



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
6 SEPTEMBER 2018: 10.00 AM**

ATTENDANCE

MEMBERS OF THE PANEL

T Howard (substituted for A P Brewster), L A Chesterman, J Billing (substituted for 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 6 September 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 26 June 2018 were confirmed as a correct record and signed by the Chairman subject to the following amendments:

Correction of point 5.4, 2nd sentence to read: *'It was noted that an outcome of the scrutiny into mental health was to expand the current pilots of mental health hubs in GP practices and to shorten the referral process'*.

Correction to Point 5.7, 1st sentence to read: *'A Member reported that social prescribing art therapy had been successfully piloted in St Albans'*.

2. PUBLIC PETITIONS

2.1 There were no public petitions.

3. HEALTH RISK BEHAVIOURS IN CHILDREN & YOUNG PEOPLE

ACTION

T Baker

[Officer contact: Sue Matthews, Consultant in Public Health – Children & Young People (Tel: 01992 556 125); Jen Beer, Health Improvement Lead – Children & Young People (Tel: 01438 843309); Rob Bacon, Health Improvement Lead for Sexual Health (Tel: 01438 844135); Liz Fisher, Head of Provider Services (Tel: 01442 453633); Sue Beck, Head of Service – Children & Young People (Tel: 01438 845914)].

- 3.1 In response to an earlier request from Members, the Panel received a report which: described current trends for health risk behaviours among children and young people within Hertfordshire; summarised the evidence relating to the prevention of health risk behaviours and set out the public health (PH) approach to address health risk behaviours amongst young people in Hertfordshire.
- 3.2 Members received a report and presentation which can be viewed at: Public Health & Prevention Cabinet Panel - 6 September 2018
- 3.3 The PH approach to reducing risky behaviours was based on evidence that effective prevention programmes for young people's health risk behaviours focus on increasing self-confidence, empowerment, increasing resilience, and skills development, i.e. activities that would prevent all health risk behaviours and promote positive mental health, through building coping strategies and resilience. A partnership approach was essential across the system.
- 3.4 Members welcomed the idea of reducing, preventing and responding to health risk behaviours by joint working of the Council's Public Health and Children's Service, alongside other partners. Mapping of services and priorities would investigate what was/was not working/was missing in relation to health for young people (including health risk behaviours), enabling gaps and priorities for improvement to be identified throughout the system and support collaboration. The Panel requested that when complete the results of the joint mapping be brought back to the panel and also to the Health and Well Being Board.
- 3.5 Members noted that the Graduate Management Trainee was leading a joint piece of work with Public Health and YC Hertfordshire. The project involved mapping the current service offer (healthy lifestyle, mental health and risky behaviours) for young people in Hertfordshire across Public Health, Children's Services and relevant partner organisations to identify any gaps and/or opportunities for collaboration to improve service effectiveness and accessibility. Members agreed they would welcome an update on outcomes.

