Herefordshire Council

Agenda

Adults and wellbeing scrutiny committee

Date: **Tuesday 2 October 2018**

Time: **10.00 am**

Place: **Committee Room 1 - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**

Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

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Agenda for the meeting of the Adults and wellbeing scrutiny committee

Membership

Chairman	**Councillor PA Andrews**
Vice-Chairman	**Councillor J Stone**
	Councillor MJK Cooper
	Councillor PE Crockett
	Councillor CA Gandy
	Councillor JA Hyde
	Councillor D Summers

Agenda

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

To receive details any details of members nominated to attend the meeting in place of a member of the committee.

3. DECLARATIONS OF INTEREST

To receive any declarations of interest by members in respect of items on the agenda.

4. MINUTES 7 - 14

To approve and sign the minutes of the meeting held on 20 September 2018.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive questions from members of the public.

Deadline for receipt of questions is 5pm on Wednesday 26 September 2018. Accepted questions will be published as a supplement prior the meeting.

For guidance on how to submit a question to the committee, please see: https://www.herefordshire.gov.uk/getinvolved

Please submit questions to: councillorservices@herefordshire.gov.uk

6. QUESTIONS FROM COUNCILLORS

To receive questions from councillors.

Deadline for receipt of questions is 5pm on Wednesday 26 September 2018. Accepted questions will be published as a supplement prior the meeting.

Please submit questions to: councillorservices@herefordshire.gov.uk

7. PUBLIC HEALTH: UPDATE AND PLANS 15 - 94

To review prevention strategies and outcomes to include NHS health checks and plans for distribution of 'flu vaccinations for the winter season.

8. COMMITTEE WORK PROGRAMME 2018-19 95 - 104

To consider the committee's work programme, as updated, for the 2018-19 municipal year.

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- Attend all council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the council and all committees and sub-committees and written statements of decisions taken by the cabinet or individual cabinet members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the council, cabinet, committees and sub-committees.
- Have access to a list specifying those powers on which the council have delegated decision making to their officers identifying the officers concerned by title.
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The chairman or an attendee at the meeting must take the signing in sheet so it can be checked when everyone is at the assembly point.

Herefordshire Council

Minutes of the meeting of Adults and wellbeing scrutiny committee held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Thursday 20 September 2018 at 2.00 pm

Present: **Councillor PA Andrews (Chairman)**

Councillors: MJK Cooper, CA Gandy, J Hardwick, JA Hyde and D Summers

Officers: **S Vickers**
R Vickers
M Appleby
K Coughtrie
J Coleman

NHS Herefordshire Clinical Commissioning Group: **M Emery**
N Warman
J Sinclair

Healthwatch Herefordshire: **S Brazendale**

9. APOLOGIES FOR ABSENCE

Apologies were received from Cllr PE Crockett and Cllr J Stone.

10. NAMED SUBSTITUTES (IF ANY)

Cllr J Hardwick attended as a substitute for Cllr PE Crockett.

11. DECLARATIONS OF INTEREST

There were no declarations of interest.

12. MINUTES

RESOLVED:

That the minutes of the meeting held on 17 July 2018 be confirmed as a correct record and signed by the chairman.

13. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

14. QUESTIONS FROM COUNCILLORS

There were no questions from councillors.

15. NHS CONTINUING HEALTHCARE FRAMEWORK APPLICABLE TO HEREFORDSHIRE

The chairman reminded everyone of the duties placed on local authorities and NHS bodies by the Health and Social Care Act, regarding the provision of information on the planning, provision and operation of health services to enable health scrutiny, and the duty to respond formally to recommendations by a health scrutiny committee.
She recognised that there was a tension between financial sustainability and service delivery, and reminded all present to not lose sight of the vulnerable people in society, and to ensure the checks and balances were in place to support people in need of continuing healthcare.

The assistant director, care operations and commissioning, presented the report, to provide the national context and the local arrangements. He made the following key points:

- The national framework for continuing healthcare (CHC) was about individuals and their needs, and it was important not to lose sight that application of the framework was for the needs of our residents
- CHC related to packages of care and support funded by the NHS
- It was important to recognise that needs were on a spectrum ranging from social care, and as they change and become more intensive, moving into the responsibility of the NHS
- The decision maker locally was the Clinical Commissioning Group (CCG), but there was a national process to support this.
- A new framework was due to take effect from the start of October, although the definition for eligibility had not changed.
- The determination of whether someone has a primary health need is set nationally by the secretary of state. It involved completion of a checklist to determine eligibility, set at low threshold to enable professional to determine, with reference to care domains.
- There were two outcomes from the checklist – one being a lighter assessment, the other being a move to a full assessment, which is based on a decision support tool using the care domains and looking at complexity of needs. This is carried out by a multi-disciplinary team to determine if needs have gone over the definitions defined by the Social Care Act. From this, a recommendation would go to the CCG, with a requirement to evidence how the decision was reached.
- The national framework had recourse through disputes resolution. The local authority could challenge the decision through an escalation process based on policy which was a national requirement.
- The arbiter of social care need was the local authority. The Care Act determined the care that the local authority could discharge and so there were limits to the local authority's powers to support vulnerable adults.

Looking at the local picture, the assistant director highlighted that:

- An independent review had been commissioned to look into how CHC was applied. The terms of reference for the reviewer were to analyse national and local data, understand the relationship between staff and the CCG and local authority. The review presented a case for change on how to apply the arrangements locally. Recommendations were also produced and were summarised in the agenda papers, and these were built into an action plan.
- The majority of actions had fallen to the CCG. The CCG made decision to bring back responsibility for CHC for direct management and a member of staff had been recruited from a social work background to support the team. A dispute resolution policy was being developed as a recommendation, to afford clarity and escalation for disagreements.

- The changes had led to identifying 22 cases where the local authority believed that further work was needed where the decision has not been agreed by the local authority, showing additional rigour in the process. There remained challenges operationally from the local authority's perspective.

The chair noted a rapid reduction in CHC over the past 2 years and asked for explanation for the criteria changing and rapid reduction in eligibility.

The CCG chief financial officer explained that in 2016/17 there was a review of CHC clients which led to the criteria being reviewed and assessed to ensure appropriate. A service had been commissioned from St Michael's Hospice to fast track care to meet needs. This replaced a previous arrangement of spot-purchasing but the commissioning arrangement enabled direct care from the Hospice, and came into full effect in 2017/18, and the fast track numbers from 2016/17 reduced.

In answer to a question from the chairman regarding consultation on this change, the CCG director of governance explained that there had been no change in how assessments were undertaken. He added that much had been learned about partnership working with the local authority, and noted the positive nature of the report which was key in moving forward. It was recognised that communication had not been as positive as wished, but it was important to note that the driver of the commissioning was to provide far more appropriate care for the people who needed it.

A member commented on the bewildering nature of the report and noted comparisons with Redditch where there was a higher percentage of people eligible for CHC. She added that it was difficult to understand how this could be when considering the significantly smaller population of older people compared with Herefordshire and queried that this was because they were receiving funded nursing care.
The member also observed that reference to Hospice commissioning was not apparent in the report. With regard to dispute resolution, the member asked about the number disputed and of those where the decision had been unchanged, whether there was a period of time to elapse before another application could be considered.

The CCG director of governance confirmed that one appeal had been upheld in the past 2 years but did not have the number to hand of appeals that had been lodged and offered to supply this information to the committee. With reference to the 22 cases that had been identified for further review, the wish was to work jointly with the local authority to understand the cases and get the dispute resolution policy clear. With regard to community care, the chief finance officer added that the CCG commissioned from a number of providers, with considerable investment, and it was necessary to also consider what was commissioned through the market towns, virtual wards and hospital teams at home.

The chairman referred to the recommendations arising from the findings of the review and asked for confirmation that the actions due for completion in August and September 2018 had been completed. In response and with reference to the policy development, the CCG head of CHC confirmed that the final policy had been agreed by the CCG and the council. She added that there was an outstanding issue but it had been signed off by the quality committee.

A member referred to the report's figures for East Riding and Northumberland, where there were more people in receipt of CHC, and queried how the comparatively low level in Herefordshire had been arrived at.
In response, the CCG director explained that there would be further reviews in November to see if there was consistent good practice. The figures for Herefordshire remained relatively consistent, where other areas had fluctuations suggesting that the assessment process was consistent. Comparisons were also made with Hastings and

Eastbourne where populations were similar. There was confidence in the processes that were followed with the national framework being applied consistently and fairly. There was a wish to improve and learn and follow the recommendations.

The member observed that for people not in receipt of CHC, the burden was on the local authority. For people who self-funded the burden fell on their families so it was necessary to be absolutely certain that they were correctly classified, otherwise there would be a disproportionate number of self-funders.

The chairman asked if it was being suggested that the system was working better locally compared with other councils with higher figures.

The CCG director confirmed that it was due to a consistent approach, and that the review looked at the application of the national framework.
The Assistant director added that the with regard to the CHC placements funded solely by the CCG, this was now down to 14 from 35 in quarter 1 of 2016/17, so there was significant movement in numbers. For under 65s, the number had reduced from 46 to 35. The movement was away from CCG funding and apart from self-funders, the only other funding body was the local authority and this was an inescapable fact.
The CCG director queried these figures; in the last quarter there was a rise and an increase in people eligible.

In response to a question from a member about greater financial detail and how the money is spent, the chairman commented that expenditure was variable and that the NHS and adult social care budgets were in the public domain.

The director for adults and communities commented that there was no doubt that there had been a downward trend and that it was disappointing to have working environment where there were disputes. It was important to get the decisions right for the individuals concerned and to reach a consensus as leaders in the process. It was difficult for staff to follow and it needed to be open and transparent.

The representative from Healthwatch Herefordshire reported that they had received a small number of enquiries from people who had asked for help to look into their cases, and it was noted that their assessments followed a downward trend and that it was unfair compared with other areas.
She requested clarification on the disputes resolution process and how self-funders figured in this, and how the CCG proposed to communicate with self-funders.

The CCG head of CHC explained that there was information on the CCG's website and that the CCG Was working with Wye Valley NHS Trust to ensure there were information packs on the hospital wards.
In response, the chair commented that it appeared the CCG website had not been updated since 2013 and requested that it be updated as a matter of urgency to account for changes in legislation.

The head of operations for adults and communities commented that there were people in homes who were self-funders who might not have an advocate and so strategies were being looked at to address this. She added that indirectly, this affected the budget because these people should be having care for free at the point of delivery, but they are picked up by the local authority.
The head of CHC explained the resolution process and that the decision could be challenged by the council so the self-funder would contribute. However, the head of operations added, self-funders were not always known to the local authority so it was up to the family to advocate for them. Healthwatch added that the process disadvantaged self-funders because they only had access to the appeals process and not the disputes resolution process.

The chairman asked what impact the difference in criteria had made, and why this was the case.

The CCG finance officer explained that it was a requirement to adhere to the national framework. There were reviews in 2016/17 and at a different level in 2017/18. The reviews were increased to 3 months, and the commissioning of the Hospice service had been a factor.
The chairman asserted that the interpretation of the criteria had been stiffened. In response the finance officer said that the CCG had ensured the framework was adhered to and that the review process had not always been undertaken in the right way, but the national framework had been complied with. She added that it was important to look at working to ensure patients received the care that was clinically appropriate in line with the national framework. The CCG was signed up to the recommendations and had measures in place to ensure actions were taken forward.

A member asked for more information about appeals and disputes, how they were resolved, and who helped the plaintiff.

The head of CHC clarified that for appeals, there were independent organisations to provide support and the CCG used an NHS-endorsed organisation for this purpose.
The head of operations added that disputes with the local authority would go through social workers, and second level cases would be heard by herself and the head of CHC, and third level cases would be heard by the legal team and directors. There were 3 current disputes at level 2.
Members noted that there was a limit to the amount of free support that could be offered to people and this was of concern.

The director for adults and communities emphasised the importance of recognising that the people being supported were at end of life and vulnerable, and were not in a position to pursue disputes with authorities. It was important to have information for them and to make the process available for them. It was essential to have sympathy with their position and to be recognise that families were not likely to be in a position to take on an organisation and challenge. Organisations needed to work together on this process.

The CCG director supported this and confirmed that the website would be reviewed. It was important to reflect and consider how to get information out to vulnerable families and there was committed to working to get this right.

Adding to an observation from the chairman that the process lacked clarity and was difficult for lay people to understand it, a member asked whether panels had the skills and understanding of the medical terminology involved in cases.
In response the director for adults and communities commented that there was nationally accredited training offered to staff to address this. He added that the CCG used a different trainer and this needed to be consistent and that professionals needed to be able to work through differences.
The head of operations added that there was feedback from practitioners that the criteria have changed and technical knowledge level was now a different requirement. Professionals were clear about what was above ancillary need and what the local authority's limitations were under the Care Act. There were grey areas about the limitations, but CCG did not see this, so there was work to do around nurse practitioners and social workers on how people were directed through care pathways. She added that social workers did not feel there was real change at the front line.

The chairman noted there was a need to upskill and provide specialist training for two key social workers to address this.

Members noted that in the middle of this there was a vulnerable person or family and there was too much emphasis on medical terminology which could cause confusion.

A member asked when the review took place that changed the criteria.
The head of CHC confirmed that the criteria were no changed but were reviewed in quarter 2 of 2016.
The member noted this as correlating to a drop in the figures, and asked that if they were correct, was it accepted that there was a significant drop in Herefordshire compared with the national average which had dropped only slightly.
In response, the head of CHC said that the benchmark data looked at those individuals who were eligible and those who were fast-tracked, and that it was normal to see fluctuations in fast track referrals.
The member noted that the projection was that the gap would become wider and wider.

The head of operations added that the expectation was that the CCG did not review people out of eligibility, but in fact this had happened. In responding to the guidelines, the numbers would be seen to increase.

The chairman made the observation that the elderly population was increasing and that anecdotally the new housing was being bought by people who were retiring.

A member requested that the appeals and disputes process be added to the work programme and be brought back to a future meeting of the committee.
The director for adults and communities suggested it be added to the review recommendations.

The chairman asked officers if they were happy that Herefordshire was the 6th lowest in the national figures for CHC, bearing in mind the demographics. She also asked if the comparator authorities were suitable, such as Luton, if they did not share the same demographics, and why they were chosen.
The head of CHC explained that the national variations were recognised; s. Rather than benchmark against regional neighbours, Herefordshire was benchmarked against those provided by NHS England, and they review the data and quality assurance.
In response to a question from the chairman, the CCG director said that in terms of NHS England's opinion on the figures, they look at different places where there are good practices or areas to improve. The comparator authorities were nationally set groups and the CCG had queried the groupings with NHSE England.
The chief finance officer added that NHS England look at compliance with the national CHC framework. The report had been accepted and the action plan had commenced, there was more understanding of the reasons for movement and the CCG had commissioned effectively for fast track, and it was important to move it forward in partnership.
The director for adults and communities requested that the NHS England review was treated as a system review which involved the local authority.

The chairman asked officers if they aspired to make improvements.

The chief finance officer stated that it was about applying the criteria and commissioning most appropriately; the framework had been refreshed and the CCG would ensure adherence. There was further work to understand the benchmarking, and that the commissioning in Herefordshire was approached differently compared with other CCGs.

RESOLVED
That:

a) **a small number of senior social workers be upskilled to ensure that there is a common understanding of the medical terminology when dealing with disputes;**

b) **the CCG be requested to commit to seeking to lift Herefordshire out of its current position of 6th from the bottom in the national CHC eligibility by 50k population and to report its progress against this commitment at a future adult's scrutiny committee;**
c) **the CCG be called back to the committee to report on progress made against their action plan recommendations in six months' time. Specifically –**

- **To update the committee on progress against the recommendations that have not been completed to date, and**
- **To report on the progress made as a result of the recommendations completed and implemented.**

d) **the CCG be requested to influence the report of the NHS England to be a system review and to include the local authority within that review.**

The meeting ended at 3.25 pm **Chairman**

Herefordshire Council

Meeting:	**Adults and wellbeing scrutiny committee**
Meeting date:	**Tuesday 2 October 2018**
Title of report:	**Public health: update and plans**
Report by:	**Director of public health**

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To review prevention strategies and outcomes to include NHS health checks and plans for distribution of 'flu vaccinations for the winter season.

Public health delivers a range of services and activities, including those that are mandated or conditions of the public health grant as well as those developed according to local need and priorities. Achievements of the previous year include ActiveHere which has supported a 1000 inactive people to start, and importantly maintain, weekly physical activity. In addition the Healthy Lifestyle Trainer Service has helped 2,500 people make positive lifestyle changes such as give up smoking, improve weight management and reduce alcohol consumption. There has also been successful implementation of a new way of working in the drug and alcohol service which is now an integrated, recovery focused service. Key areas of focus for 2018/19 have been identified. Broadly these fall into four categories:

i) Improving public health through the wider council and other Herefordshire assets (e.g. health in all policies, embedding Making Every Contact Count (MECC), healthy living network);
ii) Ensuring good health protection (e.g. work to improve HPV and 'flu vaccine uptake, and vaccine uptake by vulnerable groups, improvements to the health protection service);
iii) Topic specific needs assessments, strategy development and action plans (e.g. alcohol, oral dental health and childhood obesity); and
iv) Improvements in commissioned services (e.g. NHS Health Checks review, improved

outcome measures for public health nursing service).

These public health activities directly contribute to the priorities identified in Herefordshire Council's corporate plan to enable residents to live safe, happy and independent lives and to keep children and young people safe and give them a great start in life.

Recommendation(s)

That:

(a) the committee determine any recommendations they wish to make to the executive and/or responsible health bodies to improve the effectiveness of public health strategies and plans; and

(b) the committee members consider how they can support the public health work.

Alternative options

1. There are no alternative recommendations; it is a function of the committee to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive and to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area and make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised.

Key considerations

2. Public health has a valuable contribution to make to Herefordshire residents and the council. Public health aims to improve the health and wellbeing of residents and reduce health inequalities. Public health interventions can lead to reduced costs to society, including through reduced health and social care costs. For example, return on investment estimates indicate that for every £1 spent on drug and alcohol services, society saves £2.50 in reduced NHS and social care costs and reduced crime (further examples on return on investment are given in the presentation attached at appendix 1).

3. Public health works to prevent health problems developing in the first place (primary prevention), stop health problems from getting worse (secondary prevention) and reduce the impact of disease on people's health and wellbeing (tertiary prevention).

4. Health and wellbeing of the population is affected by a broad range of social determinants, including lifestyle behaviours, physical and social environments, education and employment, as well as our genetics and the health care we receive. The wider social determinants have a greater impact than genetics or healthcare.

