

Agenda

Health, Care and Wellbeing Scrutiny Committee

Date: **Friday 25 November 2022**

Time: **9.00 am**

Place: **The Conference Room, Herefordshire Council Offices,
Plough Lane, Hereford, HR4 0LE**

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

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Agenda for the meeting of the Health, Care and Wellbeing Scrutiny Committee

Membership

Chairperson **Councillor Elissa Swinglehurst**
Vice-chairperson **Councillor Peter Jinman**

Councillor Carole Gandy
Councillor Trish Marsh
Councillor Tim Price
Councillor David Summers
Councillor Kevin Tillett

Agenda

	Pages
1. APOLOGIES FOR ABSENCE To receive apologies for absence.	
2. NAMED SUBSTITUTES To receive 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 in respect items on the agenda.	
4. MINUTES To receive the minutes of the meeting held on 23 September 2022. HOW TO SUBMIT QUESTIONS The deadline for the submission of questions for this meeting is 9.30 am on Wednesday 23 November 2022. Questions must be submitted to councillorservices@herefordshire.gov.uk . Questions sent to any other address may not be accepted. Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at www.herefordshire.gov.uk/getinvolved	9 - 20
5. QUESTIONS FROM MEMBERS OF THE PUBLIC To receive any written questions from members of the public.	
6. QUESTIONS FROM MEMBERS OF THE COUNCIL To receive any written questions from members of the council.	
7. PROGRESS REPORT This report provides a brief summary update on issues previously considered by the Health, Care and Wellbeing Scrutiny Committee, including responses to information requests made by the committee, updates on resolutions made by the committee, including reports and recommendations to the executive and the executive response and executive decision made in respect of scrutiny reports and recommendations.	21 - 32
8. HEALTH, CARE AND WELLBEING SCRUTINY COMMITTEE WORK PLAN 2022-2023 To note the work plan for the committee.	33 - 40
9. THE HEALTH AND WELLBEING STRATEGY To present to the committee a review of the development of the Herefordshire Health and Wellbeing Strategy, with firstly, an assessment of	41 - 56

the overall impact and any learning points from the existing strategy and then secondly, inform the committee of the progress and timelines of the new draft Herefordshire Health and Wellbeing Strategy.

10. THE IMPACT OF THE INTENSIVE POULTRY INDUSTRY ON HUMAN HEALTH AND WELLBEING SCRUTINY REPORT

57 - 132

To report the outcomes and recommendations of the Task and Finish Group on 'The Impact of the Intensive Poultry Industry on Human Health and Wellbeing'. The committee is invited to consider the outcomes from the task and finish group and to decide if the report and recommendations adopted and submitted to the Cabinet.

11. DATE OF THE NEXT MEETING

[Monday 23 January 2023, 10.00 am](#)

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www.herefordshire.gov.uk/downloads/file/1597/hereford-city-bus-map-local-services-

The seven principles of public life

(Nolan Principles)

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

Minutes of the meeting of the Health, Care and Wellbeing Scrutiny Committee held in The Conference Room, Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Friday 23 September 2022 at 2.00 pm

Committee members present in person and voting: **Councillors: Peter Jinman (Vice-Chairperson), Trish Marsh, Tim Price, David Summers, Elissa Swinglehurst (Chairperson) and Kevin Tillett**

Others in attendance:

J Barnes	Chief Transformation and Delivery Officer	Herefordshire and Worcestershire Integrated Care System (ICS)
B Baugh	Democratic Services Officer	Herefordshire Council
M Carr	Interim Statutory Scrutiny Officer	Herefordshire Council
T Dixon	Primary Care Commissioning Manager	Herefordshire and Worcestershire Integrated Care System (ICS)
K Dougherty	Head of Communication and Engagement	Herefordshire and Worcestershire Integrated Care System (ICS)
P Ellis	Talk Community Health and Wellbeing Manager	Herefordshire Council
E Fisher	Lead for Prevention and Personalised Care	Herefordshire and Worcestershire Integrated Care System (ICS)
Professor P Gately	Carnegie Professor of Exercise and Obesity and Director of MoreLife	Leeds Metropolitan University
M Gay	Managing Director and Chair of the Stroke Programme Board	Herefordshire and Worcestershire Integrated Care System (ICS)
H Hall	Corporate Director Community Wellbeing	Herefordshire Council
Councillor D Hitchiner	Leader of the Council	Herefordshire Council
L MacHardy	Public Health Specialist	Herefordshire Council
G Muddegowda	Stroke Consultant	Herefordshire and Worcestershire Integrated Care System (ICS)
M Pearce	Director of Public Health	Herefordshire Council
C Price	Chief Officer	Healthwatch Herefordshire
K Pritchard	Health Improvement Practitioner	Herefordshire Council
A Rees-Glinos	Democratic Services Support Officer	Herefordshire Council
A Roberts	Programme Lead for Cancer and Stroke	Herefordshire and Worcestershire Integrated Care System (ICS)
A Swift	Project Manager for Children and Young People Transformation	Herefordshire and Worcestershire Integrated Care System (ICS)

10. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Carole Gandy (committee member) and from Councillor Pauline Crockett (Cabinet Member Health and Adult Wellbeing).

11. NAMED SUBSTITUTES

There were no named substitutes.

12. DECLARATIONS OF INTEREST

No declarations of interest were made.

13. MINUTES

The minutes of the previous meeting were received.

RESOLVED:

That the minutes of the meeting held on 22 July 2022 be confirmed as a correct record and be signed by the Chairperson.

14. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

15. QUESTIONS FROM MEMBERS OF THE COUNCIL

No questions had been received from councillors.

16. OBESITY IN HEREFORDSHIRE

On behalf of the committee, the Chairperson commented that this was an excellent report, thanked the Director of Public Health and the other officers involved for the high standard of work, and welcomed the participants to the meeting.

The Leader of the Council commented on the implications of people being overweight for the health and care system, and the need to take full advantage of the opportunities for walking and exercising in the county.

The Director of Public Health gave a presentation on 'Tackling Obesity', as published in a supplement to the agenda ([link to the presentation](#)). This included slides showing:

- Epidemiology statistics, identifying that 67% of adults in Herefordshire were overweight or obese (2020/21);
- A system map from the *Foresight, Tackling Obesities: Future Choices – Project report* (2007) ([link to the report](#)), illustrating different determinants that can lead and influence body weight; an overview of current action to tackle obesity, highlighting national and local programmes, and recognising that there were some gaps in weight management support across Herefordshire's child and adult healthy weight pathways;
- An infographic reflecting the different level of healthy weight interventions from a universal provision through to services to meet individual care needs, and across life stages; and
- A summary of the recommendations detailed in the conclusion and key areas for policy development section of Appendix A (agenda page 39).

The principal points of the discussion included:

1. Professor Gately commented that: the system map demonstrated the complexity of the interactions between the key variables; the needs, strengths and challenges of each area were different and had to be considered at a local level; it was clear from the evidence that investment in a good provision of services was critical; a whole systems approach needed to be relevant to the local authority, to be cognisant of recent public health, political and economic events, and to be prepared for the emergence of new issues; in addition to reflecting the key strategic goals of the council and of the health system, there was a need to involve other local stakeholders, such as businesses and education providers; a series of workshops could help to pull information together and develop a plan; local practitioners could follow the *Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight* (2019) ([link to the guide](#)), with appropriate support and resources committed to do it well.
2. The Chairperson commented on the need for improved coordination to achieve seamless service provision and questioned whether a healthy weight strategy, using the whole systems approach, would be beneficial.

The Director of Public Health commented on the work already being undertaken, including on the physical activity strategy and in relation to sustainable food, and on the need to avoid duplication. The workshop approach advocated by the guide could provide an opportunity for collating key information but also to identify where to best focus effort and maximise value.

The Chairperson suggested that a healthy weight strategy could help to join up existing workstreams but also explore other areas of synergy within the functions of the local authority and its partners. It was proposed that it be recommended to the executive that consideration be given to the development of a strategy, using a whole systems approach. A committee member added that this should include all ages.

3. The Chairperson expressed support for the suggested recommendation 'Work with the planning department to develop and implement a Health Impact Assessment Tool to ensure health is considered in all planning decisions'.
4. Professor Gately said that the best, current evidence of the success of a whole system approach was in Amsterdam, where there had been dramatic reductions in childhood obesity in the last eight years. The need to bring stakeholders together and align behind primary goals was emphasised.
5. A committee member felt that more investment was needed in free sports and leisure provision for children and young people.

The Director of Public Health noted the importance of the early years, particularly given the difficulty for people with obesity to get back to a healthy body weight. However, universal provision did not necessarily result in uptake from those people most in need of such initiatives and this could widen inequalities.

The Chairperson commented that it could be more effective to focus support on those individuals who were already struggling with a healthy body weight, regardless of socio-economic background.

It was reported that an evaluation of the 'Get Active' initiative was due in November 2022.

A committee member considered that a package was needed for schools on a range of health and wellbeing issues, including membership opportunities for sports and leisure facilities.

6. A committee member, referring to Figure 7 'Proportion of referrals to the Health Trainers Service based on deprivation quintile' (agenda page 33), questioned the reason for a lower level of referrals from the most deprived areas.

In response, the Talk Community Health and Wellbeing Manager said that: deprived areas were targeted but resources were limited; community engagement encouraged people to access the service directly; the majority of referrals came through GPs; higher numbers of people accessed smoking cessation services, reducing capacity for work on weight management; and the service was working with NHS bodies to strengthen the support that could be offered.

The Chief Officer of Healthwatch commented that the most adversely affected people in the most deprived areas often had other life challenges, inhibiting their ability to obtain support. Therefore, there was a need to consider investing resources disproportionately in order to work with the people most in need. The Chief Officer added that communities needed to be involved as part of a whole systems approach.

The Talk Community Health and Wellbeing Manager commented further on the challenges arising from referrals into the service and on the work being undertaken in partnership with NHS bodies to manage demand.

7. In response to questions from the Vice-Chairperson, the Director of Public Health said: it was understood that the situation was getting worse; a higher proportion of children were becoming overweight or obese; more adults were becoming morbidly obese, putting additional stress on health and social care; and there were issues with body mass index (BMI) but it was still a reliable measurement at a population level.

Professor Gately said that: excess weight had increased during the COVID-19 pandemic and this would have a lasting effect; people living with obesity were getting heavier; the gap between the more affluent and the less affluent was widening; appropriate interventions were needed for each individual; and communities with more vulnerabilities were at higher risk.

8. In response to a question about people's self-perceptions, the Director of Public Health commented on the possible normalisation of heavier body weights and drew attention to the suggested recommendation 'Develop a training package around 'raising the issue of weight' for health practitioners and other front line workers to give them confidence to identify and elicit positive behaviour change in individuals'. The complexity of the situation and the need to work together was emphasised, including with the commercial sector.
9. A committee member, noting increasing numbers of children classified as overweight or obese, commented on the long term health implications, particularly in view of declining levels of physical activity and intake of fruits and vegetables.

The Director of Public Health reported that the National Child Measurement Programme data showed that the prevalence of obesity approximately doubled between reception year and year 6. The Director said that there was lots of good working going on but there was not a healthy schools programme currently. It was noted that there were other life transition points but the early years provided good opportunities for intervention.

The Talk Community Health and Wellbeing Manager said that the Health Trainers Service was client centred and provided support over a twelve week period, and additional investment would be needed to increase capacity and provide longer term support.

10. The Vice-Chairperson noted that 'There is some evidence that mothers who breastfeed provide their child with protection against excess weight in later life' (agenda page 25) and commented on the need for health practitioners to communicate important messages but also to tackle health myths.

It was also commented that more could be done to encourage children to walk the last mile to school.

The Director of Public Health said that the cumulative effect of interventions and changes to behaviours were more likely to have an overall population impact.

The Primary Care Commissioning Manager commented on the value of asset mapping in a whole system approach and, as an example, noted that a junior parkrun initiative had started in Herefordshire recently.

In response to a comment from the Vice-Chairperson, the Director of Public Health acknowledged that calorific intake was driving the obesity epidemic but physical activity was beneficial for the health and wellbeing of everyone.

11. In response a question from a committee member about the perceived difficulty for people to manage weight as they aged, Professor Gately commented that critical phases were not necessarily influenced by underlying biological factors but more by social, emotional, psychological and environmental factors. It was noted that all the stakeholders recognised the complexities and now needed to consider how to prioritise and corral efforts and resources to meet the needs of the population in Herefordshire, with a coherent plan with a clear.
12. The Chairperson noted that the Get Active initiative increased access to leisure facilities but there should also be a focus on physical activity in the countryside. However, traditional stiles prevented many potential users, including dog walkers, from accessing Public Rights of Way. Therefore, the Chairperson suggested a recommendation to invite the executive to explore the potential to require any new or replacement barriers to improve access for the less able.
13. The Chairperson also proposed a recommendation to invite the executive to consider extending free access to sports and leisure facilities to care leavers up until they reach the age of 25.
14. A committee member suggested that, in view of the amount of open space owned by the council, consideration could be given to providing support to parkrun and other initiatives.
15. The Lead for Prevention and Personalised Care commented on the need for an integrated approach and for co-production with local people, that the NHS Long Term Plan identified a number of actions on obesity, and it was appreciated that a 'one size fits all' approach did not work. The Project Manager for Children and Young People Transformation emphasised the need to focus on prevention and the value of an all ages approach.
16. The Chairperson questioned the effectiveness of approach to one-off grant funding in terms of embedding change and suggested that a strategy could help to identify

a pipeline of initiatives which could be supported as and when resources became available. The Chairperson also commented on the need for robust monitoring.

17. A committee member drew attention to statement in the report, that 'Herefordshire does not currently have a bespoke Tier 3 service with the referral pathway to the Gloucestershire Hospitals NHS Foundation Trust' (agenda page 34), and this could be a major obstacle to access.

The Lead for Prevention and Personalised Care said that some patients were also referred to Worcestershire based on patient choice and options for provision within Herefordshire could be discussed further with the Integrated Care Board.

The Project Manager for Children and Young People Transformation advised that Tier 3 specialist weight management services for children across the region were based in Birmingham, as it would not be effective to provide services locally due to the low numbers involved.

The Project Manager for Children and Young People Transformation acknowledged that there was a gap between Tier 1 and Tier 2 services, commented on capacity issues in the school nursing and health visiting workforce, and said that other forms of provision were being explored, such as family coaching.

The Director of Public Health commented that Tier 3 services needed to be psychologically led given the complexities which sometimes included trauma experienced in childhood.

The Director of Public Health said that there was a need to understand better why some parents did not wish to access services for their children.

The Chairperson considered that a strategy could help to inform the balance of investment in terms of widespread campaigns and other initiatives which focussed attention on the clustering of health behaviours.

Professor Gately commented on the limited numbers that could access the Complications from Excess Weight (CEW) clinics for children, as this initiative focussed on the medical management of the comorbidities of obesity in certain pilot areas. It was noted that around 450,000 children would typically access Tier 3 services in England, therefore it would be justifiable to have a Tier 3 service in each local system. Professor Gately said that he considered the move away from interventions on childhood obesity to be a backward step.

18. The Vice-Chairperson commented on the need for a 'One Health' approach given that the health of people was closely connected to the health of animals, with many pets also becoming increasingly overweight.
19. The Leader of the Council made observations about challenges in terms of: messaging, including the advice given by health workers in relation to baby weight; declining physical education and sport in schools, with limited involvement by teachers not directly responsible for lessons; and the waning participation of pupils in PE in the Sixth Form. The Leader noted the potential value of a whole systems approach, with appropriate early interventions.

The Chairperson drew attention to the summary of the recommendations detailed in the conclusion and key areas for policy development section of Appendix A (agenda page 39/40). The committee considered additional recommendations, commenting further on: the appropriate use of language to ensure that people were not stigmatised; the need for

robust monitoring and data quality; making Public Rights of Way easier to access for the less able and for the purposes of dog walking; encouraging children and young people to walk to education settings and to get involved in other physical activities; ensuring that grant funded initiatives were as coordinated and sustained as possible; and the importance of the relevant bodies taking ownership for the delivery of strategies.

Following a short adjournment, the following resolution was then agreed.

RESOLVED:

- 1. That the proposals outlined in paragraph 11 (agenda page 39/40) of the Director of Public Health's report be endorsed and be referred to Herefordshire Council's Cabinet and to NHS Herefordshire and Worcestershire Integrated Care Board for consideration, along with a summary of the evidence considered and the observations of the committee; these proposals being:**
 - i. Embed healthy weight as a strategic priority across local organisations and agencies by working with all key partners to develop a greater understanding of the causes of obesity and how best to deliver collective action through a whole system approach**
 - ii. Assess the impact of the current gaps in the county's weight management services in order to allocate sufficient resources as appropriate:**
 - Tier 2 child and adult weight management services**
 - Tier 3 child and adult weight management services – NHS/ICB priority**
 - Tier 4 adult weight management service – NHS/ICB priority**
 - iii. Encourage health professionals and residents to identify ways in which patients can do more to help themselves through promotion of digital and self-help resources**
 - iv. Work with the planning department to develop and implement a Health Impact Assessment Tool to ensure health is considered in all planning decisions**
 - v. Improve the quality of data on weight management services and obesity across the life course with a particular focus on long-term outcomes**
 - vi. Develop a training package around 'raising the issue of weight' for health practitioners and other front line workers to give them confidence to identify and elicit positive behaviour change in individuals**
 - vii. Build on the Sustainable Food Partnership to deliver collective action through a systems approach**
 - viii. Undertake further mapping of weight management services (and compliance with NICE Guidance) and raising awareness of the Weight Management to health practitioners across the county, including the service offer, eligibility criteria etc**

- ix. **Consider a consistent approach to the type of language and media used to communicate about obesity, tailoring language to the situation and co-producing communications with intended audiences**
- 2. **That Herefordshire Council and NHS partners develop a whole systems, Healthy Weight Strategy to coordinate and deliver actions for improved health outcomes;**
- 3. **That a Health Schools Strategy, to include emotional, mental and physical wellbeing, be considered as a specific programme to engage and involve schools;**
- 4. **That Herefordshire Council and NHS partners ensure that the Healthy Weight Strategy include key measures to effectively measure and evaluate the impact of the strategy over time;**
- 5. **That the 'Get Active' fund programme evaluation be used to help inform the Healthy Weight Strategy;**
- 6. **That free access to gyms services be made available to care leavers up to the age of 25;**
- 7. **That Herefordshire Council take measures to improve access to Public Rights of Way / countryside footpaths; and**
- 8. **That a Health Impact Assessment Tool be developed for use in planning policy to consider potential impacts on health and wellbeing of planning applications.**

17. STROKE SERVICES

The Managing Director and Chair of the Stroke Programme Board for the Herefordshire and Worcestershire Integrated Care System (ICS) gave a presentation on 'Stroke Services: Pre-consultation Engagement Autumn 2022', as published in a supplement to the agenda ([link to the presentation](#)). This included slides showing:

- Welcome and introduction, identifying that around three people each day had a stroke in Herefordshire, Worcestershire and Powys, the number was set to rise as the population aged, and the ICS was looking at the way in which stroke and TIA (transient ischaemic attack or 'mini-stroke') services were organised and run;
- The National Stroke Pathway and current acute hospital treatment, rehabilitation and after care settings;
- The case for change which included the difficulty to recruit stroke specialist consultants, resulting in reliance on support from outside the ICS area to ensure 7-day access, and keeping services as locally accessible as possible but balanced with providing the best care for patients;
- The identification of four potential solutions [1. No change to current service / 2. One hyper-acute stroke unit (HASU) and two acute stroke units (ASU) / 3. HASU and ASU out of counties / 4. HASU and ASU on one site], with 'potential solution 4' being the preferred solution by the clinicians and following the options appraisal but this would not be taken forward until there had been full engagement with the public and with stakeholders;

- Diagrams of the potential solution (with movement to HASU / ASU at Worcestershire Royal Hospital) for Herefordshire and Powys patients where Herefordshire County Hospital was the nearest imaging centre, and for Worcestershire and Herefordshire patients where Worcestershire Royal Hospital was the nearest imaging centre; and
- People were being invited to have their say during September – November 2022, it was acknowledged that previous engagement had highlighted that some families in Herefordshire had expressed concerns about being able to visit Worcestershire Royal Hospital, especially if they did not have access to their own transport.

The principal points of the discussion included:

1. In response to a question from the Chairperson, the Stroke Consultant said that the infrastructure and workforce issues meant that it was unlikely that two HASU sites could be operated in the near future and the 'hub and spoke' model was considered the best way to move forward.
2. A committee member commented on the difficulties for the ambulance service to meet demand currently. In response, the Managing Director outlined the dedicated pathways for suspected stroke, intended to reach assessment imaging within the 'golden hour', and said that the ICS would work with the ambulance service on the agreed model to support the movement of patients. The committee member considered that this would be a concern for the public and suggested that this should be referenced in the consultation.

Another committee member questioned whether there was confidence that the ambulance service had the capacity for the extra journeys. The Managing Director said that more capacity would be commissioned and this might only involve a small number of patient transfers each day.

3. In response to a question from the Vice-Chairperson, the Programme Lead for Cancer and Stroke said that the public health modelling included previous incidents of strokes and forecasting forward to 2035. It was noted that up to half of suspected strokes were 'stroke mimics' resulting from other medical conditions and did not need to continue on the stroke pathway. The Managing Director added that the age profile over the next 15 to 20 years was of particular concern.
4. The Vice-Chairperson considered that, although there might be an aspiration to improve pathways, this was really about making a service work in a system that was struggling. Noting the effect of delay on stroke severity and recovery, it was also considered that early treatment in remote populations seemed vital.

The Managing Director emphasised that assessment imaging and thrombolysis treatment would continue to be undertaken at the closest hospital and the intention was to improve hyper-acute care. The Chief Transformation and Delivery Officer added that there could be clinical benefits from potential solution 4, with stroke specialist consultants able to support decision-making around thrombolysis.

5. The Chairperson commented on the need to consider the scenarios for patients in England living near the England-Wales border. The Managing Director advised that a time study had been undertaken previously but this did need to be refreshed.
6. In response to a question from a committee member, the Managing Director commented that investment would be dependent on financial frameworks from the government, adding that potential solution 4 could involve some capital requirements and a lot of revenue costs. Prevention was one of the top four

priorities in the ICS but there were competing priorities, and the ICS would need to consider the cost / benefit analysis. The challenges of keeping services maintained and resilient were noted, particularly given the ageing population.

7. A committee member said that additional certainty about the ongoing role of community hospitals was welcomed.
8. In response to a question from a committee member, the Managing Director commented on the need to ring-fence assessment imaging slots for stroke patients.
9. In response to a further question about capacity to meet future needs, the Managing Director commented on: how the modelling would inform the commissioning; the national workforce challenges; and the consideration being given to tasks being undertaken in different ways.

The Vice-Chairperson highlighted that the reference to 'around three people each day' having a stroke in Herefordshire, Worcestershire and Powys was a mean and not a modal figure, and there was a need to accommodate actual frequency distribution in the modelling, such as the variations on certain days and during different times of the year.

10. In response to a question from a committee member, the Managing Director and the Stroke Consultant outlined the system for discharging patients and for communications between acute, primary care and community care providers.
11. A committee member suggested that, given the potential for some stroke survivors to have a recurrent stroke, consideration could be given to a stroke alert bracelet. It was noted that there was no existing national or local scheme currently.
12. In response to a question from the Chairperson, the Stroke Consultant advised that most TIA follow-ups, particularly primary care referrals, were face-to-face with tests undertaken on the same day.
13. The Leader of the Council drew attention to the wording in the glossary to the report (agenda page 80) that 'For most people, thrombolysis needs to be given within four and a half hours of stroke symptoms starting' and to the wording on the Stroke Association website that 'After thrombolysis, 10% more patients survive and live independently' ([link to the website](#)), and considered that the importance of this window for treatment should be communicated to communities more widely.

The Leader said that public services should not balk from saying that this was the best that could be done with the resources available.

The Chairperson thanked all the attendees for their participation in the substantive agenda items.

The Chairperson drew attention to recommendation detailed in the report (agenda page 67) and the committee considered further observations and suggestions.

RESOLVED:

That the committee notes the wider public engagement being undertaken on improving stroke services across Herefordshire and Worcestershire will be focused on delivering the required improvement to further inform possible solutions, and the committee makes the following observations and suggestions:

- a. The consultation on the model should consider how services can get early diagnosis and treatment to people in remote populations; specifically for patients to be able to get treatment within a four hour period.
- b. There was a need to understand the budget implications and how the proposals would affect costs in reality, and how the Integrated Care Board would make decisions on the consideration of the cost / benefit analysis.
- c. There was a need to be confident of the capacity of ambulance services and other local services to support the preferred model, as part of the future-proofing of the proposals.
- d. That people that have suffered a stroke be offered bracelets to identify their increased risk of stroke.
- e. That consideration be given to those patients on the Monmouthshire border and whether there were any prejudices to outcomes arising from travel times.
- f. That 24/7 assessment imaging at Hereford County Hospital should be retained in the model.
- g. The model should show confidence that it can accommodate fluctuation in demand over the average.
- h. That the perceived tension between patients being seen at Worcester and the public health need to be seen quickly should be considered.
- i. That it is recognised that increased travel times for relatives may arise and, where practical, provision should be made for visitors.

18. PROGRESS REPORT

The Statutory Scrutiny Officer advised that this would be a standing agenda item to provide updates on matters previously considered by the committee.

Referring to minute 8 of 22 July 2022, it was reported that an informal meeting had been held with the Vice-Chairperson of the committee and representatives of the Task and Finish Group, and a further iteration of the report on 'The impact of the intensive poultry industry on human health and wellbeing' would be reported to a future meeting.

Committee members requested that the Annual Work Plan feature as an appendix to progress report going forward. The following adjustments to the plan were identified:

- The Chairperson requested a briefing note on dementia provisioning, with the potential to expand the scope of the agenda item on Domiciliary and Residential Care in Herefordshire (6 March 2023) to include this topic.
- A committee member requested that the scope of the agenda item on 'Access to council wellbeing services – signposting' (23 January 2023) be expanded to include the provision made for, and communications with, employees of the council.

It was requested that the progress report feature as an earlier item in future agenda.

A committee member requested that the Chairperson update committee members on budget scrutiny for 2023/24 in due course, particularly given the emerging pressures in the Community Wellbeing Directorate.

RESOLVED:

That the progress report be noted.

19. DATE OF THE NEXT MEETING

The next scheduled meeting was to be held on Friday 25 November 2022.

The meeting ended at 5.05 pm

Chairperson



Progress Report

Meeting: Health, Care and Wellbeing Scrutiny Committee

Meeting date: 25th November 2022

Report by: The Statutory Scrutiny Officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose:

This report provides a brief summary update on issues previously considered by the Health, Care and Wellbeing Scrutiny Committee, including responses to information requests made by the committee, updates on resolutions made by the committee, including reports and recommendations to the executive and the Executive Response and executive decision made in respect of scrutiny reports and recommendations.

Recommendation(s)

That the progress report on scrutiny information requests, scrutiny reports and recommendations and other matters raised by the committee be noted.

