pastoral networks.
- 5.5 In terms of key risks in delivering projects and programmes for the PH portfolio and the risk of losing experienced PH staff, members heard that the PH performance monitor would now track vacancy rates and the use of agency staff.

J McManus
T Baker

J McManus

Conclusions:

- 5.6
1. The Panel commented to Cabinet on the proposals relating to the Integrated Plan in respect of Public Health, Prevention and Performance.
 2. The Panel identified any issues that it felt that the Cabinet should consider in finalising the Integrated Plan proposals.
 3. Panel supported the Public Health Integrated Plan proposals.

6. OTHER PART I BUSINESS

There was no other business.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

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