5. Functions of public health include mandated services, services that are conditions of the public health grant and services and activities which are developed according to local need and priorities.

6. The breadth of activities include:

    a. Commissioned services: Drug and alcohol service, Public Health Nursing Service (integrated health visiting and school nursing), Sexual health services, NHS

Health Checks, Smoking cessation (in-house), Healthy lifestyle training (in-house), Fit families and Postural stability

b. Epidemiology: National Child Measurement Programme (NCMP),Oral health (5 year olds) survey

c. Understanding local need; strategy, policy and service development: Needs assessments including JSNA, service developments, developing and implementing strategies

d. Community/public engagement**:** Public health campaigns and communications, Healthy Living Network, Advice and guidance (WISH)

e. Contribution to health partnership working: Public health advice to CCG through core offer: needs assessments, governing body etc, STP work-streams, Public health input into panels: Child Death Overview Panel, Serious Drug Misuse Incident Panel, Individual Funding Request Panel.

f. Assurance/Challenge: Screening and immunisation

g. Health protection role

7. Local impact has been demonstrated through public health services and activities. Examples of which include the following (details given in Appendix 1: Public Health Plans and Update):

    a. ActiveHere: The programme met its target of engaging with 5% of the adult population of Herefordshire and for the number of inactive people still engaged at 3 months: 1,675 people started doing 1x30 mins of activity through the programme; 1,006 of which remained active at 3 months;

    b. Drug and alcohol service: Implemented an integrated, recovery focused drug and alcohol service which has recently achieved improvements in outcomes. Initial performance challenges have been overcome and the service is currently top of comparator group for successful completions of treatment for opiate users;

    c. Healthy Lifestyle Trainers: Since 2012, 2,500 people have been supported to make positive lifestyle changes. The service has led to reductions in smoking, alcohol consumption and social isolation for service users. It has led to increases in emotional wellbeing, physical activity, eating habits and weight management. Approximately half of all service users were from the most deprived areas of Herefordshire and therefore the service is helping to reduce health inequalities in the county. In 2017/18 the service met the reportable KPIs around number of clients assessed (>400), developing personal health plans (~300) and achieving or partly achieving personal health plans (~230);

8. The key areas for development and focus for 2018/19 are outlined in the public health service improvement plans. The high-level objectives fall into four broad categories and are:

    a. Improving public health through the wider council and other Herefordshire assets

        i. Embed public health in council duties (Health in all policies): we will work with planning colleagues to develop and implement tools and frameworks to facilitate consideration of public health in the planning process;

ii. Embed Healthy Living Network across Council, with stakeholders, businesses and community groups (the Healthy Living Network is a network of community groups, organisation and businesses who are passionate about improving the health and wellbeing of their community and / or workforce): we will gain commitment from key organisations and stakeholders, train staff and implement HLN Phase 1 (campaigns and communications);

iii. Embed Making Every Contact Count (MECC) across the Council, with stakeholders and in communities: we will launch e-learning of MECC training, develop implementation plan for the council and wider stakeholders;

b. Ensuring good health protection

i. Health protection service improvements: implement the findings of the LHRP review, develop and implement an evidence-based work plan;

ii. Improve uptake of flu vaccination in residential care homes; we will work with commissioners, operations and providers and develop a programme to increase vaccinations

iii. Increase uptake of immunisations and vaccinations, through delivery of a focussed programme to promote and encourage uptake of HPV vaccine, childhood vaccines in vulnerable communities and flu vaccine in council staff, pregnant women and care staff;

c. Topic specific needs assessments, strategy development and action plans

i. Improve children's dental health: we have established a dental health working group and will undertake an oral health needs assessment and develop and implement an dental health strategy and action plan;

ii. Reduce childhood obesity and promote healthy weight and healthy eating: we will set up and commence delivery of the Fit Families programme, develop new delivery model for healthy start programme and we will develop and implement childhood obesity/healthy weight strategy and action plan;

iii. Implement an alcohol harm reduction strategy for Herefordshire; we will undertake a alcohol needs assessment and work with stakeholders to develop a multi-agency Herefordshire alcohol harm reduction strategy and action plan;

d. Improvements in commissioned services

i. NHS Health Checks review: we will undertake a health equity audit of health checks, including looking at offer, uptake and outcome of NHS Health Checks and make recommendations to target improved uptake**;**

ii. Implement robust contract management processes and outcome measures for the public health nursing service.

9. Across England there are inequalities in health outcome between those in living in the least and the most deprived areas. This is also the case in Herefordshire. For example,

those living in the most deprived areas of Herefordshire are 71% more likely to die prematurely (<75 years) of stroke, 29% more likely to die prematurely of coronary heart disease and 22% more likely to die prematurely of cancer, than those living in the least deprived areas.

10. Public health interventions can help reduce health inequalities, through for example targeting services to those most in need and/or living in the most deprived areas. We will increase our focus on health inequalities, applying proportionate universalism i.e. delivering a universal service which focusses efforts on the most disadvantaged . This will include work for example on immunisation for vulnerable communities, childhood obesity and oral health, NHS Health Checks review and through the Joint Strategic Needs Assessment.

11. Healthwatch explored Public Health in 2017/18, following engagement with the people of Herefordshire. Healthwatch Herefordshire asked people i) what they do to stay healthy (physically and mentally), ii) where they go for information and support on staying healthy and iii) awareness of public health campaigns. The results of this survey have been published (see appendix 2). This report shows that people identify exercise, socialising and diet as ways they keep healthy, though these were much more commonly identified by the general public than by equalities groups (which included a range of people such as young people, adults with acquired brain injury, adults with learning, Eastern European agricultural workers, gypsy/roma adults). Most commonly identified sources of information and support on healthy living were GP/professionals, online and family/friends. The most commonly recognised public health campaigns were Change 4 Life, FAST and Staywell Winter. Members of the general public recognised a greater number of campaigns than people from the equalities groups. These findings support the direction of the activities undertaken by the public health team. For example, through the Healthy Living Network, Healthy Lifestyle Trainer Service and WISH we are promoting information and providing support to help people lead healthy lifestyles. Our local public health communication campaigns use national branding where available to maximise recognition. We are currently working on targeted campaigns promoting vaccine uptake for vulnerable groups, including in gypsy/roma traveller communities and seasonal migrant workers.

Community impact

12. In accordance with the adopted code of corporate governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. Effective financial management, risk management and internal control are important components of this performance management system. The council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.

13. The breadth of public health services and activities directly contribute to the priorities identified in Herefordshire Council's corporate plan to enable residents to live safe, happy and independent lives and to keep children and young people safe and give them a great start in life. The work also contributes directly to the priorities set out in Herefordshire's Health and Wellbeing Strategy.

14. Public health contributes to the development of the evidence-base for decisions through its role in developing the JSNA and other need assessments, and uses such evidence in its work.

15. Public health works in partnership with the wider health economy. This work includes the core offer to the Clinical Commissioning Group (CCG), participation in Sustainability and Transformation Partnership (STP) Boards and participation in local panels as well as working with providers and other key groups in the community.

16. There are no direct implications for health and safety.

17. Working with the Looked After Children Team, the Public Health Nursing Service will contribute to and support assessments, primarily of looked after babies and pre-school children. The Public Health Nursing Service support the needs of in-county looked after babies and children

Equality duty

18. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

    A public authority must, in the exercise of its functions, have due regard to the need to -

    (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

    (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

    (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

19. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Where services are commissioned, our providers are made aware of their contractual requirements in regards to equality legislation.

20. Many of the public health services and activities aim to reduce inequalities and support the most vulnerable within our society that share the protected characteristics. Through supporting and continuing with the planned public health activities, the council will be demonstrating its commitment to the equality agenda.

Resource implications

21. None arising from the recommendation. If the committee determines any recommendations the resource implications of those will inform the relevant decision maker's decision.

22. Herefordshire Council receives a ring-fenced public health grant from central government. In 2018/19 this grant is £9.2 million. This report is not requesting or proposing any additional allocation of funds.

Legal implications

23. Section 3.4.2(g) of the constitution provides that the adult scrutiny committee has the power to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area and make reports and recommendations to a

responsible person on any matter it has reviewed or scrutinised or to be consulted by a relevant NHS body or health service provider in accordance with the Regulations (2013/218) as amended. In this regard health service includes services designed to secure improvement—
(i) in the physical and mental health of the people of England, and
(ii) in the prevention, diagnosis and treatment of physical and mental illness

Risk management

24. None associated with the recommendation.

25. The risks associated with public health delivery are entered onto the directorate risk register and escalated as appropriate.

26. In times of financial challenge there is a risk that investment in prevention and embedding prevention in all policies is not considered a priority. However, this approach is short term and will result in increased demand on stretched health and social care services, and will have a long term impact on the health and wellbeing of the population. The new approach being taken by the public health team, is to strengthen the focus on reducing inequalities, applying proportionate universalism. This will help ensure value for money as services and activities reach those with greatest need/potential to benefit.

27. The key financial risk faced in delivering the public health function is the uncertainty about the future of the Public Health Ring-fenced Grant beyond 2020. Further guidance is awaited on the national plans for the future of the functions.

Risk / opportunity	Mitigation
Uncertainty about the future of the public health ring-fenced grant after 2020	Articulate the impact on Public Health Outcomes Framework, and benefit to the council, of public health spend.
Services are not reaching those that will benefit the most	Review of service uptake by deprivation and other characteristics e.g. for NHS health checks, Healthy Lifestyle Trainer Service, ActiveHere
Services do not perform/deliver as expected	Risks managed through robust contract management and directorate risk register as required.
Partners and wider system do not engage with their role in public health	Early stakeholder engagement and focus on partnership working including with community partners.

Consultees

28. None specific to this report.

Appendices

Appendix 1: Public health update and plans (presentation)

Appendix 2: Healthwatch Herefordshire. Public Health Report. April 2018.

Background papers

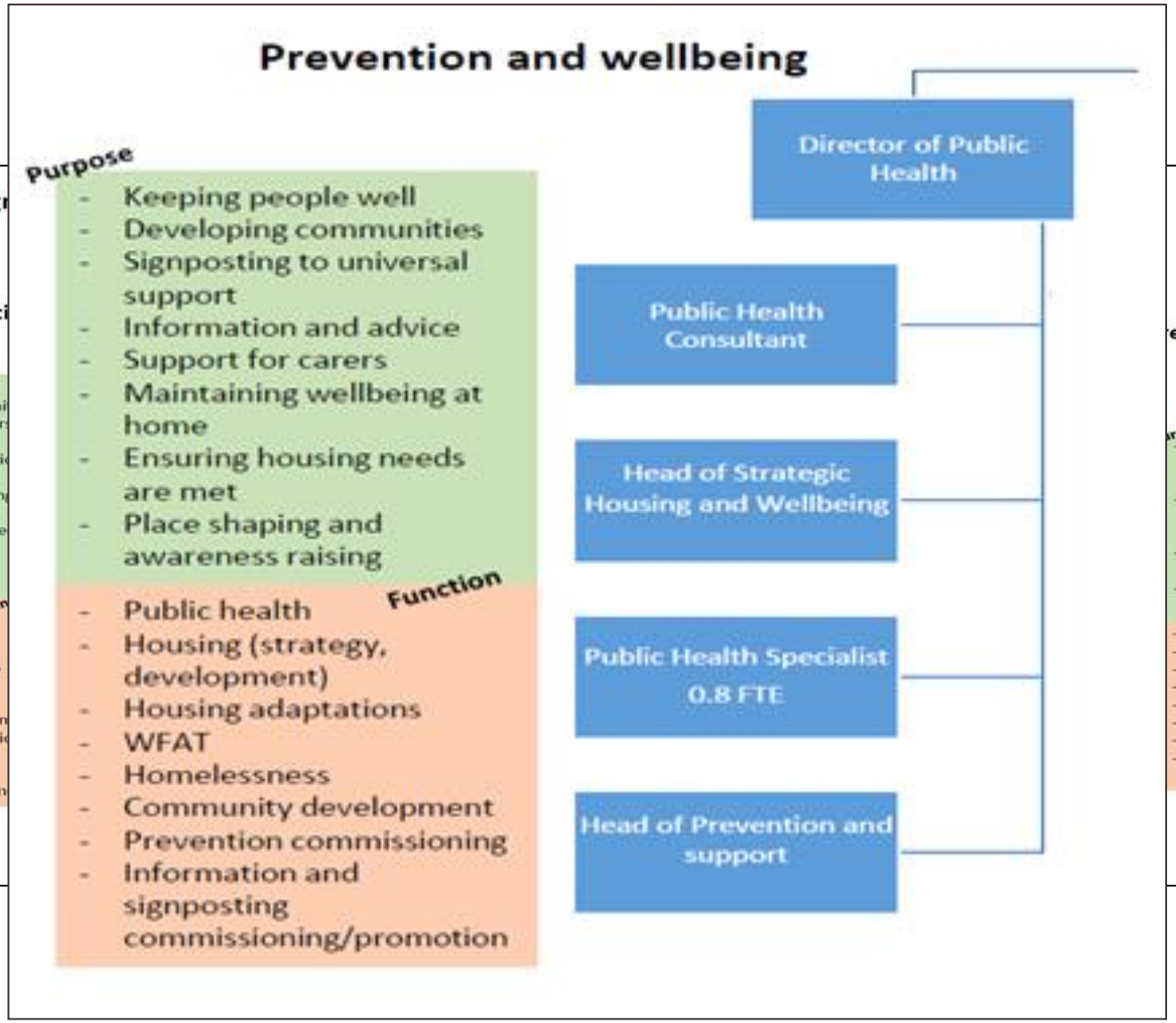
None identified

Public Health: update and plans

2nd October 2018

Outline

- Introduce the team
- Public health functions
- Role of prevention
- Public health approach
- Examples of impact of current programmes
- Health protection
- Overview of PH service improvement plans
- Inequalities
- How you can help


Prevention and wellbeing
Director of Public Health
Purpose
- Keeping people well
- Developing communities
- Signposting to universal support
- Information and advice
- Support for carers
- Maintaining wellbeing at home
- Ensuring housing needs are met
- Place shaping and awareness raising
Public Health Consultant
Head of Strategic Housing and Wellbeing
Function
- Public health
- Housing (strategy, development)
- Housing adaptations
- WFAT
- Homelessness
- Community development
- Prevention commissioning
- Information and signposting commissioning/promotion
Public Health Specialist 0.8 FTE
Head of Prevention and support

Public Health Team

Core Public Health Team

Karen Wright
Director of Public Health

Caryn Cox
Consultant in Public Health

Rebecca Howell-Jones
Consultant in Public Health

Lindsay MacHardy
Public Health Specialist

Julia Stephens
Senior Commissioning Officer

Sophie Hay
Health Improvement Practitioner

Kristan Pritchard
Health Improvement Practitioner

Kayte Thompson-Dixon
Senior Commissioning Officer

Public Health Trainees

Opeyemi Arishe
GP Trainee

Rebecca Pickup
Specialist Registrar

Healthy Lifestyles Trainers Service

Luke Bennett
Healthy Lifestyles and Wellbeing Information Manager

Healthy Lifestyle Trainers
Philippa Ellis
Joanne Jones
Jess Howdle
Peter Day
Julie Anne Jenkins
Alison Williams

Sessional Trainers
Yvonne Richards
Jenny Wickett
Tim Kaye
Margarita Sinko
Mark Farrell
Fern Walter

WISH

Sharon Amery
Information and Signposting Officer

Kay Mellish Information Signposting and Carers Register Coordinator

Public health function

- Mandated and non-mandated activities
- Conditions of the public health grant
- Commissioned services
- Assurance and challenge
- Health protection
- Public health advice

Breadth of public health activities and services (i)

- **Commissioned services**:
  - Drug and alcohol service
  - Public Health Nursing Service (integrated health visiting and school nursing)
  - Sexual health services
  - NHS Health Checks
  - Smoking cessation (in-house)
  - Healthy lifestyle training (in-house)
  - Fit families
  - Postural stability

Blue text: mandated function

Breadth of public health activities and services (ii)

- **Epidemiology**
  - National Child Measurement Programme (NCMP)
  - Oral health (5 year olds) survey
- **Understanding local need; strategy, policy and service development**
  - Needs assessments including JSNA, service developments, developing and implementing strategies
- **Community/public engagement:**
  - Public health campaigns and communications
  - Healthy Living Network
  - Advice and guidance (WISH)

Blue text: mandated function

Breadth of public health activities and services (iii)

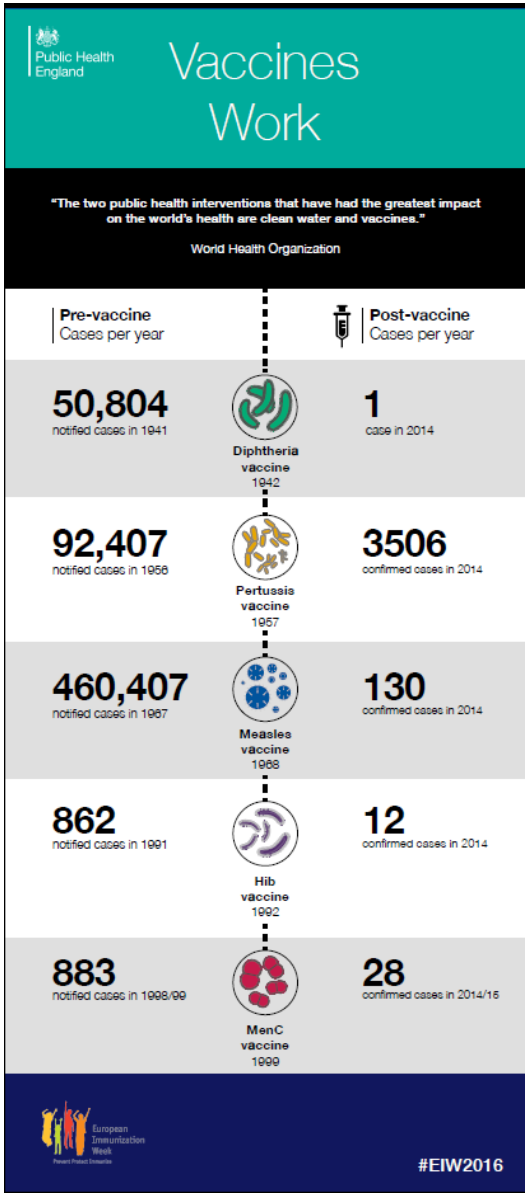
- **Contribution to health partnership working:**
  - Public health advice to CCG through core offer: needs assessments, governing body etc.
  - STP work-streams
  - Public health input into panels: CDOP, SDMI, IFR
- **Assurance/Challenge**
  - Screening and immunisation
- **Health protection role**