Alternative options

1. The alternative is for the committee not to receive a Progress Report to update on matters since the last meeting, which would provide less clarity and transparency on the progress of issues since the last meeting.

Key considerations

2. Scrutiny committees have statutory powers to make recommendations to the Executive, as appropriate, and the Cabinet has a statutory duty to respond to scrutiny recommendations. They may also make reports and recommendations to external decision making bodies.
3. In tracking scrutiny recommendations, it is important that it is clear that the recommendations are addressed to the Cabinet, as the Executive decision making body of the council (or,

where appropriate, external agency), and to track the decision of the Cabinet and thereafter the implementation status of the Executive Response and Cabinet decisions.

4. Scrutiny committees also have the power to request information from council departments and certain other external organisations, from who they should expect a response. Scrutiny committees should be clear why they are requesting information and when they need the response by. Scrutiny committees may therefore wish to keep track of information requested at the previous meeting and for this to be received at the next ordinary meeting of the committee.

Scrutiny Committees at Herefordshire

5. The council has five scrutiny committees, established by full Council on 20 May 2022;
 - i). Scrutiny Management Board
 - ii). Environment & Sustainability Scrutiny Committee
 - iii). Connected Communities Scrutiny Committee
 - iv). Children & Young People Scrutiny Committee
 - v). Health, Care & Wellbeing Scrutiny Committee.
6. The general role of the scrutiny committees is set out in Article 6 – Scrutiny of the Herefordshire Council Constitution, in accordance with the Local Government Act 2000. Part 3, Section 4 of the Constitution sets out the specific remits for each of the scrutiny committees. This includes a strategic management and coordination functions for the Scrutiny Management Board, as well as the thematic remits of the four other scrutiny committees. The Scrutiny Management Board is also responsible for the scrutiny of corporate cross cutting functions of the council.
7. Although scrutiny committees do not have any executive decision making powers, they do have statutory powers to make recommendations to Cabinet, as appropriate, and Cabinet has a statutory duty to respond to scrutiny recommendations. The scrutiny committees may also make reports and recommendations to external decision making bodies.

Progress from the Previous Meeting

Obesity in Herefordshire

8. At the last meeting on 23rd September 2022 the committee considered strategies for preventing obesity in Herefordshire, with evidence from Councillor David Hitchiner – the Leader of the Council, council officers, including Matt Pearce - the Director of Public Health and Hilary Hall – Corporate Director for Community Wellbeing, NHS Partners from the Herefordshire and Worcestershire Integrated Care System (ICS), and expert witness Professor Paul Gately Carnegie Professor of Exercise and Obesity and Director of MoreLife Leeds Metropolitan University.
9. At the end of its consideration of this issue, the committee made 15 recommendations to the Cabinet, as set out in the minutes of the meeting¹. These have now been referred to Cabinet requesting an Executive Response. They have also been communicated to the NHS ICS.

¹ The numbering of the scrutiny recommendations may appear differently in the resolutions of the committee recorded in the minutes.

Stroke Services

10. At that meeting the committee also considered stroke services in Herefordshire, with oral and written evidence from the Mari Gay, Managing Director and chair of the Stroke Programme Board for the Herefordshire and Worcestershire Integrated Care System (ICS), Anna Swift - Project Manager for Children and Young People Transformation, NHS Herefordshire and Worcestershire, Anita Roberts, Programme Lead for Cancer and Stroke, Girish Muddegowda, Stroke Consultant and Jon Barnes, Chief Transformation and Delivery Officer.
11. The committee considered the NHS Herefordshire and Worcestershire ICS services and approach to stroke services across Herefordshire and Worcestershire, including a paper on Improving Stroke (including TIA) Services across Herefordshire and Worcestershire, September 2022.
12. At the end of its consideration of the matter the committee noted the wider public engagement being undertaken on improving stroke services across Herefordshire and Worcestershire will be focused on delivering the required improvement to further inform possible solutions, and put forward the following observations and suggestions for consideration by the NHS ICS:
 - a. The consultation on the model should consider how services can get early diagnosis and treatment to people in remote populations; specifically for patients to be able to get treatment within a four hour period.
 - b. There is a need to understand the budget implications and how the proposals would affect costs in reality, and how the Integrated Care Board would make decisions on the consideration of the cost / benefit analysis.
 - c. There is a need to be confident of the capacity of ambulance services and other local services to support the preferred model, as part of the future-proofing of the proposals.
 - d. That people that have suffered a stroke be offered bracelets to identify their increased risk of stroke.
 - e. That consideration be given to those patients on the Monmouthshire border and whether there were any prejudices to outcomes arising from travel times.
 - f. That 24/7 assessment imaging at Hereford County Hospital should be retained in the model.
 - g. The model should show confidence that it can accommodate fluctuation in demand over the average.
 - h. That the perceived tension between patients being seen at Worcester and the public health need to be seen quickly should be considered.
 - i. That it be recognised that increased travel times for relatives may arise and, where practical, provision should be made for visitors.
13. They have been referred to the NHS ICS and other relevant NHS partners involved.

Scrutiny Recommendations and Executive Response

14. In accordance with Part 4 Section 5 of the Herefordshire Council Constitution, the council's scrutiny committees may make recommendations to the full Council or the Cabinet with respect to any functions which are the responsibility of the executive or of any functions which are not the responsibility of the executive, or on matters which affect the county or its inhabitants. The Health, Care and Wellbeing Scrutiny Committee may also make recommendations to the relevant NHS bodies or relevant health service providers or full Council.
15. Scrutiny committees may not make executive decisions and scrutiny recommendations therefore require consideration and decision by the appropriate decision maker; usually the Cabinet, but also full Council for policy and budgetary decisions and the NHS where it is the decision maker.
16. The Scrutiny Recommendation Tracker table will provide a summary of scrutiny recommendations made during the municipal year, so that the scrutiny committee can track the progress of the recommendations made.
17. The Scrutiny Recommendation Tracker table includes each scrutiny recommendation made and the date it was made, (which will be as is recorded in the committee minutes), identification of the decision maker (e.g. Cabinet), the Executive Response (the actual Cabinet decision), which may be different from the scrutiny recommendation and which will be minuted in the Cabinet minutes, the date the Executive Response/decision was made and an implementation review date.
18. The Scrutiny Recommendation Tracker enables the scrutiny committee to track whether their recommendations have been agreed, what actually was agreed (if different) and ask about any outcomes arising from the scrutiny recommendations, for example, service improvements, value for money savings and outcomes for residents.
19. If the relevant respective executive decisions and actions have been implemented, they will not be referred over to the scrutiny recommendation tracker report for the next municipal year, but that any that have not been implemented may be referred to the scrutiny recommendation tracker for the next committee cycle.

Procedure for Recommendations from Scrutiny Committees

20. Where scrutiny committees make reports or recommendations to the Cabinet, as soon as this has been confirmed, these will be referred to the Cabinet requesting an Executive Response and the issue will be published on the council's Forward Plan. This will instigate the preparation of a report to Cabinet and the necessary consideration of the response, the technical feasibility, financial implications, legal implications and equalities implications etc.
21. Where scrutiny committees make reports or recommendations to full Council (e.g. in the case of policy and budgetary decisions), the same process will be followed, with a report to Cabinet to agree its Executive Response, and thereafter, a report will be prepared for Council for consideration of the scrutiny report and recommendations along with the Cabinet's Response.
22. Where scrutiny committees have powers under their terms of reference to make reports or recommendations external decision makers (e.g. NHS bodies), where they do this, the relevant external decision maker shall be notified in writing, providing them with a copy of the committee's report and recommendations, and requesting a response.

23. Once the Executive Response has been agreed, the scrutiny committee shall receive a report to receive the response and the committee may review implementation of the executive's decisions after such a period as these may reasonably be implemented (review date).

Community Impact

24. In accordance with the adopted code of corporate governance, 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. Topics selected for scrutiny should have regard to what matters to residents.

Environmental Impact

25. Whilst this is an update on the work of the scrutiny committees and will in itself have minimal environmental impacts, consideration has been made in the consideration of Executive decisions and the Executive Responses provided by the Cabinet.

Equality Duty

26. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:
27. 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.
28. 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. Whilst this is an update on the work of the scrutiny committees and will in itself have minimal equalities impacts, consideration has been made in the consideration of Executive decisions and the Executive Responses provided by the Cabinet.

Resource Implications

29. The costs of the work of the committee will have to be met from existing resources. It should be noted the costs of running scrutiny can be subject to an assessment to support appropriate processes.
30. The councillors' allowance scheme contains provision for co-opted and other non-elected members to claim travel, subsistence and dependant carer's allowances on the same basis as members of the council. If the committee agrees that co-optees should be included in an inquiry they will be entitled to claim allowances.
31. It is suggested that a scrutiny committee should only have one in-depth scrutiny task group inquiry running at a time.

32. Whilst this is an update on the work of the scrutiny committees and will in itself have minimal resource implications, consideration has been made in the consideration of Executive decisions and the Executive Responses provided by the Cabinet.

Legal Implications

33. The council is required to deliver a scrutiny function. The development of a work programme which is focused and reflects those priorities facing Herefordshire will assist the committee and the council to deliver a scrutiny function.
34. The Scrutiny Rules in Part 4 Section 5 of the council's Constitution provide for the setting of a work programme, the reporting of recommendations to Cabinet and the establishment of task and finish groups within the committee's agreed work programme.
35. There are no specific legal implications arising from this report which provides a progress update on recommendations made to Cabinet and subsequent Cabinet decision. Any legal implications arising from Cabinet Decisions will be detailed in the relevant Cabinet report.

Risk management

Risk / opportunity	Mitigation
There is a reputational risk to the council if the scrutiny function does not operate effectively.	The arrangements for the development of the work programme should help mitigate this risk.

Consultees

The Chair of the Health, Care and Wellbeing Scrutiny Committee.

Appendices

Appendix 1 - Health, Care and Wellbeing Scrutiny Committee Scrutiny Recommendation Tracker 2022-23.

Background papers

None identified.

Health, Care and Wellbeing Scrutiny Committee
Scrutiny Recommendation Tracker 2022-23

(A key and explanatory note for this tracker table is provided at the end of this report).

Friday 23rd September 2022

Subject	Scrutiny Recommendation	Decision Maker & Executive Response	Department, Cabinet Member and lead officer	Implementation Status	Review date
Obesity in Herefordshire	Recommendation 1 That Herefordshire Council and NHS partners develop a whole systems, Healthy Weight Strategy to coordinate and deliver actions for improved health outcomes.	Cabinet 24 th November 2022 Cabinet Decision: <i>To be determined.</i> Executive Response: <i>To be determined.</i>	Cabinet Members: Councillor Pauline Crocket – Cabinet Member for Health and Adult Wellbeing Hilary Hall – Corporate Director for Community Wellbeing Matt Pearce – Director of Public Health	To be determined.	<i>February 2024</i>
	Recommendation 2 That a Health Schools Strategy, to include emotional, mental and physical wellbeing, be considered as a specific programme to engage and involve schools.				
	Recommendation 3 That Herefordshire Council and NHS partners ensure that the Healthy Weight Strategy include key measures to effectively measure and evaluate the impact of the strategy over time.				

	Recommendation 4 That the 'Get Active' fund programme evaluation be used to help inform the Healthy Weight Strategy.				
	Recommendation 5 That free access to gyms services be made available to care leavers up to the age of 25.				
	Recommendation 6 That Herefordshire Council take measures to improve access to Public Rights of Way and countryside footpaths.				
	Recommendation 7 That a Health Impact Assessment Tool be developed for use in planning policy to consider potential impacts on health and wellbeing of planning applications.				
	Recommendation 8 That Herefordshire Council and NHS partners embed healthy weight as a strategic priority across local organisations and agencies by working with all key partners to develop a greater understanding of the causes of obesity and how best to deliver collective action through a whole system approach.				
	Recommendation 9 That Herefordshire Council and NHS partners assess the impact of the current gaps in the county's weight management services in order to allocate				

	<p>sufficient resources as appropriate:</p> <ul style="list-style-type: none"> • Tier 2 child and adult weight management services • Tier 3 child and adult weight management services – NHS/ICB priority • Tier 4 adult weight management service – NHS/ICB priority. 				
	<p>Recommendation 10 That Herefordshire Council and NHS partners encourage health professionals and residents to identify ways in which patients can do more to help themselves through promotion of digital and self-help resources.</p>				
	<p>Recommendation 11 That Herefordshire Council and NHS partners improve the quality of data on weight management services and obesity across the life course with a particular focus on long-term outcomes.</p>				

	Recommendation 12 That Herefordshire Council and NHS partners develop a training package around 'raising the issue of weight' for health practitioners and other front line workers to give them confidence to identify and elicit positive behaviour change in individuals.				
	Recommendation 13 That Herefordshire Council and NHS partners build on the Sustainable Food Partnership to deliver collective action through a systems approach.				
	Recommendation 14 That Herefordshire Council and NHS partners undertake further mapping of weight management services (and compliance with NICE Guidance) and raising awareness of the Weight Management to health practitioners across the county, including the service offer, eligibility criteria etc.				
	Recommendation 15 That Herefordshire Council and NHS partners consider a consistent approach to the type of language and media used to communicate about obesity, tailoring language to the situation and co-producing communications with intended audiences.				

Notes

This is a table to track the progress of scrutiny recommendations made by one of the formal scrutiny committees at Herefordshire Council, with details provided by the relevant lead departments. It is a standing item on the Committee's agenda, so that the Committee can keep track of the recommendations it has made, the decisions made, implementation status and provoke consideration of outcomes that have for residents, the Council and its statutory partners.

The tracker lists the recommendations made by the committee throughout a municipal year and any recommendations still not fully implemented from previous years since June 2022.

The tracker documents the scrutiny recommendations made, the dates when they were made, the decision maker who can make each decision in respect of the recommendations, the date the decision was made and the actual decision taken. The executive decision taken may be the same as the scrutiny recommendation (e.g. the recommendation was "agreed") or it may be a different decision, which should be clarified here. The tracker also asks if the respective executive decisions have been implemented and this should be updated accordingly throughout the year.

Scrutiny Task Group report recommendations should be included here but referenced collectively (e.g. the name of the scrutiny inquiry and date of the agreement of the scrutiny report and recommendations by the scrutiny committee, along with the respective dates when the decision maker(s) considered and responded to the report and recommendations. The Committee should generally review the implementation of scrutiny task group report recommendations separately with stand-alone agenda items at relevant junctures – e.g. the Executive Response to a scrutiny report and after six months or a year, or upon expected implementation of the agreed recommendation of report. The "Expected Implementation Date" should provide an indication of a suitable time for review.

Key:

Date of scrutiny committee meeting - For each table, the date of scrutiny committee meeting when the recommendation was made is provided in the subtitle header.

Subject – this is the item title on the committee's agenda; the subject being considered.

Scrutiny Recommendation – This is the text of the scrutiny recommendation as it appears on the minutes – **in bold**.

Decision Maker – the decision maker for the recommendation, (**in bold**), eg the Cabinet (for Council executive decisions), full Council (for Council policy and budgetary decisions), or an NHS executive body for recommendations to the NHS. In brackets, (date), the date on which the Executive Response was made.

Executive Response – The response of the decision maker (eg Cabinet decision) for the recommendation. This should be the executive decision as recorded in the minutes. The Executive Response should provide details of what, if anything, the executive will do in response to the scrutiny recommendation. Ideally, the Executive Response will include a decision to either agree/reject/or amend the scrutiny recommendation and where the scrutiny recommendation is rejected, provide an explanation of why. In brackets, provide the date of Cabinet/executive meeting that considered the scrutiny recommendation and made the decision.

Department – the Council directorate (and/or external agencies) that are responsible for implementation of the agreed executive decision/response. Also provided, for reference only, the relevant Cabinet Member and strategic director.

Implementation Status – This is the progress of any implementation of the agreed Executive Response against key milestones. This may cross reference to any specific actions and deadlines that may be provided in the Executive Response. This should be as specific and quantifiable as possible. This should also provide, as far as possible, any evidenced outcomes or improvements resulting from implementation.

Review Date - This is the expected date when the agreed Executive Response should be fully implemented and when the scrutiny committee may usefully review the implementation and any evidenced outcomes (eg service improvements). (Note: this is the implementation of the agreed Executive Response, which may not be the same as the scrutiny recommendation).

Health Care and Wellbeing Scrutiny Committee Work Plan 2022-2023

Friday 22nd July 2022

Agenda item	Cabinet Member/s	Officers	External Witnesses
The Impact of Intensive Poultry on Health and Wellbeing Scrutiny Report. To agree the Impact of Intensive Poultry Units on Health and Wellbeing Scrutiny Report on potential public health impacts of the intensive poultry industry. <i>Reports deadline: Thursday, 14th July 2022.</i>	Councillor Pauline Crockett- Cabinet Member for Health and Adult Wellbeing	Hilary Hall - Corporate Director of Community Wellbeing Matt Pearce – Director of Public Health	

Friday 23rd September 2022

Agenda item	Cabinet Member/s	Officers	External Witnesses
Obesity and Nutrition To consider the ways in which the council can tackle obesity in the local population, through public education, fitness and nutrition. Specifically: <ul style="list-style-type: none"> • What programmes exist for ensuring fitness post-16 education • Physical Activity Strategy • Use of excess foods in supermarkets – Spare food that can be utilised to educate • Council's role within this issue – Food and Fitness in schools, Food and Fitness post education 	Councillor Pauline Crockett- Cabinet Member for Health and Adult Wellbeing	Hilary Hall - Corporate Director of Community Wellbeing Matt Pearce – Director of Public Health	Christine Price - Chief Officer Healthwatch Herefordshire

Agenda item	Cabinet Member/s	Officers	External Witnesses
<ul style="list-style-type: none"> Relevance of planning applications in the vicinity of homes and schools <p>With the cost of living crisis rising, the number of people resorting to less nutritious foods and levels of obesity in children and adults is on the rise.</p> <p><i>Deadline for draft reports: 9th September 2022</i> <i>Reports deadline: 13th September 2022</i></p>			

Friday 25th November 2022

Agenda item	Cabinet Member/s	Officers	External Witnesses
<p>Herefordshire Health and Wellbeing Strategy</p> <p>To review the new draft Herefordshire Health and Wellbeing Strategy and make any recommendations on the strategy to the Cabinet and wider participating strategic partnership.</p> <p>The draft strategy should set out the strategic direction for the council and partners to improve the health and wellbeing of the population over the next five years, identify shared priorities, outcomes and commitment for improving health and wellbeing and reducing health inequalities and provide an overarching framework for commissioning and service planning across local health, social care organisations and voluntary bodies in Herefordshire.</p> <p><i>Deadline for draft reports: 11th November 2022</i> <i>Reports deadline: 15th November 2022</i></p>	Councillor Pauline Crockett- Cabinet Member for Health and Adult Wellbeing	Hilary Hall - Corporate Director of Community Wellbeing	Christine Price - Chief Officer Healthwatch Herefordshire

Agenda item	Cabinet Member/s	Officers	External Witnesses
Health Care Services Update Q&A To consider: <ul style="list-style-type: none"> Services that could be cut from Herefordshire and migrated out, and is there a need for them to remain Pressure points in the migration of services. Recent success of the retention of the haematology services in Hereford has highlighted the need to be more sighted on what services are on the edges of being transferred out to Worcester, Birmingham or other areas of the country. What can be done to save the units left in Herefordshire and is there any way to prevent further migration of services.	Councillor Pauline Crockett- Cabinet Member for Health and Adult Wellbeing	Hilary Hall – Corporate Director of Community Wellbeing Matt Pearce – Director of Public Health	ICS reps

Monday 23rd January 2023

Agenda item	Cabinet Member/s	Officers	External Witnesses
Access to Council Wellbeing Services - Signposting To undertake a review of the signposting to the variety of wellbeing services that are available through the council to improve accessibility. Specifically to consider: <ul style="list-style-type: none"> How to target services to people that need them and not just those in the system How to improve access to services Review of community transport Access to health and care for Herefordshire residents living on the border with Wales 	Councillor Ange Tyler- Cabinet Member for Housing, regulatory services, and community safety	Hilary Hall - Corporate Director of Community Wellbeing Mandy Appleby – Service Director, Social Care Delivery	VCSE organisations E&E rep for community transport Sarah Parry - Corporate Head of Integrated Community Services

Agenda item	Cabinet Member/s	Officers	External Witnesses
<p>Currently the cost of running community transport could lead to more pressure on access to services and how rural communities are able to access some key services.</p> <p><i>Deadline for draft reports: 6th January 2022</i> <i>Reports deadline: 11th January 2022</i></p>		<p>Amy Pitt – Service Director, Communities</p>	<p>Christine Price - Chief Officer Healthwatch Herefordshire</p>
<p>The use of Talk Community Hubs and Social Prescribing To consider:</p> <ul style="list-style-type: none"> • Why and how to reach as many people in the community to show them the resources of talk community hubs and ensure their usefulness • Is social prescribing something that can be used in these hubs to help with the community's cohesion and mental health of children, young people and adults? Explore the realities of social prescribing • How to unite Talk Community, Social Prescribing and Recovery Colleges. • How the services can be developed and what is needed to do this? <p>The use of talk community and their hubs to bring communities together for mental health and cohesion. Using social prescribing and other services to link people and communities together. The talk community hubs are used for those in rural areas who lack access to Wi-Fi and many other services but these are not always known by the community.</p> <p><u>NHS England » Social prescribing</u></p>	<p>Councillor Ange Tyler- Cabinet Member for Housing, regulatory services, and community safety</p>	<p>Hilary Hall - Corporate Director of Community Wellbeing</p> <p>Amy Pitt – Service Director, Communities</p> <p>Matt Pearce - Director of Public Health</p>	<p>Emily Lowe – Talk Community Development Lead</p> <p>Philippa Ellis - Talk Community Health and Wellbeing Manager Community Wellbeing</p> <p>Taurus rep</p> <p>Recovery college rep</p> <p>Christine Price - Chief Officer Healthwatch Herefordshire</p>

Agenda item	Cabinet Member/s	Officers	External Witnesses
<p><i>NB: Talk Community Directory contract ends May 2023 – so need to feed into work for recommissioning this (Contact Amy Pitt – Service Director, Communities).</i></p> <p><i>Matt Pearce has done a piece of work on Social Prescribing at Gloucestershire. https://uwe-repository.worktribe.com/output/905835/gloucestershire-clinical-commissioning-groups-social-prescribing-service-evaluation-report</i></p> <p><i>Deadline for draft reports: 6th January 2022</i> <i>Reports deadline: 11th January 2022</i></p>			
<p>Project Brave – Homelessness To consider Strategies to Combat homelessness in Herefordshire in the light of the rising cost of living, including an update on the development of Project Brave.</p>	<p>Councillor Ange Tyler- Cabinet Member for Housing, regulatory services, and community safety</p>	<p>Hilary Hall - Corporate Director of Community Wellbeing</p> <p>Ewen Archibald – Service Director, All Age Commissioning</p> <p>Lee Davis – Head of Prevention and Support Services</p>	<p>Housing/homelessness providers</p>

Monday 6th March 2023

Agenda item	Cabinet Member/s	Officers	External Witnesses
<p>Domiciliary and Residential Care in Herefordshire To consider the capacity and provision of domiciliary and residential care in Herefordshire.</p> <p><i>Deadline for draft reports: 16th February 2022</i> <i>Reports deadline: 21st February 2022</i></p>	<p>Councillor Ange Tyler- Cabinet Member for Housing, regulatory services, and community safety</p> <p>Councillor Pauline Crockett- Cabinet Member for Health and Adult Wellbeing</p>	<p>Hilary Hall - Corporate Director of Community Wellbeing</p> <p>Ewen Archibald – Service Director, All Age Commissioning</p> <p>Mandy Appleby – Service Director, Social Care Delivery</p>	
<p>Perinatal Care To review the effectiveness of the service and where the pressure points of the service are following the ongoing recovery from Covid.</p> <p>KLOE:</p> <ul style="list-style-type: none"> • Question put by Cllr Summers to the Perinatal Group • The briefing response to the questions • Performance Update • Are there any Pressure Points in the service • Where things are going wrong or need to be improved. 	<p>Councillor Pauline Crockett- Cabinet Member for Health and Adult Wellbeing</p>	<p>Hilary Hall - Corporate Director of Community Wellbeing</p> <p>Ewen Archibald – Service Director, All Age Commissioning</p>	<p>Jenny Dalloway – Lead for Mental Health, Learning Disabilities and Children</p> <p>Sally Simmonds – Perinatal Service Manager Lead</p> <p>Christine Price</p>

Agenda item	Cabinet Member/s	Officers	External Witnesses
<p><i>Deadline for draft reports: 16th February 2022</i> <i>Reports deadline: 21st February 2022</i></p>			<p>Chief Officer Healthwatch Herefordshire</p>

Reserve Items

To be identified.



Title of report: Health and Wellbeing Strategy

Meeting: Health, Care and Wellbeing Scrutiny Committee

Meeting date: Friday 25 November 2022

Report by: Public Health Project Officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose:

To present to the Committee a review of the development of the Herefordshire Health and Wellbeing Strategy, with firstly, an assessment of the overall impact and any learning points from the existing strategy and then secondly, inform the Committee of the progress and timelines of the new draft Herefordshire Health and Wellbeing Strategy.

Recommendation

That the outcomes, impact and learning from the implementation of the Health and Wellbeing Strategy be noted.

That the progress and plans on the development of the new Health and Wellbeing Strategy to date be noted.

Alternative options

1. It is a function of the Health and Wellbeing Board (HWBB) to produce a Joint Health and Wellbeing Strategy (HWBS).
2. The Committee could choose not to consider this briefing, however given the importance of the subject matter it is presented to this meeting.

Key considerations

3. The council produced the attached report in October 2022. The report is to provide the background information to assist the scrutiny committee to consider the outcomes, impact

and any learning points from the implementation of the Health and Wellbeing Strategy, as well as to consider the progress and plans on the development of the new Health and Wellbeing Strategy.

4. Appendix 1 contains the council's report in full for the Committee to consider.

Community Impact

- In accordance with the adopted code of corporate governance, 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. Topics selected for scrutiny should have regard to what matters to residents.

Environmental Impact

- Whilst this is an update on the work programme and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy.

Equality duty

- 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. As this report concerns the administrative function of the children and young people scrutiny committee, it is unlikely that it will have an impact on our equality duty.

Resource implications

- 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 can be subject to an assessment to support appropriate processes.
- The councillors' allowance scheme contains provision for co-opted and other non-elected members to claim travel, subsistence and dependant carer's allowances on the same

basis as members of the council. If the committee agrees that co-optees should be included in an inquiry they will be entitled to claim allowances.

- It is suggested that a scrutiny committee should only have one in-depth scrutiny task group inquiry running at a time.
- It should be noted that the Health and Wellbeing Strategy is likely to identify some key areas for action which may have implications for funding.

Legal implications

- Section 196 of the Health and Social Care Act 2012 requires the preparation and publication of a joint Health and Wellbeing Strategy which describes how the Health and Wellbeing Board, working together with partners, will improve health and wellbeing.
- The council is required to deliver a scrutiny function. The development of a work programme which is focused and reflects those priorities facing Herefordshire will assist the Committee and the council to deliver a scrutiny function.
- The Scrutiny Rules in Part 4 Section 5 of the council's constitution provide for the setting of a work programme, the reporting of recommendations to the executive and the establishment of task and finish groups within the Committee's agreed work programme.