J McManus
E Knowles
W Tooke
S Tarrant

A West

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3.6	Members observed that as the two yearly Health Related Behaviour Questionnaire (HRBQ) was dependent on participation it excluded the more vulnerable, e.g. NEETs, Care Leavers and those regularly absent or excluded from school, and that these should be a mapping focus. A Member also suggested addition to the HRBQ of the question 'Do your parents talk to you about drugs?' Officers would investigate whether this was possible in the new national framework survey adopted.	J McManus S Matthews
3.7	Members noted that the Graduate Management Trainee was also doing some work around how Public Health services engaged with parents. This was to ensure that Public Health continued to understand parents' priorities and communication preferences and use this evidence-base to more effectively engage with them. Members agreed they would welcome an update on outcomes.	A West
3.8	Officers clarified that Hertfordshire schools had received the HRBQ finding which indicated variance between them in the quality and consistency of teaching on sex education, and which was in part due to curriculum pressures and school frameworks which did not reflect the increasingly sexual atmosphere children and YP now lived in. PH's advice to schools was to start with 'what it's like to be me' before approaching sexual education as this model helped children place relationships in the context of having a good sense of their own identity. Members were requested to identify this issue to the Executive Member for Education, Libraries and Localism.	Members T Douris
3.9	<p>On the basis that health risk behaviours were those which 'potentially exposed people to harm, or significant risk of harm which would prevent them from reaching their potential, or damage their health and well-being' and included substance misuse and risky sexual behaviour, Member suggestions of areas for investigation in children and YP in Hertfordshire included:</p> <ul style="list-style-type: none"> • The effect of living in temporary accommodation on formation of friendship groups, particularly for those accommodated from out of borough; • The impact of temporary accommodation on nutrition; • Healthy meal standards in schools outside of the Local Authority remit; • The impact of housing quality (e.g. building regulations, social housing, private rented housing) on the ability to study and undertake other activities; • Uptake of self-harm tool kits by schools both within/outside the remit of the Local Authority and soft tools to encourage their use; • The economic stress of high rental charges for private accommodation and associated impacts on disadvantaged families; • Vulnerability of Children and YP when playing online games. 	

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3.10	Noting national recognition of a decreasing trend in hospital admissions for self-harm in 10-24 year olds and that there was also no local evidence for a rise in Hertfordshire, Members observed the potential discrepancy inherent in using hospital admissions to quantify this risky behaviour since the majority of self-harm did not result in hospital admission.	
3.11	Members raised the issue of self-harm which was an outcome of people coping with or expressing emotional distress or discomfort and requested that officers ascertain the best approach to approaching this issue across the whole population. *Subsequent to the panel officers clarified that Public Health were leading, alongside the Safeguarding Children's Board, on the development of an Emotional Wellbeing Strategy (to include self-harm) which should be completed by spring 2019. As requested by Members the self-harm work would be fed into this as it would provide more value than a sole focus on self-harm. The work would be presented to panel when complete.*	S Beck J Beer
3.12	Relocation of cultural and arts activities to the PH portfolio, with libraries being identified as a primary asset for work that could be undertaken in them was discussed; members requested that the role of these activities in engaging children and YP in constructive activities be fed into the Hertfordshire Lifestyle Legacy Partnership.	J McManus
3.13	Members requested greater statistical clarity in reports to reduce the likelihood of confusing national and local data.	S Matthews
3.14	A Member offered to investigate linking of Broxbourne Borough Council's 2019 'Year of Young People' with the County Council.	M B J Mills-Bishop
Conclusions:		
3.15	The Panel: <ul style="list-style-type: none"> • Considered and commented as above on the report and the themes it addressed; • Supported the proposed approach to addressing health risk behaviours among young people within Hertfordshire; • Noted and endorsed the Director of Public Health's intention to ask that the Children, Young People and Families Cabinet Panel and Health and Wellbeing Board consider this report as part of how we support the delivery of the new Hertfordshire's Plan for Children and Young People; • Asked that the Report be considered by Children and Young Peoples' Service Commissioners and Providers in Hertfordshire; • Supported the suggestion of an audit of which agency is currently taking which role in addressing Adverse Childhood Experiences in order to support a clear strategic approach. <input type="checkbox"/>	M Diprose S Tarrant