Blue text: mandated function

Role of prevention

Prevention improves population health by:

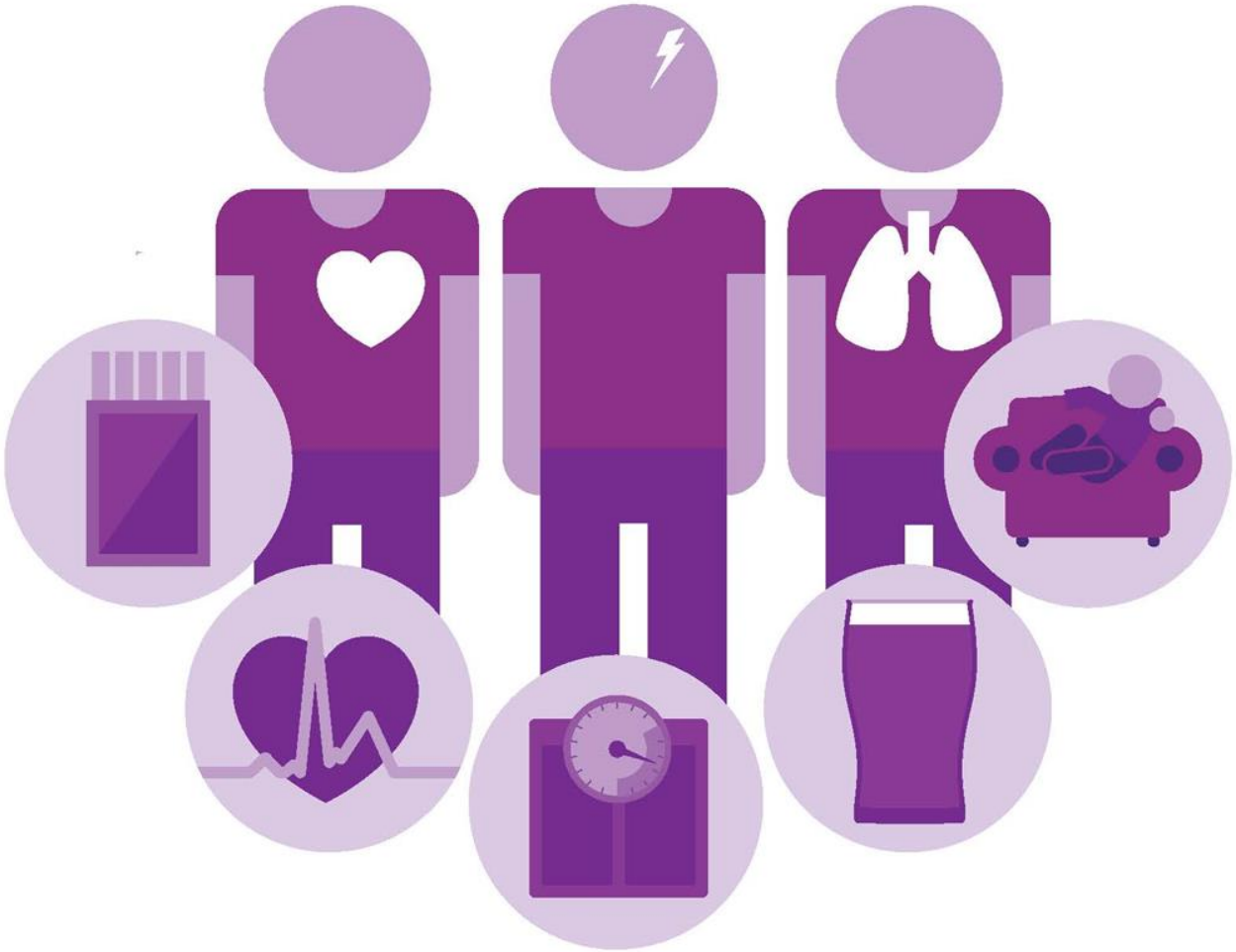
- Preventing health problems developing in the first place (primary prevention)
- Stopping health problems from getting worse (secondary prevention)
- Reducing the impact of disease on people's health and wellbeing (tertiary prevention)



Role of prevention

Prevention can help to reduce health and social care pressures by:

- Keeping people healthy for longer
- Reducing demand on public services



Health and behaviour

Forty per cent of the UK's overall disability-adjusted life years lost are caused by tobacco, high blood pressure, overweight and obesity and low physical activity (2010 figures). This is through their contribution to diseases such as heart disease, stroke and lung cancer.

40% of disability-adjusted life years lost

The King's Fund

Local Government Association

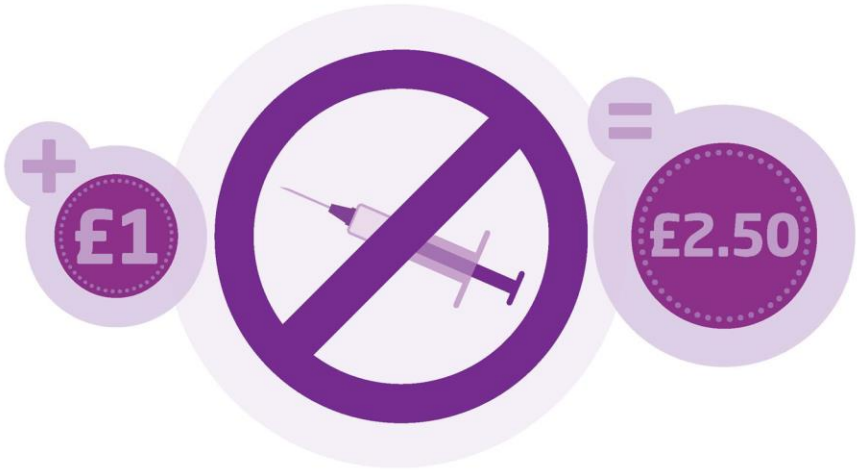
Examples of Return On Investment (ROI) for public health interventions

Return on investment
Birmingham's Be Active programme of free use of leisure centres and other initiatives returned an estimated £23 in quality of life, reduced NHS use and other gains for every £1 spent.

The King's Fund
Local Government Association

Return on investment
Housing interventions to keep people warm, safe and free from cold and damp are an efficient use of resources. Every £1 spent on improving homes saves the NHS £70 over 10 years.

The King's Fund
Local Government Association



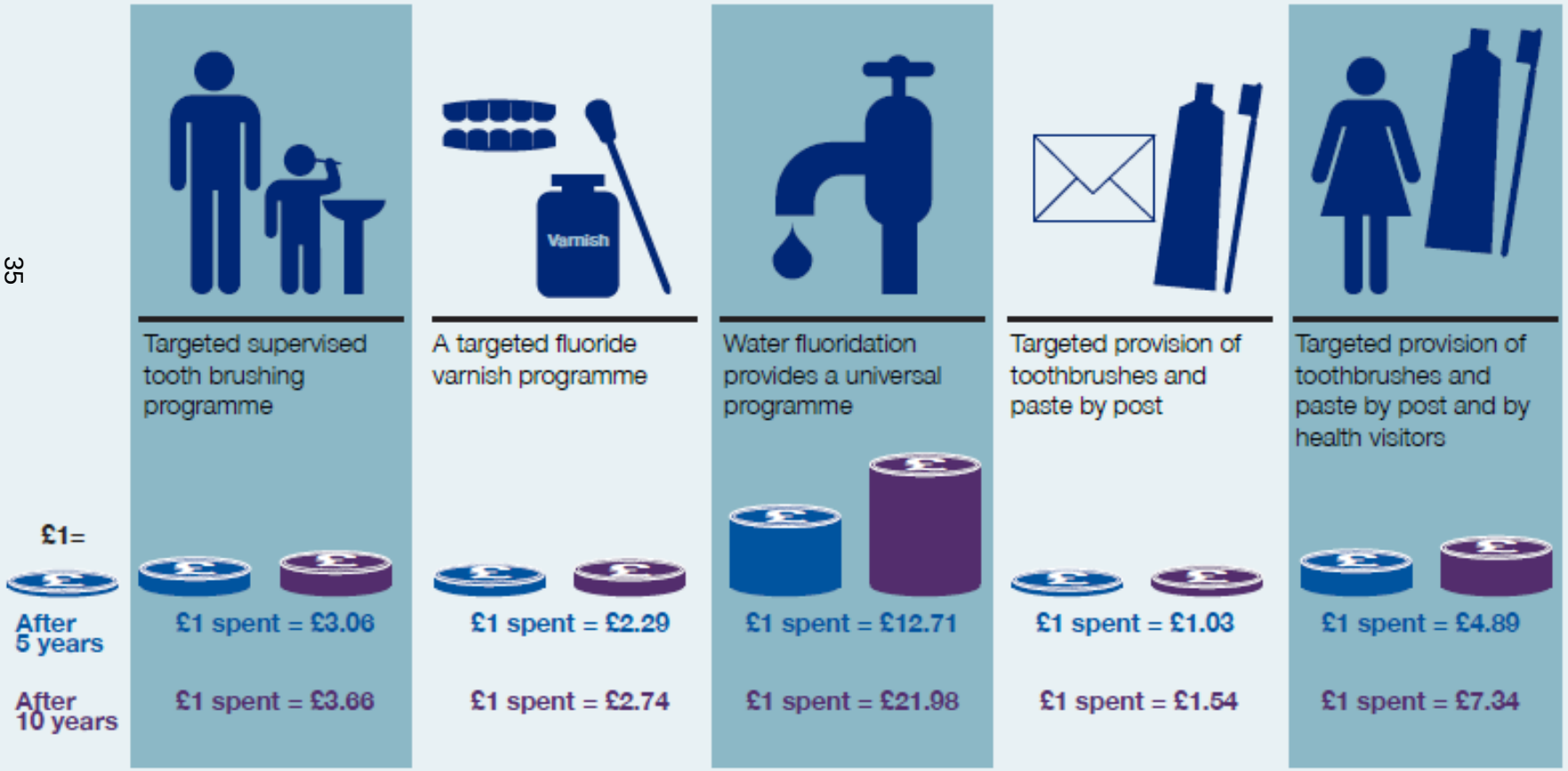
Return on investment
Every £1 spent on drugs treatment saves society £2.50 in reduced NHS and social care costs and reduced crime.

The King's Fund
Local Government Association

Public Health England

Return on investment of oral health improvement programmes for 0-5 year olds*

Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:



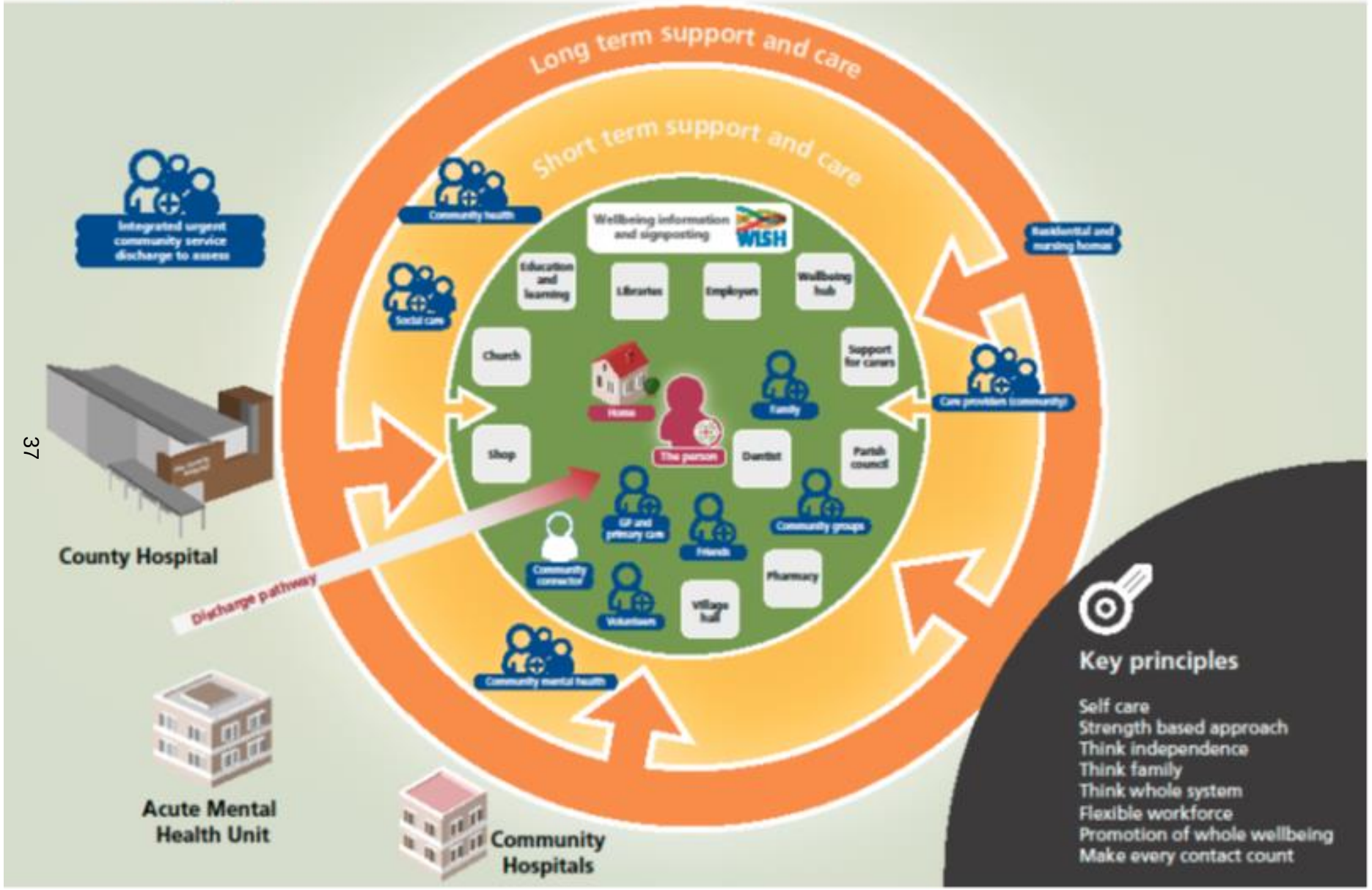
*All targeted programmes modelled on population decayed, missing or filled teeth (dmft) index of 2, and universal programme on dmft for England of 0.8. The modelling has used the PHE Return on Investment Tool for oral health interventions (PHE, 2016). The best available evidence has been used in this tool and where assumptions are made these have been clearly stated

PHE Publications gateway number: 2016321

Public health approach

- Intelligence (JSNA, other needs assessments)
- Evidence (NICE, PHE, scientific research)
- Partnership working across the system
- Population and community focused

The Blueprint



Impact of programmes: ActiveHere

An estimated 34,600 adults in Herefordshire are physically inactive. Evidence shows this greatly increases their risk of developing health conditions including diabetes, coronary heart disease, cerebrovascular disease and cancer, and is also linked to reduced mental health and well-being.

Launched in January 2016, Active HERE is a project designed to reduce the risk of preventable health conditions by enabling 2,600 inactive people living in Herefordshire to engage with sporting activities.

Active HERE focuses on inactive adults across the county.

- **Active Plus**: 1 to 1 support over 12 weeks.
- Motivational interviewing, goal setting and review
- Follow up at 3 and 9 months

- **Active in the Community**: signposting to a range of physical activity options
- Follow up at 12 weeks

Outcomes

Outcome	Target for 31.12.18	Actual (30.6.18)
The number of people you will engage with the project	10,551	12,954
The number of inactive people you will engage	2,655	2,311
The number of inactive people you will move in to 1x30mins	1,958	1,675
The number of people you will aim to have still engaged in sport at 3 months	991	1,005
The number of people you will aim to have still engaged in sport at 6 months	593	280**
The number of people you will aim to have still engaged in sport at 12 months	505	150**

Clients accessing ActiveHERE and levels of deprivation: Additional info:

Deprivation Quintile	Count	Percent	Percent with known Quintile	General population
Not recognised	62	6.17%		
Q1 - Most deprived	116	11.54%	12%	8%
Q2	239	23.78%	25%	24%
Q3	380	37.81%	40%	44%
Q4	146	14.53%	15%	17%
Q5- Least deprived	62	6.17%	7%	7%
6 Client -> Deprivation Quintiles group listed	**1005**	**100.00%**		

Impact of programmes: Substance misuse

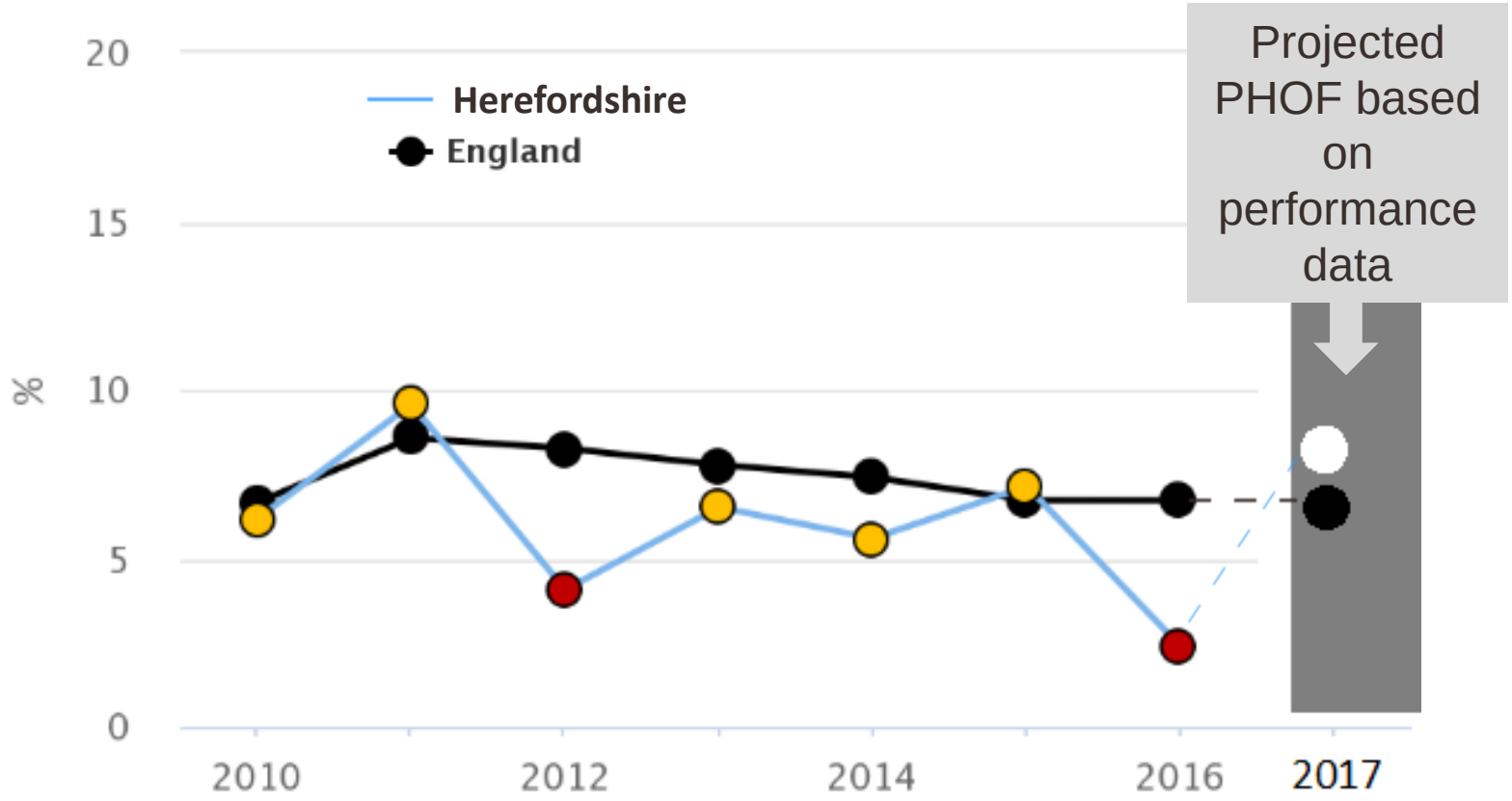
Integrated substance misuse service

- Integrated drug and alcohol service
- Emphasis on building resilience and strategies to managing recovery (in line with national strategy)
- Group work in structured and non structured settings: good evidence for sustainable changes through group-work and peer support
- Addaction: provider since Dec 2015
- ~600 service users: 60% opiate users
- Herefordshire has higher than average:
  - age of opiate users
  - length of treatment for opiate users (41% in treatment for ≥6y)
  - length of career for opiate users (48% ≥ 21y)

Integrated substance misuse service cont.