Risk management

Risk / opportunity	Mitigation
There is a reputational risk to the council if the scrutiny function does not operate effectively.	The arrangements for the development of the work programme should help mitigate this risk.

Consultees

Mary Knowler (Public Health Programme Manager), Hilary Hall (Corporate Director Community Wellbeing)

Appendices

Appendix 1 – Herefordshire Health and Wellbeing Strategy

Appendix 2 – List of consultation reports reviewed as part of priority setting

Appendix 3 - Extended narrative for potential priorities

Background papers

- Herefordshire Health and Wellbeing Strategy - [Health and wellbeing – Herefordshire Council](#)
- Herefordshire Joint Strategic Needs Assessment [joint-strategic-needs-assessment](#)
- Herefordshire Joint Health and Wellbeing Strategy [Consultation](#)

Appendix 1

1.0 Officer Recommendations

That the committee notes the progress and plans for the development of the new Joint Health and Wellbeing Strategy

2.0 Purpose of the Report

1. To provide a summary to the committee about the outcomes, impact and any learning points from the previous Health and Wellbeing Strategy.
2. To inform the committee for its consideration, of the progress and plans to date to develop the new strategy.

3.0 Introduction

The Health and Social Care Act 2012 requires every local authority to produce a Joint Health and Wellbeing Strategy (HWBS). The HWBS should set out how the Council and its local partners plan to address the health and wellbeing needs of its population and as such, is a key document that is jointly owned and one that promotes collective action to meet those needs.

The recent implementation of the Health and Care Act 2022 and the consequent establishment of the new Integrated Care Strategy (ICS) for Herefordshire and Worcestershire provides a timely opportunity for the new strategy to deliver action at both the system and place level.

The publication of the NHS long Term Plan also signals a commitment to place-based care and population health and places new key responsibilities upon Primary Care Networks, as well as the ICS. We should therefore ensure that the HWBS reflects the new joined up way of working and that our priorities are aligned to the ICS strategy. For that reason it has been proposed that the Herefordshire HWBS, once completed will provide chapter 1 of the ICS strategy, with Worcestershire HWBS providing Chapter 2 and the Integrated Care Board (ICB), chapter 3. The first draft of the ICS strategy is expected to be completed in December 2022.

4.0 Health and Wellbeing Strategy 2017-2021

The current Health and Wellbeing Strategy was published in 2017 and set a broad range of priorities that were inclusive to people through their lifetime. It was ambitious as all the priorities merited particular attention because of their impact upon wellbeing. However they were fairly focussed on the individual: going forward, as referenced in the Introduction, we have the systems in place that will allow us to set our new strategy within a broader community context and more effective partnership working. Working by these principles we will have greater potential to improve the wellbeing of our residents than we have had previously.

4.1 Summary of Achievements of the HWBS 2017-2021

Throughout the Strategy a number of statements were made on 'what success would look like' across the six identified priorities. A rapid review of actions against these HWBS commitments found that many of these have been achieved in part or in full, but the degree to which the strategy influenced the subsequent actions is unclear. A summary of the priorities, outcomes and notable achievements are summarised in Table 1.

A detailed analysis was also undertaken on the 'key performance indicators' listed in appendix B of the 2017 Health and Wellbeing Strategy to understand whether improvements had been achieved against

each priority areas. A summary of these can also be found in Table 1 below. It should be noted that there are likely to be issues with some of the indicators identified as data were not available. It should also be acknowledged that most of these indicators will have been adversely impacted by the Covid-19 pandemic and/or unlikely to have shown any amenable changes over a short period of time.

Table 1. Summary of achievement against priorities

Priority	Outcomes	Achievements	KPI's
1. Mental Wellbeing	Mental health and wellbeing and the development of resilience in children, young people and adults	<ul style="list-style-type: none"> • Roll out of the Solihull Parenting Programme • School Mental Health Nursing Service • Social Prescribing Service across primary care networks • Additional training for workforces to Make Every Contact Count 	<ul style="list-style-type: none"> • Most indicators suggest no improvements
2. Children	For children, starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health.	<ul style="list-style-type: none"> • Roll out of the Solihull Parenting Programme • Ongoing investment in the public health nursing service • Maternal stop smoking interventions • Oral health interventions - supervised tooth brushing, oral health training 	<ul style="list-style-type: none"> • Approximately half of the indicators shown improvements
3. Older people	Quality of life, social isolation, fuel poverty	<ul style="list-style-type: none"> • Ongoing investment across the voluntary sector • Physical Activity Strategy • Strength and Balance programme 	<ul style="list-style-type: none"> • Unclear or no impact across the indicators
4. Impact of Housing	Impact of housing – fuel poverty and poverty and the impact on health and wellbeing	<ul style="list-style-type: none"> • Integrated discharge service / Home First • Talk Communities Programme 	<ul style="list-style-type: none"> • Unclear or no impact across the indicators
5. Adults	Long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)	<ul style="list-style-type: none"> • Roll out of National Diabetes Prevention Programme • Numerous active travel initiatives • Health Trainer Service • Healthy Mums Programme 	<ul style="list-style-type: none"> • Unclear or no impact across the indicators
6.Special Consideration	Special consideration to vulnerable groups	<ul style="list-style-type: none"> • Learning Disability Strategy 2018 to 2028 	<ul style="list-style-type: none"> • Unclear or no impact across the indicators
7. Hidden Issues	Issues Alcohol abuse in older men and women and young mothers	<ul style="list-style-type: none"> • A new alcohol and substance misuse service launched 	<ul style="list-style-type: none"> • Unclear or no impact across the indicators

4.2 Governance of the current HWBS

The previous strategy outlined a desire to work collectively across our partnership structures through a distributed leadership model. In reality it is unclear how oversight and delivery of the existing strategy was monitored and governed. We are not aware of a delivery plan that accompanied the strategy that detailed how the strategy would be implemented.

In May 2019, the chair of the health and wellbeing board commissioned a review of the board's function, membership and deliverables. The review was facilitated and supported by the LGA. The review examined the current strategic landscape across health, social care and work of wider partners, and the role of the board in providing leadership and helping to bring coherence to the new ways of working that connect communities, place and system.

To ensure that the board was fit for purpose in a changing health and social care environment, and recognising the need to explore the wider determinants of health and wellbeing, the board agreed to expand its core membership to include representatives from: health partners - commissioners and providers; the council - councillors and all directors; police; fire and rescue; strategic partnership boards; and Healthwatch Herefordshire.

In reviewing the existing strategy, a number of considerations have been identified that will inform how the new HWBS will be developed and implemented:

- A clear action plan and programme management approach to ensure oversight of delivery of the strategy
- Identified thematic leads/Senior Responsible Officers responsible for key priority areas
- Dedicated officer support to oversee delivery of the health and wellbeing strategy
- A performance management framework that is presented regularly to the Health and Wellbeing Board to ensure progress against the priorities are actively monitored
- Ensuring Health and Wellbeing Board members hold each other to account in delivering the strategy and working together to 'unblock' issues
- Consideration to how identified actions are resourced by partners across 'place' and 'system'
- Ensure effective arrangements are in place to evaluate the impacts of the new Joint Health and Wellbeing Strategy

5.0 Developing the new Health and Wellbeing Strategy

The strategy is being project managed by a designated council officer under the direction of the Director of Public Health. A dedicated task and finish group has been formed and meets fortnightly to update its members on progress and issue any new actions required by attendees. This group is made up of representatives from key partners i.e. Council, Health Watch, Herefordshire and Worcestershire Integrated Care Board and Wye Valley Trust.

In June 2022, the Health and Wellbeing Board held a workshop to consider how the new health and wellbeing strategy should be developed. Through this process they agreed the following principles:

- The priorities in the strategy will be based on need
- Planned actions will be based on evidence of effectiveness.
- Prevention (in all its forms) will be at the heart of all we do
- A 'proportionate universalist' approach – something for everyone and more for those who need it the most
- The strategy will focus on areas where partnership action adds value and there is commitment across the system
- Narrowing health inequalities is a core aim

- The strategy is developed in close collaboration with residents and local partners from health, social care, local authorities and voluntary sector.

The Board also agreed a number of design principles for the new HWBS:

- The strategy should be short and concise.
- The strategy itself should be high level.
- It should be supported by shared and local action plans that set out the detail of how the strategic goals will be delivered across all the partners.
- The strategy should focussed on prevention and integration.
- A whole life course approach should be maintained.

5.1 Formulating the priorities

Addressing health inequalities and the wider determinants of health remain underpinning principles that have guided our decisions about potential priorities. There is a wealth of evidence that points strongly to the influence of peoples' life circumstances and environment on their wellbeing and of wellbeing on our state of health. A key publication of recent times was The Marmot Review of 2010¹ which highlighted the difference in health outcomes between those living in poorer areas and those in the more affluent parts of the country. It also demonstrated the worsening trend in mortality and morbidity of those living in poorer circumstances, compared to those who were better off economically. This was followed-up in 2020 with the report 'Health Equity in England: The Marmot Review 10 Years On'².

Twenty years before Marmot, Dahlgren and Whitehead published their 'Wider determinants of health' model (see diagram below) demonstrating the relationship between the individual and their environment and how our health is influenced by a variety of factors. This model has remained a key point of reference for discourse about health and its influencing factors.

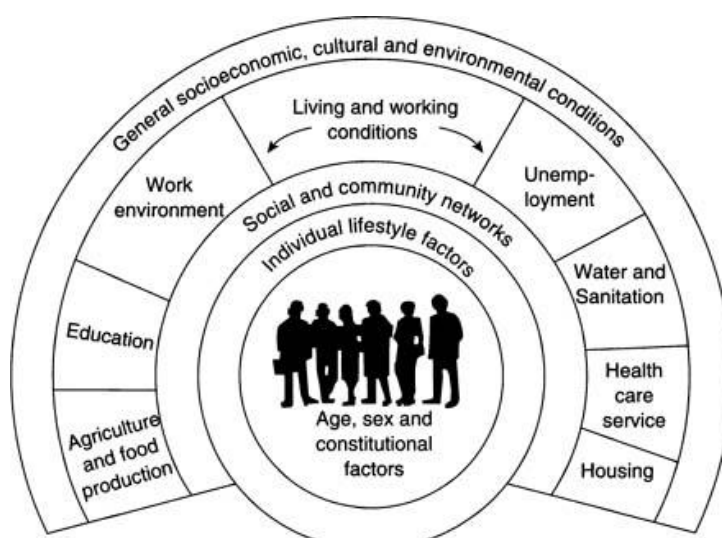


Figure 1. The Dahlgren and Whitehead model of health determinants

Any consideration of the new strategy cannot be done without reference to the emerging evidence that the coronavirus (COVID-19) pandemic has had a profound impact on our health and wellbeing, affecting outcomes across the life course. Its effect has shone a light on some of the health and wider inequalities that persist in our society and it has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. For example, over the course of the pandemic, people living in the most deprived areas within the Herefordshire were 1.5

¹ [Marmot Review report – 'Fair Society, Healthy Lives' | Local Government Association](#)

² [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)

times more likely to die with COVID-19 than those living in the least deprived areas³. A new strategy therefore presents an opportunity to include our aspirations and priorities for tackling inequalities as part of our recovery, recognising that many of the causes of ill-health are deep rooted in society. Together with the worsening cost of living situation being witnessed, we are perhaps faced with a new level of challenge since the previous Health and Wellbeing Strategy was written.

5.2 Prioritising areas for consideration

In identifying potential priorities for the HWB Strategy we considered core data and insights from the Joint Strategic Needs Assessment (JSNA), partners, and community surveys and reports. We also undertook a desktop review of existing strategic documents.

Most indicators or outcomes used to identify 'problem areas' were based on data for Herefordshire's performance on several public health outcomes, or indicators, presented on the Office for Health Improvement & Disparities (OHID) Fingertips website⁴. Fingertips is a large public health data collection, with data organised into themed profiles. Specific indicators were chosen based on previous work identifying relevant indicators for local authority public health planning, supplemented by additional indicators that were recently added or where Herefordshire performed poorly. Herefordshire's performance on indicators were compared to average national scores to determine whether Herefordshire performed better, similar, or worse than the England average. Data was also extracted for Worcestershire, Herefordshire's neighbouring region, the ICS and West Midlands regions for comparison. Where available, patterns based on trends over time were also looked at to understand whether performance on specific indicators was improving, worsening, or similar. A summary of some of the health indicators can be found in appendix 2.

In addition to the acquisition of statistical data, a thorough review of recent consultations, strategies and plans relevant to the county was undertaken (see Appendix 3). The Joint Strategic Needs Assessment of 2021 has also provided us with rich detail about the health and economics of our populations. .

To help identify priority areas for possible inclusion in the strategy, a set of criteria were agreed by the health and wellbeing board:

1. Herefordshire outcomes or indicators that are poor and are worsening or have plateaued
2. Outcomes that affect a significant number of people or groups of people
3. Outcomes that require system/partnership working and responses to address
4. Outcomes that are amenable to change with a strong evidence base for potential interventions
5. Outcomes with evidence of inequalities in their effect on the population

Once our preliminary long list of priorities was approved, this was presented to partners and colleagues from the Health and Wellbeing Board, One Herefordshire Partnership, Community Partnership (covered in more detail below), Integrated Care Partnership, Clinical and Practitioner Leadership forum, Directorate Leadership Team (DLT) and Public Health colleagues from Herefordshire Council.

To help us start to formulate potential priorities, in early autumn of 2022 there was a consultation workshop with our Community Partnership to ascertain what it saw as the key challenges for Herefordshire residents. The issues were identified as below with some qualitative feedback from residents: see Table 2.

³ All age standardised mortality rate calculated using ONS 2020 MYE LSOA SYOA and European Standard Population for IMD quintiles. Analysis includes deaths among Herefordshire residents where COVID-19 is mentioned on the death certificate from the beginning of the pandemic up to 14th March 2022. Data is from council death registration certificates. Deaths among care home residents were excluded due to clustering effects

⁴ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Table 2. Summary of issues and challenges identified by Community Partnership

Challenges	Feedback
Access to Services	Waiting lists, access to mental health services, GPs, Pharmacies & Dentists
Homelessness and Housing	Rough sleepers and those at risk, hidden homeless, good housing stock, cold homes
Rurality and Transport	Rurality increases cost of service provision, dwindling transport infrastructure, travelling to access care and services
Cost of Living	Financial health impact of the growing cost of living, "people just can't afford to live"
Loneliness and Isolation	There are deep issues with loneliness & isolation in a county where the transport infrastructure is dwindling rather than growing"
Food Poverty	Education and affordability of/access to nutritional food, Extending free school + holiday time meals
Digital Exclusion	Areas without broadband and/or people without digital skills, digital website needs

We also undertook a review of previous consultations that had taken place and a list of these can be found in appendix 2

5.3 Proposed Priorities for the strategy

Having consulted with our partners and taken into account the issues explained at 5.2 we have now identified a list of 12 priorities that sit under 4 broad headings (see table 3). Further detail of these priorities areas can be found in appendix 4

Table 3 – Draft priorities identified for consideration in the new HWB Strategy

	1. Healthy people	2. Opportunity for all	3. Thriving communities	4. Healthy and sustainable places
Goals	people are supported to be in control of their health and make healthy choices	Opportunities exist for everyone through fair employment for all, education and social mobility	People live in communities that foster wellbeing and resilience	People can live and work in sustainable, safe and healthy environments
Priority areas	1. Good mental wellbeing across the life course 2. Support people addicted to substance misuse 3. Support vulnerable people to lead healthy lives	4. Improve education outcomes for disadvantaged children and young people 5. Every child has the best start in life 6. Good work for everyone	7. Increase access to healthy and sustainable food and physical activity 8. Reduce our carbon footprint 9. Improve housing quality and reduce homelessness	10. Reduce loneliness and social isolation across all ages 11. Support people to age well 12. Improve access to local services, (community and health) particularly in rural areas

6.0 Timeline for development of strategy

The table below gives a summary of where we have reached in the process of the strategy development.

When	What	Completed status
July 2022	Approval to proceed	
July 2022	Evaluate existing strategy	
August 2022	Review existing consultations	
September 2022	Understanding population needs	
October 2022	Identification of proposed Priorities	
November –Dec 2022	Public Consultation	
January 2023	First draft of the strategy	
January 2023	Engage partners on draft strategy	
March 2023	Strategy approved	

7.0 Public Consultation

Consultation with the public will compose of two main formats:

- a) An online survey that will run from 31 October to 11 December 2022. It will be available through the Council website and can be completed on any digital device. Promotion of the survey is being supported by a press release through social media, our community partners and posters with QR codes for ease of digital access

The survey can be viewed here - [Health and wellbeing in Herefordshire – what does this mean to you? – Herefordshire Council](#)

- b) Face to face engagement workshops will be conducted by 'Impact' consultancy with the harder to reach residents and those who are not so likely to have digital access. These will take place over several dates between November and December. Promotion will be via our community partners and every effort will be made to meet with those groups whose voices are not so seldom heard. Such groups may include:
 - Young Care leavers
 - Carers (Carers Trust 4 All)
 - Gypsy & Romany Travellers
 - People with Learning Disabilities (Echo)
 - Disabled People (Hereford Disability Network)
 - Young People 16/18 (Hereford Sixth Form College & Young Farmers)
 - Ethnic Minority Groups
 - Low income (Connexus Housing)
 - Older people (Age UK)
 - LGBT community via Hereford Pride group
 - Women via the Women's Equality Network group
 - Refugees via City of Sanctuary (predominantly Afghan and Syrian refugees)

An easy read version of the survey will also be made available and material translated where needed

7.1 Our partners and key stakeholders will be consulted through two workshops:

- Community Partnership meeting – 23 November 2022
- Health & Wellbeing Board workshop – mid-December 2022. This will involve reviewing the initial outputs from the public engagement exercise

7.2 Evaluation from consultation

It is envisaged that the public and stakeholder consultation will be an iterative process and that following an analysis of the feedback, this information will go on to inform the contents of the draft health and wellbeing strategy. We will also ensure the outcomes of the public engagement exercise will be shared with the public and those who took part in the workshops.

7.3 Outcomes Framework

In light of the challenges in evaluating the current HWB an outcomes framework is being developed and mapped across the 12 priority areas. This will focus on high level outcomes associated with our overarching vision and objectives that could sit within each priority area.

7.4 Governance and Implementation of the Strategy

Experience from the current health and wellbeing strategy suggests that a clear delivery/ implementation plan and governance process needs to be developed in order for the strategy to be an effective working document that will produce measurable outcomes and help improve peoples' lives.

We are at an early stage in the development of the strategy and it is currently high level, but this is part of the journey, together with our partners, towards making it a document that is real, relevant and makes a difference.

Appendix 2 – A summary of areas of concern informed by the Public Health Outcomes Framework

Problem area	Herefordshire picture
Obesity	30.9% of adults are classified as obese and 25.8% of children are classified as overweight or obese at Reception
Climate Change	1.137 million tonnes of CO ₂ emissions in 2018, with two Air Quality Management Areas due to high levels of nitrogen dioxide in Hereford and Leominster
Adult Mental Health	12.3 people per 100,000 died by suicide 17.68% of adults who feel lonely often/always or some of the time
Child Mental Health	180.4 children per 100,000 are admitted to hospital for mental health conditions
Child and Maternal Health	Infant mortality rate of 6.4 per 1,000
Child Safety	Up to 33% of students reported 'never' feel safe going out after dark in their local area
Smoking Rates	28% smoking prevalence in adults in routine and manual occupations vs 13.1% in general population 11.5% of mothers smoking at time of delivery
Treatment and Recovery	19.9% of people successfully completed alcohol treatment and 10.7% of non-opiate users successfully completed drug treatment
Oral Health	31.9% of 5 year olds with experience of visually obvious dental decay
Infectious Diseases	13% of people aged 15-24 screened for chlamydia
Screening	58.2% screening coverage for breast cancer
Physical Activity	49.3% of children and young people are physically active
Older People	51.1% estimated dementia diagnosis rate (aged 65+)
Long COVID-19	4.1% of Herefordshire and Worcestershire respondents with symptoms

Appendix 3 - A list of public consultations reviewed as part of priority setting

Diabetes project	https://healthwatchherefordshire.co.uk/wp-content/uploads/2022/07/Herefordshire-Diabetes-Project-Report-2022-PDF.pdf
GP Enhanced engagement report	https://healthwatchherefordshire.co.uk/report/gp-enhanced-engagement-report
Dental services	https://healthwatchherefordshire.co.uk/wp-content/uploads/2022/06/DENTAL-REPORT-2022-v2-1.pdf
Covid-19 beginning of the pandemic	Covid-19-Summary-Highlight-Report.pdf (healthwatchherefordshire.co.uk)
Children's mental health	https://healthwatchherefordshire.co.uk/wp-content/uploads/2021/04/Children-Young-Peoples-MH-Report.pdf
Men's health	https://healthwatchherefordshire.co.uk/wp-content/uploads/2021/04/Mens-Health-report-2019-2020.pdf
Falls prevention & social isolation 2020	https://healthwatchherefordshire.co.uk/wp-content/uploads/2021/04/Falls-Prevention-Social-Isolation-Report.pdf
Hospital discharge	https://healthwatchherefordshire.co.uk/wp-content/uploads/2021/04/HOSPITAL-DISCHARGE-REPORT-FINAL.pdf
Community Wellbeing Survey	

Appendix 3 – Extended narrative for identified priorities

1. Support good mental wellbeing throughout life

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential. People with mental health issues can face significant disadvantages throughout their lives. Findings from the 2021 Herefordshire Community Wellbeing Survey indicate that the average wellbeing scores for adults in the county are above the England average. However, an estimated 24,800 adults in Herefordshire have a common mental health disorder. Results from the 2021 Herefordshire CYP Quality of Life Survey revealed 1 in 4 primary aged children have low to medium mental wellbeing scores, rising to nearly half in secondary aged pupils. We also know that the Covid-19 pandemic has resulted in an increase in people experiencing anxiety and depression. We want to continue to support the expansion of projects across the County that support peoples' mental well-being.

2. Support people who misuse drugs and alcohol, or who smoke.

People involved in substance misuse are very likely to have significantly worse mental and physical wellbeing compared to those who don't have this lifestyle. Nationally, during the COVID-19 pandemic we saw a rise in alcohol and cannabis use and there was disruption in access to support services. However since the latter half of 2021 and 2022 there has been a small but steady increase in the numbers of people completing a rehabilitation programmes.

Herefordshire has made good progress in reducing smoking rates across the county (2.3% reduction in the last 5 years). However, smoking remains the leading cause for differences in life expectancy in the county, and there are challenges within certain population groups such as pregnant women where smoking rates is higher than the national and regional average.

3. Support and protect those with multiple complex vulnerabilities

There are small groups of people who are subject to multiple risk factors (alcohol and drug use, severe mental illness, homelessness, at risk of violence and abuse) that in combination are likely to have a severely adverse effect on their mental and physical wellbeing. Often these vulnerabilities stem from negative childhood experiences, hence the important work of the Children and Families Team, but the impact of trauma can be experienced at any age and can prevent people from thriving and being able to function. These people need significant levels of coordinated and sustained support in order to live their lives safely, independently and with fulfilment.

4. Every child has the best start in life

The early years of a child's life have a huge impact on their future development and physical and mental wellbeing. Children in Herefordshire generally thrive and rates of child poverty are lower than the national average. However there are some areas of significant concern. The rates of babies who die at birth or shortly after is higher than the national average, rates of childhood vaccinations are below the national average and the dental health of young children remains poor. In keeping with the national programme, we have a dedicated Children and Families Team that work with young children and their families. These services are there to help families cope with the challenges of raising children, help them have positive parenting experiences and thereby helping children to thrive. The Council is currently working closely with Ofsted (a government regular and inspection agency) to implement better practices within our Children and Families services and we anticipate that this will help us improve our care for families that are most in need.

5. Improve education outcomes for disadvantaged children and young people

The quality of a child's education is one of the most important determinants of their future life chances. Generally, children in Herefordshire do well at school, but there are significant differences in achievement between disadvantaged children and their peers. The COVID-19 pandemic has widened these differences and has resulted in more children not being ready for school. We want to see all children and young people have an equal chance to do well in education and develop the kind of life skills that will equip them to live a fulfilled life in society and to be able to contribute positively to it.

6. Ensure there is good work for everyone

Rewarding and fulfilling work supports good physical and mental wellbeing. It fairly rewards peoples' efforts, enables them to earn a decent living wage and provides opportunity for personal development and financial security. In Herefordshire the economy is dominated by self-employment and the agriculture industry. Although the County has one of the lowest unemployment rates in the West Midlands, (3.4%), low wages are a significant issue, with earnings being consistently the lowest in the region. This therefore makes it difficult for people to improve their financial and life circumstances. We know that there are barriers for certain groups of people being able to access good quality jobs that are suitable for their needs and circumstances e.g. those with poor educational attainment, those with mental health issues and those with learning difficulties. We want to improve the opportunities for these people as well as for the population in general.

7. Increase access to healthy and sustainable food and physical activity

A healthy balanced diet and remaining physically active are two of the most important ways of staying healthy. Obesity rates have continued to steadily increase and Herefordshire rates are above the national average, with more than two thirds of adults, about 105,600 people and over a quarter of reception age children classed as overweight or obese. Being overweight also has adverse consequences for our mental well-being, not just physical. However we know that if people are helped to make better and easier choices with healthy eating and are enabled to be more physically active, they can improve their all-round health and well-being.

8. Protect the natural environment and reduce our carbon footprint

The global climate crisis is also an unfolding health crisis, as we see the increasing problems of flooding and poorer air quality. It's also likely that we'll see an increase in the frequency and severity of heatwaves which will lead to a rise in the number of heat-related deaths. Herefordshire has declared a climate and ecological emergency, committing to work with partners with the aim of the county becoming carbon neutral by 2030. One of the Council's pioneering projects has been in the wetlands, to improve the polluted water in sections of the river Lugg and Wye and to reduce flood risk.

9. Improve housing and reduce homelessness

The links between poverty, inadequate or unsuitable housing and ill-health are well-established. Due to the age and nature of Herefordshire's housing stock, we have significant issues with fuel poverty and cold homes, especially in more isolated rural areas. It's estimated that 30% of winter deaths are caused by cold living conditions and our fuel poverty rates are above the national average, affecting around 14,100 homes. There has also been an increase in homelessness, partly due to the Covid-19 pandemic and the cost of living crisis. However a specialist project set up during the pandemic helped to accommodate 239 individuals, of whom 148 were moved into long-term housing, or were waiting to be moved into long term accommodation. The project is still operational and our ambition is that it continues to build upon the work already done.

10. Reduce loneliness and social isolation across all ages

There is an established link between loneliness and poor health, both mental and physical. Research tells us that loneliness is associated with a greater risk of unhealthy behaviours and increases early death by 30%. In our 2021 Community well-being survey 1:10 adult residents said that they felt lonely, approximately 15,800 of the population. This issue has been exacerbated by Covid19, reflecting its effect nationally and affects greater numbers of young people than previously. However in our well-being survey, 88% of residents also said that they feel a strong sense of belonging where they live and are generally happy, which compares favorably with other areas of the country. We therefore have a positive base upon which to build, but we know there is room to improve how we help people to connect better with each other, whether that is through physical local networks or digital connectivity.

