



Minutes

of the
Meeting of the
Public Health and Prevention Cabinet Panel
on
Friday, 8 February 2019

1. **Agenda**

2. **MINUTES**

3 - 10



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 AND PERFORMANCE CABINET PANEL
8 FEBRUARY 2019: 10:00 AM**

ATTENDANCE

MEMBERS OF THE PANEL

A P Brewster, L A Chesterman, M A Eames-Petersen, S Gordon, N A Hollinghurst, T R Hutchings (Chairman), M B J Mills-Bishop, N A Quinton, A F Rowlands, A D Williams (Vice Chairman), W J Wyatt-Lowe

Upon consideration of the agenda for the Public Health and Prevention Cabinet Panel meeting on 8 February 2019 as circulated, copy annexed, conclusions were reached and are recorded below:

*Note: S Gordon declared an interest as recorded at minute 4.
M B J Mills-Bishop declared an interest as recorded at minute 4.*

Chairman's Announcements

- i. Panel updates on work being undertaken and Member Development Days on Prevention were under consideration

PART I ('OPEN') BUSINESS

1. MINUTES

- 1.1 The Minutes of the Cabinet Panel meeting held on 14 November 2018 were confirmed as a correct record and signed by the Chairman.

2. PUBLIC PETITIONS

- 2.1 There were no public petitions.

3. PUBLIC HEALTH QUARTERLY PERFORMANCE REPORT – Q3 2018/19

ACTION

[Officer Contact: David Conrad, Consultant in Public Health (Evidence & Intelligence), Tel: 01992 555391; Will Yuill, Public Health Analyst, Tel: 01992 555127]

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| 3.1 | The Panel received the new format of the quarterly Public Health Performance report, which provided an overview of work being undertaken in Public Health alongside key statistics on local service performance and public health outcomes. A brief overview and presentation on key data from the report and on the 'Living and Working Well' (working adults) life stage in Hertfordshire's Health and Wellbeing Strategy was provided which can be viewed at: <u>Public Health & Prevention Cabinet Panel-8 February 2019- Supplementary documents</u> | |
| 3.2 | Member's attention was drawn to a typographical error on page 12 of the agenda where bullet point 4 should have read: <i>297,776 Health Checks have been offered and 153,958 delivered since Q2 2103/14 (5 years rolling programme)</i> . It was clarified that the increase in discrepancy, nationally and within Hertfordshire, between Health Checks offered and delivered arose from GP's now also offering the checks but not chasing patients to attend. | |
| 3.3 | For ease of understanding the Panel requested that: <ul style="list-style-type: none">• future performance presentations form part of the agenda report;• the current presentation be circulated to the Panel. | D Conrad,
T Baker |
| 3.4 | Members identified difficulties in interpreting the data and requested: <ul style="list-style-type: none">• less text and more emphasis on trends;• identification of trends excluding seasonal drops;• greater differentiation between the colours used on graphs;• greater explanation of information relating to districts and boroughs;• a larger point size for commentary associated with data;• comparison of data to that of statistical neighbours. | D Conrad,
W Yuill |
| 3.5 | Officers clarified that undesirable trends and trends to be celebrated were identified in the data by the arrows in the iconography. The chairman confirmed he would discuss presentation of the data against statistical neighbours with officers and that Member training on PH data tools and interpreting PH data was under consideration and would address many of the data issues raised at this and previous meetings. | T Hutchings |
| 3.6 | Following clarification that the provider achieved good uptake of vision and audiology screening tests on reception year children by undertaking them in large tranches, Members requested that consideration be given to promotion of these tests to non British born parents who might be unaware that they were free. | J McManus |

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| 3.7 | Members heard that the limited number of children treated for excess weight via the Beezee Families programmes reflected the scale of services contracted which had to be balanced against the need for funding in other areas of PH; further to this work with other partners was required to determine what would happen to the participants at the end of the course. | |
| 3.8 | Observing that the data on alcohol treatment services came only from the provider and that inclusion of that from other prevention agencies would provide a more accurate picture and aid in monitoring the provider, Members requested that officers consider what could be included within the national framework for data. | J McManus |
| 3.9 | Members noted the measures used to maintain the quality of adult weight management provision and officers agreed to consider increasing the weight loss target to above 5%. For better understanding Members requested that the number of people that were referred to and who actually attended weigh management providers was included on the graph. | J McManus