- Have been challenges with performance figures, but it has improved significantly and now top in comparator groupings for opiate successful completion of treatment.
- Holistic service: many individuals have experienced positive outcomes in housing, employment or education
- Current areas to further progress are:
  - young people's service;
  - reaching and engaging with those using non opiate drugs;
  - reaching and engaging with those drinking harmfully (not dependently – as these are generally engaging well); and
  - partnership work to improve outcomes to families affected by parental substance misuse.

Successful completion of drug treatment for opiate users:
PHOF Indicator 2.15i 2010-2016, with 2017 projection based on performance data



PHE Fingertips, with 2017 data from NDTMS

Impact of programmes: Healthy lifestyle trainer service

Healthy lifestyle trainer service

- Addresses need around adults:
  - 6 in 10 adults are overweight or obese (2016/17)
  - 18% of adults (aged 19+) inactive (<30mins moderate intensity equivalent minutes per week) (2016/17)
  - 14% of adults smoke (2016); 25% routine and manual worker adults smoke (2014)

"Support from next door"

- **Healthy lifestyle trainer service** was established in 2012. This service is delivered by Health Trainers.
- Health trainers:
  - are drawn from within local communities, and provide 'support from next door' rather than 'advice from on high'
  - are a recognised role (NHS Health Education, 2016)
  - utilise an evidence-based methodology with underpinning psychological theory. Includes the use of tools such as motivational interviewing and goal setting to facilitate a positive change in lifestyle behaviour, assess readiness to change, build self-confidence and improve self-esteem
- The service seeks to empower individuals to make positive lifestyle changes and embed healthy choices within communities
- Focus on engaging with communities and individuals who are hard to reach or exposed to inequalities in health.

HLTS: Impact

IMPROVED/INCREASED	REDUCED
Emotional wellbeing	Smoking prevalence
Physical activity	Alcohol consumption
Eating habits	Social isolation
Weight management	Health inequalities

- Since 2012, 2,500 people supported to make positive lifestyle changes in areas such as smoking, physical activity, alcohol, diet and emotional issues.
- 52% of these people were from the most deprived areas of the county
- Mean changes:
  - Wellbeing: 20% increase
  - Self efficacy: 12% increase
  - BMI: 3.5% reduction
  - Moderate physical activity: 50% increase
  - Fruit and veg consumption: 40% increase
  - Fried fatty food consumption: 55% reduction

Health protection

- Emergency planning and outbreaks – LHRP
- Immunisations and screening programmes
- Seasonal flu
- Infection Prevention Control
- Tuberculosis
- Blood Borne Viruses
- Health Protection Committee

- Example – TB case and partnership working

Service improvement plans

- 2018/19 service improvement plans: Ageing well and starting well plans
- Four broad categories:
  - Improving public health through the wider council and other Herefordshire assets
  - Ensuring good health protection;
  - Topic specific needs assessments, strategy development and action plans; and
  - Improvements in commissioned services

2018/19 service improvement plan: ageing well

High level objective
Implement an alcohol harm reduction strategy for Herefordshire
Embed Healthy Living Network across Council, with stakeholders, businesses and community groups
Embed MECC across the Council, with stakeholders and in communities
Health protection service improvements
Improve uptake of flu vaccination in residential care homes
Embed public health in council duties (Health in all policies)
NHS Health Checks review

2018/19 service improvement plan: starting well

High level objective
Improve children's dental health
Reduce childhood obesity and promote healthy weight and healthy eating
Increase uptake of immunisations and vaccinations, particularly around HPV, vulnerable communities and flu in pregnant women
Implement robust contract management processes and outcome measures for the public health nursing service
Improve reach of substance misuse service to young people

2018/19 service improvement pl

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NHS Health Checks review

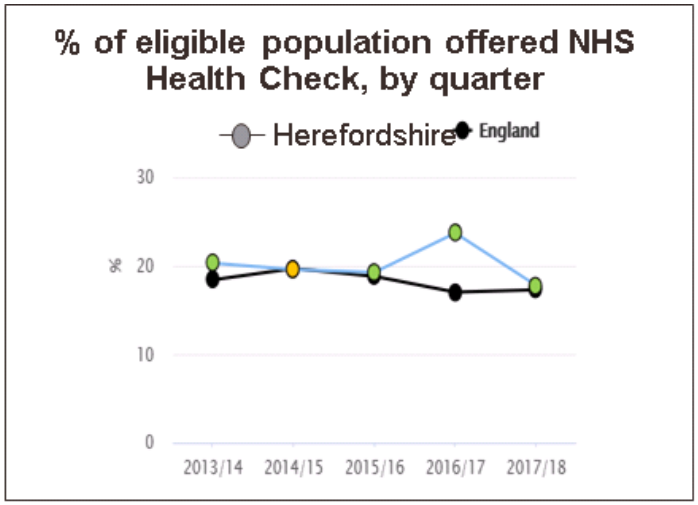
Health in all policies:

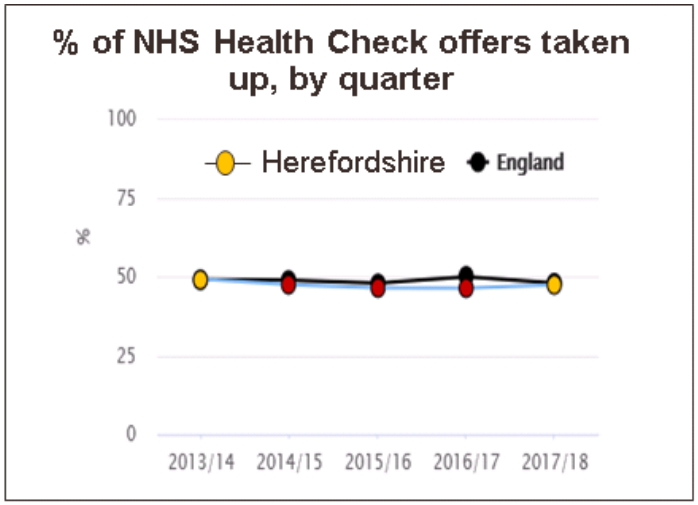
Planning:

- Development work:
  - Planning framework: Work towards inclusion of public health in local planning policy
  - Process: Protocol for triage and input from public health on applications
  - Guidance: Guidance for neighbourhood plans
- Input into consultation on key documents and applications e.g. Hereford Area Plan

2018/19 service improvement pl

NHS Health Checks Review:





- 2017/18: **18%** of eligible population offered HC
- Offer met requirement (100% over 5 years)

- 2017/18: **47% uptake** by those offered NHS HC
- Annual uptake similar or just below Eng ave

Review will look at:

- Who's taking up NHS Health Checks? By gender, age, deprivation, practice, geography
- What are the outputs and outcomes e.g. CVD risk scores, recorded actions such as advice, signposting

Inequalities

- Public health interventions can help reduce health inequalities, through for example targeting services to those most in need and/or living in the most deprived areas.
- Achievements with HLTS, ActiveHere
- Increase focus on health inequalities: e.g. immunisation for vulnerable communities, childhood obesity, children's oral health, NHS Health Checks review and JSNA

Risks and challenges

How you can help

- Small changes for yourself
- Changes for your community
- Challenge back to the Council
- Healthy Living Network

Healthwatch Herefordshire

Public Health Report

April 2018

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1. Executive Summary

The people of Herefordshire chose 'Public Health' as a topic for Healthwatch to explore in 2017/18. We focused our work on what people did to stay healthy (physically and mentally), where people go to for information and support on staying healthy, and awareness of Public Health Campaigns. These three areas formed the basis of our questions and discussions with people about Public Health.

A public survey was carried out with 55 people making comments. The survey was also carried out with 180 people from groups that have protected characteristics within the meaning of the Equalities Act 2010. In total 235 people took part in our survey. The protected characteristic of the groups of people we surveyed are:

- Young people
- People with disabilities (physical and mental health)
- People from ethnic backgrounds (eastern European and Gypsy/Roma)

More young people took part in our group work (40%) than in the public survey (4%).

In this report we have extracted data to give an overview of our findings, the full data is in Appendix 2. Appendix 1 gives the full list of questions, and lists details of abbreviations of the campaigns referred to in this report. We also have available written summaries of the work we did with equalities groups. Contact Christine Price for further information.

Staying Healthy

People took part in a wide range of activities to stay healthy, both physically and mentally.

The most popular activities people undertook to stay healthy were:

- Exercise 54%
- Time with family and friends 52%
- Eating a healthy and balanced diet 40%

The least popular activities people undertook to stay healthy were:

- Mindfulness 3%
- Dental Checks 6%
- Health Checks 12%

There were significant differences in the responses between the public and the equalities groups. (People gave multiple answers to our question 'What do you do to stay healthy?)

Percentage of responses - eating 5 a day

General Public	84%
Equalities Groups	11%

Percentage of responses - eating well

General Public	91%
Equalities Groups	24%

Percentage of responses - time with family and friends

General Public	91%
Equalities Groups	41%

People from the equalities groups identified barriers to staying healthy:

- Lack of availability of activities
- Getting to activities (transport and physical access)
- Time
- Cost

Information and support on staying healthy

Of those who answered this question, **'is there enough information available to help you keep well?'** 70% felt there was enough information available.

The equalities groups' responses varied to those of the general public, with **58% answering 'yes' compared to 79% answering 'yes' for the general public.**

We asked people **'is there enough support to help you keep well?'** Of those who answered this question we got the following responses:

Yes	44%
No	41%
Don't know	15%

Where do people go for information and support?

We asked two similar questions, **'What information or support works best for you?'** and **'Where do you go for healthy lifestyle information or support?'** We got different answers.

The most popular places for **'what works best'** were:

- GP's/medical professionals -27%
- Posters and leaflets – 26%
- TV - 20%

But the most popular places **'where do you go'** were:

- GP's/medical professionals – 43%
- On-line - 39%
- Family and friends - 35%

This may suggest that where people go for information and support is not necessarily the sources that work best for people.

Awareness of public health campaigns

Members of the public were more aware of all health campaigns than people from the equalities groups. Looking at the average awareness/recognition of campaigns per person:

- From members of the public 5.4
- From equalities groups 1.9

There were some large variations, for example 55% of members of the public who responded were aware of the 111 campaign, compared to 8% of people in the equalities groups.

The **most heard of** campaigns were:

- Change 4 Life
- FAST
- Staywell Winter

The **least heard of** campaigns were the same:

- Sepsis
- 5 Ways to Wellbeing
- Walking for Health

Where did you hear about the campaign?

Not all the campaigns are advertised/promoted in the same way. The most cited source of campaign awareness was:

- TV - 204 people
- Leaflets & Posters - 78 people
- GP/health professionals – 71 people

Effectiveness of campaigns

Campaigns that were **most used** were:

- Change 4 Life
- FAST
- 111

The **least used** campaigns were:

- Sepsis
- 5 Ways to Wellbeing
- Walking for Health

Comments about effectiveness of campaigns

The most common comments were:

FAST campaign:

- People liked the short easy to remember message.
- People liked its strong visual impact.
- People felt confident they could recognise the signs of stroke.
- Two people said following the campaign they recognised someone was having a stroke and acted.

Antibiotics campaign:

- People found the antibiotics song very catchy and effective.

Change 4 Life campaign:

- People liked and used the sugar ap.

Be Clear on Cancer campaign:

- People liked the use of colours.

Staywell winter campaign:

- People commented they did not like taking vaccinations.

111 campaign:

- People found the messaging clear and useful.

What other issues do you think there should be a campaign for, or more information available?

People from the equalities groups made the most comments, with the most common being:

- A desire for health and social care information to be in one place.
- More information on social care.
- More information on the impact of brain injury.

2. Recommendations

Staying Healthy

1. We recommend more focus on the benefits of eating a healthy and balanced diet and '5 a day' in respect of staying healthy.
2. More focus on messaging to equalities groups.
3. Consider how to offer information that encourages exercise in particular local affordable rural activities for children and accessible exercise to help disabled people and carers.
4. Children and Young People's Partnership Board to consider the comments by young people when devising action plans to deliver the new Strategy.
5. Consider putting health and wellbeing information in a variety of public places for example, shops, notice boards, Village Halls.
6. 2Gether Trust and Addaction to consider making it easier for people who need to access both services simultaneously. As well as comments received during this project Healthwatch Herefordshire has over the last three years received consistent comments about the lack of these services working together.
7. Consider providing information around improving sleep and techniques that can be used to aid better sleeping, particularly target young people and carers to explain the effects of lack of sleep on health. 26% of those who took part said they regularly got 6 hours sleep a night, during group work we received comments about people not sleeping well.
8. Mental health services to consider greater use of apps and self-help tools.
9. Review and consider public suggestions in section 6.9 to better target public health information

Public Health Campaigns

1. Review what has worked well regarding Change 4 Life, FAST, and 111 to use for other Public Health Campaigns, in particular short and catchy messaging.
2. Downloading the sugar app was very popular, consider increasing the use of Apps to encourage healthy lifestyle choices.
3. Consideration of targeting equalities groups for all Public Health campaigns.
4. Consideration of promoting alternative sources of information and support to keep well other than GP's and medical practitioners.

5. Television adverts were the most common way people heard about Public Health Campaigns, with over twice as many people citing this communication method over any other. Consider increasing Public Health messaging via TV adverts.
6. Healthy Living Pharmacies and Healthy lifestyle trainers: these resources were not well known. We recommend a review of the promotion of these services.

Public Health and the Sustainability and Transformation Plan

1. Healthwatch works across the whole health and social care system and we have been involved with the aspirations of the Sustainability and Transformation Plan (STP).

Much of STP (Sustainable Transformation Plan) is reliant on the public taking more responsibility for their overall health through increased self-care. There is a need for the public to take up this challenge to reduce pressures on the NHS.

More work needs to be done to encourage the public to take more responsibility for self-care – only 14% of those who took part in our surveys were aware of the One You campaign (this campaign encourages people to look at everyday habits and behaviours such and drinking to help adults avoid future disease caused by modern lifestyles).

Those we surveyed were reliant on the NHS for information and support for heath; GP's were the most used source of information about healthy living amongst those we surveyed.

3. Disclaimer

The views expressed in this report are representative of the participants and may not be representative of whole population views but are authentic independently gathered views.

It is hoped the report will provide a useful insight into public views on keeping healthy and Public Health Campaigns, and help improve targeting of campaigns especially to those who have additional needs.

4. Acknowledgements

Healthwatch Herefordshire would like to thank the groups and individual members of the public that shared their experiences to create this report.

Thank you to the organisations that enabled us to meet the groups they support.

Thank you also to the volunteers, organisations and staff that shared our online link to gather responses.

5. Introduction to survey results

The people of Herefordshire chose 'Public Health' as a topic for Healthwatch to explore in 2017/18. As a result, we carried out a survey from **November 2017 to March 2018**. 55 people participated in an online survey and 180 participated in groups visited. **Total 235**

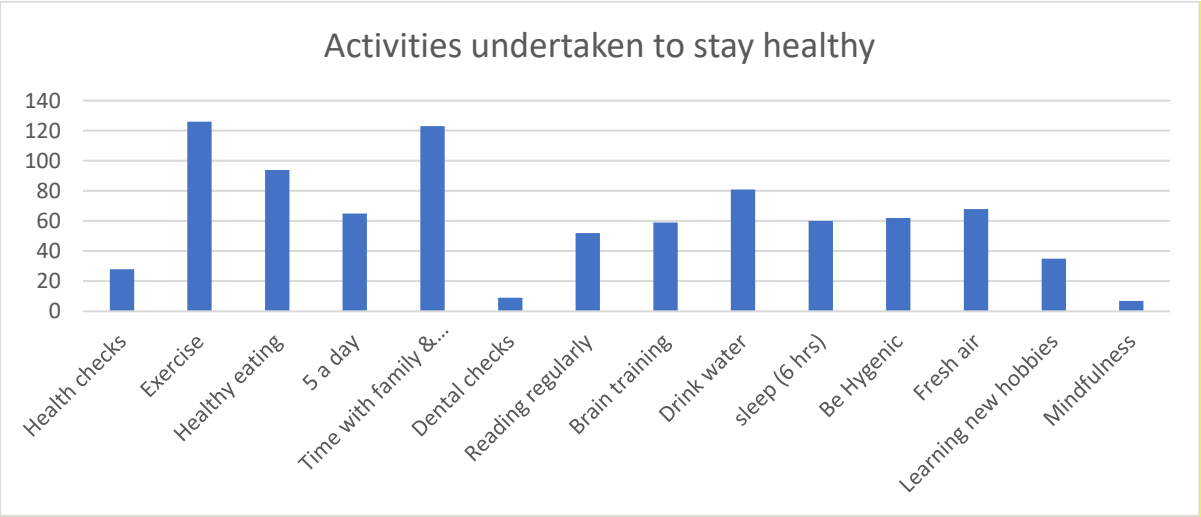
Group visited	Number of participants
ECHO – adults with a learning disability	19
Eastern European Agricultural Workers	17
Gypsy/Roma adults	16
Headway – adults with acquired brain injury	25
Headway carers	7
Herefordshire Service User Group (HSUG) adults with mental ill health	11
No Wrong Door and Close House – young people	62
St Michael's Hospice adults with a terminal illness	13
Talent Match – young people	10
General members of the public survey	55
Total participants	**235**

People who attended our groups and the public survey came from a spread across Herefordshire, with an even distribution between those living in cities/market towns and those in rural locations.