11. Support people to age well

Herefordshire has an ageing population, with 25% of residents aged 65 and over which equates to about 48,500 people. This number is predicted to increase 11% by 2025 and is expected to continue increasing. In keeping with the characteristics of an elderly population we have increasing rates of dementia and long term conditions. We want people to enjoy good health and independence for as long as possible and to stay healthier in old age, which includes being able to get diagnosed quicker if they have symptoms of dementia or another long-term condition.

12. Improve access to local services

Herefordshire is one of England's most rural counties. Over half of our residents live in rural areas, about 93,000 people. There are benefits to living in a rural setting, with 92% of people reporting being satisfied with where they live. However as the COVID-19 pandemic highlighted, when our geographical movement is restricted, it's important that we have good access to services, as well as effective broadband connectivity. The 'Fastershire' Broadband project is working to develop greater digital connectivity, but we also want to see expansion of our community services and local networks which provide vital support to people in a variety of ways.



Title of report: Task and Finish Group Report: The Impact of the Intensive Poultry Industry on Human Health and Wellbeing

Meeting: Health, Care and Wellbeing Scrutiny Committee

Meeting date: Friday 25 November 2022

Report by: Democratic Services

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To report the outcomes and recommendations of the Task and Finish Group on 'The Impact of the Intensive Poultry Industry on Human Health and Wellbeing'. The committee is invited to consider the outcomes from the task and finish group and to decide if the report and recommendations adopted and submitted to the Cabinet.

Recommendation(s)

That:

- (a) The report and recommendations on 'The Impact of the Intensive Poultry Industry on Human Health and Wellbeing' (at Appendix A to this report) be adopted, and**
- (b) The report be referred to Cabinet for consideration and Executive Response.**

Alternative options

1. This report invites the committee to review the outcomes of the Task and Finish Group on 'The Impact of the Intensive Poultry Industry on Human Health and Wellbeing', set out in a scrutiny report for adoption by the committee.

Key considerations

2. The establishment of the Task and Finish Group on 'The Impact of the Intensive Poultry Industry on Human Health and Wellbeing' was agreed by the former Adults and Wellbeing Scrutiny Committee on 6 September 2021 ([minute 26 of 2021/22 refers](#)).
3. The Task and Finish Group was formed of four members of the council. It met on eight occasions to receive evidence, and then also to consider and agree its key conclusions and recommendations.
4. The outcomes and recommendations are contained in the scrutiny report, attached at Appendix A.
5. As the successor body to the Adults and Wellbeing Scrutiny Committee, the Health, Care and Wellbeing Scrutiny Committee is invited to consider and adopt the scrutiny report, and to decide if the report and recommendations should be submitted to the Cabinet requesting an Executive Response.

Community impact

6. In accordance with the adopted code of corporate governance, 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.
7. The recommendations made by the Scrutiny Task and Finish Group contribute to the County Plan 2020-2024 ambition to 'Strengthen communities to ensure everyone lives well and safely together'.

Environmental impact

8. If the committee agrees the scrutiny report, the report may be referred to the Executive (Cabinet) for an Executive Response, at which stage, depending on their decision, due regard will need to be given to environmental impact.
9. In undertaking its work, the Task and Finish Group sought to minimise waste and resource use in line with the council's Environmental Policy by circulating documents electronically and by holding its meetings on a virtual meeting platform.

Equality duty

10. 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.
11. 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. As the presentation of the report to the committee is a back office function, we do not believe that it will have an impact on our equality duty.

12. If the committee agrees the scrutiny report, the report may be referred to the Executive (Cabinet) for an Executive Response, at which stage, depending on their decision, due regard will need to be given to the public sector equality duty.

Resource implications

13. This report invites the committee to adopt the scrutiny report and recommendations. If the committee agrees the scrutiny report, the report may be referred to the Executive (Cabinet) for an Executive Response, at which stage, in considering its response, a full assessment of resource implications will be undertaken.

Legal implications

14. Section 9F (2) (b) of the Local Government Act 2000 provides that a scrutiny committee can make reports and recommendation to the Executive with respect to the discharge of any functions which are the responsibility of the Executive.
15. Section 9F (2) (e) of the Local Government Act 2000 provides that a scrutiny committee can make reports or recommendations to the Executive on matters which affect the authority's area or the inhabitants of that area.
16. The scrutiny report provides the scrutiny recommendations of the committee to be made to the Executive (Cabinet).

Risk management

17. There are no risks associated in considering the outcomes and recommendations of the task and finish group. The Executive will need to assess the risks arising from the scrutiny committee's recommendations and any executive decisions made in respect of these.

Consultees

18. The organisations and individuals that provided oral and written evidence to the Scrutiny Task and Finish Group during the scrutiny inquiry are detailed in the Executive Summary of the scrutiny report at Appendix A.

Appendices

Appendix A The Impact of the Intensive Poultry Industry on Human Health and Wellbeing scrutiny report, November 2022.

Background papers

None identified.

Herefordshire Council

Health, Care and Wellbeing
Scrutiny Committee

The Impact of the Intensive Poultry Industry on Human Health and Wellbeing

DRAFT Report

Published on 25th November 2022
by Herefordshire Council

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Foreword

I am very pleased to present this report to the Health Care and Wellbeing Scrutiny Committee, further to the review of this important and complex topic by myself and fellow councillors on an issue of public concern and of local economic and community interest.

Keeping the citizens of Herefordshire safe is at the heart of Herefordshire Council's responsibilities, and local people care deeply not only for their own health and wellbeing, but also that of the wider community and for future generations. The Scrutiny Task and Finish Group are all lay people with no professional expertise in this area. We are not experts in the subject, but elected representatives of the local community, looking into this subject to find out what further might be done and submitting our findings for further consideration by the Council and partner agencies involved. This review has touched on some technical areas and has spoken with technical experts in the field, but is in itself not intended as a technical exercise or an internal or procedural piece of work, our task was undertaken in the spirit of oversight of an issue of concern to our local community. The Scrutiny Task and Finish Group was made up of four councillors, received advice and expert evidence from councillor officers, local stakeholders and other experts in the field. We met on eight occasions, and the process was interesting and enlightening for all of us, whilst conscious of the fact that intensive poultry farming is such an emotive subject.

It became clear, however, that there is far more work to be done than we could cover under the remit we had undertaken. We did not find enough evidence to conclude that Intensive Poultry Units are harmful to health, although there were many indications and much anecdotal evidence that this may be the case, especially the impact on anxieties and perhaps even wellbeing. We also realised that while we needed to stick to our brief, other related issues needed to be identified and explored further. For example, the wider impacts of Intensive Poultry Units on tourism, water quality, climate change, biodiversity, traffic movements, manure management, use of anaerobic digestion (AD) plants; the large processing plant in Hereford; all areas outside our remit.

Our recommendations reflect the need for further investigation and research, for a new look at permitting, monitoring and inspection; for wider consultation; and more locally focused control over the issue.

I am extremely grateful to the witnesses from local agencies, who gave up their time to prepare and present to us what intensive poultry farming is, how it works, how it's being monitored, how the various agencies work together, and what more could and should be done to ensure it is safe. Unfortunately, because of the farm closures due to Avian Flu, we were unable to visit a poultry farm as we had intended.

The contributions from Dr Alison Caffyn of the Food, Farming and Countryside Commission, who supported our work by sharing research and answering questions, were also extremely useful.

The evidence, explanations and patience from our own officers with specialist knowledge and experience in this area were invaluable, as was the support and report preparation from our governance support officers Joanna Morley and Simon Cann.

The excellent contributions from members of the public made for informative, educational and in many instances, saddening reading. These comments really helped the group to get an understanding of how intensive farming practices impact people in their everyday lives.

I am very grateful to my fellow Task and Finish Group members, Cllr Trish Marsh, Cllr Nigel Shaw and Cllr David Summers. I appreciate their commitment to understanding the issues, and to collaborative working, as well as their determination to produce constructive and meaningful recommendations.

This report isn't a ticked box; it is part of an ongoing process to assure, and ensure, that we are doing all we can for the local community, and further developments will be monitored with interest. I trust it will be a useful contribution to the work of the Health, Care and Wellbeing Scrutiny Committee.

Councillor Felicity Norman
Chairperson of the Intensive Poultry Industry
Scrutiny Task and Finish Group

Executive Summary and Recommendations

On 6th September 2021 the Council's Adult and Wellbeing Scrutiny Committee established a Scrutiny Task and Finish Group to undertake an inquiry into the intensive poultry industry in Herefordshire and agreed a scoping document and terms of reference for the inquiry. The topic was identified by the scrutiny committee as a priority, based on concerns regarding the health impacts of the intensive poultry industry and in accordance with the ambitions in the Herefordshire County Plan 2020-2024 to:

"Strengthen communities to ensure everyone lives well safely together".

Membership of the Scrutiny Task and Finish Group

The Members of the Scrutiny Task and Finish Group were:

Cllr Felicity Norman (Chairperson)
Cllr Trish Marsh
Cllr Nigel Shaw
Cllr David Summers.

The Scrutiny Task Group was supported by Joanna Morley - Democratic Services Officer and Simon Cann - Democratic Services Officer.

Terms of Reference

The Terms of Reference of the scrutiny inquiry was to:

- i). Receive and consider national and regional air and water pollution statistics as it relates to intensive poultry farming.
- ii). Receive available details on environmental impact of intensive poultry in Herefordshire, and consequent impact on human health.
- iii). Receive and consider pathways to improvement of intensive poultry farming methods to help mitigate health hazards.
- iv). Receive detail of any work that might be taking place or is planned nationally to consider risk and determine any health impacts.
- v). Receive detail of relevant health powers of the council that could be utilised to address any risk or health impacts identified.

Witnesses

Witnesses to the scrutiny inquiry included representatives and researchers from Herefordshire Council's planning department, the National Farmers' Union, Avara Foods Ltd, the Food Farming and Countryside Commission and Councillor Peter Jinman. Written submissions of evidence were received from the Environment Agency, although unfortunately the Environment Agency was not able to provide a representative to attend any of the evidence sessions.

Between February 2022 – April 2022, the group convened eight evidence sessions and heard evidence from the following witnesses:

- Dr. Frances Howie - Consultant in Public Health, Herefordshire Council.
- Marc Willimont - Head of Public Protection, Herefordshire Council.
- Kelly Gibbons, Development Manager (Planning), Herefordshire Council.
- Dr Alison Caffyn, PhD, Food, Farming and Countryside Commission (FFCC).
- Rebecca Jenman Principal Planning Officer, Herefordshire Council.
- Angela Newey, Senior Planning Officer (Policy), Herefordshire Council.
- John Reed, Agricultural Director - Avara Foods Ltd.
- The Environment Agency. (Replies to FOI email, email correspondence with Environment Agency officers).
- Councillor Peter Jinman: OBE, BVetMed, Dip Arb, FCI Arb MRCVS, FRAgS, Herefordshire Council.
- Local Residents. (Resident Feedback from Online invitation to submit evidence).
- Welsh Water (via email).
- Georgie Hyde - National Farmers' Union (NFU).

Key Lines of Enquiry

The Task Group focused on the following key lines of enquiry in questions to witnesses:

- Q1). *What is known about the impacts of ammonia, nitrogen deposition, phosphates and particulate matter from intensive poultry on human health?*
- Q2). *What is known about any consequent deterioration of rural health and living conditions?*
- Q3). *What considerations of risk of avian influenza should form part of the review?*
- Q4). *What national work is ongoing or planned?*
- Q5). *What are the relevant health functions and powers of the council in respect of the issue?*
- Q6). *What we sought to establish through the consultation?*

The Scrutiny Task and Finish Group held eight evidence sessions. The use of phosphates was discussed and it was agreed that, although they are regarded as damaging to the eco system, their minimal impact on drinking water means that there is no evidence to demonstrate they are significantly harmful to human health. Swimming and other activities on the river, however, could be impacted, which led to a decision to expand the scope of the inquiry to include *Health and Wellbeing*, including the potential mental health impact of noise, odour and other unwelcome by-products.

The scrutiny inquiry sought to understand the relevant public health functions of the council and how such health powers could be utilised to address health and

wellbeing impacts and to consider the potential human health and wellbeing impacts of the intensive poultry industry.

The Task Group reviewed key published literature to assess the strength of existing scientific evidence, the potential health impacts identified by this evidence and where such impacts might occur; and examined whether health data held by or available to Herefordshire Council and key health partners is sufficiently granular to allow for analysis and identification of identified potential impacts in Herefordshire. The Task Group also sought to understand what work might be taking place nationally, or is planned, to gather data and examine health impacts.

Given the pressures of times and resources, the focus of the review did not give consideration of the impact of the consumption of intensively reared poultry and poultry products, nor to hatcheries as they were not as ubiquitous as other types of IPU.

Throughout the inquiry, the Task and Finish Group sought to establish the scale of the intensive poultry industry in the county and gather the experience of health and wellbeing impacts on Herefordshire residents, to gain an understanding of the current published evidence on the potential health impacts of the industry; and the ability to identify such impacts in available data for Herefordshire.

The Task Group sought to establish communications with government and regulatory agencies in respect of ongoing or planned studies and regulatory responses in respect of health impacts, as well as gain an understanding of the health functions and powers of Herefordshire Council in respect of the issue and possible way that Herefordshire Council can further address health issues raised.

This report puts forward eleven recommendations to Cabinet, in anticipation of the Cabinet giving due consideration to the issues raised in this report and providing an Executive Response to the issues raised in the report and executive decisions in respect of each of the recommendations made. It is also anticipated that the scrutiny committee, having submitted the report and recommendations to Cabinet, will also review the implementation of those recommendations as agreed by Cabinet and receive an update on progress.

Recommendations

Recommendations have been ordered under the following key themes of the report:

- The regulatory framework; - planning and permit issuing, inspection, regulation and monitoring.
- Partnerships;- joint working with partners and external agencies.
- Public engagement and awareness.
- Evidence and research.

The Regulatory Framework

Recommendation 1: A Health Impact Supplementary Planning Document

That the Strategic Planning department and the Director of Public Health at Herefordshire Council work together to consider the development of a 'Health Impact in Planning' Supplementary Planning Document, which should provide guidance to local authority planning officers, applicants, relevant organisations and the wider community on delivering healthier developments. Any such document should include a toolkit for conducting a health impact assessment.

Recommendation 2: Regulation of Intensive Poultry Units

That the Council lobby Defra to transfer responsibility of issuing and regulating Intensive Poultry Units (IPU) permits from the Environmental Agency to local authorities to facilitate better local control and resource, with the income generated from this being used to fund improved regulation by local authorities.

Recommendation 3: A Manure Management Strategy

That Herefordshire Council work with the poultry farming industry, the National Farmers' Union and the Environment Agency to formulate and encourage the adoption of a countywide waste manure management strategy, which is compliant with the Farming Rules for Water 2018.

Recommendation 4: National Monitoring of Manure Management.

That Herefordshire Council work with and encourage local MPs to request accurate monitoring and recording of national quantities of manure and manure management.

Recommendation 5: Pollution Monitoring and Abatement Equipment and Techniques

That Herefordshire Council lobby Defra about the need for the Environment Agency to review the advice and guidance on the best available techniques now available for Intensive Poultry Units pollution monitoring and abatement and equipment for both ammonia and particulates both within the county and nationally.

Recommendation 6: Health and Wellbeing of IPU Workers

That Herefordshire Council work with the Health and Safety Executive to ensure the health and wellbeing of workers within the industry is being protected.

Public Engagement and Awareness

Recommendation 7: Intensive Poultry Farming Public Health Information

That a review of the prominence, availability and accessibility of Council information to improve clarity and awareness of Intensive Poultry Farming-related public health issues and concerns be undertaken, including how to make a formal complaint, if necessary.

Recommendation 8: Intensive Poultry Farming Myth Busting

That a fact checking, myth-busting document tackling common misconceptions about common public health concerns, such as anti-microbial resistance and the use of antibiotics in intensive poultry farming be prepared.

Recommendation 9: Talk Community on Intensive Poultry Farming

That Talk Community be used as one vehicle to disseminate information relating to Intensive Poultry Farming via the Talk Community channels.

Recommendation 10: Intensive Poultry Farming Community Wellbeing Survey

That Intensive poultry farming-related questions be included in the next Herefordshire [Community Wellbeing Survey](#) to provide an improved understanding of Herefordshire residents' perceptions about Intensive Poultry Farming and public health concerns.

Evidence and Research**Recommendation 11: Intensive Poultry Farming Impact Research**

Herefordshire Council work with local university faculties, the Environment Agency, National Resources Wales, other local authorities and the UK Health Security Agency ([UKHSA](#)) to provide meaningful research, using patient records, etc. to conduct empirical research investigating the possible link between Intensive Poultry Units (IPUs) and poor health and wellbeing in humans.

1 Introduction

1. The intensive poultry industry in Herefordshire is extensive¹. Over 16 million chickens are reared in units of over 40,000 birds at any one time. The cycle for raising chickens to slaughter is 42 days so over the course of a year over 7 batches of chickens are produced in Herefordshire, in total over 112 million. *See Appendix 1, figure 1 for a graphic representation of IPU Units in Herefordshire, Shropshire and Powys.*
2. The scale of this industry means that substantial quantities of ammonia and particulates (dust) are actively vented from the chicken sheds. The industry in Herefordshire also produces over 100,000 tonnes of chicken litter, combined with urine and faeces, annually (*see section 1.6 paragraph 2*).
3. There is no causal proof of harm to physical health of the local population from Intensive Poultry Units (IPUs). As no monitoring of emissions to air is required by the Environment Agency, who are the permitting agency for Intensive Poultry Units

¹ This report focused mainly on poultry reared full time in doors, including the broiler, (otherwise known as meat chicken), industry but it should be noted that the layer sector, is also quite large in the county and over the county border in Powys. I think it would be good at the outset to state that this piece of work relates to poultry reared full time in doors.

(IPUs), insufficient data is currently available. Even if this data were available, demonstrating causation may be difficult.

4. Since the national Health Protection Agency published their Position Statement on Intensive Farming in December 2006² although all poultry units having over 50 birds do have to be registered with the Animal and Plant Health Agency (APHA), there has been no national update on managing and regulating the health risks of intensive agriculture by the agency. Since that time there has been an enormous increase in the numbers of Intensive Poultry Units in Herefordshire and in neighbouring Powys and Shropshire. Regulatory oversight of this sector is so light that it took the efforts of volunteers to demonstrate the increase in IPUs by painstakingly checking dispersed records to map the location and size of IPUs in these counties. This vital information was not held by the regulator. This inquiry has concluded that an updated framework with regards to studying and controlling the health impacts of the burgeoning intensive sector is urgently needed.
5. Through the scrutiny inquiry, the Task and Finish Group developed an understanding of the possible health impacts of intensive poultry farming, including those caused by air and water pollution, zoonotic pathogens, anti-microbial resistance and additional issues including public anxiety and possible impact on mental wellbeing. This has included oral evidence to the scrutiny inquiry from Councillor Peter Jinman, drawing on his extensive veterinary and agricultural knowledge and experience, provided expert opinion on zoonotic health, as well as the legislation and industry self-regulation in place to protect the animals, the environment, workers and the public.
6. When the Task Group considered possible health impacts of IPUs and statistical analysis, it was noted that *correlation* does not prove *causation*.
7. Anecdotal evidence was in abundance, but a lack of longitudinal data and high quality research data meant the group could not establish or fully disprove a direct link between conditions such as asthma and Chronic Obstructive Pulmonary Disease (COPD) and local IPUs. It was also noted, however, that an absence of evidence does not necessarily demonstrate an absence of effect.
8. The Task Group was provided in evidence with two different definitions of an Intensive Poultry Unit in UK legislation. According to environmental permitting legislation, it is an installation with over 40,000 birds in it, whereas an environment impact assessment for planning is required for installations with over 85,000 broilers or 60,000 hens.
9. Based on animal health records it was estimated that there were 16 million birds in Herefordshire, although the Environment Agency suggested that the figure was as high as 16.8 million. The Environment Agency figures do not include any flocks under 40,000 birds.

² The Health Protection Agency Position Statement on Intensive Farming, December 2006.

10. Written submissions of evidence were received from the Environment Agency (EA). It was noted that there were 78 permitted installations in Herefordshire, but not all were operational or even built at the moment. They are supposed to be inspected once every three years, but this had not happened recently due to avian flu, Covid and resourcing problems. Although these may be subject to independent and retailer assurance inspections, there were only 13 EA inspections in the last year and the Environment Agency confirmed that it had served no enforcement notices on these units. This could suggest the units are very compliant, or alternatively, that they are simply not being regulated to the level required.
11. When questioned on the estimated annual amount of manure (plus litter) being produced in the county, the Agricultural Director of Avara Foods Ltd felt that 120,000 tonnes was a reasonable ball park figure. Regarding waste (comprised of chicken litter, manure and urine) management, officers advised that there is not a requirement to state exactly where it is being spread.
12. In consideration of this issue, the inquiry has considered key themes, which are reflected in this report and the key scrutiny recommendations made. These are, *the regulatory framework*, including planning and permit issuing, inspection, regulation and monitoring, *partnerships*, including joint working with partners and external agencies, *public engagement and awareness* and *evidence and research*. Within these key themes, twelve scrutiny recommendations have been made, which are summarised throughout this report.

2 The Regulatory Framework

13. During the inquiry the Task Group has considered the regulatory framework for the intensive poultry farming industry. It was noted that the control of manure in agriculture is governed by the Farming Rules for Water, introduced by Defra in 2018. The law providing for this is set out in the *Reduction and Prevention of Agricultural Diffuse Pollution Regulation 2018*³. It was noted, however, that since they were enacted, not one single prosecution for breach of these rules has been brought in England, despite increasing levels of phosphates in rivers and the effects on watercourses.
14. There is a suspicion that high levels of ammonia and particulates are emitted, without monitoring, from the high density of IPUs locally. The scale and nature of cumulative emissions from IPUs clearly reduces air quality and adds to the overall probability of harm to human health, even though this may well be beyond the county borders and extremely difficult to measure.

³ The Reduction and Prevention of Agricultural Diffuse Pollution (England) Regulations 2018.
www.legislation.gov.uk/ukxi/2018/151/contents/made

15. The only requirement is that there is no contravention of the County's nitrate vulnerable zones (NVZs) and the actual tonnage per acre. Phosphates are regulated through the Farming Rules for Water from 2018 which recommend that every five years, each field should be examined to make sure it is not being over-fertilising, (which can include phosphates). It was noted that both NVZs and the 2018 Rules were enforced by the Environment Agency and not the Council.
16. In addition to the possible impacts on human health and wellbeing, there may also be a detrimental effect of excess phosphates on Herefordshire's river ecosystems. Phosphates pollution into Herefordshire rivers is widely suspected as being substantially from agricultural sources and strongly related to poultry manure spreading.

Inspection, Regulation and Monitoring

17. Modern farming in general and intensive poultry farming in particular, is a highly sophisticated, technology-driven, multi-billion pound sector. Given this, the relatively low level of required emission monitoring, record keeping and statistical review and analysis carried out on these sites seems disproportionately insufficient. There is also a question as to whether the revenue raised from permit issuing is being used to fund sufficient regular inspections and check that expected standards within the industry are being adhered to. The Task Group also concluded that the industry should take emission monitoring more seriously and that robust legislation and regulations should be put in place at a national level to provide greater protection for the environment and workers within the industry.
18. The Task Group did not find any requirement for operators of any permitted installation to physically monitor any particulate matter, so there would not be any environmental monitoring carried out for the Environment Agency nor data to consider.
19. It is vital that water and air quality is regularly monitored in Herefordshire to gain a better understanding of the current environmental burden of existing intensive poultry farms and evidence-based mitigation measures must be adopted. It was unfortunate that due to resourcing issues, the Environment Agency was not able to provide a representative to engage with the Task and Finish Group about the concerns relating to water monitoring standards.
20. For those units under 40,000 birds which do not require an environmental permit, Herefordshire Council does have the power to investigate (and if necessary abate) any nuisance arising from odour, flies or dust from an IPU. That said, because of the smaller scale of such installations, complaints were uncommon and regulatory intervention rarely required beyond informal warnings given.
21. Likewise, the local authority also has the power to investigate (and if necessary abate) any nuisance arising from odour arising from the application of manure to fields or the storage (tumping) of it. However, even when complaints are received by

the environmental health service in the periods of spring and autumn when manure is generally applied, the officers invariably find that the Defra approved code of practice is being followed and the complainants are therefore advised that there is no regulatory intervention possible. Manure application is an inherently odorous process that lasts only a few days twice a year and the approved code of practice accepts this, provided the best practical means are followed to minimise the impact.

22. Part of the inquiry terms of reference was to consider the scope and extent of any relevant health powers of Herefordshire Council that could be utilised to address any risk or health impacts identified. The inquiry has found that Herefordshire Council's health powers to address risk or health impacts are limited although it has a duty under the Health and Social Care Act 2012 to produce a Joint Strategic Needs Assessment and to improve the health of its local population.
23. By far, the local authority's greatest power to address any risk or health impacts from IPU's is through the planning process, although these would need to be based on evidence of impact on public health and wellbeing.

The Local Plan

24. The Council's Local Plan (Core Strategy) includes agricultural development, including intensive farming. However, such plans have to be in accordance with the National Planning Policy Framework (NPPF), and Herefordshire's current Core Strategy cannot prohibit IPU's, provided there are no material planning considerations which, on balance, might lead to planning application refusal. The existing Core Strategy is currently being reviewed. In the meantime, a Supplementary Planning Document (SPD) is being drafted to provide better policy assistance to the planning service on IPU's and other agricultural developments that may have a detrimental impact upon the environment, particularly rivers.
25. Herefordshire Council Planning and Regulatory Committee determines planning applications received, including for any IPU or other intensive unit. Such applications have to be determined in accordance with the Core Strategy and any Neighbourhood Development Plan for the area. Weight is also given to any consultation responses received, especially those from statutory bodies such as the Environment Agency and Natural England. Applications for IPU's within the Wye or Lugg catchments usually attract negative comments from Natural England about their impact to these catchments and as a consequence their approval may be dependent upon the applicant mitigating this impact, for instance by disposing of the manure outside of the catchment.
26. Under the Environmental Act 1995, Herefordshire Council also has an obligation to review and assess local air quality, including particulate matter. There are many different sources, one being agriculture, although particulate matter also emanates from diesel emissions, harvesting, domestic heating and construction, etc. (and is usually highest around urban areas close to roads with slow moving traffic).

27. When there is a planning application for an IPU, there are various air quality screening methods that the Council's environment service has to undertake, but to date these screening exercises have not led to an objection about an IPU application, due to their remote locations. Likewise there has been no declaration of an air quality management area in the vicinity of an IPU. This is because, by their very nature, IPUs are located several hundred metres away from the nearest housing receptors.
28. The Task Group was told in evidence by a planning officer that there are three planning applications not yet determined relating to existing units, where they already have woodchip boilers to generate heat. The proposal was to switch the boilers for larger scale incineration plants, which would create all the energy for the units and would dispose of almost 90% of all the manure arising from these units. If there are no emission problems from particulates, then this could be a potentially positive development. Since the group heard of these applications, it can be reported that they were all granted planning consent in late April 2022, following no objections being raised by neither the Environment Agency nor from Natural England.