D Conrad
W Yuill |
| 3.10 | Following discussion of increasing life expectancy officers agreed to consider alternative ways of presenting data on years of life lived in good health. | J McManus
D Conrad
W Yuill |
| 3.11 | <i>Members noted the low numbers of adults recorded with excess weight (low proportion of the total population of Herts). To obtain a truer picture of the number of Hertfordshire adults carrying excess weight, Members suggested that, if not currently recorded on the GP record, GP's could request patients to voluntarily self report their weight and height on registration or to the receptionist. If their BMI indicated excess weight, this could be flagged for a health check at the GP, and an alert to the public health offer at slimming world or weight watchers given. This could aid data collection and provide a more representative picture of healthy and excess weight among Hertfordshire adult residents. This proportion can be compared to the Health survey for England, (with a very low sample of Hertfordshire residents).</i> | J McManus |
| 3.12 | In relation to Management of Prevention related projects a Member clarified that 'Hertfordshire Leading the Way' was now called 'Taking the Lead' and welcomed the launch on 10 February of the trial initiative in which Council staff had volunteered their dogs for dog-assisted therapies to improve people's health and wellbeing. | |
| 3.13 | Members emphasised the importance of social prescribing and social marketing to the Prevention agenda and requested a report. | J McManus |

3.14 The Panel noted the various interventions in Hertfordshire to ameliorate the impact of social media on public health issues (e.g. mental health and suicide) and requested that further consideration is given to the evaluation of such campaigns to ascertain their impact and determine whether to roll them out.

J McManus
D Conrad

Conclusions:

3.15 Panel noted and discussed the content of the Public Health Quarterly Performance Report for Q3 2018/19 and the accompanying presentation (Appendix 1).

4. INTEGRATED PLAN 2019/20 - 2022/23 - PUBLIC HEALTH AND PREVENTION

[Officer Contact: Joanne Doggett, Head of Public Health Programme Delivery and Resources, Tel: 01992 556358]

4.1 The Panel received a report highlighting the areas of the Integrated Plan relating to Public Health and Prevention to enable Members to consider and comment upon these.

4.2 Disclosable Pecuniary Interests

It was noted that all Members who had a disclosable pecuniary interest arising from an allowance from the county council, another local authority in Hertfordshire, or a body to whom they had been appointed by the county council, had received a dispensation to allow them to participate in debate and vote on the Integrated Plan.

All Members had 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.

The following Members declared Declarable Interests under the county council's Code of Conduct for Members:-

S Gordon - by virtue of her having a beneficial freehold interest in the premises of her former veterinary practice and contiguous land lying south of Tilekiln Farm, Standon Road, Little Hadham. She had 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 did not directly affect her financial position; which she considered it did not.

M B J Mills-Bishop – by virtue of his wife being employed as a teacher in Hertfordshire. He had 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 did not directly affect his financial position or that of his wife; which he considered it did not.

S Gordon and M B J Mills-Bishop remained in the room and participated in the vote.

4.3 Members heard that PH had factored into its proposals the government's anticipated reduction of £23.7m in government grants between 2018/19 and 2019/20, including cuts to the ring-fenced Public Health grant. Further to this, scrutiny of the Integrated Plan in 2018 had identified the principle of savings and the priorities and methodology had subsequently come before the panel; this was due for updating and would be brought again before the panel. Officers highlighted the uncertainty on the funding expected after 2020 since all funding announcements were for one year only.

4.4 Members commented that scrutiny of NHS outcomes across Hertfordshire, in particular primary care, and outcomes between the NHS and PH would be a valuable exercise in highlighting both their mutual dependency for outcomes and the efficacy of Hertfordshire County Council's PH activities. It would also help to emphasise to the NHS and County Council the value of investment in Public Health and strengthen the case for maintaining it. The chairman agreed that a 2016 report demonstrating how Public Health priorities are determined would be updated and brought before the next panel.

J McManus

4.5 Members suggested that, in view of the £1.253m in funding cuts to the net PH budget for 2019/20 and the benefits accruing to the NHS and Social Care from the county's PH Prevention Activities and outcomes, consideration should be given to injecting additional funding into PH from other sources. Further to this, as the PH grant was ring fenced only until 2021 the case for funding of health prevention must be made.

4.6 Noting that carers of elderly people with dementia saved the NHS and Social Services large amounts of money, Members requested a report on the issue as the carers themselves often developed mental health issues.