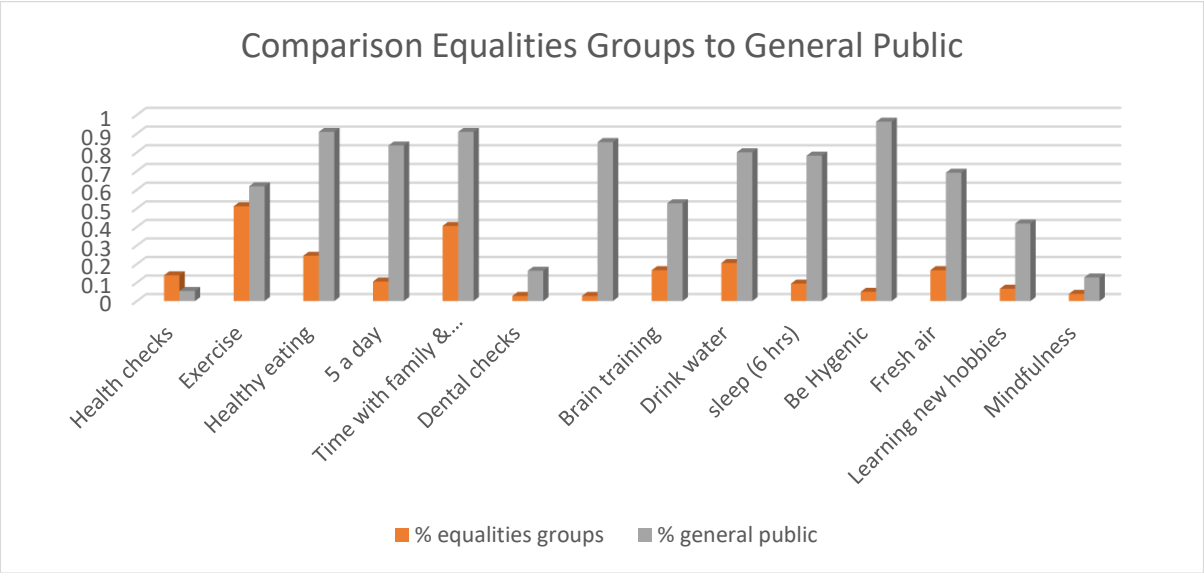
More young people took part in our group work than took part in the online survey – 40% of those who took part in our group work were young people, compared to 4% who took part in our survey.

6. What People told us.

6.1 What do you do to stay Healthy? (Multiple choice)



Members of the public were able to do more to stay healthy than those from the equalities groups:



Young people identified barriers to keeping healthy, which were:

- Lack of things to do in their community and reliant on parents to take them to activities (identified by half of the young people we spoke to).
- Parents wouldn't allow them to play outside on their own.
- Few people of their own age to play/socialise with.

"there's no one my age around here so I don't go out often and parents won't let me go out on my own"

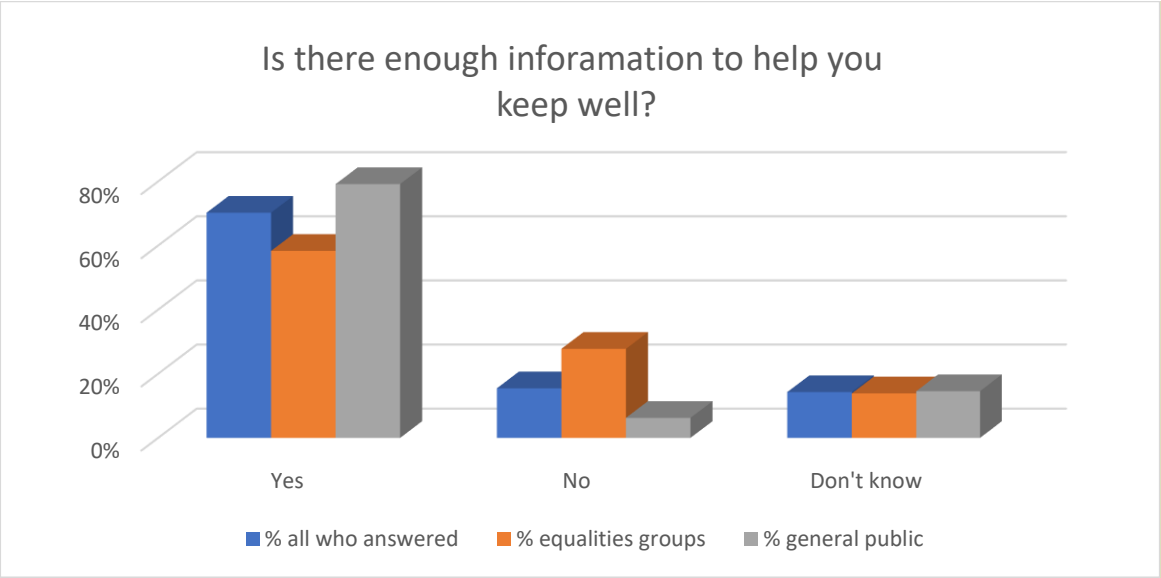
"I get really lonely out here, so I ride my bike"

Young People had a good understanding of healthy eating, half of the young people we spoke to said they ate healthily. Many commented that schools focused on healthy foods and healthy eating days. However, the comments about healthy eating were often qualified:

"I eat well and healthy when I can."

Carers at Headway did not get enough sleep due to caring responsibilities and being worried or anxious about those they cared for. This comment was made by 6 out of the 7 carers we spoke to.

6.2. Is there enough information available to help you keep well?



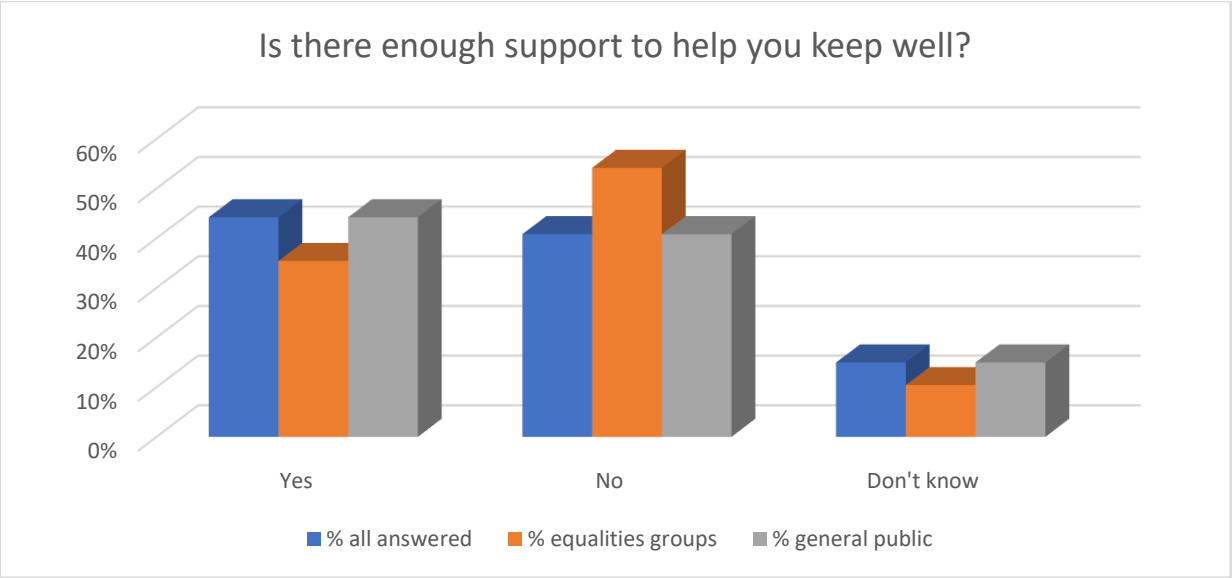
From the equalities groups, those who answered, the most common number of comments were:

- Information is confusing and often conflicting
- There is too much information
- There is not enough information
- Do not trust the information given

From members of the public:

- Information is online, but you need to know where to get it, and not everyone is on the internet
- Some advice when you are ill or have a condition, about how to improve or manage it, would be good
- Too much contradictory or spurious advice

6.3 Is there enough support to help you keep well?



Comments from equalities groups

HSUG

- I need support from Addaction and they are awful. I also have mental health issues and they can't get me both support at the same time, so I am in a terrible cycle of addiction and depression.
- We need more community run places like HSUGs and the council needs to help promote more social interaction and caring relationships and events happening.
- Too much interference into my life from the state already thank you.
- We are in 21st century, why isn't healthcare, it is so difficult to know where to go for what and why. We should use technology better and have apps, and online booking.
- Homeless are not classed as 'vulnerable' enough to get free flu jab. They have to qualify and often don't, the CCG need to think about improving access to care for homeless people.
- Homeless find it hard to access services.
- Moorfield say that they accept homeless people to authority, but when you go there they say no and their list is full so they can't help homeless people.
- Services don't talk to each other or work together. 2gether and Addaction especially.
- Mental health crisis team are not supportive, many people end up getting arrested to prevent self-harm because crisis team won't/can't help.
- Addaction are rigid, some staff don't trust people and make you feel bad about yourself by not listening to you.
- We need more independent self-accessing support, it would be good to have apps or online site where you can look at appointments and everything. It would help.
- Alcohol and addiction are public health issues, but public health team don't seem to actively work with NHS services to help resolve or make pathway better. Need to make them NHS services again.
- Reminder text messages are important for me to attend appointments at my GP. It works well. Make it compulsory.

Headway

- There isn't enough support for disabled people or carers to get healthier and exercise.
- There is information, but not enough support for older people to get out and about.
- We get a lot of support at Headway, you don't realise but there's a lot of mental health and peer support, its natural as it is a community and you feel accepted and comfortable.
- If you know where to look.
- I'd like to see more places like headway across the county that could help everyone with their health.
- Not enough NHS counselling available. You have to pay for it. There is a significant need and not enough of it.

Gypsy/Roma

- Would like more support and services in community, more services and clinics with different professions at GP like physio, asthma, diabetes etc.
- There is a lot of extra support in Herefordshire, you just have to look for it. But it is difficult to find things, there needs to be easier ways to find out about local activities, events etc.
- I take care of myself, the health visitors and GP help enough. I don't like the state interfering in my family health and care too much. It's private.
- healthy recipes and local activities and exercise for kids.

Eastern European Workers

- S&A group and EU employees requested more information about health and care be sent to their liaison team to ensure all people know what services they are entitled to and where is best to go for certain ailments.
- It's my/our responsibility to look after ourselves and our families.
- More information in the common rooms and for the liaison officers would be useful to help us know when to go and where.
- Apps and other technology devices like 'fit bits' are useful to help stay healthy.

Young people

- Not enough to do in my community.
- I get very lonely and sad, I'd prefer friends my age to talk to as I can't talk to my parents about everything. Everyone who lives out here is rich and go to clubs, we live on the estate so they don't talk to us and there is no one my age.
- Not enough stuff for young people around here, we need more things for people of all ages to do. Not just toddlers and old people.
- Don't know what information to trust, use Facebook and social media and trust what friends post more.
- More access to things like today, with health and mental health and support information and professionals to help you if you need to talk.
- More events and things to do in half term in local areas, like the no wrong door event.
- More activities and events at the village hall, we used to have a youth club but now the village hall is hardly open for young people.
- More information at local places like the shop.
- Better access to transport, free bus pass for young people so we can go to town and join clubs and events.
- Add gym equipment at the park that we can use.
- Have community health events and roadshows to bring services to rural communities and make sure people know what is available and where. Everything happens in

Hereford, it would be nice if they did events and information things across the county.

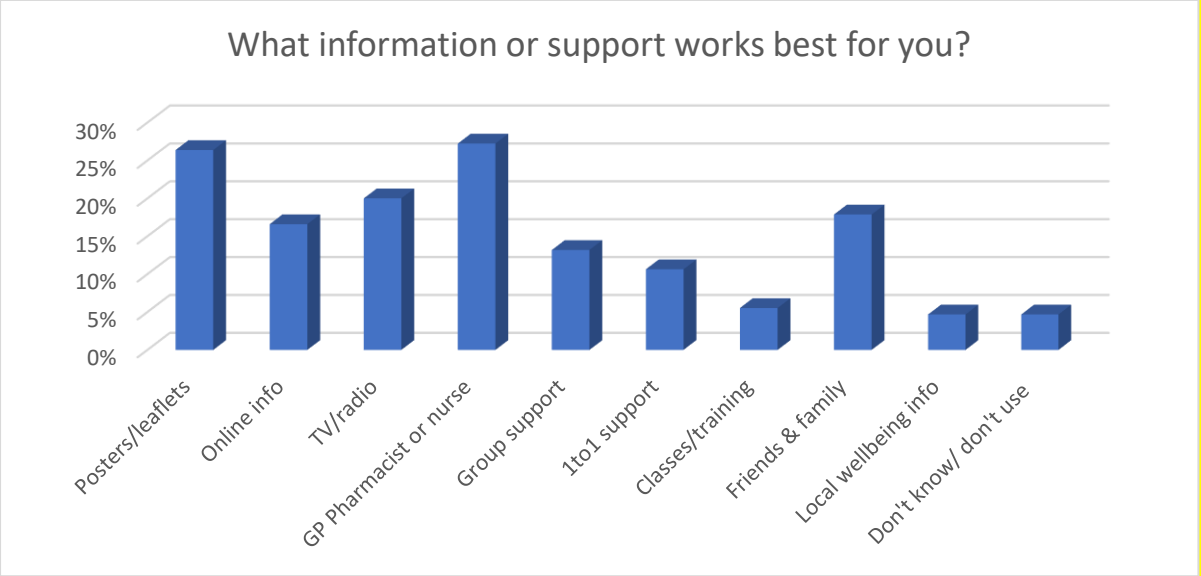
St Michaels Hospice

- Loss of the family doctor. Used to have a family doctor who knew you and your family, and they diagnosed conditions faster, they seemed to care more and took time to make sure they settled any worries. Now it is like a factory with sick people going in, getting a tick in a box and coming out just as confused. It's not their fault, but GP's don't have time to give the proper care patients need and it will impact on everyone's health, it already does when we can't get appointments on time or with the same GP.

Members of the public

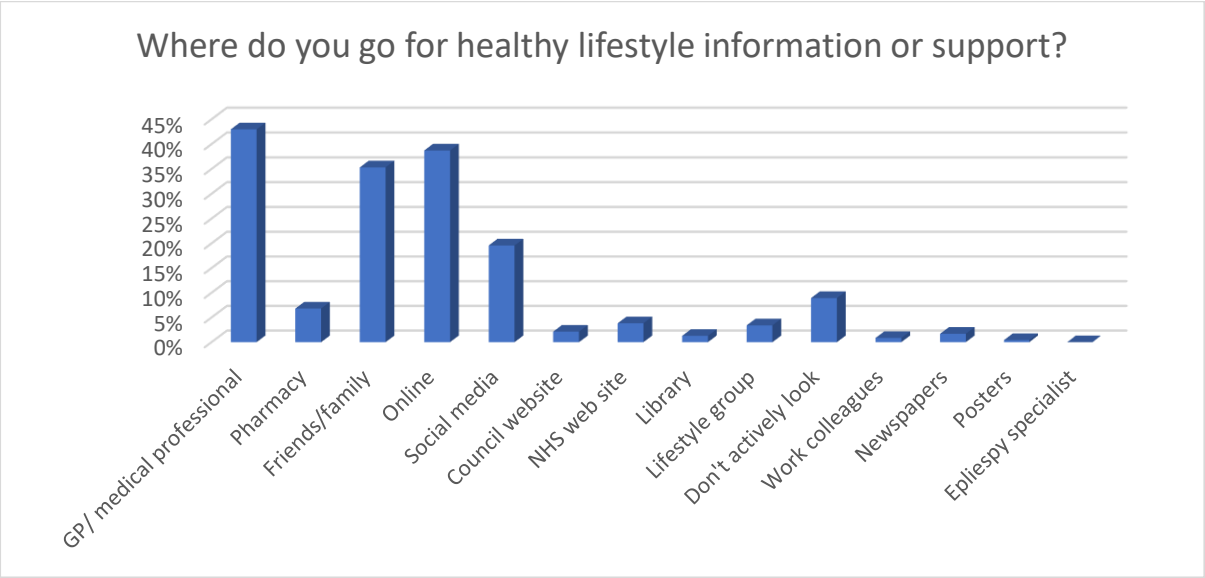
- The quality of support varies, and you need to qualify to get some support.
- There is support if you are prepared to wait.

6.4 What information or support works best for you? (multiple choice)



GP, Pharmacists/nurses were most popular source that works best for people, followed by posters/leaflets. However, the important message is that different methods of information and support delivery suit different people, there is not one overall clear source of information and support that works best for everyone.