Supplementary Planning Documents

29. There are some levers that local councils can use to moderate the human health impacts of the IPU sector on residents, however, these are modest in scale. Nevertheless, Herefordshire Council have been actively working with multiple agencies to improve local river health for several years. During the scrutiny inquiry we have received assurances that Herefordshire Council will maintain a watching brief for opportunities to improve human health and wellbeing, through the Public Health, Environmental Health and Planning departments.
30. It was informed by a senior planning officer that a Supplementary Planning Document (SPD) was being prepared to focus on the phosphate issues arising from agriculture in the River Wye and Lugg catchment and to complement the work to identify and assess the possible environmental impacts of housing development, including a *phosphate calculator*. The planning team worked with Public Health, the NHS and the One Public Estate to identify as many inputs as possible. Planners envisaged that health will be an embedded thread throughout the Local Plan 2021-2041 as it would be relevant to many areas in terms of how places are designed, opportunities to walk and cycle, access to open space and public infrastructure.

Recommendation 1: A Health Impact Supplementary Planning Document
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That the Strategic Planning department and the Director of Public Health at Herefordshire Council work together to consider the development of a 'Health Impact in Planning' Supplementary Planning Document, which should provide guidance to local authority planning officers, applicants, relevant organisations and the wider community on delivering healthier developments. Any such document should include a toolkit for conducting a health impact assessment.
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31. The relevant local public health bodies, including the Herefordshire and Worcestershire Integrated Care Board, should be consulted in the development of the relevant Supplementary Planning Documents on the potential environmental and public health impact of Intensive Poultry Units and that, where appropriate, advice is sought from the UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID).
32. In evidence, a planning officer explained that there was a desire to include and consult public health bodies on drafting of Supplementary Planning Documents. This was something that was welcomed by the Task Group, which was keen to make sure this becomes standard practice in the future. The Task Group felt that all planning applications should be screened for suitability for full health impact assessments and these should take into account any likely health impacts from the proposed development. They must also consider the cumulative impact of the increasing number of intensive poultry farms in the area.

IPU Permits

33. In consideration of oral evidence relating to the Environment Agency and the issuing of permits to IPU, officers were uncertain as to whether or not funds collected by the Environment Agency from the issuing of permits were being reinvested in a way that would ensure site monitoring standards remained robust. An FOI response from the West Midlands Environment Agency, however, appeared to shed more light on funding and reinvestment⁴. It was also noted that separating IPU permits from other permitting and planning activity being carried out by a local authority was of little or no benefit to the community and was potentially damaging.
34. The Task Group felt that the issuing of IPU permits might be better administered by local authorities, however it acknowledged that enabling this shift of responsibility would not be a simple task and would likely require Defra and possibly even parliamentary legislation to implement a change in the permitting regulations to transfer IPU from the category A1 to A2 local authority IPPC permits. It would also require the reallocation of the annual subsistence funding for IPU permits to be diverted to local authorities in order to fund their regulation.
35. In evidence, a representative of the National Farmers' Union (NFU) raised concerns about staffing levels at the Environment Agency (EA), but confirmed that it was understood that additional recruitment was underway.
36. The annual subsistence fees levied by the Environment Agency, the sector regulator, on Herefordshire IPU operators exceed £100K per year. This sum is sufficient to employ full time officers to actively ensure that the operation of the IPU and their outputs meets regulatory standards.

⁴ See Appendix 3b of this report.

Recommendation 2: Regulation of Intensive Poultry Units
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That the Council lobby Defra to transfer responsibility of issuing and regulating Intensive Poultry Units (IPU) permits from the Environmental Agency to local authorities to facilitate better local control and resource, with the income generated from this being used to fund improved regulation by local authorities.
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A Manure Management Strategy

37. One of the areas where the Scrutiny Task Group concluded that there could be more consistent management and regulation was in the management of manure that is derived from poultry farming. It is widespread practice that the poultry excrement is used by agricultural farming to spread on fields as a manure. As discussed, there is therefore a tangible link between manure from poultry farming spread onto fields and the high level of phosphates contamination in local rivers and water courses. It is therefore recommended that Herefordshire Council work with the poultry farming industry, the National Farmers' Union and the Environment Agency to formulate and encourage the adoption of a countywide waste manure management strategy, which is compliant with the Farming Rules for Water 2018.

Recommendation 3: A Manure Management Strategy

That Herefordshire Council work with the poultry farming industry, the National Farmers' Union and the Environment Agency to formulate and encourage the adoption of a countywide waste manure management strategy, which is compliant with the Farming Rules for Water 2018.

Inspection, Regulation and Monitoring

38. In addition to this, the scrutiny inquiry concluded that there should be better arrangements for national level of the monitoring of manure management practices and it is recommended that Herefordshire Council work with local MPs to request from the Government agencies more accurate monitoring and recording of national quantities of manure and manure management, through bringing in further legislation if necessary.

Recommendation 4: National Monitoring of Manure Management

That Herefordshire Council work with and encourage local MPs to request accurate monitoring and recording of national quantities of manure and manure management.

39. It was also concluded that the Council should also lobby Defra for the Environment Agency to review the advice and guidance to the industry on the best available techniques now available for Intensive Poultry Units pollution abatement and equipment for both ammonia and particulates, in a more concerted effort to bring consistent practices up to date on best practice in the industry.

Recommendation 5: Pollution Monitoring and Abatement Equipment and Techniques
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That Herefordshire Council lobby Defra about the need for the Environment Agency to review the advice and guidance on the best available techniques now available for Intensive Poultry Units pollution monitoring and abatement and equipment for both ammonia and particulates both within the county and nationally.

40. Finally, in terms of industry regulation, the Scrutiny Task Group were also concerns about the possible impact that the high levels of constant and intense exposure may have on the health of workers in the industry. It follows that this is in itself a complex area, but it seems inevitable that the greater exposure and intensity of exposure raises questions about the impact on those in the industry even more than the general public. Further work may be necessary on this at a national level, but the inquiry has recommended that the Council work with the Health and Safety Executive to do what it can to improve the arrangements to protect health and wellbeing of workers within the industry.

Recommendation 6: Health and Wellbeing of IPU workers
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That Herefordshire Council work with the Health and Safety Executive to ensure the health and wellbeing of workers within the industry is being protected.
--

3 Partnerships

41. Over the course of the review, representatives from Avara Food Ltd, the National Farmers' Union and the Environment Agency all stated that they were aware of negative public perception of IPUs and intensive farming and were keen to adopt a proactive approach to addressing common issues and concerns. The agricultural director of Avara Foods Ltd pointed out that he always kept an eye on social media and the local press to see what people were saying about the company.
42. Each of these agencies has expressed an interest in being part of the solution in relation to environmental damage and adverse health impacts on the public and it was felt that this might present an opportunity to arrange and facilitate more regular engagement with representatives from these agencies, through council committee activity. It was suggested that working more closely with the public via services such as Talk Community would also benefit the wider community.
43. All parties need to work together to control and reduce emissions from IPUs to air and water. This should potentially have many benefits, including to the health and wellbeing of our residents.

Pathways to Improvement

44. The inquiry has considered work taking place and planned nationally to consider risk and determine any health impacts, including possible pathways to improvement of intensive poultry farming methods to help mitigate health hazards.
45. Amid growing public concern regarding the perceived impact of intensive poultry farming on the environment and rivers, the industry is looking for solutions to some of the problems inherent in this style of farming, especially manure management. The Task and Finish Group is also suggesting consideration be given to working with the UK Health Security Agency and other public health bodies to facilitate and possibly fund research into the health and environmental impacts of intensive poultry farming and units.
46. The inquiry heard in evidence from the Avara representative, Herefordshire's largest poultry producer, of its wish to be part of the solution when looking at disposal of manure and the NFU recognized that there was definitely the want and the will by the farmers of Herefordshire to look at ways to address this and find better solutions.
47. The Task Group were informed that that there was also active ongoing consideration by Avara for alternative ways in which poultry litter could be handled and disposed of, including centralised plants for incineration, pyrolysis or anaerobic digestion which would alleviate the impact of manure upon the aquatic environment and therefore overcome planning concerns.
48. In addition to the management of poultry litter manure, they were also investigating incineration, anaerobic digestion and Bokashi (anaerobic compost) for dealing with much of the derived waste product, rather than spreading it to land.
49. The National Farmers' Union representative raised a concern that the farming community's inability to invest in new units due to concerns over phosphate impact on rivers. However, there was a willingness to invest in ammonia scrubbing systems to mitigate planning constraints in response to objections from Natural England on ammonia impact to sensitive ecosystems.
50. The progress of these kinds of applications were therefore being closely followed by Avara, as a potential initiative which could be expanded upon further across the County to reduce manure application upon the fields. The Task Group was therefore interested to see how this might progress and what impact this might have that could be demonstrated, including possible positive impact upon the water quality of the county's rivers.

4 Public Engagement and Awareness

51. At the outset of the inquiry, members of the public were invited to provide their views, opinions and experiences on the impact IPU's have had on the health and wellbeing of: them, their families, their businesses and the wider community.
52. Many of the responses made reference to adverse mental wellbeing issues, including stress and anxiety that were reportedly caused by factors such as smell, noise and the perception of pollution. The feedback from residents, indicated that some people were profoundly affected by IPU's in a wide variety of ways. The issues raised in the 64 responses are highlighted in Appendix 5. Some respondents expressed very strong feelings and distress.
53. This indicated that some residents perceive that IPU's affect the health and wellbeing of people in a variety of ways *and that* possible health impacts may relate to the management of the large tonnages of manure generated by IPU's.
54. The Task Group produced a breakdown of themes based on public feedback about IPU's. Complaints about odour and river quality featured highly and perceived mental wellbeing issues and respiratory problems were the most common health complaints. In some cases, the increased stress experienced by local people related to the fear that an application might be approved in the future, rather than to the presence of an IPU at the present time.
 - A significant number of respondents were distressed by issues related to animal welfare.
 - Over half were distressed by the pollution of local rivers and the impending loss of an ecosystem.
 - Odour, especially during the clean out after each consignment of birds has been moved on, was so strong, that it constrained the ability of many respondents to enjoy their gardens, or open their windows freely.
 - Others were distressed by finding their businesses threatened by issues including odour and the unsightly matter covering the river beds.
55. These themes and complaints are highlighted for the attention of primary care services to raise awareness of this possible cause and exacerbation of anxiety.

Public Health Information

56. The inquiry has heard from submissions of evidence from members of the public that some people are extremely anxious about the possible health impacts of nearby poultry farming. Notwithstanding the need to undertake further research on the actual possible health impacts, many of the anxieties of the public may be allayed or put into proper proportion if they had more ready access to public health advice on common concerns about it.

57. For this reason, it is recommended that the Council publish accessible public health advice online and elsewhere and review the availability and accessibility of information to the public to improve clarity and awareness of Intensive Poultry Farming-related public health issues and concerns.
58. To allow people to have their concerns properly investigated and to provide feedback information on the level of concerns that people have, it is also recommended that the published advice include how, if necessary to make a formal complaint.

Recommendation 7: Intensive Poultry Farming Public Health Information
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That a review of the prominence, availability and accessibility of Council information to improve clarity and awareness of Intensive Poultry Farming-related public health issues and concerns be undertaken, including how to make a formal complaint, if necessary.

59. It is also recommended that this information include myth-busting, tackling common misconceptions about common public health concerns, such as anti-microbial resistance and the use of antibiotics in intensive poultry farming. As a guide to this, see Appendix 1 and 2 of this report.

Recommendation 8: Intensive Poultry Farming Myth Busting

That a fact checking, myth-busting document tackling common misconceptions about common public health concerns, such as anti-microbial resistance and the use of antibiotics in intensive poultry farming be prepared.
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Talk Community

60. In addition to this, the Task Group felt that Talk Community might be able to provide a platform to disseminate, collate and report both positive and negative factual information about the intensive poultry farming industry. The Task Group felt that Talk Community might be able to provide a platform to disseminate, collate and report both positive and negative factual information about the intensive poultry farming industry.

Recommendation 9: Talk Community on Intensive Poultry Farming
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That Talk Community be used as one vehicle to disseminate information relating to Intensive Poultry Farming via the Talk Community channels.
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61. Using Community wellbeing surveys as a means of obtaining more opinion on IPUs and giving people an opportunity to voice their frustrations, concerns and fears about the sites was proposed as another means for allowing peoples' voices to be heard. It may also be a means of obtaining more opinion on IPUs and giving people an opportunity to voice their frustrations, concerns and fears about the sites was proposed as another means for allowing peoples' voices to be heard.

Community Wellbeing Survey

Recommendation 10: Intensive Poultry Farming Community Wellbeing Survey
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That Intensive poultry farming-related questions be included in the next Herefordshire Community Wellbeing Survey to provide an improved understanding of Herefordshire residents' perceptions about Intensive Poultry Farming and public health concerns.
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Public Complaints Feedback

62. One common response was that members of the public were not aware of how (or if) they could make complaints about noise, odour, traffic problems and other anxiety-inducing IPU related issues. Those who had made complaints said that they had not received proper acknowledgement or feedback in relation to their comments and were left with a sense of frustration, despair and helplessness.
63. It was felt that by better publicising the available channels of complaint (such as the Environment Agency's hotline for such issues as poor manure management) Herefordshire Council and other agencies could generate more feedback and gain greater insight into the areas causing the public most distress; this could also contribute to targeted action by the regulators

6 Evidence and Research

64. To assess the outcomes, it was agreed that the final report would examine whether the Task and Finish group had achieved the objectives contained in its terms of reference. An assessment against the objectives is provided below:
65. The scrutiny inquiry sought to consider national and regional air and water pollution statistics as it relates to intensive poultry farming. The Scrutiny Task Group found, however, that, due to the absence of any permit requirement to monitor emissions to air and water from the IPUs and the manure arising from it, there was little empirical research or statistical data available that could demonstrate a clear causative link between air and water pollution and intensive poultry farming.
66. The scrutiny inquiry sought to consider available details on environmental impact of intensive poultry in Herefordshire and its consequent impact on human health.
67. The Scrutiny Task Group found that there was very little research or empirical data available to demonstrate what kind of environmental impact intensive poultry farming in Herefordshire was having. Research pieces carried out by Emma Tegg and Dr. Alison Caffyn drew on the evidence of experts by experience, but did not set out to demonstrate causation.

Research Data

68. Perhaps the greatest problem encountered during the inquiry, was the lack of independent (or indeed any) empirical data and research that had been conducted into the impact of intensive poultry farming on the health and wellbeing of the public at local level. While the adverse impact of many of the by-products of intensive farming on human health and wellbeing are well documented, there appears to be little research that establishes or disproves a link between the units and poor health. The Task Group was mindful of the fact that *correlation* does not imply *causation*.
69. A representative of the Food Farming and Countryside provided oral evidence on 11th April 2022 when she explained that a lack of empirical evidence and data made it difficult to establish or disprove a link between IPU and poor public health. She raised concerns about the lack of updates or revisions made to the Health Protection Agency's (2006 position statement on intensive farming (*Appendix 6*), especially given the number of IPU that had been granted permits in the time since it was originally published. It was noted however, that the Health Protection Agency (HPA) had concluded in 2006 that '*intensive farms may cause pollution but provided they comply with modern regulatory requirements any pollutants to air, water and land are unlikely to cause serious or lasting ill health in local communities*'⁵.
70. One suggestion was that Herefordshire Council, together with other interested parties could investigate the feasibility and viability of conducting tests that could establish or disprove that link. Such research would, no doubt, require significant funding and require long term commitment (which would probably be best suited to UKHSA). Without data to back up anecdotal evidence, it will remain difficult to properly investigate, assess and address some of the possible health impacts of the industry.
71. It was noted that since the publication of the 2006 position statement on intensive farming, the Health Protection Agency, as was, has undergone a variety of transformations and has fragmented into a number of separate bodies. It was felt that, given the passage of time and significant number of IPU permits granted in the last 16 years, now would be a good opportunity to push for a review and update of the statement. It would also present an opportunity to work jointly with the three key national public health bodies: UKHSA (UK Health Security Agency), OHID (the Office for Health Improvement and Disparities) and Public Health Wales. Working together it might be possible to identify suitable researchers who could conduct studies with a view to producing empirical data to establish or disprove causation in relation to IPU and adverse health and wellbeing.

Recommendation 11: Intensive Poultry Farming Impact Research
Herefordshire Council work with local university faculties, the Environment Agency, National Resources Wales, other local authorities with a high density of Intensive Poultry Units (IPUs) and UK Health Security Agency (UKHSA) to provide

⁵ Page 4, Health Protection Agency, Position Statement, 2006.

meaningful research, using patient records, etc. to conduct empirical research investigating the possible link between IPU and poor health and wellbeing in humans.

- 72. It is envisaged that such research could include air pollution sampling tests around IPU and control locations looking for evidence of high levels of respiratory and zoonotic disease near IPU sites, take samples from the county's private water supplies and wells to test for any potential link between poultry manure spreading and pollution and any other relevant research that could establish or disprove causation of adverse health resulting from IPU activity.
- 73. It is envisaged that the Council should work with UKHSA and OHID to identify and approach researchers who would like to carry out studies in this area, to form a stakeholder research group.
- 74. It is suggested that the current elements (specifically the UK Health Security Agency, Office for Health Improvement and Disparities, and Public Health Wales) of what was the Health Protection Agency (HPA) revisit and update the HPA's 2006 position statement on intensive farming and report back on whether the significant number of permits granted for IPU in the intervening years has had any cumulative adverse impact on public health and wellbeing.

7. Conclusion

- 75. During the course of the scrutiny inquiry, the Scrutiny Task Group interviewed and questioned a range of witnesses and agencies to gain an insight into the national and local context for the intensive poultry farming industry and regulation and the concerns around the public health impact that this industry may have.
- 76. It was noted that national and international research has informed the regulatory framework within which the industry is required to operate. Therefore UK regulation of IPU assumed that a compliant and monitored industry would be unlikely to cause significant health harm at population level. Yet there is a lack of local research evidence. The lack of focused academic research was exacerbated by the almost non-existent local industry monitoring and recording of potentially harmful by-products, waste and contaminants being produced within the units.
- 77. There was also a lack of research into the cumulative impact of pollution from IPU upon human health which the group felt important given the high numbers of IPU installations with the county. As the legislation did not require monitoring of pollutants from the IPU extract vents, this made it difficult to gain a clear picture of what was really going on. Over the course of the inquiry, it became clear that IPU can produce considerable volumes of ammonia and particulates. Both of these can impact adversely on human health, however, in order to establish or disprove whether or not this farming style and local IPU have an adverse impact on human

health it would be necessary to conduct potentially costly, long-term research and monitoring of units to produce empirical data that was based on more than just anecdotal evidence.

78. Ultimately, the inquiry found no evidence of correlation between the health of people locally and the ammonia, particulates and other matter released by IPUs. The Environment Agency does not require IPUs permitted by themselves to monitor any of these releases. So there is no individual or cumulative data on emissions from IPUs.
79. The inquiry also heard that it would be extremely challenging to find health links to IPU emissions in a small rural area with a widely dispersed population, especially where some individuals are more susceptible than others and much of the population could have been transient over the period studied.
80. It was apparent, however, that IPUs do regularly release materials through their vents that are known to be hazardous to human health, arguably the most concerning of these is particulate matter under the size of 2.5 microns/m³ (known as PM_{2.5}). Local authorities are required to review and assess air quality from IPUs by using a government produced screening tool, to model the impact of particulate matter upon the nearest housing receptors. This is because there is usually no real data to assess.
81. It is well documented that particulates are detrimental to human health when inhaled. These tiny particles (PM₁₀ and PM_{2.5}) carry on air currents for significant distances. Air pollution is known to be a major cause of death worldwide with maximum exposure levels set by the government based on EU directives in the 1990s.
82. In the area of water quality, the work of volunteer citizen scientists⁶ during the last few years, has ensured that there is now much more information in the public domain relating to IPUs in both Herefordshire and other counties, spurred on by recent algal bloom events nationwide. It is, perhaps, surprising in this modern age of data availability that much of this information was not available until undertaken by volunteers.
83. It is generally accepted that the heavier the burden of pollutants, the more likely it is to have an impact. It would follow that the significant scale of IPU operations locally would increase the impacts that they will have on human health, though in the case of PM₁₀ and PM_{2.5} (which can be airborne for a long time), that may be on humans many miles from the county. This will, of course, be difficult to establish given the many variables involved.
84. It is also widely accepted that ammonia is hazardous to human health. Poor litter and manure management increases the emissions, but even a well-managed facility will

⁶ Citizen Science is the collection and analysis of data relating to the natural world by members of the general public, typically as part of a collaborative project with professional scientists.
<https://education.nationalgeographic.org/resource/citizen-science>

release significant quantities of ammonia. However, the group heard that the population potentially most at risk to ammonia would be IPU employees, as dispersion and dilution would significantly reduce the risk for more distant receptors. This could account for why most planning mitigation for ammonia pollution relates to the protection of the natural environment rather than to human health.

85. Written submissions made by local residents indicated that IPUs are a significant concern to some people and may therefore be a mental wellbeing stressor for a significant number of people in a number of different ways. Their effects are more pronounced on their immediate neighbours, or those downwind of one of more IPUs.
86. The handling of the manure that is necessarily generated by IPUs also can have health impacts. Odour, especially when cleaning out the units every seven weeks or spreading on agricultural land, has an impact on people's wellbeing and ability to enjoy time outside. The impact of manure run off on the state of the county's rivers is a stressor for many people, as demonstrated by the data received from residents in response to the group's call for residents to write in about their own personal impacts from IPUs.
87. The rivers are protected by the Environment Agency and Natural England in order to keep them at the highest ecological quality permissible. Instead it is now widely agreed by experts that many of the iconic species for whom the river is home are increasingly unable to live and reproduce there. This is most likely because of the elevated level of phosphates from both human sewage and agriculture, which in turn causes algal blooms that then impede light into the water, collapsing the local natural fauna and therefore habitats here. The impoverishment of a rich natural environment is distressing to many and threatens the livelihoods of those who rely on enjoyment of the river or who seek a living from it, such as tourism and angling. Anxiety about climate change, the environment and loss of biodiversity are increasingly common, especially among the young. The trend is likely to increase as effects of climate change accelerate, although the science behind this is not yet fully understood.
88. The failure at a national level to properly consider the potential cumulative impact of IPUs to inform that national regulatory framework and thereby delimit and provide stronger regulation for from the Environment Agency, has led to an exponential increase in IPUs countywide and across the region. This was compounded by planning authorities only recently requesting cumulative impact studies to support environmental impact assessments. However, this work is largely undertaken by just a small handful of consultants who use modelled data which the planning authorities then have to rely upon in the absence of any defensible evidence to the contrary;— invariably these assessments have not been found to be a reason for refusal. It is only since Natural England and Herefordshire Council's ecologists have objected to applications in response to Habitat Risk Assessments showing likely phosphate impact upon the Rivers Wye and Lugg that applications have been refused or have stalled.

89. The Task Group therefore concluded that there is a need for a more rigorous regulatory framework to require cumulative impact assessments for IPU permits (and similar facilities) to reduce the burden of pollutants in communal air and a major rewrite on requirements for the management of manure once it leaves the curtilage of an IPU, to halt the impact of phosphates on rivers.
90. It is suggested that regulators ensure that Best Available Technology (BAT) for IPUs is reviewed regularly and that requirements to abate their exhaust emissions is seriously considered as a requirement of all permit variations and that these should then be continuously monitored to ensure there is a reduction in airborne pollutants known to be hazardous to human health.
91. Following the consideration of evidence submitted from expert witnesses, as well as members of the public and local stakeholders, with further oral evidence in committee, the Scrutiny Task Group submitted scrutiny recommendations on the following key areas outlined in this report:
- The regulatory framework; - planning and permit issuing / Inspection, regulation and monitoring
 - Partnerships - joint working with partners and external agencies
 - Public engagement and awareness
 - Mental wellbeing
 - Evidence and research.
92. This report summarises the findings and recommendations of the scrutiny inquiry, the key conclusions and the evidence considered, which was quite extensive and here presented in summary form.
93. It is hoped that this will help to contribute to the ongoing discussion and debate on this issue and provide an impetus for further work beyond the remit of the scrutiny inquiry, especially in terms of the further good will and collaboration identified from the main partner agencies, including the industry itself and in the need to undertake further academic research and data driven research to help to inform future policy, regulation and self-regulation of the industry, as well as, importantly provide better and more reassuring public health information to the general public, many of whom we found to be anxious about the possible impact of the industry on public health, air quality and the natural environment.

Acknowledgements

The Scrutiny Task Group would like to register its thanks to all those who provided their time, oral and written evidence to the inquiry, in particular to Dr. Frances Howie - Consultant in Public Health, Marc Willimont - Head of Public Protection, Herefordshire Council for their expert advice and support and to Councillor Peter Jinman for his particular expertise and experience in related fields considered.

The Health, Care and Wellbeing Scrutiny Committee

The Health, Care and Wellbeing Scrutiny Committee is appointed by Herefordshire Council to carry out the local authority scrutiny functions relating to its remit.

Membership of the Scrutiny Committee

Councillor Elissa Swinglehurst - Chairperson
Councillor Peter Jinman - Vice-chairperson
Councillor Carole Gandy
Councillor Trish Marsh
Councillor Tim Price
Councillor David Summers
Councillor Kevin Tillett

Formal Minutes

Minutes of proceedings are available to view or download from the Council website at www.Herefordshire.gov.uk

<https://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=1155&Year=0>

Committee Staff

The current staff of the committee are:
Michael Carr – Interim Statutory Scrutiny Officer
Ben Baugh – Democratic Services Officer

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Herefordshire Council

November 2022

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APPENDIX

Appendix 1: Overview of the health impacts of intensive poultry farming.

Appendix 2: Intensive Poultry Farming: Scale of potential health impacts and regulatory oversight for associated health protection functions.

Appendix 3: Environment Agency FOI – Intensive Poultry Unit Data.

Appendix 3b: Environment Agency FOI – Permit Data.

Appendix: 4: Environment Agency FAQ – Broiler Farms and Permits.

Appendix: 5: Response data collated from emails sent to the council in relation to public opinion on IPUs and their impact on the county.

Appendix: 5b: Resident feedback emails.

Appendix: 6: Health Protection Agency Position Statement December 2006 – Intensive Farming.

Appendix 1

Overview of the health impacts of intensive poultry farming

Report prepared by the Public Health Department to inform the work of the Task and Finish Group set up by the Adults and Wellbeing Scrutiny Committee (now Health, Care and Wellbeing Scrutiny Committee) to consider The Impact of the Intensive Poultry Industry on Human Health and Wellbeing

Introduction

This report aims to provide an overview of the most commonly studied health outcomes related to intensive poultry farm exposure. It is not an exhaustive summary, but may be used to inform considerations within future health impact assessments; to supplement current planning procedure policies; and to contribute to the deliberations of the Task and Finish Group in its identification of recommendations.