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4. PUBLIC HEALTH QUARTERLY PERFORMANCE REPORT – Q1 2018/19

[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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| 4.1 | The Panel received a report and presentation which detailed the quarterly performance for Public Health (PH), key statistics on local service performance and public health outcomes and provided an overview of the data on the 'Starting Well (maternity - 5 years)' life stage in Hertfordshire's' current Health and Wellbeing Strategy. The report and presentation can be viewed at: <u>Public Health & Prevention Cabinet Panel - 6 September 2018</u> | |
| 4.2 | The Panel heard that to aid District Council licensing boards to successfully resist new alcohol license applications, on request PH advice, including legal advice, could be provided and had already been successful in two Districts. | |
| 4.3 | Members heard that provision of Free School Meals (FSM) was one approach to addressing the strong association between deprivation and health outcomes with the aim of supporting all children to achieve a good level of development at the end of Reception. Officers agreed to report back to Panel on which year groups were captured in the data collected on FSM which were now available to all children in Reception, Year One and Year Two. | D Conrad
W Yuill |
| 4.4 | Officers clarified that a child's development was measured via age based tests and agreed to provide Members with the definition of what comprised a 'good level of child development'. | D Conrad
W Yuill |
| 4.5 | Members were requested to bring back to Panel the results from the 8 October 2018 'Take Up of Free School Meals Topic Group. | J Billing |
| 4.6 | Members observed that the relationship between GPs and Social Prescribing required further strengthening to aid weight loss maintenance, as most people regained the weight lost after successful weight management for health. | J McManus |
| 4.7 | Noting that smoking in Hertfordshire was down to 13%, the majority of people who still smoked were from the most deprived families and since vaping was far cheaper than smoking, Members suggested a focus on specific groups and vulnerabilities to improve their health and reduce the financial impact of smoking. | J McManus |
| 4.8 | Members emphasised that populations in areas of social deprivation were more likely exposed to smuggled cigarettes and to prevent this and help to reduce smoking, Trading Standards should use all possible types of information to identify sources of illegal | J McManus |

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sales including pavement trails of cigarette butts.

Conclusions:

4.9 The Panel noted and discussed as above the content of the Public Health Quarterly Performance Report for Q1 2018/19 and the accompanying presentation.

5. OVERVIEW OF EMPLOYEE SICKNESS ABSENCE AND WELLBEING

[Officer Contact: Caroline Butler, Head of HR Strategy, Reward and Development (Tel: 01707 292749)]

5.1 The Panel received a report on current employee sickness data and the activities being undertaken to address this and support Hertfordshire County Council employees' wellbeing.

5.2 Members noted the data on average days of sickness absence per employee and the reasons and length and cost of sickness absence. To support staff and reduce the impact of ill health on the public purse 'Healthy Herts', part of the Council's employee benefits package, an affordable, in-house health and wellbeing brand was used to promote all of the County Council's health and wellbeing benefits to boost employee engagement, retention and performance as well as improving the health, wellbeing and resilience of the workforce.

5.3 The Panel noted that stress/depression/anxiety/mental health had now surpassed musculoskeletal issues as the main reason for sickness absence and that this could reflect a decreased reluctance in people to discuss this issue. Discussions with PH were ongoing to identify how best to approach this issue.

5.4 A management leadership programme had identified various interventions to support staff to manage/reduce stress levels and funding was being sought for these; staff yoga and mindfulness classes were already being piloted. Mental health first aiders were available across the Authority, however more were required, and mental health champions (identifiable by their lanyards) were available for staff to talk to about stress.

5.5 Human Resources were working with the SMART programme team to ascertain whether the corresponding increase in home working correlated with the rise in sickness from stress. The intranet, staff rooms, residential homes, libraries and Mundells warehouse were amongst some of the places information could be found to support mental health throughout the Authority. Members suggested that payslips could also carry information on the issue.

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| 5.6 | Officers agreed to consider how to support Members with stress/depression/anxiety/mental health issues. | A James |
| 5.7 | Officers highlighted that early identification of Musculoskeletal issues by staff would enable earlier intervention and physiotherapy if necessary and facilitate a quicker return to work. | |
| 5.8 | The Panel requested that officers identify to the Resources and Performance Cabinet Panel: the potential impact of SMART working on mental health and the need to provide the best possible support for staff as this programme progressed; in view of the fact that 61.4 % of completed sickness absences were long term (20+working days) the need to get people back to work quickly to reduce the impact on the public purse. | C Butler |
| | Conclusions: | |
| 5.9 | The Panel noted:
1. the content of the report;
2. that a report on this item of business would be considered by the Resources and Performance Cabinet Panel on 20 September as part of the Annual Workforce Report process. | |

6. OTHER PART I BUSINESS

There was no other business.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

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