6.5 Where do you go for healthy lifestyle information or support? (multiple choice)

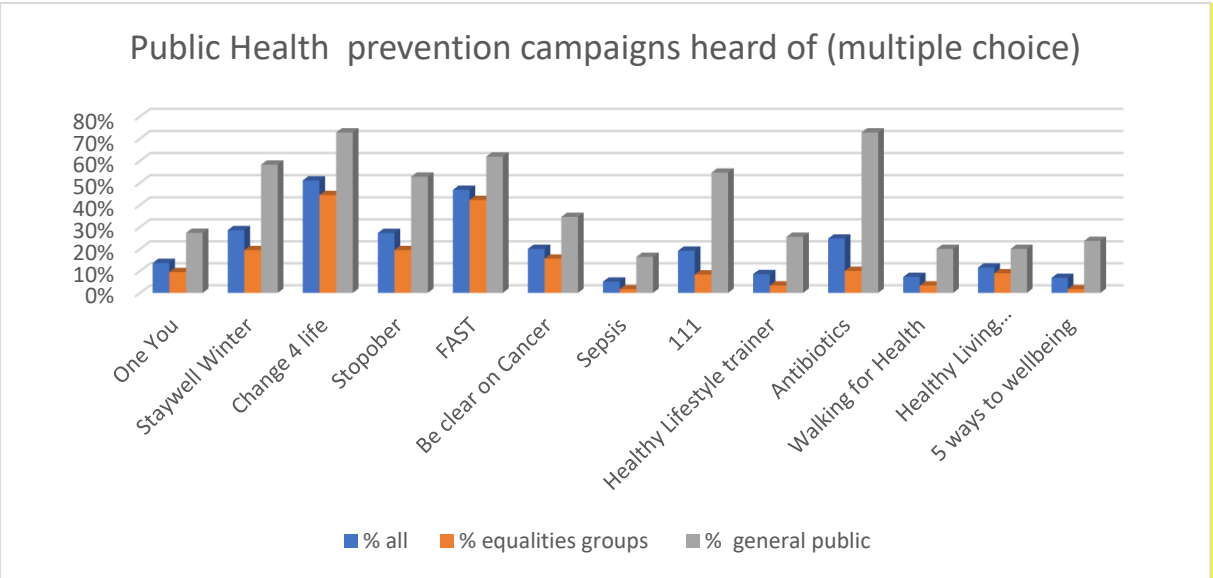


6.6 Which of the following public health or prevention campaigns are you aware of? (multiple choice)

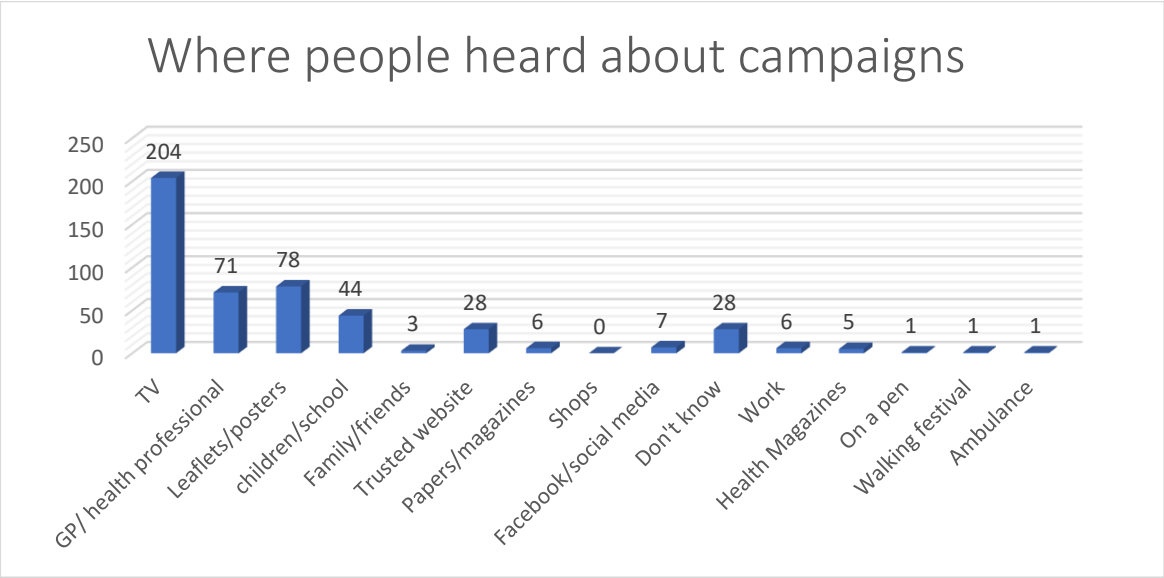
Members of the public were more aware of all health campaigns than people in the equalities groups (average of 1.9 campaigns aware of per person).

We had a high number of people who did not answer this question, from both our equalities groups and the public survey – 60% of all those who took part in the survey did not answer this question. This could be interpreted as a lack of awareness of Public Health Campaigns (average of 5.4 campaigns aware of per person).

Of those who answered this question we received the following responses:

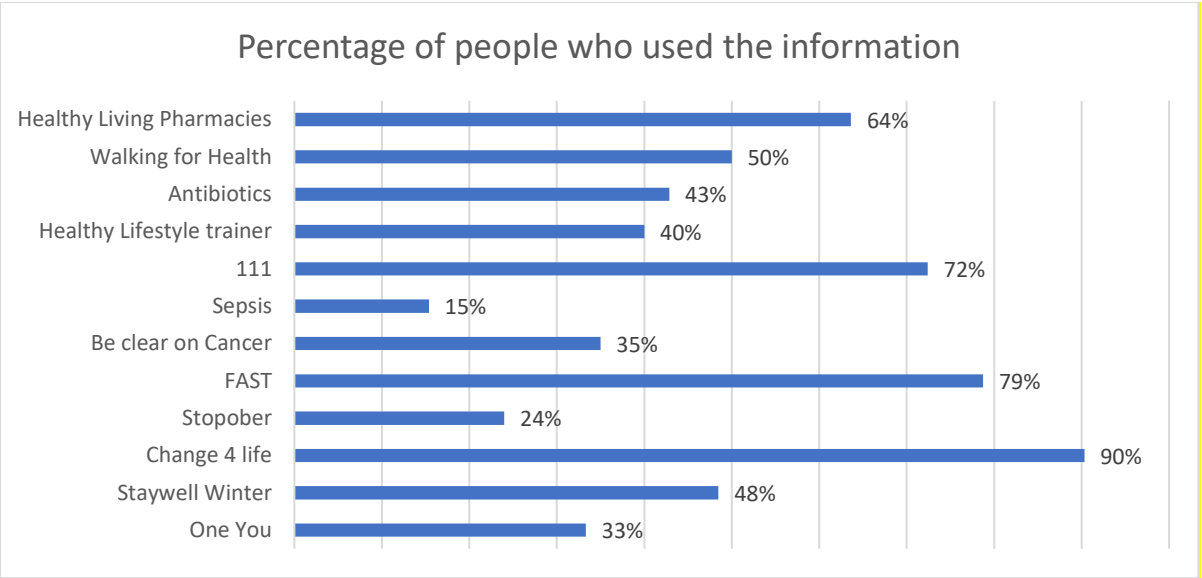


6.7 Where people heard about public health campaigns.



The campaigns did not all use the same communication channels.

6.8 People were asked if they heard about a campaign, did it have an impact/make a difference?



Comments received about the campaigns:

The number of comments were reflective of level of awareness of the campaigns. The following are a section representative of the comments we received:

Downloading app's was popular, especially the sugar app.

One You

- Used the alcohol checker app and food checker app to help with diet/sugar intake as diabetic.
- GP gave me the leaflet and information to help with weight loss and alcohol consumption. Used the app and am trying to lose weight anyway.
- Didn't make a difference, no call to action.
- Downloaded the apps to help with healthy eating.
- Able to make better choices for myself now and in the future.

Staywell Winter

- Helped us to understand which services we should use for things. But could be clearer and more local information, it's a bit vague.
- Don't want to get flu jab, don't believe in it.
- Made me get flu jab (twice as many comments received about getting a flu jab as not believing in flu jabs).
- doesn't tell you anything I didn't already know.

Change 4 Life

- Made me think about sugar but too many children to constantly know what they are eating.
- Downloaded the sugar app and recipes because trying to diet and lose weight and it's healthy for the kids.
- Made us think about sugar and look for alternatives, but it doesn't make you commit to anything so easy not to follow through.
- Mum got the sugar counting app.
- School follows the campaign and I try to use the sugar smart app when shopping, but it doesn't come naturally.
- School made us make recipes and take home, got me interested in food.
- School follows the campaign and I try to use the sugar smart app when shopping, but it doesn't come naturally.
- Got the sugar app as I have diabetes.
- Got the alcohol consumption and exercise app to help me get healthy and manage my drinking, it's a useful app but there are better ones which tell you the sugar/calories in the alcohol and give more incentive to cut down.

Stopober Very few comments received on Stopober.

- Trying to quit, now working with the GP and HLTS to get prescription to help stop smoking.
- Smoking is all I have left.
- I don't smoke

FAST

- Would know how to identify a stroke now and what to do.
- Remember it, short easy to understand and good emotive visuals. Confident could identify a stroke.
- Made a difference, my partner knew I was having a stroke because of the campaign and got me help.
- Strong, emotive, almost everyone has seen it, and knows about it.
- Vivid, easy to remember, short words and bright colours and images to relate to. Easy to follow and understand.
- It has a really strong image and tells you what to do.

Be Clear on Cancer

- Branding on GP reminder letter for cancer test (smear, breast, bowel), strong lettering, professional image, identifying colours for each type of cancer.
- I remember their letter had a pink stamp. Helps to understand the condition.
- TV advert is strong, emotive and trustworthy.
- Promotional materials and arm bands help reach wide communities.
- You can spot the signs, easy to understand and a simple design.
- Too many cancer events that can confuse, is stand up to cancer part of be clear on cancer?
- I heard about the campaign from my child's arm band and cake day fundraiser.
- Now check myself for symptoms of cancers.
- Easy to understand and identify different cancers due to the colour differences. Like the professional picture, stamp and not too much writing.
- Went and got a check-up because I had symptoms.

Sepsis

- I saw the advert, it seemed emotive and very strong colours grab attention. However, I don't understand what sepsis is. Too wordy, confusing symptoms which can be signs of many other illnesses. It would be better with an acronym or shorter description like FAST.

111

- Did make a difference as I called 111 when child had breathing difficulty/chest infection.
- Don't like it, they ask lots of questions and the people don't know anything, they are not very re-assuring and the doctor takes ages to call back. They also wouldn't give me all the information for my child because we have different surnames. I understand, but I needed to know which inhaler my child had on prescription for what issue. They wouldn't even tell me, I used google in the end and then took them to hospital.
- Used 111 when needed urgent health care, they were very good and helpful.
- It was a bit frustrating but did get me an appointment quickly and another time sent me to hospital.
- Could make the answer system easier, some questions are not needed.
- Used 111 when friend overdosed, they were good and got ambulance just as fast as 999.

- Used 111 because GP told me it's best to use out of hours for urgent care or advice. But the reception staff are difficult, and the system is frustrating. I was calling to get a GP appointment on a weekend, but they made me go through all the security list about symptoms.
- Negative impact, sent ambulance when I didn't need one and then I got arrested for breach of the peace because I was suicidal. 111 staff need more training on mental health, or we need a better crisis team.

Healthy Lifestyle Trainers

- No comments received.

Antibiotics

- Made think twice about taking antibiotics.
- The song is very catchy and reminds you of the message.

Walking for Health

- I used to go to a group but am now too unwell.

Healthy Living Pharmacies

- No comments received

6.9. Are there any other issues you think there should be a campaign for, or more information available?

Of those that answered this question:

- No issue identified - 6
- Health and social care information in one place - 4
- More information on Social Care - 4
- More information on brain injuries - 2
- Many professionals don't know how to deal with autism and how to relate to autistic children. The general public are even worse, they should have more promotion of unseen conditions which make people different or affect their health or lives. If services were autism friendly and made sure they did the best for autistic people and ran a campaign with staff and posters in services, it would help improve everything else for autistic and other people with unseen conditions.
- Testicular cancer - Prevent young testicular cancer. Need proper sex education in school at a younger age and not just sixth form.
- Invisible disabilities: Building respect for the human body and human beings. Respect and dignity for other people. Help people to understand silent or invisible illness/disabilities.
- Addiction. Normalise addiction and help destigmatise it to encourage people to seek help.
- Perhaps the antibiotic campaign should be directed at lazy doctors who prescribe medicines without even checking symptoms.
- Mental Health.

- More information on common conditions….when to get help and when to self -help.
- Prevention of avoidable sight loss.
- Social Prescribing.
- Cervical screening.
- Walking for younger people.
- Smear tests for young people.
- Use of pharmacies.
- Diabetes and the difference between type 1 and 2.
- Breastfeeding.
- More lifestyle based campaigns, ways to boost your immunity.

Appendix 1

Public Health Survey Questions - our questions

1. What do you do to stay Healthy? (multiple choice)

Regular health checks

Regular Exercise

Eating a healthy and balanced diet

5 fruit and veg. a day

Spending time with family and friends

Regular dental checks

Reading

Brain training: puzzles, quizzes & crosswords

Sleep (6 hrs a night)

Be hygienic, wash hands regularly

Drinking lots of water (6-8 glasses)

Other

2. Is there enough information available to help you keep well?

Yes No Don't know Other

3. Is there enough support to help you keep well?

Yes No Don't know Other

4. What information or support works best for you? (multiple choice)

Information posters or leaflets

Trusted information online

Trusted information on TV or Radio

Information or advice from a GP, Pharmacist or Nurse

Group Support

One to one personal support

Classes or training

Advice from friends and family

Local wellbeing info drop in (e.g. library, WISH)

I don't know/I've never used info. or support

Other

5. Where do you go for healthy lifestyle information or support? (multiple choice)

GP or medical professional

Pharmacy

Friends and family

Online: trusted websites e.g. NHS Choices

Online: Social media e.g. Facebook/Twitter

Council website

NHS Website: e.g. WVT or CCG

Library

Lifestyle group e.g. slimming world

WISH service

I don't actively look

Don't know

Other

6. Which of the following public health or prevention campaigns are your aware of? (multiple choice)

One You

Stay Well This Winter

Change 4 Life

Stoptober

FAST Stroke Awareness

Be Clear on Cancer

Sepsis Awareness

NHS 111

Walking for Health

Healthy Lifestyle Trainer Service

Healthy Living Pharmacy

6.A. Did the campaign selected from the list have an impact/make a difference?

7. Which of the campaigns have you used and how did you hear about them? (Multiple choice)

GP/ health professional

Leaflets/posters

Family/friends

School Family/friends

Local Papers

Shops

Facebook

Don't know

Not heard of

No answer

8. If you saw or heard about the campaign more than one way, please choose the method which you remember and that had the largest impact on you

Used Not Used

9. Are there any other issues you think there should be a campaign for, or more information available?

Public Health Campaigns

One You

The campaign encourages people to look at everyday habits and behaviours such and drinking to help adults avoid future disease caused by modern lifestyles.

Stay Well This Winter

This campaign aims to ease seasonable pressure on the NHS urgent care and emergency services, it is designed to reduce the number of people who become so ill that they require admission to hospital.

Change 4 Life

This campaign aims to reduce the amount of sugar children consume, by helping parents reduce children's sugar intake. The campaign incorporates the use of 'app' – free downloadable software for mobile phones that allow people to scan food products and get information on nutritional information. The apps available have been 'sugar smart' and 'be food smart', now replaced with 'food scanner'. The apps are available via the Public Health web site, iTunes store and Google Play.

Stoptober

This campaign aims to help people stop smoking in October. It is based on research that shows if you can stop smoking for 28 days, you are five times more likely to stay smoke free for good.

FAST Stroke Awareness

This campaign highlights that a stroke is a medical emergency and the public are urged to take symptoms seriously and call 999 immediately. The FAST acronym helps people identify the symptoms of a stroke F=has their face fallen on one side, can they smile? A= can they raise both arms and keep them there? S=Speech, is their speech slurred? T=Time to act call 999 if you see any one of these signs.

Be Clear on Cancer

This campaign aims to improve early diagnosis of cancer by raising public awareness of the signs and or symptoms of cancer and to see their GP's without delay.

Sepsis Awareness

This campaign aims to raise the awareness of sepsis, and to support early diagnosis of sepsis amongst parents/carers of children age 0-4.

NHS 111

This campaign aims to raise public awareness of the NHS 111 service and to relieve pressure on Accident and Emergency departments at hospitals. Via 111 people can receive clinical assessments and be directed to the most appropriate local service for their medical needs.

Walking for Health

This campaign encourages people to walk to improve their health and encouraged the development of community led walking groups throughout the country.

Healthy Lifestyle Trainer Service

Provided by Herefordshire Council, the service supports people to loose weight, eat healthier, get fitter, stop smoking and cut down on alcohol. It provides induvial support to people, helping them to plan their own goals to improve their health.