In the UK demand for chicken and eggs continues to grow. Chicken now comprises 42% of meat consumption and the UK produces over one billion chickens a year. 20-25% of UK meat chickens are raised in Herefordshire (17 million at any one time) and Shropshire (13 million).

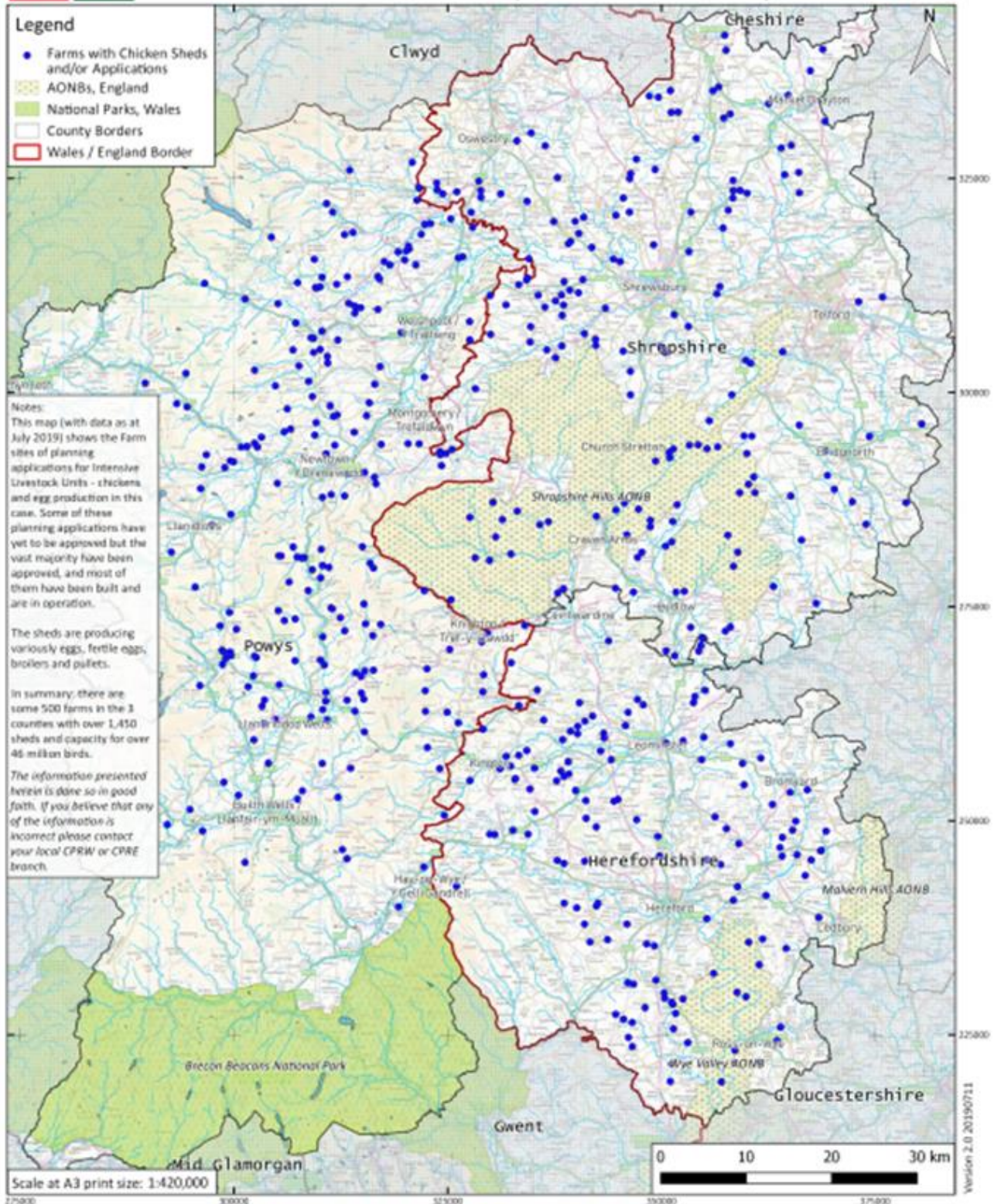
Numbers of intensive poultry farms have increased in recent decades and there were 164 successful planning applications for intensive poultry farms in Herefordshire between 2000 and 2020 (Caffyn, 2021).

Figure 1: Locations of intensive poultry farms in Herefordshire, Shropshire and Powys

(Source: Brecon and Radnor branch of Campaign for the Protection of Rural Wales, and Herefordshire and Shropshire Branches of Campaign for the Protection of Rural England, 2019)



Intensive Chicken Production Units: Herefordshire, Shropshire & Powys



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Contains Natural Resources Wales information © Natural Resources Wales and Database Right. All rights Reserved.
Contains Natural England information © Natural England 2019.
Intensive Chicken Production Unit data prepared by Herefordshire CPRE, Shropshire CPRE, Shropshire WT and Brecon & Radnor CPRW from a) publicly available Planning Applications via relevant County Council Planning Portals, b) Environmental Permit data and c) Survey.

www.brecon-and-radnor-cprw.wales
www.shropshirewildlifetrust.org.uk
www.cpreherefordshire.org.uk
www.cpreshropshire.org.uk

Intensive poultry farming is controlled by the Integrated Pollution Prevention and Control (IPPC) regulatory system that employs an integrated approach to control the environmental impacts of certain industrial activities. Under the IPPC directive, intensive poultry units (containing over 40,000 birds) must obtain an Environment Agency permit to operate. The Best Available Techniques (BAT) Conclusions document for the Intensive Rearing of poultry or pigs (IRPP) was published in 2017, setting out the standards that permitted farms must meet (Santonja et al., 2017). Despite this regulation, planning applications for new poultry farms have generated controversy in recent years as public concern over environmental and health impacts has grown.

Health impacts of intensive poultry farming

The Health Protection Agency produced a position statement on intensive farming in 2006, concluding that '*intensive farms may cause pollution but provided they comply with modern regulatory requirements any pollutants to air, water and land are unlikely to cause serious or lasting ill health in local communities*' (HPA, 2006, p.4.) However, this position statement has not been updated since publication and the cumulative health impact of increased numbers of units is under-researched.

The potential physical and mental health impacts of intensive poultry farms are broad and can operate via multiple routes, for example, reduced air quality, water course pollution, noise and odour. The dense housing of poultry may also facilitate the spread of zoonotic diseases and anti-microbial resistance.

1. Air and water pollution

Intensive poultry farming has the potential to release many pollutants into the air and watercourses. At present in the UK, most farmers do not normally monitor emissions to air and water unless specifically required to do so as a result of local complaints (Santonja, 2017). The most commonly cited pollutants are described below, though others, such as phosphates and farming chemicals can also impact on health.

Bioaerosols

Bioaerosols are airborne particles that contain living organisms, fragments, toxins, and waste products. In animal houses, major sources of bioaerosols are animals, their waste, feed and bedding (Wang, 2012). Bioaerosols can stay suspended in the air for prolonged periods and potentially travel long distances from their source. As a result, they may pose health effects to nearby communities. In England permitting arrangements require operators to undertake a site specific bioaerosol risk assessment if an intensive farming operation is within 100 m of a sensitive human receptor (e.g. a residential house or place of work) (Santonja, 2017).

Human exposure to bioaerosols has been associated with a range of acute and chronic adverse health effects and diseases. The most commonly reported are

respiratory system problems (e.g. rhinitis, asthma, bronchitis and sinusitis). Other health problems reported include gastro-intestinal issues, fatigue, weakness and headache (Douwes et al., 2003).

A major problem for the study of potential health consequences of agricultural bioaerosol exposure is that proxy measures of exposure (such as distance) are often used and may not be valid. Additionally, the effects of bioaerosols, other pollutants and socio-economic circumstances cannot be readily disentangled. O'Connor et al. (2017) conducted a systematic review of potential health effects associated with living in close proximity to an intensive farm with inconclusive findings. This finding is consistent with local data searches of GP records conducted as part of this review. These, relating to asthma and chronic obstructive pulmonary disease, did not suggest any correlation between changes in incidence of these conditions and increased numbers of intensive farms.

Douglas et al. (2017) conducted a systematic review to evaluate potential health effects associated with bioaerosol emissions from intensive farming. They included occupational studies to investigate the type of health effects reported in those most highly exposed to bioaerosols, to inform their interpretation of community studies.

The majority of included studies (n = 18) were conducted on pig farms. One study was conducted on pig and poultry farms (Radon et al., 2001), another study was conducted on just poultry farms (Donham et al. 2000) and two studies were conducted on pastoral farms (including poultry farms but also cattle, sheep, and goat) (Eduard et al., 2004; Eduard et al., 2009). No consistent differences were observed between pig and poultry farm types.

The studies provided evidence linking occupational bioaerosol exposure to respiratory-tract symptoms. This finding is likely to be impacted by healthy worker bias as those suffering health impacts from workplace exposures are more likely to leave their employment, thereby diluting the association between exposure and respiratory outcomes. Findings from farm workers cannot be used to predict community impact where more vulnerable groups (e.g. older people, and children) reside.

The review showed that endotoxin concentrations inside intensive farms are similar to those levels typically detected at composting facilities. A systematic review by Pearson et al. (2015) provided evidence linking bioaerosol emissions from composting facilities to poor respiratory health in workers and nearby residents. Given that there was only one community-based study that objectively measured bioaerosol concentrations in the review by Douglas et al. (2017), it is not possible to make inferences on the impact of intensive poultry farming based on the findings from composting facilities.

The community studies usually relied upon proxy exposure measures of exposure and reported mixed results in adults, with some studies linking it with adverse self-reported respiratory health and others reporting no effect. Studies with children

provided consistent evidence supporting increased self-reported asthma rates among those children living or attending schools located within close vicinity of an intensive farm. Douglas et al. (2017) concluded that further longitudinal research is needed to objectively measure exposure and health outcomes in communities and that this should be used to inform risk assessments around the location of intensive farms.

A similar conclusion was drawn by the Environment Agency (2008) in their Bioaerosol Report. This review identified factors that influence bioaerosol concentrations inside and emitted from building, including:

- Animal housing conditions
- Feed type
- Waste management
- Ventilation type
- Seasonal ventilation changes
- Stock density

The Environment Agency critically reviewed control methods but stated that generic guidance could not be produced because although there is extensive evidence of health impacts for farm workers (and HSE employer guidance is available), there is insufficient evidence to assess the potential for increased risk of respiratory ill health (or other adverse health effect) in surrounding residential areas.

However, the Health Protection Agency (2006) assumed that further data on the impact of intensive farming on local air quality would become available and recommended that these data should inform future decision-making. This has not happened.

Ammonia

Ammonia (NH₃) is a colourless gas which is both naturally occurring and manufactured. The main source of ammonia pollution is agriculture, where it is released from manure and slurry and through the application of fertiliser. Ammonia can have significant effects on both human health and the environment.

Agriculture is the dominant source of ammonia emissions in the UK, with the sector accounting for around 88% of total UK emissions. Poultry farming comprises 15% of agricultural emissions (DEFRA, 2018). The government has agreed to reduce ammonia emissions by 8% in 2020 and 16% in 2030, compared to 2005 levels. The Department for Environment, Food and Rural Affairs (DEFRA) has produced a Code of Good Agricultural Practice (COGAP) for reducing ammonia emissions, outlining practical steps that can be taken around appropriate feeding and manure management (DEFRA, 2018).

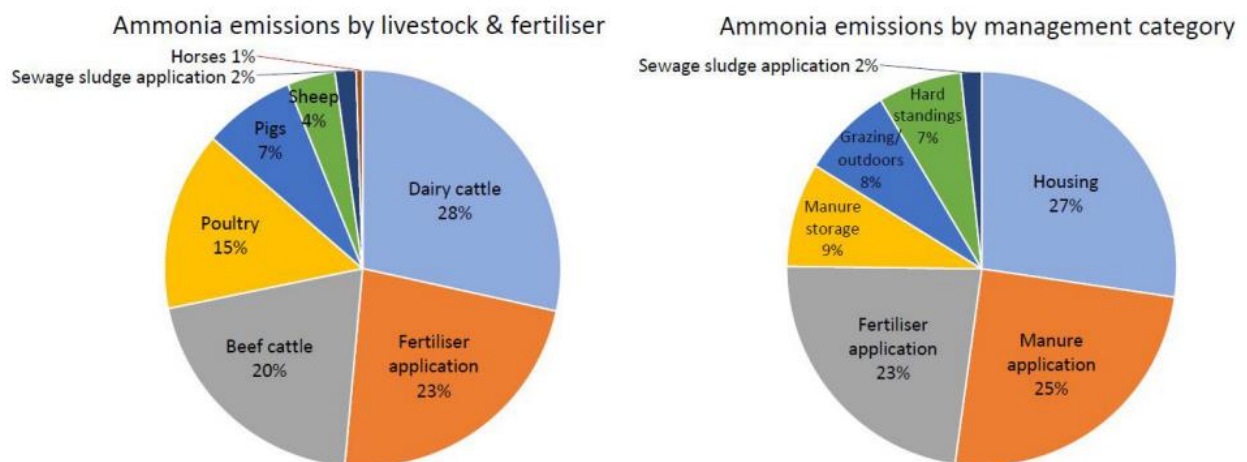


Figure 1: Ammonia emission by livestock and management category (*Source: DEFRA, 2018*)

Ammonia impacts human health directly and indirectly, via its damage to biodiversity. When ammonia emissions combine with pollution from industry and transport, fine particulate matter is formed and can be transported significant distances. (Other sources of particulate matter from intensive poultry farming may include feed delivery, storage and transport, dusty wastes and vehicle movements). When inhaled, particulate matter can contribute to various chronic conditions such as heart attacks, cerebrovascular disease, chronic obstructive pulmonary disease (COPD), asthma and lung cancer. The health effects of inhalable particulate matter are well documented (WHO, 2013). They are due to exposure over both the short term (hours, days) and long term (months, years) and include:

- Respiratory and cardiovascular morbidity, such as asthma, other respiratory symptoms and increased in hospital admissions;
- Mortality from cardiovascular and respiratory diseases and from lung cancer.

Susceptible groups with pre-existing lung or heart disease, as well as elderly people and children, are particularly vulnerable. Exposure to particulate matter affects lung development in children, including reduced lung growth and a deficit in long-term lung function. There is no evidence of a safe level of exposure or a threshold below which no adverse health effects occur. The exposure is ubiquitous and involuntary, increasing the significance of this determinant of health (WHO, 2011).

When deposited on land, ammonia can acidify soils and freshwaters. The extra nitrogen can increase the growth of some species (such as rough grasses and nettles), which out-compete other species (such as lichens, mosses, and herb species), resulting in habitat loss. Agricultural run-off can cause accumulation of nutrients in freshwater sources, the proliferation of algae, loss of oxygen and toxicity to aquatic life.

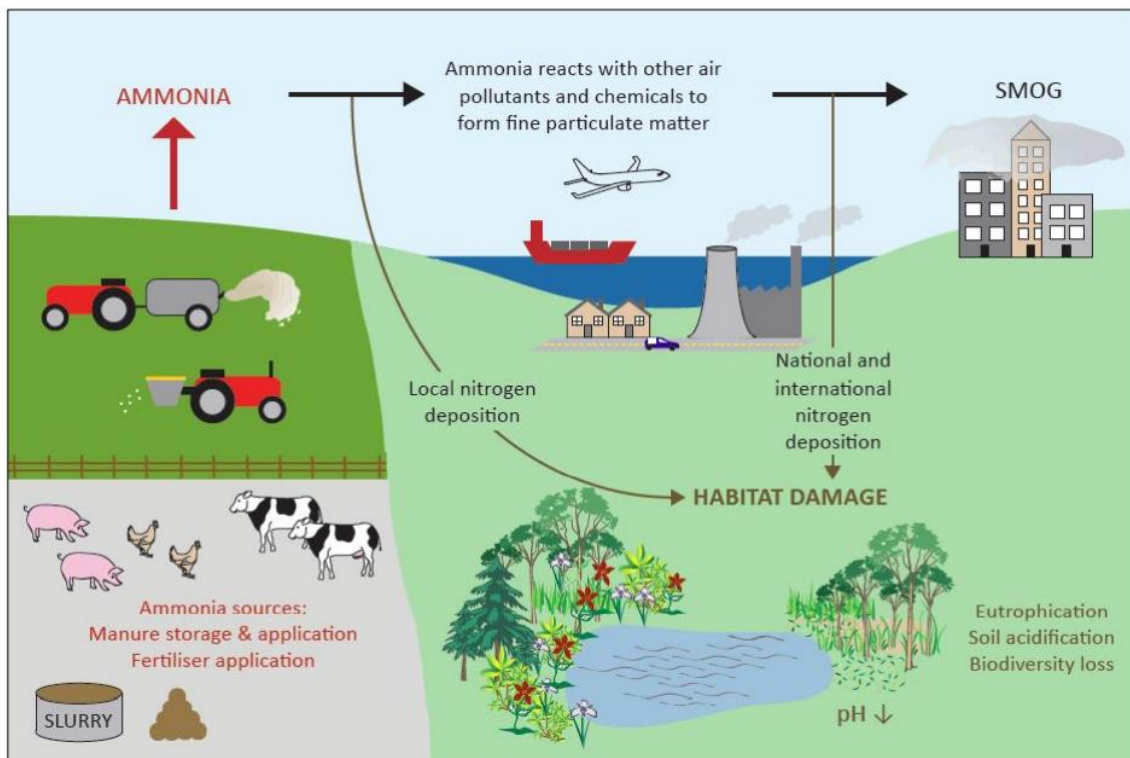


Figure 2. Routes of ammonia pollution from agriculture (Source: DEFRA, 2018)

The United Nations Environment Programme, the United Nations Convention on Biological Diversity and the World Health Organization have recognised the fundamental role of biodiversity in human health and wellbeing. The term ‘natural capital’ is often used to describe elements of the natural environment that provide valuable goods and services to people (see figure 3).

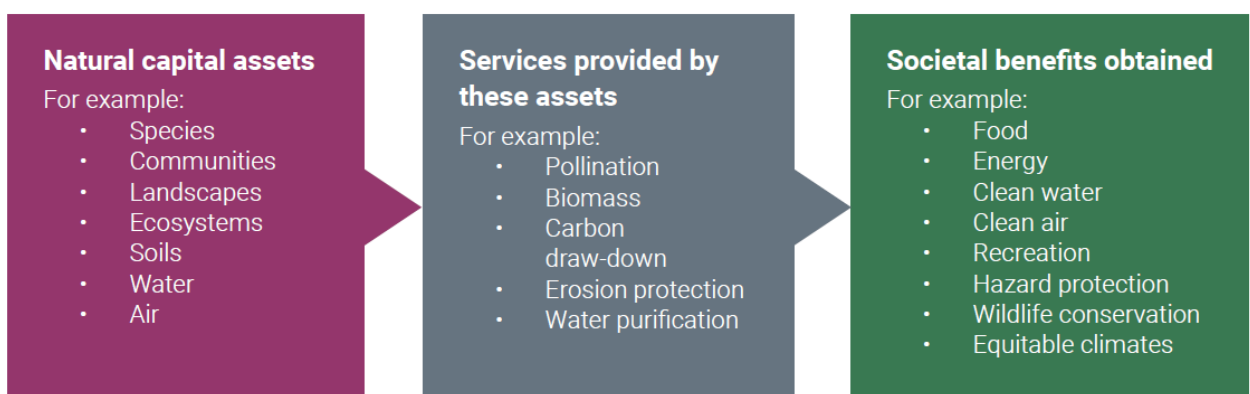


Figure 3: How natural capital contributes to human health (Source: Guthrie et al. 2018)

The impacts of biodiversity loss to human health are complex and difficult to quantify, but available evidence suggests that adherence to stringent control measures and local monitoring of air and water quality are necessary.

The importance of regulation and compliance is similarly stressed by the former Health Protection Agency in its conclusion that '*it is unlikely that ammonia emissions from a well-run and regulated farm will be sufficient to cause ill health*' (HPA, 2006, p.2.)

2. Zoonotic pathogens

Campylobacter

It is estimated that there are 700,000 cases and over 100 deaths in the UK each year due to *Campylobacter* infection (CIWF, 2013). Poultry are the main source of *Campylobacter* infection and are estimated to be responsible for up to 80% of cases in the EU. The biggest risk is chicken meat consumption.

A risk factor for intensively farmed poultry is the practice of 'thinning'. At five weeks of age, around 30% of animals are often removed from farm units for slaughter. Infection can be introduced during catching of the birds by people and machines coming in from outside. Acute stress (for example due to catching and transport) can reduce the levels of protective bacteria in the intestines and increase the growth and shedding of *Campylobacter*. The dense living conditions are conducive to rapid spread of the infection (CIWF, 2013).

Chickens reared for meat in intensive farms are often selected to grow quickly. Slower-growing breeds are generally healthier and may be at lower risk of *Campylobacter* infection (Bull, 2008).

Past work has shown that *Campylobacter* control is possible for intensively farmed poultry by strict observance of biosecurity by farm staff (Gibbens, 2001). However, The prevalence of *Campylobacter* spp. in the fresh chicken at retail in the UK was found to be 56 % in a 2017 survey and 7 % of samples had > 1000 cfu per g chicken skin (defined as highly contaminated chicken) (PHE, 2019).

Avian Influenza

Sometimes referred to as 'bird-flu', this highly contagious viral disease affects the respiratory, digestive and/or nervous system of many species of birds. Avian influenza has the potential to cause rapid and widespread mortality in poultry. Usually, influenza infection in poultry causes mild disease, referred to as low pathogenicity avian influenza (LPAI), but two subtypes (H5 and H7) can mutate to a highly pathogenic form (high pathogenicity avian influenza, HPAI) in poultry. At the time of writing (January 2021), over 70 cases of H5N1 have been detected in the UK this season (DEFRA, 2022)

The UK Health Security Agency (UKHSA) has said that avian influenza is primarily a disease of birds and the risk to the general public's health is very low. However, one human case has been identified in the UK this year (UKHSA, 2021). The Food

Standards Agency has said that on the basis of the current scientific evidence, avian influenza poses a very low food safety risk for UK consumers.

Control zones have been established to control the spread of the virus and are centred on the infected premises. DEFRA provides a UK-wide map of active Control Zones. The measures required within control zones include:

- Keeping a logbook of people entering the premises;
- Biosecurity measures on and off the premises; and
- Restrictions on moving eggs, poultry, and other captive birds or mammals within or outside the zone.

Avian viruses are not usually transmitted from poultry to people, but the occurrence seems to be on the increase in line with increasing numbers of reported outbreaks in poultry. Evidence suggests that in intensive poultry farms, factors such as genetic selection for productivity, stress, crowding, lack of sunlight, inadequate ventilation and sanitation are likely to provide an ideal opportunity for avian flu to spread and mutate, with potential human public health consequences (HSI, 2011).

3. Anti-microbial resistance

Antibiotics are used extensively in intensive poultry farming to prevent infections and promote growth. Wide scale use of antibiotics encourages the development of resistance that can spread to affect humans and animals alike. The close proximity of poultry in intensive farming environments provides ideal conditions for drug-resistant bacteria to be transferred between thousands of animals.

Antibiotic-resistant bacteria of farm-animal origin can pass to humans in a number of ways, principally on food, but also by direct contact and through the environment (e.g. agricultural run-off). Resistant bacteria can and also pass from humans to farm animals. Here they can multiply and acquire additional resistance genes, then pass back to humans.

The resistant farm-animal bacteria can contribute to higher levels of resistance in human infections in two main ways:

- They can directly cause an infection in humans, and this infection will be antibiotic-resistant.
- They can colonise the human gut (and other sites) without causing an infection, and pass on copies of their resistance genes to bacteria already living in the human gut. The bacteria receiving the resistance genes may subsequently cause an infection at a later date (e.g. a urinary-tract infection). In this case, the pathogen will be of human origin, but its resistance will originate from the farm use of antibiotics (O'Neill, 2016).

There is substantial evidence that antimicrobial resistance in foodborne *Salmonella* and *Campylobacter* infections in humans are linked to antibiotic (flouroquinolones) use in intensively farmed animals, resulting in increased illness severity and risk of

death (WHO, 2011). Evidence is also mounting that a significant proportion of the resistance in *E. coli* causing urinary-tract and blood-poisoning infections in humans is of farm-animal origin (e.g. ASOA, 2014).

The issue of antibiotic use in agriculture and its impact on drug resistance has been recognised by the WHO as part of its Global Action Plan, requiring its member countries to develop National Action Plans to tackle AMR which incorporate considerations of animal usage. It has also been recognised by both the UN's Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (OIE).

The WHO similarly said in its 2011 report on foodborne antibiotic resistance: *'Since this resistance has no ecological, sectoral or geographical borders, its appearance in one sector or country affects resistance in other sectors and countries. National authorities, veterinarians, physicians, patients and farmers all have key roles in preserving the power of antibiotics. The prevention and containment of antibiotic resistance therefore requires addressing all risk factors for the development and spread of antibiotic resistance across the full spectrum of conditions, sectors, settings (from health care to use in food-animal production) and countries'* (WHO, 2011).

4. Additional issues

Caffyn (2021) has conducted social science research within Herefordshire and Shropshire to explore people's concerns about and experiences of intensive poultry farms. Her research methods included interviews with a large number of stakeholders (farmers, planners, environmental agencies, objectors, decision makers and tourism). She also analysed policy and planning application documentation.

Caffyn (2021) found that between 2011 and 2019 there were over 30 planning applications for intensive chicken farms in Herefordshire and Shropshire which were heavily contested. An analysis of three highly contested cases found that the **top** concerns raised by residents were:

- Smell/odour impacts
- Traffic impacts – volume, noise and safety
- Visual impacts on the landscape and views
- Pollution of local rivers
- Impacts on the local tourism economy
- Noise impacts
- Biodiversity impacts

Additional concerns raised were:

- Air pollution and health
- Antimicrobial resistance

- Animal welfare
- Lack of scrutiny/fairness in planning procedures
- Reduced property values

It should be noted that many of these concerns may link to an increase of stress levels for local residents and to an associated deterioration of mental health and well-being. This may apply to both the fear of a successful application and to the experience of living near to a farm. While the mental health and well-being of Herefordshire residents is average or above average compared to the UK as a whole, large numbers (19,300) already live with a common mental health condition (Herefordshire Council, 2022) and the recent Covid-19 pandemic is likely to have had adverse impacts on mental health-and welling across the county (Herefordshire Council, 2021.)

Caffyn (2021) expressed concerns that Environmental Agency permits are never refused and yet farmers are able to use these as ‘proof’ that the farm will not cause pollution. As intensive poultry farms are defined as agricultural they may avoid policies which would prohibit similar industrial development in green-field sites. Limited monitoring of air and water means that pollution usually can’t be traced back to its original source and therefore may not be adequately dealt with.

Summary

This overview summarises some of the most commonly researched elements of intensive poultry farming in relation to their health impacts. Whilst occupational studies clearly demonstrate that intensive poultry farm exposure is harmful to health, further research is required to accurately quantify community health impacts. It is also important to establish whether current mitigation measures are sufficient to protect health in Herefordshire, where there is a very high density of intensive poultry farms. Herefordshire, along with neighbouring Shropshire and Powys have very high numbers of intensive poultry farms in close proximity and the cumulative impacts of the resulting pollutants on health has not been studied.