J McManus

Conclusions:

- 4.7
1. The Panel commented to Cabinet, as per 4.4 & 4.5 above on the proposals relating to the Integrated Plan in respect of Public Health and Prevention.
 2. The Panel identified, as per 4.4 & 4.5 above, issues that it felt Cabinet should consider in finalising the Integrated Plan

**CHAIRMAN'S
INITIALS**

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proposals

5. THE NHS LONG TERM PLAN: AN OVERVIEW

[Officer Contact: Jim McManus, Director of Public Health
(Tel: 01992 556884)]

- 5.1 The Panel received an overview report and presentation on the January 2019 NHS Long Term Plan and issues for consideration.
- 5.2 Members noted: the NHS commitments; that this was an NHS plan and not a system wide prevention or public health plan; the Plan's commitments to funding and associated PH concerns about NHS funding of delivery; the lack of information on the future of PH and the NHS's organisational change to a single Clinical Commissioning Group (CCG) per Integrated Care System (ICS) area by 2021, starting with a single accountable officer for the CCGs in each ICS area in 2019-20.
- 5.3 Officers emphasised that as 70% of the causes of ill health were social or environmental whilst 100% of the solutions in the Plan were clinical, the Plan would not deliver what was required. Further to this, although current discourse intimated that local government was not delivering on public health, the worst performance on Public Health function delivery was attributable to NHS England.
- 5.4 During discussion of the challenges and opportunities presented by the Plan Members welcomed: the Plan's acknowledgement that *"action by the NHS is a complement to, but cannot be a substitute for, the important role for local government"*; the Plan's 'prevention is better than cure' focus and the aspiration that by '23/24, NHS 111 would be a single, universal point of access for people experiencing mental health crises. Members highlighted the need: for clarity on waiting times; for a more ambitious BMI at which primary care supported access to weight management for people with a diagnosis of type 2 diabetes or hypertension, and the possibility that PH could enter the primary care arena.
- 5.5 To counter the perception that 'local government was not delivering' and the Plan's incursion, via the NHS, into areas already covered by PH and the associated threat that duplication posed, particularly in view of the better outcomes achieved by PH and the contribution it made to Adult Care and Health and Environment, officers emphasised the need for maximal Member involvement, the need to highlight nationally the work of PH and it's quality, and for outcome measurement of primary care providers (nothing that GP's also provided PH with some of its morbidity data). Members highlighted that data on diet, drugs and alcohol from a wider range of sources was required to prove the full impact of PH's work.

**CHAIRMAN'S
INITIALS**

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- 5.6 In support of and to maximise the possibility of PH's potential entry into primary care, the Panel emphasised the need for constant proactive engagement with the NHS and other partners, and noted the efforts already made by officers and the chairman. Officers highlighted that collaboration already formed part of the PH/NHS relationship, as 50% of the work undertaken by Hertfordshire's PH intelligence officers was on behalf of the NHS.
- 5.7 Emphasising the flawed foundation of NHS primary care, which was provided via GPs on private sector contracts with only loose control by the NHS, and in view of the fact that new general medical services contract was forthcoming, Members welcomed the structure of the Plan and suggested the return of primary care to the NHS for greater control and efficiency.
- 5.8 In relation to the Plan's aspiration for 'milestones for mental health services for adults' and PH's current work in this area an update report on the mental health and wellbeing joint strategic needs assessment was scheduled to come before the Panel in May.
- 5.9 *In view of the fact that elected Members were the custodians of public health, officers emphasised that contract data collected by GPs (the local "Quality Outcomes Framework (QOF)) needed to be well populated with data due to the downstream effect on the activities of the districts and boroughs.*
- 5.10 *After deliberation of the NHS Long Term Plan, Members observed that PH should identify and be recompensed for the items it had already undertaken in the Plan (e.g. smoking cessation, excess weight management, YP mental health interventions - JustTalk); officers agreed to look into this.*

J McManus

Conclusions:

- 5.11 Panel:
- considered and commented on the report and the themes it addressed;
 - considered how we might engage with the NHS on this plan.

6. FUTURE WORK PROGRAMME

- 6.1 Members of the Panel noted upcoming items for the work programme:
- Air Quality Strategy
 - Public Health Impact Report
 - Stop Smoking Service Annual Report 2017-18
 - Update on Peer Challenge Actions
 - Updated Prioritisation report

**CHAIRMAN'S
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7. OTHER PART 1 BUSINESS

7.1 There was no other business.

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**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

**CHAIRMAN'S
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