



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
10 MAY 2018: 10.00 AM**

ATTENDANCE

MEMBERS OF THE PANEL

A P Brewster, L A Chesterman, C Clapper, B A Gibson, S Gordon, N A Hollinghurst, S Brown (substituted for M B J Mills-Bishop), R M Roberts (Chairman), A S B Walkington (substituted for A F Rowlands), S Quilty (substituted for 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 10 May 2018 as circulated, copy annexed, conclusions were reached and are recorded below:

PART I ('OPEN') BUSINESS

1. MINUTES

- 1.1 The Minutes of the Cabinet Panel meeting held on 12 March 2018 were confirmed as a correct record and signed by the Chairman.

ACTION

T Baker

2. PUBLIC PETITIONS

- 2.1 There were no public petitions.

3. FAMILY CENTRE SERVICE CONTRACT AWARD - PUBLIC HEALTH NURSING ELEMENT

[Officer contact: Sue Beck, Head of Children and Young People Service, Public Health (Tel: 01438 845914)].

- 3.1 The Panel received a report which informed it of the outcome of the procurement process for the Public Health Nursing element of the new Hertfordshire Family Centre Service. The Public Health Nursing element for the service (health visiting and school nursing) had been awarded to Hertfordshire Community NHS Trust for all

four quadrants of the county and the Family Support element had been awarded to Hertsmere Leisure (West and South quadrant), One YMCA (East quadrant) and Barnados (North quadrant).

- 3.2 Members welcomed the work on the integration of the Health Visiting service and School Nursing service (Public Health Nursing Service) and Children's Centre programme.
- 3.3 During a wide ranging discussion officers clarified that monthly contract monitoring would address issues early; any of the organisations which failed to deliver would be performance managed - the ultimate penalty potentially being contract removal; work would be ongoing to ensure that the service offering in all parts of the County was comparable between the different providers; change management support for Children's Centre staff was already planned and extra training for would be put in place; further work would be undertaken to engage Black and Minority Ethnic communities and outreach to Gypsy and Traveller children who did not attend school. The process used to select the providers and ensuring venue accessibility were also discussed. The comments from the meeting would be fed back to the Partnership Board.
- 3.4 Work had been undertaken to ensure Family Centres Services encompassed a broader range of people e.g. grandparent and young carers; grandparent carers would be included in the EqIA when updated.
- 3.5 The information on employment and training opportunities for parents enabled by specialist Job Centre outreach would be identified in the Family Support Contract provided by Children's Services; a Children's Services officer(s), when appropriate, would attend the panel to aid understanding of both sides of the contract.
- 3.6 In the autumn Members would receive a report on how the four providers were addressing the issues raised by the panel, with potential Children's Services attendance.
- 3.7 Members of the panel observed that a formal way was required for them to interact with CS in regard of Family Centres.

S Beck
S Matthews

S Beck
J McManus

Conclusions:

- 3.8 The panel commented upon and noted the content of the Report.

4. PUBLIC HEALTH PEER CHALLENGE ACTION PLAN

[Officer Contact: Joanne Doggett, Head of Programme Delivery & Resources (Tel: 01992556358)]

**CHAIRMAN'S
INITIALS**

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- 4.1 The panel received a report to update it on the action plan to the recommendations from the outcome of the Sector Led Improvement Peer Challenge of Public Health and Prevention.
- 4.2 The Challenge had identified that the County Council's public health function and the County Council had significant strengths in assuring the basics, influencing across and between organisations, embedding value and future prospects for value and a Prevention focused council. In addition a range of opportunities was identified for the County Council, much of which was beyond Public Health (PH) alone to lead, also issues the wider system needed to address.
- 4.3 Officers clarified that cross party Membership alongside officers, agencies, Districts and Boroughs and the NHS were all necessary for the Prevention approach to become embedded Countywide. Although PH was a statutory consultee on many issues, Senior Management Board had determined that greatest impact would be achieved by focussing the Prevention agenda at particular issues rather than across all County Council reports.
- 4.4 To assist Members as leaders of their local communities in their own work to further Prevention, where requested to officers would review the evidence for any bids for Locality Budget funding. In regard of the increasing number of defibrillators around the County, officers clarified that guidelines were issued to Members on 15 January 2016 but could be updated if required. Officers would discuss whether any further guidance was required.
- 4.5 Members heard that the LGA had challenged the County Council to take on core leadership for the health of the public as part of the next steps.
- 4.6 The recent STP seminar had clarified that the Prevention plan was being delivered but still had further work it had identified it wanted to achieve. Public Health had been leading the delivery of social prescribing. However challenges remained such as investment from the NHS and other partners, and ensuring proper support of voluntary sector delivery. The majority of funding currently was from the County Council and members were keen that this expanded to include NHS investment.