Social insight work conducted locally indicates that the health impacts most commonly cited in the literature, do not cover a number of concerns raised by local residents. For example, sensory issues such as noise, pollution and unsightliness, which have the potential to detrimentally affect wellbeing. There may also be an effect of these stressors on livelihoods, particularly in the hospitality industry.

Intensively farmed poultry provides an affordable source of protein in the UK. However, the potential health impacts of intensive poultry farming in Herefordshire are broad. Some of these impacts (e.g. those caused by air pollutants) may be restricted to the local community and the workforce. However, the UK-wide consumption of poultry from Herefordshire could affect health on a national level via zoonotic disease. Indeed, there could be global implications for health when the

impact of widespread anti-biotic use and emerging resistance is taken into consideration.

This presents an opportunity to protect health in Herefordshire and further afield. It is vital that water and air quality is continuously monitored in Herefordshire to gain an understanding of the current environmental burden of existing intensive poultry farms and evidence-based mitigation measures must be adopted. Thorough health impact assessments should supplement every planning application, and these should take into account both the widely published health determinants and those raised by residents. They must also consider the cumulative impact of the increasing number of intensive poultry farms in the area.

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Appendix 2

Intensive Poultry Farming: Scale of potential health impacts and regulatory oversight for associated health protection functions

Scale of health impact	Source	Potential Impacts	Organisations protecting health	Functions
Individual (occupational)	Farming chemicals Vapours (e.g. ammonia) Bioaerosols Particulate matter Pathogen exposure Ergonomic risks	Respiratory and cardiovascular health Allergies Zoonotic disease Anti-microbial resistance Injury Musculo-skeletal disorders	Health and Safety Executive	Produces guidance for employers
			Employers	Legally obliged to follow guidance in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH)
Local	Air and water pollution (e.g. ammonia, particulate matter, bio-aerosols, phosphates, farm chemicals) Biodiversity loss Noise Odour Pathogen exposure Inappropriate anti-biotic use	Respiratory and cardiovascular health Zoonotic disease Anti-microbial resistance Reduced income Reduced quality of life	Environment Agency	Regulates intensive poultry farms. Issues permits to farms with >40,000 birds
			Department for the environment, food and rural affairs (DEFRA)	Produces codes of practice for rearing poultry following the 2007 Welfare of Farmed Animals Regulations. Provides guidance on measuring environmental impact locally.
			Local Authority – Environmental Health	Investigates complaints for intensive poultry farms where they are too small for a permit, i.e. farms with < 40,000 birds
			Animal Health team within the Trading Standards Service	Avian influenza controls on behalf of Defra who are the lead agency. This includes avian influenza prevention zones checks.
			Local Authority - Planning	Undertakes environmental impact assessments when determining planning applications where there are > 85,000 broilers or > 60,000 hens.

				Review evidence and engage with a wide range of sources to inform planning application decisions
			Local Authority – Public Health	Provide public health input informing health impact assessments to supplement planning procedures
National	Consumption Pathogen exposure Inappropriate anti-biotic use	Food-borne zoonotic disease (e.g. Campylobacter, Salmonella) Infectious zoonotic disease (e.g. avian flu) Anti-microbial resistance	UK Health Security Agency (UKHSA)	UKHSA has a duty to take such steps as Secretary of State considers appropriate to protect the health of the public in England (Section 2A of the National Health Service Act 2006) Surveillance/monitoring of notifiable diseases and provision of health protection advice
			Food Standards Agency (FSA)	Produces guidance setting out the hygiene controls and regulations that those producing <i>poultry</i> for consumption in the UK must adhere to
			Department of Health and Social Care	Produced the UK strategy and action plan to tackle anti-microbial resistance
			Drinking Water Inspectorate (DWI)	Regulation and enforcement of water quality at any water treatment works where there may be contamination of a potable supply from the river Wye's water quality due to pollution from IPU's or spreading of manure.
			Environment Agency (EA)	Regulation and enforcement of any known pollution of a watercourse which may result from a spillage of manure from an IPU or slurry from other livestock installations.

			Department of Farming and Rural Affairs (Defra)	Monitors national avian influenza outbreaks and, working with the APHA, will declare national protection orders and 3km protection zones around known outbreak areas, such as an IPU. Defra and the APHA will then coordinate all on-site culling, cleansing and disposal of the carcasses.
Global	Inappropriate anti-biotic use	Anti-microbial resistance		The issue of antibiotic use in agriculture and its impact on drug resistance has been recognised by the WHO as part of its Global Action Plan, requiring its member countries to develop National Action Plans to tackle AMR which incorporate considerations of animal usage. It has also been recognised by both the UN's Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (OIE).

creating a better place
for people and wildlife



Dear Mr Willimont,

RE: Request for information under the Freedom of Information Act 2000 (FOIA) / Environmental Information Regulations 2004 (EIR)

Thank you for your request for information sent to Grace Wight, relating to the Intensive Poultry Units (IPUs) received on 01 March 2022.

We respond to requests for information that we hold under the Freedom of Information Act 2000 (FOIA) and the associated Environmental Information Regulations 2004 (EIR).

I understand the information requested will help inform a meeting due to take place on 21 March 2022, so we have attempted to provide you with as much information as possible. We have indicated where we can provide you with more information, so please let us know if it is required.

Information we hold

- How many permitted IPU installations are there in Herefordshire?

There are 78 permitted poultry sites in Herefordshire. Please note some of these sites will be pre-operational / not built.

Further details of the installations can be found at: Environmental Permitting Regulations – Installations (data.gov.uk), although this does not give the number of birds, however does give addresses of IPU installations.

- How many birds in total are in these IPU installations (we know there are 16m at any one time in the county from Animal Health records but many will be in IPUs < 40k birds)?

We have estimated this to be approximately 16,791,506. This is a best estimate that we can provide before 21 March 2022, as some sites will:

- • have varied their permits to increase numbers
- • be pre operational or not built yet and/or,
- • not necessarily be stocking at their permitted maximum.

If you would like a more accurate figure please let us know as we will need more time to provide this.

- How many inspections of these IPU premises have there been in 2021/22 so far and are all due to be inspected?

The number of EA inspections in Herefordshire during 2021/22 to date is 13. This is a combination of on-site and remote inspections. Additional inspections will have also been carried out by EA trained Certification Bodies at sites that operate under the assurance scheme. Certification Bodies are commercial companies that carry out assurance scheme assessments, such as those under Red Tractor Assurance. Please let us know if you require the number of inspections carried out by our partners.

Sites are programmed to be inspected by EA officers every 3 years. Sites in the Assurance Scheme are inspected by their appointed certification body annually, with an inspection scheduled by the EA every third year. During 2021/22 our inspections have been compromised by COVID, Avian Influenza and lack of resources.

- Do the EA permitting officers liaise with those concerned with agricultural compliance and therefore the application of manure to land?

EA permitting officers are not required to liaise with agricultural officers regarding manure application. A Manure Management Plan is only required where manure is applied to operator owned / controlled land.

There is an ongoing Poultry Litter Project which is looking at the application of poultry manures to land in the Wye catchment. As part of this project, permitted poultry sites are being contacted and asked to supply information regarding manure production, records of imported and exported manures, nutrient planning and application and soil test results.

Please refer to Open Government Licence which explains the permitted use of this information.

Information Withheld

We are unable to provide you with all of the following information:

- What types of enforcement action have been taken against any permitted IPU in the year 2021/22 so far?

- Presuming enforcement action has been taken, how many enforcement notices have been served?

We can confirm that no notices have been served to date. However there is ongoing enforcement action at one site in Herefordshire. We are unable to discuss this further until this has concluded.

As a public body we are required under the Freedom of Information Act/Environmental Information Regulations to give reasons for this refusal. We also need to show that we have considered the Public Interest balance between refusal and disclosure. You can find the details in the Appendix attached.

Reduce the request

We want to be as open as possible in answering requests, and to help people obtain the information they are looking for. Unfortunately, the amount of information you have requested below is very substantial.

- How many complaints concerning these IPU premises have there been in 2021/22 so far?

Gathering it together would therefore be likely to involve a significant cost and diversion of resources from our other work.

In these situations the legislation allows us to consider refusing requests as 'manifestly unreasonable' under EIR and/or 'above the appropriate limit' under FOIA. We estimate that it would take 78 hours to comply with your request in its current form. This is based on officer's time required to search and retrieve the complaint data for each IPU site in Herefordshire.

In order to help us bring your request within reasonable bounds, would you be able to reduce the scope of your request to focus on the precise information that you are seeking e.g.

- specific IPU sites,
- search radius for each site (e.g. 0.5km),

We wanted to give you an opportunity to reconsider your request and describe more precisely the information you wish to have. If you are unable to reduce the request, then we will have to consider it in accordance with our obligations under FOI and EIR.

As we are required to respond to your request by 30 March 2022, we would be grateful to hear from you as soon as possible as to how we should proceed.

Rights of Appeal

If you are not satisfied you can contact us within 2 calendar months to ask for our decision to be reviewed. We shall review our response to your request and give you our decision in writing within 40 working days.

If you are still not satisfied following this, you can raise a concern with the Information Commissioner, who is the statutory regulator for Freedom of Information and the Environmental Information Regulations. The contact details are:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
Website: <http://ico.org.uk>

Yours sincerely



For further information please contact the Customers & Engagement team on
Tel. 02084 747856

Direct e-mail:- enquiries_westmids@environment-agency.gov.uk

Appendix

Relevant exceptions

The exceptions that apply to the withheld information is:

EIR Regulation 12(5)(b) applies because disclosure would adversely affect the course of justice, the ability of a person to receive a fair trial or the ability of a public authority to conduct an inquiry of a criminal or disciplinary nature, specifically with this information there is a need to protect confidential information linked to ongoing enforcement action.

The Public Interest Test

We have weighed the public interest factors in favour of maintaining the exceptions and find that they outweigh the public interest factors in disclosing the information. In carrying out the public interest test we have considered:

1. Factors in favour of releasing the information:

The Environment Agency would only withhold information if it is sure that disclosure would cause substantial harm. In this case, we consider that release of the information would more likely than not adversely affect the course of justice and the ability of a person to have a fair trial for the reasons set out below.

We believe that there is a general need to promote accountability and transparency in the way we regulate sites and how decisions are taken with regards to enforcement action. This is so that the public can assess how we are taking decisions that affect them and that decision-making and the spending of public money is done in an open manner. However, as enforcement action has commenced there is a strong public interest in withholding information that could prejudice potential proceedings in the future. Evidence should not be disclosed to the world at large and released in accordance with the criminal procedural rules of disclosure.

We acknowledge there has been a high level of public participation in the debate regarding the impact IPU sites are having on the River Wye. Release of this information would increase knowledge about environmental incidents and help to deter/prevent commission of offences. This in turn helps to maintain a sustainable environment which is in the public interest.

2. Factors in favour of withholding the information:

Disclosure of the information requested, outside any legal proceedings, would adversely affect the ability of the suspect to receive a fair trial. Information that is likely to be relied upon as evidence should not be disclosed to the world at large under the freedom of information legislation as a defendant in legal proceedings could seek to have those proceedings stayed under the abuse of process argument on the basis that it would be impossible for them to have a fair trial with the evidence already being in the public domain.

There is a strong public interest in withholding information that would compromise our ability to take enforcement action. Releasing the information at this stage may attract unwarranted scrutiny, which would impede our ability to take enforcement action effectively, without improper outside influence.

The withheld information is not already public. Where an investigation reveals that there have been breaches in statute or regulations, there is a public interest in bringing a prosecution and not disclosing evidence into the public domain whilst criminal proceedings are ongoing, as this could prejudice the course of justice.

Information which is collected for the sole purpose of an investigation by a regulator should not be made available to the world at large where there is a process for disclosure of information by way of the court proceedings. Placing this information in the public domain outside the legal process is likely to be unfair and undermine any proceedings.

As indicated, upon assessing the factors in the public interest test, we have assessed that in relation to the exception relating to an adverse effect on the course of justice, we find that the factors in favour of withholding information outweigh the public interest factors in disclosing information.

Appendix 3b

E&B National and Environment Management - Manure management

1 Income streams: in order to get some idea of what enforcement could be reasonably expected with the income received please provide:

- Income from IPU permits: initial and annual.

In the case of intensive pig and poultry farms (IPU's as you have referred to them) the income is primarily derived from operator application fees and annual subsistence charges for their Environmental Permitting Regulations (EPR) permit. These have been set and agreed with HM Government. The application fee for an intensive farming permit is currently set at a minimum of £8,020 (there are additional charges for site specific assessments). The annual subsistence fee is currently £2386, or £1444 for a farm that's a member of the Environment Agency's Pig and Poultry Assurance Scheme. The application fee pays for our National Permitting Service to process and assess an application prior to issue and the subsistence fee pays for the subsequent regulation.

- Best estimate on what the EA spend on processing, regulating and enforcing IPU permits to protect the environment.

The subsistence fee is allocated to cover both support (business planning, health and safety, legal services etc.) and direct services. Support services provide benefits to our entire organisation and therefore all funding streams contribute. In the case of the West Midlands area team, they receive c.£150k per annum from this income for direct regulation of the EPR pig and poultry sector. However, more recently we have successfully made bids to Government for additional funding to support agricultural work because the impacts of the sector are significant. The West Midlands has been recognised as a priority area and part of this Defra allocation, approx. £20,000 is being used to fund 0.6 FTE, to investigate the life cycle of poultry manure from farms on the Wye, from auditing the farm of production to the place of spreading/disposal. This funding began last year and will be in place for the next 3 years.

2 Manure management

- How much manure plus litter is generated by this sector?

We are working on trying to establish this at the moment but do not have an accurate figure at present

- Are manure management plans regularly checked? Yes

- What EA activity is there to ensure manure is safely managed to stop run off into watercourses?

Checks on manure application records to ensure applications of manures are in line with regulations and do not pose a risk of pollution

- Are the records of movements of manure off site ever checked? If so, how many such checks have been made in the last reporting period. Yes

3 Best available technology: this is a rapidly moving field

- What activity is there to improve standards and to ensure plant remains in adequate working condition once the initial permit has been granted?

For permitted farms, one of the permit condition requirements is to have an environmental management system. This oversees the management of the farm and includes the requirement to have an inspection and maintenance schedule. All structures and plant on the site must be checked at least annually and many operators will check plant more frequently than this as part of day to day operations. The inspection and maintenance schedule and the state of maintenance on the farm is checked as part of a compliance inspection.

- Do plants have to upgrade periodically or can they stick with the BAT set up granted when their permit was first approved indefinitely?

A farm must meet BAT, as set out in the latest BAT conclusions. BAT conclusions are periodically updated and when this happens sites are required to check that they meet any new standards. The BAT conclusions for the intensive rearing of poultry or pigs were issued in February 2017. New farms then had to meet these BAT standards; existing farms had 4 years to ensure new standards were met. The Environment Agency carried out a permit review and varied all permits that needed to be updated to incorporate the new requirements. Now that we have left the EU the way that BAT is derived and implemented is being considered and developed.

- Are there –say – 10 year reviews to check if set ups are fit for purpose with regard to BAT? If so, do they have regulatory force?

Under the EU there was a requirement to carry out a permit review within 4 years of the publication of any BAT conclusions. The process for carrying out a review now that we have left the EU is being considered.

- What does the EA do to ensure that its permitted plants are reaching current BAT? Or is the situation that the EA do not actively move operators towards current BAT and that the main driver for improvement is the need to apply for planning application for major changes?

Working closely together, the Environment Agency, Scottish Environment Protection Agency, Natural Resources Wales and the Northern Ireland Environment Agency carried out an assessment of the BAT conclusions after their publication in 2017 and produced an Interpretation document. This describes how each BAT conclusion is already being met or what farmers need to do to meet each BAT conclusion. Using this Interpretation document we then carried out the permit review to ensure farms are meeting current BAT. Compliance with BAT is also assessed during farm inspections.

- Modern in shed monitoring is now extremely sophisticated (e.g. dust, moisture, position of flock and more). What plans are there to include requirements for the following in permits going forward:-
 - better abatements of emissions to air and watercourses. This will be site specific and will depend on the sensitivity of the local environment. Any abatement requirements will be determined during the permit application process.
 - requirement to monitor and report measurements of material leaving the sheds, principally air borne and manure. The requirement to monitor emissions is site specific and will be determined during the permit application process.

4 Public information

The public now expect to be able to access a lot of information on line - company accounts, permits, performance data in annual reports and so on

- What information can the public access with regard to the performance of this extremely large industry, either from the operators or from yourselves? As you may be aware, some company accounts will be available online, but only if they are a limited company - Companies House - GOV.UK (www.gov.uk). The public can request permitting and compliance information for permitted sites through the Environment Agency Public Register - [Public registers \(data.gov.uk\)](http://Public registers (data.gov.uk)).
- What data on this industry does the EA report each year and where can it be found? Permitted installations are required to report emissions of substances through an annual Pollution Inventory (PI) return. Permitted poultry farms report emissions of ammonia, methane, nitrogen oxides, PM10 and waste, where the quantity exceeds a threshold. This PI data can be found here - Pollution Inventory - data.gov.uk

5 Monitoring and enforcement

The links between ILUs and water pollution are now established beyond reasonable doubt. In the light of this are there:

- Any plans to move to cumulative impact assessment before granting further permits? For the purposes of a permit assessment/determination the Environment Agency carries out in-combination Habitats Regulations Assessment for ammonia where a proposed permitted site

lies within 5km of a designated European site. This process includes consultation with Natural England/Natural Resources Wales where required. This assessment is limited to the impact of ammonia emissions to air. This is due to the scope of the permitting regime – the site boundary for permitted pig and poultry farms typically includes the livestock housing, any yard areas and associated infrastructure but does not routinely include adjacent land. Therefore, the spreading of manures and slurry to land (and the associated potential for water quality impacts) is not covered by permitting and instead this is regulated through other existing regulations (NVZ Regulations and Farming Rules for Water).

- Any plans to reduce permit threshold below 40, 000 birds. The EU has recently issued [proposals](#) to update the Industrial Emissions Directive. These proposals include revising the livestock thresholds. Any changes in the livestock thresholds in England would be decided by Defra.
- Any plans to mandate monitoring and reporting of key emissions, notably particulates and ammonia, in future applications. There are no plans to introduce this across the sector at the moment. Some farms do have monitoring and reporting requirements, e.g. for ammonia, due to the location of the farm in relation to sensitive sites.
- How many enforcement officers does the EA currently have in our region? And how high a priority for this team is [reducing](#) manure run off to watercourses?

6 Complaints

- How many complaints from the public are there per year with regard to manure management and storage in general?
- What EA response standards are in place relating to public incident reports relating to manure – manure piles near streams/uncovered? Eg do the EA promise a response in 10 working days
- What is the threshold for actioning a complaint? If this is not reached is the complainant told there will be no action?
- What information goes back to complainants about response to their complaints?

Please use the following email address for any future correspondence.

Email: Enquiries_Westmids@environment-agency.gov.uk

You may wish to look at <http://data.gov.uk> to see what other Environment Agency data is available for you online.

Please get in touch if you have any further queries or contact us within two months if you'd like us to review the information we have sent.

Regards.

[Redacted signature]

creating a better place
for people and wildlife



Frequently asked questions

Broiler farms and environmental permits

March 2022

Please see below some frequently asked questions previously received in relation to permit applications for broiler farms and our responses, which you may find useful.

What is an Environmental Permit?

Certain activities, that could be harmful to the environment, need an environmental permit to operate. A permit gives the holder permission to carry out certain types of activities at a specific location. It sets conditions which will protect the environment and people's health. If we grant a permit we carry out periodic audits and inspections to check compliance with the permit. We review permit conditions and can change them at any time. We take enforcement action if the permit holder breaks the conditions of their permit.

Is an Environmental Permit the same as planning permission?

Our decision whether to grant an environmental permit is completely separate from the planning process. Planning permission allows a new site to be built. The planning process determines whether the development is an acceptable use of land and considers a broad range of matters such as visual impact, traffic and access, which do not form part of our decision-making process. An environmental permit allows the site to operate once it has been built and regulates emissions from the ongoing activities. A new development will need to have both planning permission and an environmental permit before it can operate. We will only issue a permit if we believe the facility will be designed, constructed and operated in a manner that will not cause significant pollution of the environment or harm to human health.

I have heard that broiler farms can cause problems with flies.

Chickens are on site for approximately 40 days. The permits we issue contain conditions to ensure such a farm is kept as clean and dry as possible through appropriate management practices. Due to the short length of the growing cycle and the way a broiler farm is managed, we would not expect to see an issue with flies. Once the birds have left a farm, all the litter is removed and the sheds are thoroughly cleaned.

In the unlikely event of flies causing annoyance, we will ensure the operator reviews any relevant management practices. In line with permit conditions, they would then submit to us for approval a pest management plan to be implemented on site.

The local council would be the regulating authority if a problem of flies from manure heaps or spreading arose.

What about odour and noise?

The permit would contain conditions that we enforce, ensuring that odour and noise pollution from a broiler farm is kept to a minimum.

Modern broiler farms have to be built using the best available techniques and managed to minimise odour and noise. As a regulator, we ensure that any permit holder complies with permit conditions to keep emissions from such a farm, including odour and noise, to a minimum. We will assess any information submitted with applications and ensure that the odour and noise management and control measures are satisfactory for any proposed farm. In some cases, we may require more information to satisfy our requirements, and we would request this from the applicant through a Schedule 5 Notice before making a decision on whether or not to grant a permit.

At certain times of the process, such as cleaning out, it is possible that some odour will be generated. We would require that a broiler farm takes action in accordance with the management and control measures, to reduce these odours as far as possible.

Some noise can be generated by vehicle movements and the operation of ventilation fans on site. Again, we would require that a broiler farm took action to adhere to noise management conditions to reduce the noise generated from site, as far as possible. These actions would need to be appropriate during the day and at night. However, vehicle movement to and from a site is not regulated by us. This would be taken into consideration by the local council whilst determining the planning application.

We would not issue a permit if we considered odour and noise would be at levels that would cause significant pollution off site

However, we do have experience of broiler farms causing issues with odour and noise when the operator is not taking all appropriate measures. If a broiler farm did cause what we perceive to be odour or noise pollution in the local community, we would ensure the operator investigates alternative control measures and carries out necessary actions to prevent future occurrences.

The permit does not cover any pre-operational activities such as noise or odour from construction.

Details of all documentation submitted with permit applications can be viewed electronically and in hard copy. Details of how and where you can view these documents are set out below.

What about pollution to ground water?

It is an environmental offence to cause pollution to ground or surface waters. Environmental Permits have specific conditions to further enforce against polluting emissions to water or land.

What about waste from the site?

All waste produced from the broiler farm will be regulated by the sites Environmental Permit. The permit contains specific conditions requiring the efficient use of raw materials and minimisation of waste produced by the activities on site.

Do broiler farms spread and store manure on the fields?

Where a broiler farm sends used litter off site, records must be kept showing who has taken the manure and what quantities have been taken. The permit requires that each recipient of the manure agrees to spread the manure in accordance with the Code of Good Agricultural Practice. All amenity issues for spreading or storage of waste off site would be dealt with by the local council.

Although an environmental permit will not regulate the spreading or storing of manure on fields outside of the permitted area, we would expect all manure spreading to be done in accordance with the Code of Good Agricultural Practice and also in compliance with the Nitrate Vulnerable Zone regulations.

Further information on manure spreading and storing can be found here

<https://www.gov.uk/guidance/storing-organic-manures-in-nitrate-vulnerable-zones>

What about bioaerosols?

As part of our determination of the permit application we consult Public Health England and the local Director of Public Health to ensure that there will be no harm to human health as a result of any proposed activity. Their response would be taken into consideration when making our final decision on whether or not to grant a permit.

What about emissions from the biomass boilers?

If biomass boilers are used on site to heat poultry sheds, the fuel burnt would be clean/virgin wood. We would assess the potential impact of exhaust emissions (PM10s and NOX) on human health and the environment as part of our determination of the permit.

We must decide whether to grant or refuse an environmental permit under the Environmental Permitting (England and Wales) Regulations 2010. We will only grant a permit if the operator applying has shown that the proposed facility meets the requirements of UK and European laws in how it will be designed and run. We will not grant a permit if we believe it is likely to cause significant pollution to the environment or harm people's health.

Do these sites produce much dust?

The use of Best Available Techniques and good practice will ensure dust is kept to a minimum. Emissions of dust would be regulated by us, through the permit. In the event of dust causing pollution, we would require the operator to undertake a review of a site's activities, produce a management plan to be agreed with us and carry out necessary actions to prevent future occurrences.

Is lighting considered as part of the permit?

Lighting is not considered as part of the environmental permit other than with regards to energy use and efficiency.

What about proximity to local residents?

Our guidance states that if there are sensitive receptors within 400 metres of a site then we would expect the operator to have robust Management Plans for odour and noise.

Animal Welfare

Animal welfare is not dealt with by Environmental Permitting Regulations. The operator must comply with appropriate animal welfare standards in its design and operation of a site.

What happens if there are problems with a site?

If a site does not adhere to the management and control measures in place, such as those relating to odour, dust and noise or does not comply with the permit, we will investigate. We will work with the operator to ensure compliance with the permit requirements. In the event of any breaches, we may take action in line with our published Enforcement and Sanctions guidance.

Any incidents or complaints about a site can be made to us on our 24/7 incident hotline 0800 807060.

How you can contribute to us making the best decision

Once we have accepted an application, we put it on our public register, which is held in our local offices and the offices of the relevant council. We will always consult on applications for new bespoke permits and invite people and organisations to comment.

Where can I get further information from?

You can find information about Environmental Permits at

<https://www.gov.uk/topic/environmental-management/environmental-permits>

For further information on our intensive farming guidance please visit our website at

<https://www.gov.uk/guidance/intensive-farming-risk-assessment-for-your-environmental-permit>

Appendix 5

Response data collated from emails sent to the council in relation to public opinion on IPUs and their impact on the county.

Total true responses = 64

The following is a number and % breakdown of the complaints

29	(45%)	smell nuisance
11	(17%)	dust nuisance
17	(27%)	animal welfare
34	(53%)	river water quality and habitat destruction
12	(19%)	traffic
2	(3%)	smoke nuisance
6	(9%)	noise nuisance
2	(3%)	cleaning chemicals
1	(2%)	fly nuisance
1	(2%)	risk of zoonotic infection
7	(11%)	antimicrobial resistance
8	(13%)	Avian influenza

The following is a number and % breakdown of the alleged impact to human health:

9	(14%)	Asthma, COPD or lung dysfunction
14	(22%)	Mental wellbeing
5	(8%)	Infection from bathing or swimming in the Wye
2	(3%)	Stress caused by intimidation from farming community / neighbours

The following is a number and % breakdown of positive comments:

2	(3%)	Creates employment opportunities in the county
2	(3%)	Reduces the need/dependency on imported food

Appendix 5b

Emails received to residentfeedback@herefordshire.gov.uk

17.02 – 18.04

The following is small sample of quotes taken from resident feedback in relation to intensive poultry farming in the county. It has been broken down into recurring themes.