Healthy Living Pharmacy

These are pharmacies that meet the Public Health quality mark; they must demonstrate a healthy living ethos, and a proactive approach to health and health improvement. They must have a health champion, and undergone leadership training. Pharmacies that are awarded the quality mark can qualify for additional income via the Department of Health

Appendix 2

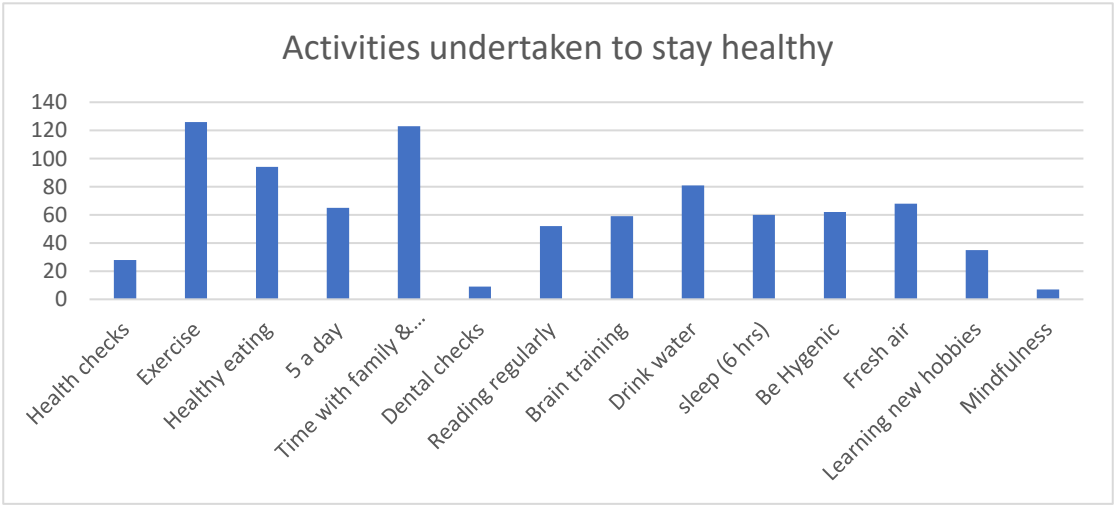
Q1 What do you do to stay well and healthy? **(multiple choice)**

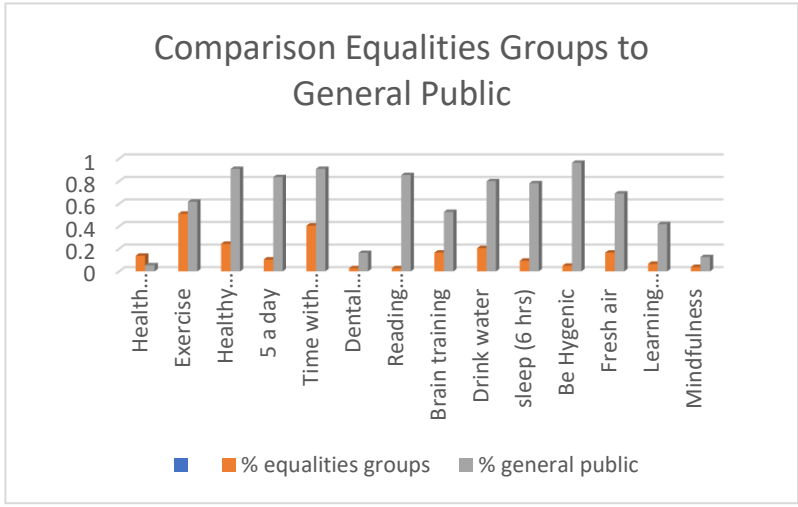
	Participants	Health checks	Exercise	Healthy eating	5 a day	Time with family & friends	Dental checks	Reading regularly	Brain training	Drink water	sleep (6 hrs)	Be Hygienic	Fresh air	Learning new hobbies	Mindfulness
No Wrong door	62	1	32	6	1	20	0	3	3	2	6	9	9	7	1
Gypsy/Roma	16	0	5	1	1	4		0	0	5	0	0	9	0	1
ECHO	19	19	10	19	6	19		0	19	7	6	0	0	5	0
Headway	25	0	12	8	2	10		0	2	7	0	0	0	0	0
Headway carers	7	0	4	5	7	7		0	3	5	2	0	1	0	2
St Michaels Hospice	13	0	8	1	0	1		0	0	1	0	0	0	0	0
HSUG	11	0	8	0	0	8		0	0	0	0	0	7	0	2
Eastern European Workers	17	0	5	4	1	4		2	0	5	0	0	4	0	1
Talent March	10	5	8		1		5		3	5	3				
Sub total	**180**	**25**	**92**	**44**	**19**	**73**	**5**	**5**	**30**	**37**	**17**	**9**	**30**	**12**	**7**
Public survey	55	3	34	50	46	50	9	47	29	44	43	53	38	23	0
TOTALS	**235**	**28**	**126**	**94**	**65**	**123**	**14**	**52**	**59**	**81**	**60**	**62**	**68**	**35**	**7**
YP from equalities groups	**72**	**40%**													

	Health checks	Exercise	Healthy eating	5 a day	Time with family & friends	Dental checks	Reading regularly	Brain training	Drink water	sleep (6 hrs)	Be Hygienic	Fresh air	Learning new hobbies	Mindfulness

total % taking part in activities	**12%**	**54%**	**40%**	**28%**	**52%**	**6%**	**22%**	**25%**	**34%**	**26%**	**26%**	**29%**	**15%**	**3%**
	Health checks	**Exercise**	**Healthy eating**	**5 a day**	**Time with family & friends**	**Dental checks**	**Reading regularly**	**Brain training**	**Drink water**	**sleep (6 hrs)**	**Be Hygienic**	**Fresh air**	**Learning new hobbies**	**Mindfulness**
% equalities groups	14%	51%	24%	11%	41%	3%	3%	17%	21%	9%	5%	17%	7%	4%
% general public	**5%**	**62%**	**91%**	**84%**	**91%**	**16%**	**85%**	**53%**	**80%**	**78%**	**96%**	**69%**	**42%**	**13%**

Health checks	**Exercise**	**Healthy eating**	**5 a day**	**Time with family & friends**	**Dental checks**	**Reading regularly**	**Brain training**	**Drink water**	**sleep (6 hrs)**	**Be Hygienic**	**Fresh air**	**Learning new hobbies**	**Mindfulness**
28	126	94	65	123	9	52	59	81	60	62	68	35	7





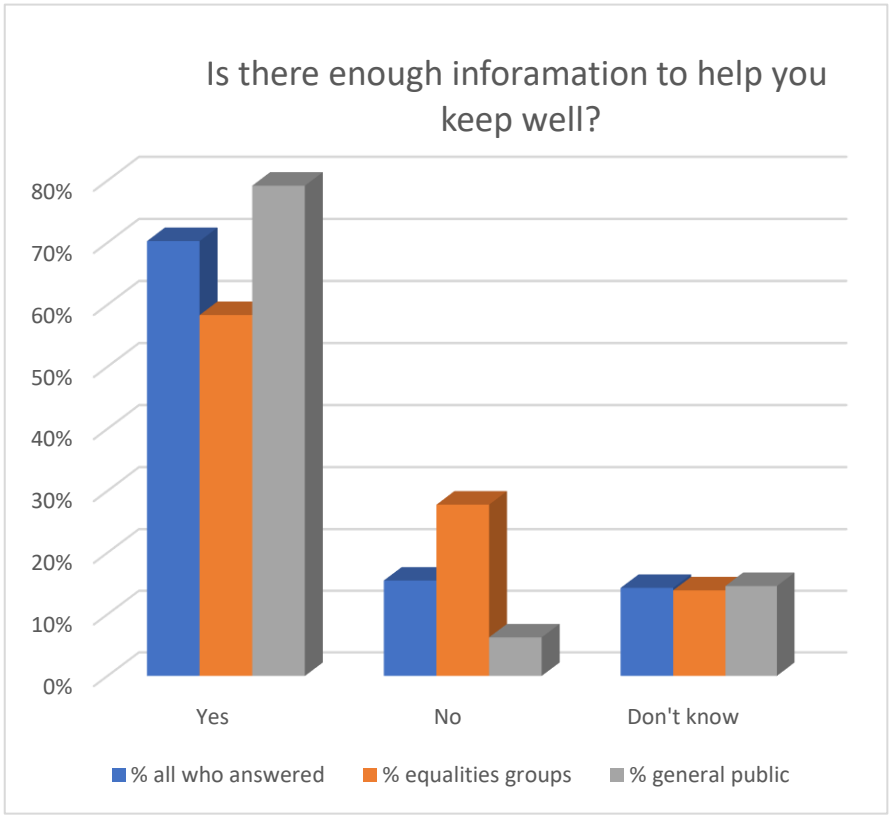
Q2 Is there enough information available to help you keep well?

		Yes	No	Don't know	Answer	No answer
No wrong door	62	7	1		8	54
Gypsy/Roma	16	2	1	1	4	10
ECHO	19	2	2		4	15
Headway	25				0	25
Headway carers	7	3	2		5	2
St Michaels Hospice	13				0	13
HSUG	11				0	13
Talent Match	10	1	4	4	9	1
Eastern European Workers	17	6			6	11
Sub total	**180**	**21**	**10**	**5**	**36**	**144**
Public survey	55	38	3	7	48	7
TOTALS	**235**	**59**	**13**	**12**	**84**	**151**

	Yes	No	Don't know
% all who answered	**70%**	**15%**	**14%**
% equalities groups	**58%**	**28%**	**14%**
% general public	**79%**	**6%**	**15%**

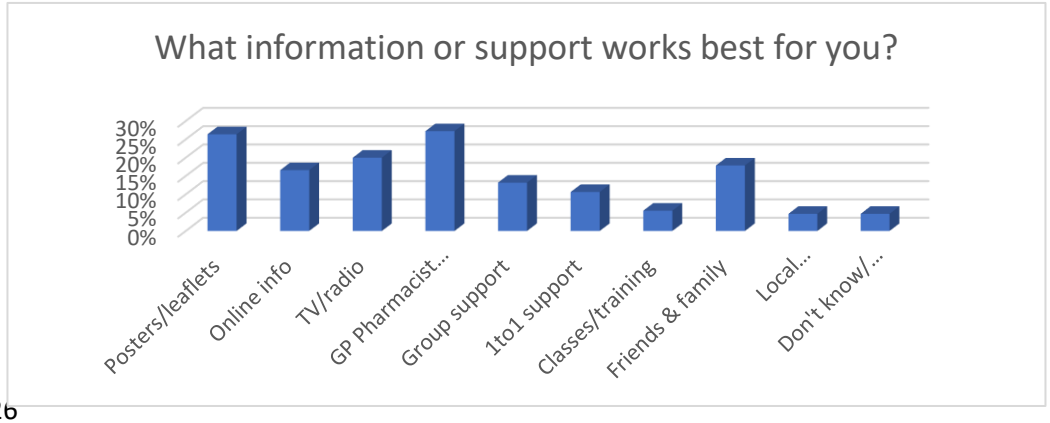
Q3 Is there enough support to help you keep well?

		Yes	No	Don't know	Answered	No answer
No wrong door	62	7	17	6	30	32
Gypsy/Roma	16	3	9	4	16	
ECHO	19				0	19
Headway	25	7	10		17	8
Headway carers	7		2		2	5
St Michaels Hospice	13				0	13
HSUG	11	4	4		8	3
Eastern European Workers	17	13			13	4
Talent Match	10		10		10	
Sub total	180	**34**	**52**	**10**	**96**	**84**
Public survey	55	31	8	12	51	4
TOTALS	**235**	**65**	**60**	**22**	**147**	**88**
		Yes	**No**	**Don't know**		
% all answered		**44%**	**41%**	**15%**		
% equalities groups		**35%**	**54%**	**10%**		
% general public		**44%**	**41%**	**15%**		



Q4 What information or support works best for you? **(multiple choice)**

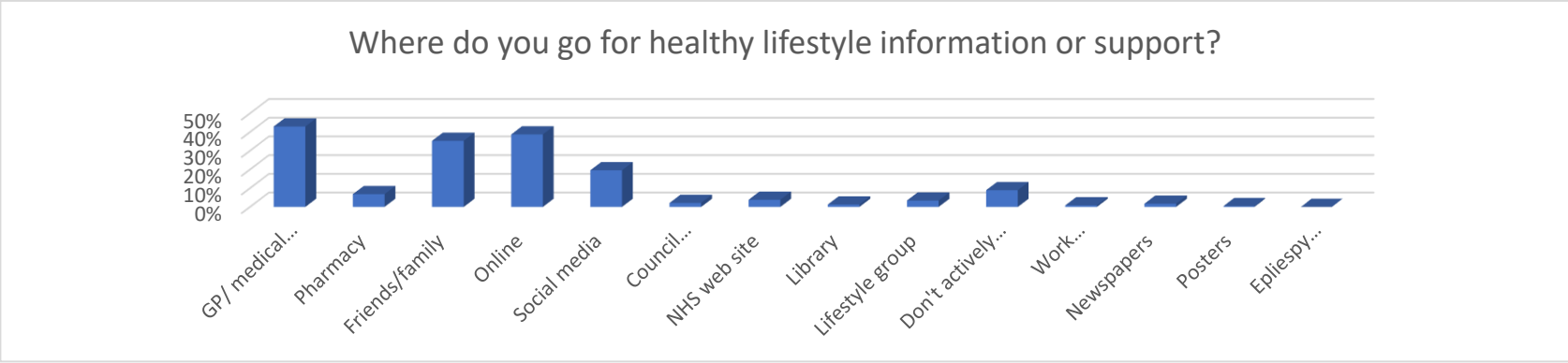
		Posters/leaflets	Online info	TV/ radio	GP Pharmacist or nurse	Group support	1to1 support	Classes/ training	Friends & family	Local wellbeing info	Don't know/ don't use	Answered
No Wrong door	62	6	6	1	1				4	1	5	24
Gypsy/Roma	16				1							1
ECHO	19	19		19	19	19	1	2	6	4		89
Headway	25	5		12	6		12					35
Headway carers	7	3	2	1	2					2		10
St Michaels Hospice	13											0
HSUG	11	7	2			1			5			15
Talent Match	10	0	2	1	4	5	5	3	4	0	2	26
Eastern European Workers	17		1									1
Sub total	**180**	**40**	**13**	**34**	**33**	**25**	**18**	**5**	**19**	**7**	**7**	**201**
Public survey	55	**22**	26	13	31	6	7	8	23	4	4	144
TOTALS	**235**	**62**	**39**	**47**	**64**	**31**	**25**	**13**	**42**	**11**	**11**	345
What works best?		Posters/leaflets	Online info	TV/radio	GP Pharmacist or nurse	Group support	1to1 support	Classes/training	Friends & family	Local wellbeing info	Don't know/ don't use	
Totals % answered		**26%**	**17%**	**20%**	**27%**	**13%**	**11%**	**6%**	**18%**	**5%**	**5%**	



Q5 Where do you go for healthy lifestyle information or support (multiple choice)

		GP/ medical professional	Pharmacy	Friends / family	Online	Social media	Council website	NHS web site	Library	Lifestyle group	Don't actively look	Work colleagues	Newspapers	Posters	Epilepsy specialist
No Wrong Door	62	39		39	24	22	0	0	0	0	0	0		0	0
Gypsy/Roma	16	3	1	1	4	0	0	0	0	0	10	0	0	0	0
ECHO	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Headway	25	20	4	14	0	0	0	0	0	0	0	0	0	0	0
Headway carers	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St Michaels Hospice	13	4	0	2	5	0	0	0	0	0	0	2	3	1	0
HSUG	11	4	0	0	9	9	0	0	0	0	0	0	1	0	0
Talent match	10	4	1	4	4	2	1	2	0	1	0	0	0	0	1
Eastern European Workers	17	1	0	7	7	1	1	0	0	0	0	0	0	0	0
sub total	**180**	**75**	**6**	**67**	**53**	**34**	**2**	**0**	**0**	**0**	**10**	**2**	**4**	**1**	0
Public survey	55	26	10	16	38	12	3	9	3	8	11	0	0	0	0
TOTALS	**235**	**101**	**16**	**83**	**91**	**46**	**5**	**9**	**3**	**8**	**21**	**2**	**4**	**1**	**0**

	GP/ medical professional	Pharmacy	Friends /family	Online	Social media	Council website	NHS web site	Library	Lifestyle group	Don't actively look	Work colleagues	Newspapers	Posters	Epilepsy specialist
% totals	**43%**	**7%**	**35%**	**39%**	**20%**	**2%**	**4%**	**1%**	**3%**	**9%**	**1%**	**2%**	**0%**	**0%**



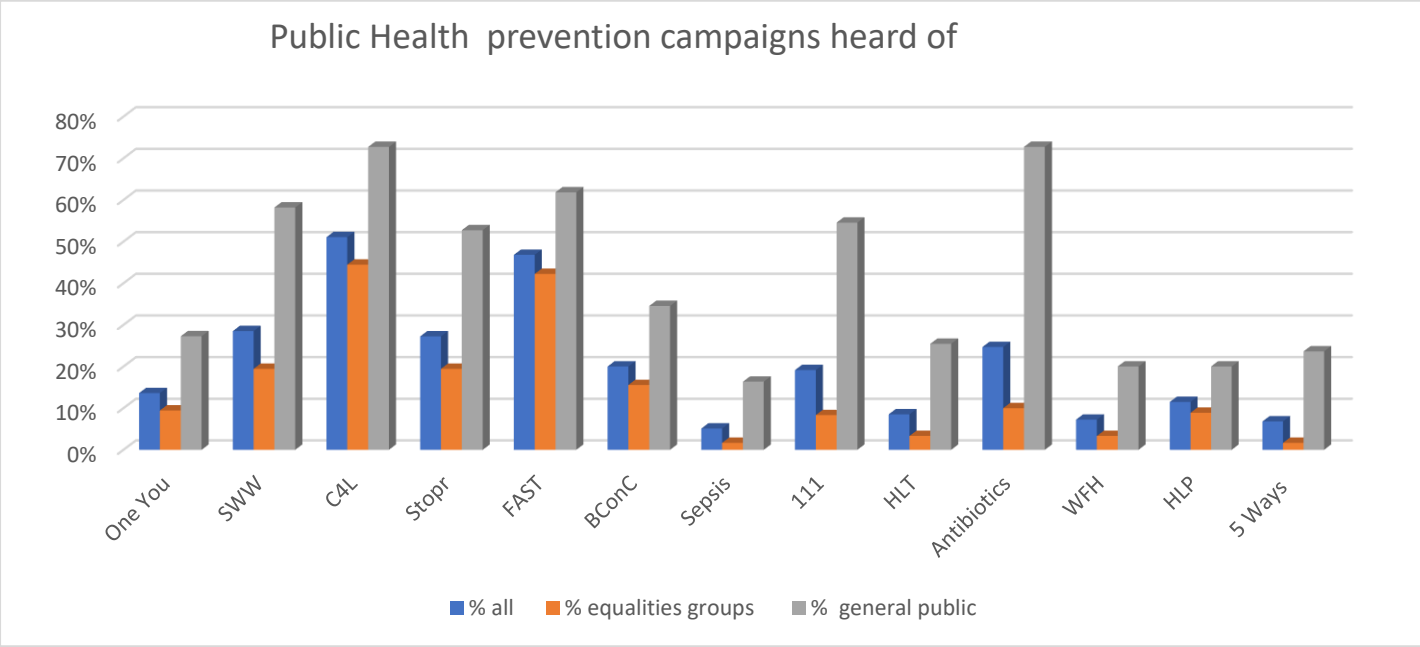
Q6 Public Health prevention campaigns heard of (multiple choice)

		One You	Staywell Winter	Change 4 life	Stopober	FAST	Be clear on Cancer	Sepsis	111	Healthy Lifestyle trainer	Antibiotics	Walking for Health	Healthy Living Pharmacies	5 ways to wellbeing	Total campaigns heard of
No Wrong Door	62	0	4	41	10	8	5	0	5	0	5	0	5	0	83
Gypsy/Roma	16	3	7	0	0	11	3	1	2	0	0	0	0	0	27
ECHO	19	0	4	10	7	12	7	0	3	1	4	2	7	0	57
Headway	25	3	10	7	11	20	0	0	0	0	0	0	0	0	51
Headway carers	7	0	3	5	1	6	4	0	4	3	5	2	2	0	35
St Michaels Hospice	13	0	1	1	1	1	2	2	1	0	0	0	0	0	9
HSUG	11	8	3	3	0	9	3	0	0	0	0	0	0	1	27
Eastern European Workers	17	1	3	4	0	3	0	0	0	0	0	1	0	0	12
Talent Match	10	2	0	9	5	6	4	0	3	2	4	1	2	2	40
Sub total	**180**	**17**	**35**	**80**	**35**	**76**	**28**	**3**	**15**	**6**	**18**	**6**	**16**	**3**	338
Public survey	55	15	32	40	29	34	19	9	30	14	40	11	11	13	297
TOTALS	**235**	**32**	**67**	**120**	**64**	**110**	**47**	**12**	**45**	**20**	**58**	**17**	**27**	**16**	**635**