J McManus
A James

Conclusions:

- 4.7 The Panel:-
- i. Noted, commented upon and endorsed the content of the Action Plan.
 - ii. Provided its views as to how the County Council and in particular its Members could engage with residents and other key stakeholders in their localities to deliver the outcomes identified in the Action Plan.

5. HEALTHY PLACES UPDATE

[Officer Contact: Bethan Clemence, Health Improvement Lead – Healthy Places (Tel: 01992 555363)]

- 5.1 The Panel received a report which provided a progress update the Healthy Places work stream over the last twelve months.
- 5.2 Members noted the broad agenda of the work stream which had been directed to the key areas of planning, housing, transport and environment, and that the current report focussed mainly on progress on housing and health and the air quality agenda.
- 5.3 The panel noted the progress on housing, in particular the Herts Warmer Homes project which went 'live' in November 2017 to tackle excess winter deaths and poor health outcomes from cold homes, and collaborative work to understand the broader housing and health issues e.g. homelessness, mental health and the possible impact of national policy on poor health outcomes.
- 5.4 Members noted that the work on air quality undertaken by various agencies across the County and parts of the County Council was not always delivered in the most effective way and that PH, in partnership with Environment officers, were leading work to develop the County Council's strategic response to poor air quality. Apart from vehicular air pollution, which technological progress e.g. auto stop on cars and electric cars would improve over the next 10 years, other non-traffic associated activities also influenced air quality e.g. quarrying and the type of trees planted.
- 5.5 In terms of influencing the broader strategic work of Prevention, Members heard that PH had provided advice and input to the development of Local Transport Plan 4 (LTP4), with an emphasis on promoting sustainable and active travel and tackling poor air quality. The issues associated with increasing numbers of HGVs and inappropriate direction by satellite navigation systems could also be addressed via transport planning in the LTP, however a congestion charge would require political will.
- 5.6 Observing that PH should aspire to influence future housing developments (including smaller developments), Members heard that PH triaged every planning application for 100+ houses and received queries from planning officers; however planning authorities need to give greater importance to the positive impacts of the PH element. As PH was not a statutory consultee, to assist in raising its influence on spatial planning 'twin hatters' (i.e. Members who were on both the County and District Councils) could raise the profile of PH's comments on planning applications.

Members

CHAIRMAN'S INITIALS

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5.7 To aid ‘twin hatters’ in influencing planning applications officers offered to run a seminar on the nature of a good health impact assessment. Members observed that PH input was also required on licensing and planning training for the new Members elected in May.

Conclusions:

5.8 Members noted and commented on the content of the report.

6. HERTFORDSHIRE HEALTH EVIDENCE WEBSITE TOUR

[Officer Contact: David Conrad, Consultant in Public Health (Evidence & Intelligence) (Tel: 01992 555391)]

6.1 Members received visually guided tour through the online Hertfordshire Health Evidence Website which can be viewed at <http://hertshealthevidence.org>

6.2 Members heard that the website had been refreshed with links to resources from both the County Council and CCGs, and included the Joints Strategic Needs Assessment, Herts Insight (demographics and census data), data briefing reports, resources for evaluations, a search facility, the ability to interrogate by geographical area and the PH e-learning area (PH101).

6.3 Members welcomed the more easily accessible nature of the PH data.

Recommendations

6.4 The panel noted the content of the Hertfordshire Health website.

7. OTHER PART I BUSINESS

There was no other business.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

**CHAIRMAN'S
INITIALS**

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