Smell nuisance

“Early evening a disgusting smell emanates from the unit. This is particularly bad in the summer and lingers on for a few hours. It is impossible to enjoy our garden as we would like, and we must keep our windows closed so the stench does not enter our home. On several occasions the stench has been so intense that I have complained to Environmental Health. It smelt like rotting meat, chicken waste and ammonia. I regularly have headaches and have difficulty sleeping because of the lack of fresh air.”

“I previously lived in Herefordshire for almost 6 years ... The foul stench when the wind was blowing in the direction of our house, or indeed whenever out for a walk or bike ride was intolerable. It made me feel sick to my stomach and basically it was severely unpleasant going outside some days.”

“We live near a chicken farm and honestly if I'd known about the horrific stench this farm lets off frequently, I'd never have bought a house near it. The smell is overpowering and seeps through any gap... I can't put washing out as the smell clings to the clean washing! When the smell drifts over we can't sit outside...we can't have windows open... it's truly vile.”

Dust nuisance

“It is not possible to go anywhere close to the units because the smell and dust are intolerable. In general, I and other neighbours avoid walking near any of the poultry units. Ammonia from the poultry units has caused severe damage to the band of ancient oaks in the adjoining woodland. This area is now dominated by holly (which can withstand the pollution) and is often covered in poultry dust.”

Animal welfare

“I am vehemently opposed to these mass types of factory units. They are not farms, they are industrial, vile, cruel machines... They are nothing less than a prison for millions of sentient beings who never get to move around or see the light of day. In comparison, I have lived and kept my horses on smallholdings where free range chickens live and the difference is incomparable. I got to know of birds who were sociable and affectionate, constantly moving around and reaping benefits in terms of aiding with composting of horse manure piles, and gardens.”

“My husband and I cannot bear the fact that these chickens are kept and treated in such terrible conditions, it's absolutely inhumane and we should not allow it to happen. This affects me particularly deeply and I have to battle the depression which it causes. When I see or follow the awful trucks carrying so many chickens it causes crying and nausea. For me personally the emotional aspect is very hard to deal with and affects my mental health.”

“The horrors of the life and death of intensively reared chickens – the hormone-induced unhealthy body structure, the confinement, the lack of opportunity for normal social behaviour, and the vileness of the production line at Avara – make me miserable. On lovely sunny days, my enjoyment of our glorious countryside is often spoiled as I recall the dark secret hidden away of the chickens deprived of their right to a normal life.”

River water quality and habitat destruction

"I have been a fisherman on the river wye for 35 years. The river used to be clean and full of ranunculus weed, the insects would fill the air all summer, the fish thrived and so did the swans and kingfishers. The last 5 years and in particular the last 3 years I effectively look at a dead river in the summer. The weed gone, the fly hatches tiny and the kingfishers few and far between. The river runs green because of the chicken excrement that runs into the river and its tributaries. I no longer stand in the river without waders, the stones are covered in a brown algae (contributed to by sewage works) smothering the eggs of fish. The cormorants and goosander flocks plunder the small fish that managed to make it, as they have no weed to hide and feed in. It's no exaggeration to say the river is dying in front of my eyes, as proven through tests and via legal cases and admittance by huge producers of chickens."

Traffic

"The traffic on the lanes around our home have become increasingly dangerous to the point my son is too scared to walk down some of them because of the fear of meeting one of the huge vehicles that go back and forth from these IPUs. We have had to climb into the hedge on many occasions so they can pass us because the lanes simply are not wide enough for these huge trucks and tractors. These vehicles show no regard for the residents and while having a new water main put into our property I witnessed one of them drive straight through the road closed sign smashing all the protection to our new water pipe and all of the cones and barriers. I reported this and put them back out across the road only to find an hour later another one of the lorries going to the IPU had done exactly the same with no regard to the damage to our property. The large artic trucks going to the IPU near us have hit down stone walls of residents and create so much dust when they fly around the lanes that we cannot even go out in our garden, especially with the respiratory problems my son has."

"The lorries from the existing IPU unit located near us had stipulations in the planning application that they must not operate during unsocial hours. This is not enforced and my worry is that the already noisy disturbances in the early hours of the morning will increase even more. We are subject to being woken up by trucks going to the IPU at 3am, 4am, 5am, and 6am. How can this be allowed? It wakes our entire family up and then my son struggles at school because he is being woken throughout the night by artic trucks."

Smoke nuisance

"We moved to this area to enjoy clean air free from pollution but instead our senses are assaulted on a regular basis from the noxious fumes emitted from the IPUs in our area."

Noise nuisance

"There is frequent noise from the nearby development, which goes on for days at a time and can be heard from long distances. The sound echoes over the hill and can be heard along surrounding stretches. The noises include the delivery of feed, which goes on for hours at a time, the cleaning out of the buildings entailing the use of pressure washers and vehicles with reversing beepers. There is a constant sense of living next to a busy factory. One of the biggest disturbances is from the moving around and preparation of timber for the biomass boilers."

Cleaning chemicals

"There is also the pollution of the soil, air and water – not just phosphates, nitrates and ammonia but also whatever other chemicals are used to clean the sheds. We believe this has killed our rivers and ruined our soils but it is likely that it has also killed trees, hedges, wildlife and so must have an impact on our health."

Fly nuisance

"This dumping of untreated chicken waste is done on a regular basis by farmers in the locality. The sewage is then spread on the fields before the planting of a crop such as potatoes, and the smell

doesn't disappear for weeks. Flies are attracted to the waste matter, and appear on our windows in hundreds, making it again very difficult to have windows open."

"Mounds of chicken manure are piled in the field next to our home ready for spreading. Sometimes this will stay in situ for weeks, festering an ever-increasing miasma of ammonia and we have deepening concerns of risk to health, particularly respiratory, I am 70 and my wife is 77. When it rains, a brown liquid seeps from the mound and finds its way into the nearby waterway which would inevitably contaminate not just the surrounding area but eventually the Wye River. Flies breed and proliferate in such numbers that thousands will amass on the west wall and windows of our house, particularly at sunset."

Risk of zoonotic infection

"Because of the industrialization of agriculture and animal production, a growing number of residents in livestock-dense areas do not have a farming background. This population may be more susceptible to farm-related illnesses, especially to livestock-related zoonotic infections, as they have no or limited immunity to specific zoonotic pathogens."

Antimicrobial resistance

"It is concerning that it is understood that the poultry are routinely dosed with antibiotics at a time when resistance to antibiotics is becoming an ever-greater issue."

"Another concern is the routine use of antibiotics in factory farming. As far as I'm aware, there is no research on the levels of antibiotics in the manure, in the land on which it is spread, or the crops grown on that land."

"We are concerned that the genetic modification used to maximise profits means they are growing huge, heavy upper bodies very quickly and are likely suffering from severe health problems, including heart failure and difficulty breathing in the hot, acrid environment. We are also upset to know that these birds are gassed or face a throat-cutting machine before being plunged into scalding-hot water."

Avian influenza

"There is the existential threat of a bird flu outbreak which could cross the species barrier, the ever-present danger of respiratory problems resulting. With such unhealthy intensive farming of poultry and the release of dangerous particulates in the air it will be just a matter of time before a serious outbreak occurs."

Alleged Impact to Human Health:

Asthma, COPD or lung dysfunction

"I suffer from asthma. I have found a significant link between the smell of poultry manure in the air and an aggravation in breathing difficulty. I believe this is due to the spreading of the manure, and from the units themselves. When 'the smell' is in the air, I experience an immediate tightening in my chest, significant enough to need at least one and sometimes two doses of inhaler."

"After making representation about the planning application for chicken sheds at a local farm in 2017 I have certainly noticed that my asthma and general lung health has not been as good as I had been used to before the sheds were installed. We had been promised that advance warning would be sent to residents when the sheds were cleared out, but this has not happened at all which is disappointing. When the sheds are cleared out the smell is absolutely dreadful and in the summer months prevents me being able to garden or relax in my garden for the period affected... As a lifelong and full time asthmatic I have been similarly concerned about the impact it is having on my health and this in turn has impacted my mental health and ability to enjoy being outside - no warnings are given as to when it can happen."

Mental wellbeing

“The impact on my (and I suspect many other Herefordshire residents’) mental wellbeing is being significantly affected by the impact of the poultry farms on the environment. The benefits of exercise and of enjoying the natural beauty of the county are all compromised if we cannot breathe, swim in or enjoy the landscape and river without seeing the evidence of the seemingly unstoppable air, land and water pollution the poultry industry is causing. I don’t think the widespread despair this is causing in the people of Herefordshire can be underestimated.”

“Last summer I was shocked at the zero visibility in the River Wye, all I could see was cloudy green, at best to the tips of my fingers. I come from a rowing background and remember rowing as far as Belmont Golf Club and sitting watching the fish as we turned the boats. We only had a mile stretch of water during the summer due to the river height and the amount of weed on the riverbed. I can’t say whether the weeds still grow as I can’t see the river bed these days.

My health hasn’t been impacted but my wellbeing has, it’s devastating to see what has happened to the River Wye and hopefully there will be a speedy reversal of whatever has caused this travesty.”

Infection from bathing or swimming in the Wye

“Not only have I witnessed first-hand the pollution that intensive poultry is having on river and wildlife, I taste it, I feel it on my skin. My eyes and skin burn, my throat is sore. I choose to swim in the sections where the poultry farms are, as I monitor the wildlife above and below water and also note what’s going on in the riverbed. I see the riverbed dying, the swans starving, the salmon and eels decline rapidly, the protected water-crowfoot plant disappear.”

“I have kayaked on the Wye since 1970 when I started as a youth canoe slalom paddler... Paddling on rapids means you have water splashing in your face all the time, so some must get ingested. I have often got a bad stomach and take a tablet every day for a stomach ulcer. I have no evidence this is from river pollution.”

“I am very anxious about the pollution to our watercourses caused by run-off from fields dressed with chicken manure. The eutrophication is having a very serious impact on former site of special scientific interest habitats and the wider environment.

I used to get a great deal of enjoyment from wild swimming in safe areas of our large rivers. Due to the pollution, it is no longer safe, so I have lost that connection with nature and the health and welfare benefits conferred.”

Stress caused by intimidation from farming community / neighbours

“Our mental health has taken a battering over the course of fighting the planning application of a local farm IPU expansion. Not only do we have to constantly spend hours writing essays about why no more IPUs should be allowed, because of the overwhelming evidence against them, but we have to try to run a family and work in highly stressful jobs. We have also had to deal with abuse from the friends and colleagues of the applicants of these IPUs, making us anxious to leave our home at times, to the point we feel like we should sell our home and move because of the distress it has caused. We are made to feel intimidated and unwelcome by those who support these units in the countryside of Herefordshire. Surely you as a council should be encouraging young families to move to the area not away!”

Creates employment opportunities in the county

“Having poultry in the country creates a lot of jobs and employment which attracts people to them and welfare issues better directed at improving sewage works as I believe dumped raw sewage straight into rivers is a greater problem than poultry.”

"I have a young family and I want them to have the opportunity of working locally and not having to move away to find jobs, as I don't want our beautiful county to become a retirement county, I want us to be an all-inclusive county for all ages and in order to do that we need industries that employ, such as the poultry industry, which require people to look after the animals, cleaning or processing the birds in our local factory. To me I love the fact Herefordshire can be a diverse county and we need the poultry industry to enable us to sustain this and offer local jobs."

Reduces the need/dependency on imported food

"Having locally grown, environmentally friendly poultry grown to high welfare standards has got to be more beneficial than imported food, better to the environment and everyone's health and wellbeing. Living in the countryside it gives me great comfort that the food I eat is locally produced and that local people can get work on their doorstep."

"I love the fact that we can produce good quality locally where we know the welfare standards are of high quality. When I am out shopping, I take pride in the fact I can pick up local produce and it is good. I want my family and locals to have the choice of working locally if that is what they want."



POSITION STATEMENT (DECEMBER 2006)

INTENSIVE FARMING

Introduction

The Health Protection Agency (the Agency) supports Primary Care Trusts (PCTs) and Local Health Boards (LHBs) in their role as 'Statutory Consultees' for the Pollution Prevention Control (PPC) regime. Statutory Consultees are considered to have special knowledge or expertise. Guidance on PPC is available at: <http://www.hpa.org.uk/hpa/chemicals/IPPC.htm>

Intensive Farming is subject to regulation under PPC Sector 6.02. These installations are likely to be of a low public health impact. While a large number of applications (over 1000) are expected, the information on which to base a health response will be extremely limited as this sector does not have a history of similar environmental regulation. Furthermore, the Regulator will be adopting a streamlined approach with this sector and will not be requiring an extensive amount of information pre-permit issue. Moreover, if monitoring and detailed risk assessment is necessary this is likely to be undertaken after the statutory health response is required.

Consequently, the Agency's Chemicals Hazards and Poisons Division have produced this position statement on the public health consequences of these processes in order to help inform the debate. It is also worth acknowledging that most applications will relate to existing installations.

About the Sector

PPC applies to larger pig and poultry farms with capacity for more than:

- 750 sows
- 2,000 production pigs over 30 kg
- 40,000 poultry (includes chickens, layers, pullets, turkeys, ducks, guinea fowl and quail)

Pigs reared outdoors are excluded from PPC, but free-range poultry (egg-laying and chickens reared for meat) are included. A permit to operate will cover all aspects of farm management, from feed delivery to manure management. Animal welfare is not covered by PPC.

The Environment Agency has produced a general guidance document for this sector¹ along with separate guidance for odour² and noise³.

1 Integrated Pollution Prevention and Control (IPPC): Intensive Farming How to comply Guidance for intensive pig and poultry farmers April 2006. Available at:

http://www.environment-agency.gov.uk/commondatab/acrobat/ippc_comply_0406_1397535.pdf

2 Odour Management at Intensive Livestock Installations. Available at:

http://www.environment-agency.gov.uk/commondatab/manguuidance_1056765.pdf

3 Noise Management at Intensive Livestock Installations. Available at: http://www.npauk.net/ds_portal/library/IPPC%20Noise%20Guidance.pdf#search='Noise%20Management%20at%20Intensive%20Livestock%20Installations

Pollution Potential

Pig and poultry installations may affect the environment through a number of ways including fugitive emissions to air, discharges to water, manure management and nuisance issues.

Fugitive Emissions to Air

Pig and poultry farms have the potential to release a number of pollutants to air but the Agency would expect operational and permit conditions to minimise fugitive emissions to air from the installation.

Ammonia

Ammonia may be emitted from livestock and from manure, litter and slurry and may potentially impact on local people or vegetation (permits may be refused if critical loads to the environment are exceeded). The health effects of exposure to ammonia at low levels include cough, phlegm, headaches, nausea, wheezing, breathing difficulties and asthma.

However, it is unlikely that ammonia emissions from a well-run and regulated farm will be sufficient to cause ill health. Levels of ammonia will decrease rapidly once diluted in ambient air and operational requirements should ensure that emissions are kept as low as is reasonably possible. Proper construction and operation of farm buildings, appropriate management of manure and slurry, and management of protein levels in feed/feeding cycles will all serve to minimise ammonia emissions. Furthermore, in exceptional circumstances ammonia scrubbers may be installed to reduce ammonia emission by dissolving the gas in water. All these measures will also reduce odour emissions from the unit.

The need for monitoring of ammonia will be decided by the Regulator depending on the distance to sensitive receptors, complaint history and level of emissions. This will be decided on a case-by-case basis and any existing monitoring data should be included in the application.

Bioaerosols

Bioaerosols are airborne particles that contain living organisms, fragments, toxins, and waste products. Possible health effects include exposure to infectious diseases, allergic reactions, respiratory symptoms and lung function impairment⁴.

Clearly, intensive farming has the potential to generate bioaerosols. Recent research in the United States found that those living up to 150 metres downwind of an intensive swine farming installation could be exposed to multi-drug resistant organisms⁵. However, current information is limited and the potential public health issues arising from bioaerosols from intensive farming need further evaluation. Such information is necessary when the Regulator has to make decisions such as the proximity of sensitive receptors to sites. It is likely that the dispersion of bioaerosols from intensive farming sites will be dependant on environmental circumstances such as local topography and prevailing weather conditions. Mitigation measures addressing occupational health of workers will also contribute to the protection of local communities.

4 Douwes, J. *et al* (2003) Review of Bioaerosol Health Effects and Exposure Assessment: Progress and

Prospects. *Ann. Occup. Hyg.*; 47(3), 187-200.

5 Gibbs S. G *et al* (2006) Isolation of Antibiotic-Resistant Bacteria from the Air Plume Downwind of a Swine

Confined or Concentrated Feeding Operation. *Environmental Health Perspectives*; 14(7), 1032-1037.

Given the very limited direct evidence of bioaerosol emissions from intensive farming we have considered information on bioaerosol generation from large scale composting facilities. Composting sites are known to produce considerable quantities of bioaerosols and when permitting these industries the Regulator has prescribed a minimum distance of 250 metres from local communities⁶. Exceptions to this 'limit' are allowed if effective mitigation techniques are employed. This limit is based on published studies which indicate that bioaerosols are generally reduced to background levels within 250 metres of the facility, although it is accepted that under certain circumstances, such as stable atmospheric conditions, bioaerosol concentrations may occasionally not be reduced to background levels within 250 metres. We anticipate that further information on the potential of intensive farming industries to generate bioaerosols will become available over the next few years and we would expect this information to be incorporated into future reviews of PPC permits.

Particulate Matter

The potential for particles to cause health effects is related to their size. Dust emitted from intensive farming may include fine particles with an aerodynamic diameter of less than or equal to 10 µm (termed PM10). This size fraction of inhaled particles may penetrate the respiratory system beyond the larynx. Agriculture in the UK may be a significant source of PM10 with an estimated national contribution ranging between five to fifteen percent ^{7,8,9}, with poultry houses responsible for some five percent of UK emissions. Both long and short-term exposure to ambient levels of particles (including PM10) are associated with respiratory and cardiovascular illness and mortality¹⁰. People with pre-existing lung and heart disease, the elderly and children are particularly sensitive to particulate air pollution. For the most part, people will not notice any serious or lasting ill health effects from levels of particles commonly experienced in the UK.

Sources of PM10 within the intensive farming industry may include feed delivery, storage and transport, dusty wastes and vehicle movements. It is possible that large farms may make a substantial contribution to local PM10 levels but in such circumstances we would expect Local Authorities to consider farms within their local air quality review and assessment.

The Agency would expect that the use of Best Available Techniques (BAT) will minimise the amount of dust released. On-site mitigation measures addressing occupational health of workers will also reduce off site emissions. It is recommended that the Regulator act on any dust complaints and, if necessary, seek advice on the risk to health from the local PCT.

6 The Composting Association and Health and Safety Laboratory (2003) Research Report 130 - Occupational and environmental exposure to bioaerosols from composts and potential health effects – A critical review of published data. Report produced for the Health and Safety Executive.

7 Atmospheric emissions of particulates from agriculture: a scoping study, MAFF research report, WA 0802, 2000.

8 Takain H. *et al* (1998) Concentrations and Emissions of Airborne Dust in Livestock Buildings in Northern Europe. J. Agric. Eng. Res; 70, 59-77.

9 The Air Quality Strategy for England, Scotland, Wales and Northern Ireland. A consultation document on options for further improvements in air quality, April 2006.

10 COMEAP (1998). Quantification of the Effects of Air pollution on Health in the United Kingdom. Department of Health Committee on the Medical Effects of Air Pollutants. The Stationary Office, London.

We would expect further data on the impact of intensive farming industries on local air quality to become available over the next few years, particularly once these processes become regulated under PPC. Consequently we recommend that the Regulator will consider any new data in future reviews of PPC permits.

Emissions to Water

The potential impact to water should be low since emissions to ground or surface water should fully comply with the regulations and limits set out in Groundwater Regulations 1998 and the European Groundwater Directive (80/68/EEC). In addition to compliance with domestic regulations for surface and groundwater, the Regulator must ensure that any emissions to sewer from the installation are within consent limits.

Correct storage of liquid feeds, fuel oil, pesticides and veterinary medicines in secured and bunded areas will further reduce the potential for spillages and pollution of water courses. The Operator should also maintain records of any chemicals used. This should apply to the annual quantities used and the quantities stored at any given point in time.

Manure management

We would expect that the design, construction and management of manure and slurry storage will prevent or minimise emissions and that this will be controlled through standard permit conditions. As part of the permit, we understand that the applicant will be required to draw, maintain and review a manure management plan detailing what and where substances will be applied to land. Manure can contain a range of zoonotic pathogens and incorrect storage can encourage the development of large fly populations that can have nuisance or disease transmission potential.

Nuisance Issues

Intensive farming sites may occasionally present nuisance issues, such as odour, noise, vermin and insect infestation. The Regulator should ensure there is “no reasonable cause for annoyance” beyond the boundary of the site. Any substantiated complaints should be properly investigated and, if necessary, changes in operations may be required as part of a site’s improvement plan.

The applicant may need to produce an odour management plan if there are local communities within 400 metres of the site boundary and/or if the installation has a history of substantiated odour-related complaints. This plan should be completed before permit issue and should detail the odour problems of the installation, the actions to be taken to resolve these issues and a suitable timescale for implementation. Furthermore, an odour impact assessment will be carried out if an impact assessment is required under planning or if the applicant has failed to control odour emissions and abatement is required.

Where necessary the applicant should produce a management plan for verifying and responding to complaints about odour and noise. Noise should be appropriately assessed by the Regulator and local authority, who are also statutory consultees to this application.

Conclusion

Intensive farms may cause pollution but provided they comply with modern regulatory requirements any pollutants to air, water and land are unlikely to cause serious or lasting ill health in local communities. The Agency, not least through its role in advising PCTs and

LHBs, will continue to work with Regulators to ensure that this sector does not contribute significantly to ill-health.

Appendix 7

Health, Care and Wellbeing Scrutiny Committee (formerly Adults and Wellbeing Scrutiny Committee)

The Impact of the Intensive Poultry Industry on Human Health and Wellbeing Task and Finish group – Scoping Document

Title of review	The Impact of the Intensive Poultry Industry on Human Health and Wellbeing
Scope	
Reason for review	To consider the potential health and wellbeing impacts on humans of the intensive poultry industry.
Links to the corporate plan	<p>The review contributes to the following ambitions contained in the Herefordshire County Plan 2020-2024:</p> <ul style="list-style-type: none"> Strengthen communities to ensure everyone lives well and safely together
Summary of the review and terms of reference	<p>Summary:</p> <ul style="list-style-type: none"> To review published literature to assess the strength of existing scientific evidence, the potential health impacts identified by this evidence and where such impacts might occur; and To examine whether health data held by or available to Herefordshire Council and key health partners is sufficiently granular to allow for analysis and identification of identified potential impacts in Herefordshire. To understand what work might be taking place nationally, or is planned, to gather data and examine health impacts. To understand relevant health functions of the council and how such health powers could be utilised to address health impacts.
	<p>Terms of Reference:</p> <p>The review will:</p> <ul style="list-style-type: none"> Receive and consider national and regional air and water pollution statistics as it relates to intensive poultry farming. Receive available details on environmental impact of intensive poultry in Herefordshire, and consequent impact on human health. Receive and consider pathways to improvement of intensive poultry farming methods to help mitigate health hazards. Receive detail of any work that might be taking place or is planned nationally to consider risk and determine any health impacts. Receive detail of relevant health powers of the council that could be utilised to address any risk or health impacts identified. <p>Membership: Cllrs Norman, Shaw, Summers and Marsh</p>

What will NOT be included	<ul style="list-style-type: none"> • Consideration of the impact of the consumption of intensively reared poultry and poultry products • Consideration of other impacts of intensive poultry units as these are outside the remit of the parent committee.
Potential outcomes	<ul style="list-style-type: none"> • An understanding of the current published evidence on the potential human health impacts of the industry; and • An understanding of the ability to identify such impacts in available data for Herefordshire. • Communication with government in respect of ongoing or planned studies in respect of health impacts. • An understanding of the health functions and powers of the Council in respect of the issue.
Key Questions	<p>To consider:</p> <ul style="list-style-type: none"> • What is known about the impacts of ammonia, nitrogen deposition, phosphates and particulate matter from intensive poultry on human health? • What is known about the consequent deterioration of rural health and living conditions? • What considerations of risk of avian influenza should form part of the review? • What national work is ongoing or planned? • What are the relevant health functions and powers of the council in respect of the issue?
Cabinet Member(s)	Cabinet member health and adult wellbeing
Key stakeholders / Consultees	<p>Internal – Public Health- Herefordshire council Environmental Health- Herefordshire council</p> <p>External Farmers Residents Employers/employees IPU's Avara Cllr Peter Jinman Healthwatch</p>
Potential witnesses	As above
Research Required	<ul style="list-style-type: none"> • Emissions from intensive poultry and its effect on human health
Potential Visits	Avara Best Practice Farm
Publicity Requirements	Following the conclusion of the Task and Finish group, to report back to the Health, Care and Wellbeing Scrutiny Committee (formerly Adults and Wellbeing Scrutiny Committee).

Outline Timetable:	
<i>Activity</i>	<i>Timescale</i>
Approve scoping document, appoint chairperson and other members	Committee meeting 6 September 2021
<i>Suggested activity for the group, subject to approval at the first meeting</i>	

Meeting One – confirm terms of reference, programme of consultation/research/provisional witnesses/meeting dates	3 February 2022
Meeting Two – undertake and/or review progress on consultation / research / witness testimony/receive available data	24 February 2022
Meeting Three – undertake and/or review progress on consultation / research / witness testimony/receive available data	01 March 2022
Meeting Three – undertake and/or review progress on consultation / research / witness testimony/receive available data	21 March 2022
Meeting Three – undertake and/or review progress on consultation / research / witness testimony/receive available data	24 March 2022
Meeting Six – complete any outstanding consultation / research / witness sessions and frame recommendations to be reported back to committee/identify what gaps exist in available data	11 April 2022
Draft Report for review	14 April 2022
Finalise recommendations and report.	28 April 2022
Present final report to Care, Health and Wellbeing Scrutiny Committee	TBC
Outline Timetable: ORIGINAL	
<i>Activity</i>	<i>Timescale</i>
Approve scoping document, appoint chairperson and other members	Committee meeting 6 September 2021
<i>Suggested activity for the group, subject to approval at the first meeting</i>	
Meeting One – confirm terms of reference, programme of consultation/research/provisional witnesses/meeting dates	3 February 2022
Meeting Two – undertake and/or review progress on consultation / research / witness testimony/receive available data	24 February 2022
Meeting Three – complete any outstanding consultation / research / witness sessions and frame recommendations to be reported back to committee/identify what gaps exist in available data	01 March 2022
Draft Report for review	14 April 2022
Present final report to Adults and Wellbeing Scrutiny Committee	TBC

Members –	
Chair	Cllr Felicity Norman
Support Members	Cllr Trish Marsh, Cllr David Summers, and Cllr Nigel Shaw
Co-optees	None
Support Officers	Dr Frances Howie - Public Health Marc Willimont - Public Protection Joanna Morley - Democratic Services Simon Cann - Democratic Services

