



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

From: Legal, Democratic & Statutory Services
Ask for: Stephanie Tarrant
Ext: 25481

**PUBLIC HEALTH AND PREVENTION CABINET PANEL
26 JUNE 2018 AT 10:00AM**

ATTENDANCE

MEMBERS OF THE PANEL

A P Brewster, L A Chesterman, C Clapper, M A Eames-Petersen, S Gordon, N A Hollinghurst, M B J Mills-Bishop, N A Quinton, 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 and Prevention Cabinet Panel meeting on 26 June 2018 as circulated, copy annexed, conclusions were reached and are recorded below:

PART I ('OPEN') BUSINESS	ACTION
1. MEMBERSHIP AND REMIT OF THE PANEL	
1.1 The Public Health and Prevention Cabinet Panel noted the Membership and Remit of the Panel.	
2. MINUTES	
2.1 The Minutes of the Cabinet Panel meeting held on 10 May 2018 were noted.	
3. PUBLIC PETITIONS	
3.1 There were no public petitions.	
4. HEALTHY WEIGHT IN HERTFORDSHIRE [Officer contact: Sue Matthews, Consultant in Public Health – Children & Young People (Tel: 01992 556 125), Piers Simey, Consultant in Public Health – Adults health improvement (Tel: 01438 844175); Jen Beer, Health Improvement Lead – Children & Young People (Tel: 01438 843309); Sue Beck, Head of Service – Children & Young People (Tel: 01438 845914); Maneka Kandola, Health Improvement Lead – Lifestyle (Tel: 01438 844662)]	

- 4.1 Members considered a report and a supplementary presentation on healthy weight in Hertfordshire amount adults and young people. The presentation can be viewed using the following link: [Healthy Weight in Hertfordshire Presentation](#).
- 4.2 The Panel acknowledged that the government’s report ‘Childhood obesity: a plan for action’, chapter 2 had been published on the previous day, 25 June 2018 and that an action had been updated from the report in light of the plan.
- 4.3 Members discussed the challenges highlighted within the report and noted that it was key for the Local Authority and NHS to work closely to address these. It was noted that the vision within the Sustainability and Transformation Plan (STP) was a shift from treating obesity to prevention and that a whole system approach was required.
- 4.4 The Panel discussed how a whole system approach could be used to address underlying sociological factors and improve motivation. It was noted that as a partnership all of the factors to being healthy/unhealthy needed to be identified, with a plan created to address unhealthy factors. It was noted that some factors were in the gift of the County Council e.g. healthy eating in schools, some in the gift of the NHS e.g. clinical variation, some in the gift of Central Government e.g. the Obesity Plan and some in the gift of employers and local communities. Members discussed the use of Health Walks and community motivation as a tool to getting people to be more active.
- 4.5 Members noted that obesity had increased over the past 20 years and that after decades of pursuing low fat food it was now about finding the right balance and educating people. The book ‘Food: WTF Should I Eat?: The no-nonsense guide to achieving optimal weight and lifelong health’ by Mark Hyman, was noted as providing a balanced approach to diet.
- 4.6 Members noted that £6.1 billion was being spent across the country on obesity, with only a small part being used to address prevention. Discussions took place with regard to agreeing specific objectives to move forward and how to get more money into the system. Members heard that Herts Valleys CCG had begun to invest more money in prevention with GPs inviting those at risk of developing weight related illnesses to special in-house education sessions to develop wellbeing plans. Members discussed the options to promote healthy eating within the County Council’s own food outlets.
- 4.7 The Panel discussed the initiatives within schools to promote a healthy lifestyle. Members noted the Daily Mile initiative and the benefits. Officers to supply information on the Daily Mile to

S. Matthews

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Members. In addition, it was noted that Physical Education (PE) was also now part of the Ofsted review. Members discussed sports being accessible to all children within schools and not only competitively.

- 4.8 In response to a Member question on discrepancy between national data and NHS data, the Panel heard that there was a national issue around the data collected for obesity. It was advised that the Quality and Outcomes Framework (QOF) data only identified people that the GP had input data for and therefore was not reliable. The Panel discussed investing in proper data and the notion of sharing information better to get a better picture.
- 4.9 A Hertsmere STP mapping exercise was discussed. This exercise included health partners and sought to identify solutions for partners working together, and was noted as a good example of partnership working. It was noted that as part of the STP, all partners should have one pot of money to work from and aim to transform the way in which the money was spent.
- 4.10 The Panel discussed initiatives used by other Local Authorities e.g. recycling bikes in Newham and noted that more could be done to encourage families to be active together. Members heard that Finland used to have the worse rate for heart disease but over the past 30 years had reduced this due to eradicating Finnish delicacies from diets and strong political intervention. It was noted that political leadership with a long term plan and realigned funding was required in Hertfordshire.