	One You	SWW	C4L	Stopr	FAST	BConC	Sepsis	111	HLT	Antibiotics	WFH	HLP	5 Ways
% all	**14%**	**29%**	**51%**	**27%**	**47%**	**20%**	**5%**	**19%**	**9%**	**25%**	**7%**	**11%**	**7%**
% equalities groups	**9%**	**19%**	**44%**	**19%**	**42%**	**16%**	**2%**	**8%**	**3%**	**10%**	**3%**	**9%**	**2%**
% general public	**27%**	**58%**	**73%**	**53%**	**62%**	**35%**	**16%**	**55%**	**25%**	**73%**	**20%**	**20%**	**24%**

average campaigns heard of

Equalities Groups	**1.9**
General Public	**5.4**

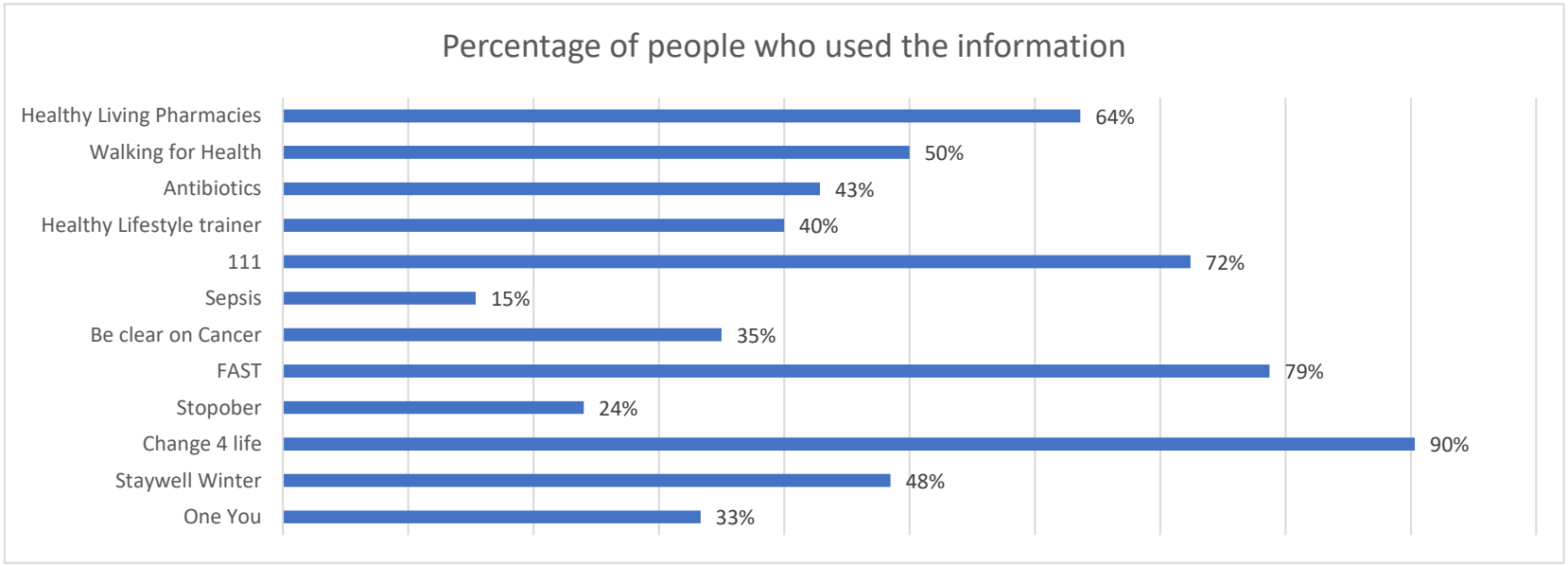

Public Health prevention campaigns heard of
80%
70%
60%
50%
40%
30%
20%
10%
0%
One You
SWW
C4L
Stopr
FAST
BConC
Sepsis
111
HLT
Antibiotics
WFH
HLP
5 Ways
% all
% equalities groups
% general public

Q6A Was the information used? (If heard of the campaign)

All groups combined

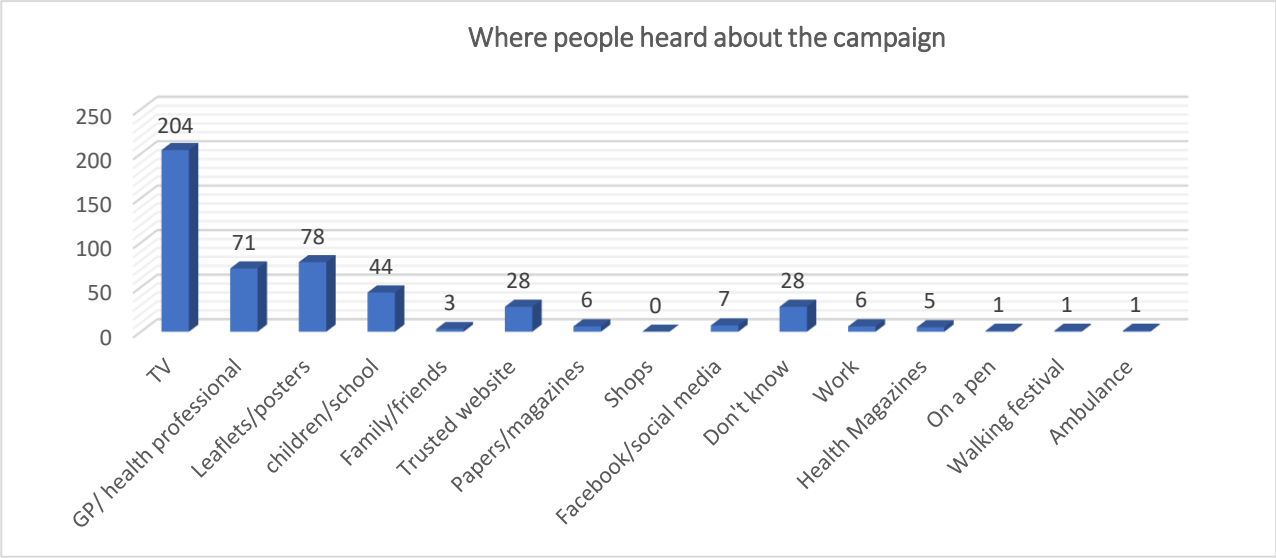
	One You	Staywell Winter	Change 4 life	Stopober	FAST	Be clear on Cancer	Sepsis	111	Healthy Lifestyle trainer	Antibiotics	Walking for Health	Healthy Living Pharmacies
Used (made a difference)	9	16	28	6	37	7	2	21	4	9	7	7
Not used (did not make a difference)	18	17	3	19	10	13	11	8	6	12	7	4
TOTALS	**27**	**33**	**31**	**25**	**47**	**20**	**13**	**29**	**10**	**21**	**14**	**11**

	One You	Staywell Winter	Change 4 life	Stopober	FAST	Be clear on Cancer	Sepsis	111	Healthy Lifestyle trainer	Antibiotics	Walking for Health	Healthy Living Pharmacies
Percentage used	33%	48%	90%	24%	79%	35%	15%	72%	40%	43%	50%	64%



Q7Where did you hear about the campaigns? **(multiple choice)** **All groups combined**

	total count	One You	Staywell Winter	Change 4 life	Stopober	FAST	Be clear on Cancer	Sepsis	111	Healthy Lifestyle Trainer	Antibiotics	Walking for Health	Healthy Living Pharmacies	5 ways to wellbeing
TV	204	3	16	24	26	67	24	1	11		22	4	4	2
GP/ health professional	71	6	11	8	15	3	4	4	9	5	3	1	2	
Leaflets/posters	78	2	15	9	5	11	4	5	8	5	8		5	1
children/school	44		1	32	11									
Family/friends	3	1					1						1	
Trusted website	28	2	4	3		1	2	2	4	1	2	1	2	4
Papers/magazines	6		1		1			2			1	1		
Shops	0													
Facebook/social media	7		2	2		1	1	1						
Don't know	28		2	10	4		2		3		3		4	
Work	6	4		2										
Health Magazines	5				**2**								**2**	**1**
On a pen	1		**1**											
Walking festival	1											**1**		
Ambulance	1								**1**					
Totals		**18**	**53**	**90**	**64**	**83**	**38**	**15**	**36**	**11**	**39**	**8**	**20**	**8**



Q8 Any issues that should have a campaign or more information desired

Yes	34
No	58
Don't know	4
Not answered	158

Campaigns desired

Antibiotic campaign aimed at GP's	1
Brain injuries	2
Breastfeeding	1
Cervical Screening	1
Dementia awareness	1
Diabetes	1

Disposal of medication	1
Health and social care info in one place	4
Immunisation	1
Invisible disabilities	1
Lifestyle campaigns	1
More face to face support	1
More information on social care	4
More money for the NHS	1
Not specified	6
pharmacies	1
Positive health campaigning not scare mongering	1
Sight loss from UV	1
smear tests young people	1
Social Prescribing	1
Stroke	1
Testicular cancer	1

Herefordshire Council

Meeting:	**Adults and wellbeing scrutiny committee**
Meeting date:	**Tuesday 2 October 2018**
Title of report:	**Committee work programme 2018-19**
Report by:	**Democratic Services Officer**

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To consider the committee's work programme, as updated, for the 2018-19 municipal year.

Recommendation(s)

That:

(a) the draft work programme (appendix 1) be approved, subject to any amendments the committee wishes to make;

(b) the committee determines the appropriate approach taken to the scrutiny of topics in the work programme, including the establishment of any task and finish groups, their chairmanship, or the undertaking of a spotlight review;

(c) the scrutiny committee review the forward plan to determine whether to carry out pre-decision call-in on any of those scheduled executive decisions and

(d) the committee determines whether there is any matter for which it wishes to exercise its powers of co-option.

Further information on the subject of this report is available from
Ruth Goldwater, , email: Ruth.Goldwater@herefordshire.gov.uk

Alternative options

1. It is for the committee to determine its work programme to reflect the priorities facing Herefordshire. The committee needs to be selective and ensure that the work programme is focused, realistic and deliverable within existing resources.

Key considerations

Outcome of scrutiny workshop

2. A workshop was held on 4 June 2018 in order for members to contribute to the development of an annual work programme. The principal purpose of the workshop was for members to identify a shortlist of items for scrutiny during the coming year, but also to consider approaches to ensuring the effectiveness of scrutiny. As well as committee members, the workshops were attended by non-scrutiny members, the cabinet member for health and wellbeing, the chief officer of Healthwatch, directors of NHS Herefordshire Clinical Commissioning Group (CCG), and supported by senior council officers and democratic services officers.

3. Members are invited to review the draft work programme (appendix 1). This has been updated since last discussed at the meeting held on 17 July 2018, in recognition of a need for some flexibility in forthcoming decisions and allowing for urgent items or to consider decisions that have been called-in for scrutiny. To assist, a prioritisation flow chart (see appendix 2) is provided to assess which items should be included in the scrutiny committee work programme. Consideration should be given to the type of scrutiny would to apply to work programme items and whether an item should be called-in for pre-decision scrutiny or conducted through task and finish group, for example.

4. The work programme will remain under regular review during the year to allow the committee to respond to particular circumstances.

Constitutional Matters

Task and Finish Groups

6. A scrutiny committee may appoint a task and finish group for any scrutiny activity within the committee's agreed work programme. A committee may determine to undertake a task and finish activity itself as a spotlight review where such an activity may be undertaken in a single session; the procedure rules relating to task and finish groups will apply in these circumstances.

7. The relevant scrutiny committee will approve the scope of the activity to be undertaken, the membership, chairman, timeframe, desired outcomes and what will not be included in the work. A task and finish group will be composed of a least 2 members of the committee, other councillors (nominees to be sought from group leaders with un-affiliated members also invited to express their interest in sitting on the group) and may include, as appropriate, co-opted people with specialist knowledge or expertise to support the task. In appointing a chairman of a task and finish group the committee will also determine, having regard to the advice of the council's monitoring officer and statutory scrutiny officer, whether the scope of the activity is such as to attract a special responsibility allowance.

8. The committee is asked to determine any matters relating to the appointment of a task and finish group and the chairmanship and any special responsibility allowance or undertaking a spotlight review including co-option (see below).

9. The constitution states that scrutiny committees should consider the forward plan as the chief source of information regarding forthcoming key decisions. Forthcoming decisions can be viewed under the forthcoming decisions link on the council's website:

http://councillors.herefordshire.gov.uk/mgDelegatedDecisions.aspx?&RP=0&K=0&DM=0&HD=0&DS=1&Next=true&H=1&META=mgforthcomingdecisions&V=1

Should committee members become aware of additional issues for scrutiny during year they are invited to discuss the matter with the chairman and the statutory scrutiny officer.

Co-option

10 A scrutiny committee may co-opt a maximum of two non-voting people as and when required, for example for a particular meeting or to join a task and finish group. Any such co-optees will be agreed by the committee having reference to the agreed work programme and/or task and finish group membership.

11 The committee is asked to consider whether it wishes to exercise this power in respect of any matters in the work programme.

Scheduled meetings

12 In the delivery of the work programme, the following committee dates have been scheduled. All meetings, unless otherwise published, will commence at 10am:

27 November 2018
29 January 2019
5 March 2019

Community impact

13 In accordance with our adopted code of corporate governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. Effective financial management, risk management and internal control are important components of this performance management system. Herefordshire Council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.

Equality duty

14 Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. All Herefordshire Council members are trained and aware of their Public Sector Equality Duty and Equality considerations are taken into account when serving on committees.

Resource implications

15 The costs of the work of the committee will have to be met within existing resources. It should be noted the costs of running scrutiny will be subject to an assessment to support appropriate processes.

Legal implications

16 The remit of the scrutiny committee is set out in part 3 section 4 of the constitution and the role of the scrutiny committee is set out in paragraph 2.6.5 of the constitution.

17 The council is required to deliver a scrutiny function.

Risk management

18 There is a reputational risk to the council if the scrutiny function does not operate effectively. The arrangements for the development and review of the work programme should help mitigate this risk

Consultees

19 Participants at the workshop identified above contributed to the development of the work programme and are encouraged to continue to do so to ensure the work programme remains relevant. The chairman meets every quarter with Healthwatch and with NHS Herefordshire Clinical Commissioning Group to monitor the relevance of items for the work programme. Members of the public are also able to influence the scrutiny work programme through asking for an item to be considered by asking a public question or by contacting the council via the get involved section of the public web-site.

Appendices

Appendix 1 Draft updated committee work programme for 2018-19

Appendix 2 Scrutiny Work Programme Prioritisation Aid

Background papers

None identified.

Further information on the subject of this report is available from
Ruth Goldwater, , email: Ruth.Goldwater@herefordshire.gov.uk

ADULTS AND WELLBEING SCRUTINY COMMITTEE
ITEMS IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME

Adults and wellbeing scrutiny committee work programme 2018-19		
27 November 2018 (10am)	**Public committee**	**Papers released to agenda by Friday 16 Nov.**
Annual budget	To consider budget proposals, focusing on the AWB budget areas, and make recommendations to the executive.	Chief finance officer Director, Adults and Communities
Spotlight review on homelessness	To investigate the approaches to avoidance of homelessness, and the impact of the homelessness reduction duty, mental health, and universal credit. To be followed up in summer 2019.	Head of Strategic Housing and Wellbeing Commissioning and colleagues
Care at home	To follow up from committee held on 16 May 2018 to include carer's support and capacity.	Director, Adults and Communities
10 December 2018 (2pm)	**Scrutiny members' workshop**	
Health and care system leadership, integration and Better Care Fund	Update on the work of the Health and Wellbeing Board and its priorities as system leader, the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) plan, One Herefordshire and the management of the Better Care Fund. To be briefed on developments and/or proposals on these areas and identify any issues to take forward for a public meeting.	Director, Adults and communities Head of partnerships and integration Herefordshire CCG
29 January 2019 (10am)	**Public committee**	**Papers released to agenda by Friday 18 Jan'19**
Learning disability strategy update	To review the implementation of the strategy following a scrutiny review of services on 27 March 2018.	Adults and communities commissioning team
Domestic abuse strategy	To conduct a pre-decision review of the draft strategy.	Head of Strategic Housing and Wellbeing Commissioning and colleagues
Herefordshire Safeguarding Adults Board annual report	To review the performance of the adults' safeguarding board for 2017/18	Chair, HSAB Director, Adults and Communities
5 March 2019 (10am)	**Public committee**	**Papers released to agenda by Friday 22 Feb.**

Health and care system leadership, integration and Better Care Fund	To review the work of the Health and Wellbeing Board and its priorities as system leader and developments on the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) plan, One Herefordshire and the management of the Better Care Fund.	Health and wellbeing board representatives Head of partnerships and integration Director, Adults and Communities
Addaction	Service performance update following previous scrutiny reviews conducted during 2017/18	Adults and Communities commissioning team Addaction representative 2gether NHS Foundation Trust representative
19 March 2019 (10am)	**Scrutiny members' workshop**	
Mental Health	Follow-up from 25 June 2018, to include an update on the local maternity system, noting the link to perinatal care and parental mental health, in order to identify any future items for inclusion in the work programme.	Public health team Herefordshire CCG 2gether NHS Foundation Trust
Further items for consideration		
Date to be confirmed (early 2019)	**Scrutiny members' workshop**	
Dementia workshop	To be briefed on developments around strategy and care for people with dementia, including the impact of the health and wellbeing board's focus on this priority area, in order to identify any future items for inclusion in the work programme.	Contributors to be confirmed
Timing to be confirmed	**Briefing note**	
GP capacity	To update members on the national NHS recruitment and retention strategy for general practice and the local arrangements for increasing capacity for Herefordshire in order to identify any future items for inclusion in the work programme.	Herefordshire CCG
Date TBC (early 2019)		
Care market and market capacity including care workforce (care heroes campaign impact)	Timing and approach to be confirmed	Director, Adults and communities
Date TBC (summer 2019)	Public committee	

Continuing Healthcare	Update on recommendations from meeting held on 20 September 2018	Director for adults and community / Assistant director CCG representatives

Annex 1: SCRUTINY WORK PLAN PRIORITISATION AID