Conclusions:

- 4.11
- Panel considered and commented on the report and the themes it addressed, as summarised above.
 - Panel considered and supported the following priorities for action proposed by the Director of Public Health:
 1. That support provided to residents to maintain a healthy weight should remain a key priority for the County Council and requires maintained/increased investment across the system.
 2. Endorse and advocate for the implementation of the recommendations from the recent House of Commons Health Select Committee report on Childhood Obesity¹ (Summary recommendations in Appendix 3).

¹ <https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2017/childhood-obesity-inquiry-17-19/>

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3. Continue to work with the NHS to ensure that services for those living with obesity are joined up, delivered through a pathway, available in the community and effective.
4. Progress initiatives to promote healthy environments in line with the recent Local Government Association report
5. Endorse the whole systems approach to obesity in Hertfordshire, and support broader engagement

5. SUICIDE PREVENTION IN HERTFORDSHIRE

[Officer Contact: Nathan Davies, Public Health Project Manager (Tel 01438 843516), Piers Simey, Consultant in Public Health (Tel 01438 844175)]

- 5.1 The Panel received a report and presentation which set out data and information on the suicide rate in Hertfordshire, age groups affected and leading risk factors/reasons and which highlighted the progress made on developing and delivering Hertfordshire's Suicide Prevention Plan.
- 5.2 Members heard that there had been 56 deaths from suicide identified in 2015/16 and of these 80% were men. Members welcomed commitment from partners in a shared approach and having a suicide prevention strategy.
- 5.3 The Panel discussed what could be done to mitigate socio-economic factors and noted that worryingly 82% of those who had committed suicide had discussed their mental health with their GP in the month before their death, yet 59% were not known to mental health services. Members queried if any of the 82% had been directly referred to a mental health service and discussed if there was a better referral method for those patients that presented with mental health concerns. Members welcomed a follow up report which considered socio-economic factors and age data at a regional level. This was to be provided within 6-8 months as more information was to be made available following the suicide audit.
- 5.4 Members commented on whether GPs were sufficiently trained to spot the signs of someone contemplating suicide and it was advised that over 200 GP staff had been trained with the aim to rollout the training programme to the wider vital professional group. It was noted that an outcome of the scrutiny into mental health was to create multidisciplinary teams and a short referral process.
- 5.5 Members noted that as detailed at 6.1 of the report, there had not been any additional resources to develop Hertfordshire's Suicide Prevention Plan. Only 4% of national health funding was spent on mental health.

J. McManus

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- 5.6 The Panel welcomed the equalities references within the report and noted the other initiatives that fed into suicide prevention at 4.13 of the report. Members acknowledged that bullying had not been mentioned in the report as a trigger for suicide and in addition noted that sexual orientation statistics were not captured.
- 5.7 The Panel acknowledged that there was a group of volunteers in St. Albans who created a social prescribing service and played a good role in the prevention of suicide. It was noted that whilst social prescribing was working well and was on the increase, there was a question around sustainability. Social prescribing was to be reviewed as part of the Prevention Programme.

Conclusions:

- 5.8 Panel considered and commented on the report and the current approach to suicide prevention in Hertfordshire, as summarised above.

6. PUBLIC HEALTH QUARTERLY PERFORMANCE REPORT – Q4 2017/18

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

- 6.1 The Panel received a report which detailed the quarterly performance for Public Health and an accompanying presentation. The full report and presentation can be viewed here: [Presentation- Public Health Performance for Q4 2017-18](#)

- 6.2 Members noted that whilst life expectancy was increasing it was also important to ensure that quality of life continued to increase as people lived longer. The criterion for quality of life was discussed and it was noted that a future report focussing on quality of life would be appropriate.

J. McManus

- 6.3 In response to a Member question regarding how outcomes of the Beezee Families children’s healthy weight intervention were measured, Members heard that the service’s impact on nutrition and exercise was self-reported by means of a post-intervention questionnaire. It was advised that the response rate to the questionnaire was not known; however officers could try and establish it.

D. Conrad

- 6.4 Members considered whether the movement of medical services from a town had an impact on residents feeling of wellness and discussed the impact of being further away from a major hospital may impact on people feeling reassured.

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6.5 Members noted that report did not cover mental health and it was advised that the performance report was divided into four sections, with the current report focussing on services delivered. It was advised that mental health data was shared regularly in other forums. Members would welcome a report that focussed on mental health.

J. McManus

Recommendation

6.6 The Panel discussed and noted the content of the Public Health Quarterly Performance Report for Q4 2017/18 and the accompanying presentation (Appendix 2).

7. OTHER PART I BUSINESS

7.1 There was no other Part I business.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

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