

**Minutes of the meeting of Adults and wellbeing scrutiny committee held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 2 October 2018 at 10.00 am**

**Present:** Councillor PA Andrews (Chairman)  
Councillor J Stone (Vice-Chairman)

Councillors: MJK Cooper, CA Gandy, DW Greenow, J Hardwick and D Summers

**In attendance:** Councillor P Rone (Cabinet Member)

**16. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors PE Crockett and JA Hyde.

**17. NAMED SUBSTITUTES**

Councillor DW Greenow substituted for Councillor JA Hyde and Councillor J Hardwick for Councillor PE Crockett.

**18. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**19. MINUTES**

**RESOLVED:** That the minutes of the meeting held on 20 September 2018 be confirmed as a correct record and signed by the chairman.

**20. QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

**21. QUESTIONS FROM COUNCILLORS**

There were no questions from councillors.

**22. PUBLIC HEALTH: UPDATE AND PLANS**

The Committee was invited to review prevention strategies and outcomes to include NHS health checks and plans for distribution of flu vaccinations for the winter season.

A presentation had been appended to the report. The Director of Public Health (DPH) highlighted aspects of the presentation including the scope of the public health function, the importance of prevention and the 2018/19 service improvement plans.

In discussion the following principal points were made:

- A concern was expressed that the number of people suffering with flu last year, including staff with the additional costs that that incurred, suggested that prevention measures were not proving effective.

In relation to the availability of flu vaccine the DPH said she was not aware of a shortage of flu vaccine but would check.

The Deputy Director of Operations, Herefordshire Clinical Commissioning Group (DDCCG) commented that the vaccination programme generally ran from October to November. Each GP practice had their own schedule. Priority was given to care home residents and then to staff groups. Wye Valley Trust had one of the highest levels of staff vaccination levels in England at 75%. She acknowledged there might be merit in making vaccination a requirement for such staff. She added that individuals could go to a pharmacist at any time and pay for a vaccination

It was noted that relevant health and social care staff and councillors could go to a pharmacist and receive a vaccination free of charge. This was because of the wide range of contacts these people had and the consequent potential for spreading the virus. The DPH commented that the key points were that early notification was being provided to those groups entitled to free vaccination and public health funding was being allocated to seek to avoid spreading the virus and the adverse effect on services and costs if staff contracted flu.

It was noted that a vaccination programme was also delivered through schools and if a parent declined to have their child vaccinated clarification was sought from them.

- The DPH confirmed that the take-up of the health checks offered to all those aged 40-74 was 47%. Work was being undertaken to analyse data on take up and to target particular communities to improve take up.
- Reference was made to the scrutiny of dental health by the Children's services scrutiny committee and that the information on the return on investment of fluoridation reflected in the slide at page 35 of the agenda papers would be of interest to them. The DPH commented that an oral health partnership had been established to undertake an oral health needs assessment to enable resources then to be targeted. Public health guidance governed fluoridation; an oral health needs assessment was required as the first stage of the proscribed process. Once that had been completed a feasibility study on fluoridating the water supply could be undertaken. She also highlighted the current variations in the offer of fluoride varnish availability across the county and the work that would be undertaken through the oral health partnership to develop a consistent targeted offer across the county.
- The DPH acknowledged that if dental treatments were promoted it was important to ensure that there was sufficient access to appointments to provide them.
- In relation to obesity it was observed that contracts from crisping manufacturers were much more readily available to farmers than for other healthier uses of potatoes and similarly contracts in the meat trade were geared to meat for processed products. This provided evidence of current demand and drove what farmers were accordingly having to provide and what was available to consumers. This was a concern to which consideration should be given. The DPH commented that this would seem to be a matter of national policy encouraging people to make different choices.

The DPH commented on healthy eating promotions being undertaken in schools and the intention to do further work with schools on this aspect. She confirmed that food technology was included in the national curriculum.

The Government's Foresight Report: Tackling obesity future choices had highlighted the complexity of tackling obesity and a range of issues that could be considered. These had to be considered collectively and could not be the sole responsibility of small public health teams. The Herefordshire Health and Wellbeing Board had prioritised childhood obesity and oral health.

- It was asked whether there was a danger of there being a proliferation of health programmes, however well-intentioned, and whether it would be better to prioritise a few key initiatives. A focus on obesity, for example, would have a beneficial effect on a range of other health issues.
- The DPH commented that she did not consider there were any current activities that could be ceased. The areas of work were interlinked. In addition to mandated services, work was focused on the agreed priorities. She would, however, consider the point.
- The Local Government Association had warned that there was a record demand for sexual health services in England, a mandatory service. It was asked whether account had been taken of the population growth in the county as a consequence of new housing growth and the new university.

The DPH replied that the Joint Strategic Needs Assessment took account of future demographics. Work was also undertaken with the CCG on demand on services. The work of the Public Health team was driven by the evidence base. She considered that there was a robust programme of work that was focused on the right issues and that the service was doing what it could within limited resources.

- Returning people to home from hospital as soon as possible may be a good plan but it overlooked the fact that many families could not provide the necessary care in support. The DPH commented that the health system needed to work as a whole. The public health service could not do everything itself but it could hold others to account and train and enable them.
- The DDCCG saw the public health team as experts on prevention helping the CCG to target resources. That team could not lead on everything. She cited the healthy living network as an example of collective working. The public health team led on a number of national campaigns working with health partners to ensure that the community received a consistent message. There was more work to be done. She agreed with the DPH's comment on the extent to which programmes were interlinked.
- It was suggested that there seemed to be a confusing array of sources of information available to the public. In addition different communication methods were needed for different groups, noting, for example, that younger people watched far less television than older people.
- The DDCCG confirmed that there was a programme in place for children's mental health promoting mental health first aid across schools. She explained that it was a national programme. However, locally, additional steps had been taken with mental health first training for youth which provided mental health awareness for young people throughout schools and youth clubs as well, with an ambition to widen this further. The intention was to focus in the year ahead on work in primary schools including emotional wellbeing and friendships recognising issues as part of a child's development. There would also be work on mental health in the workplace.
- A survey on public health conducted by Healthwatch was appended to the report. Some scepticism was expressed about the honesty of public responses to such surveys. It was acknowledged that this was an issue but it was useful to consider the findings in conjunction with other information held. There was an impression that

people felt they were living more healthily than they actually were and there was work to be done on challenging this perception.

- In relation to alcohol services the DPH commented that a needs assessment was being undertaken and outlined the current services.
- The DPH commented that the public health service had evidence that all the interventions in place were performing well.
- In response to a comment that care professionals should demonstrate good behaviours themselves the DPH reported that an action arising from the Health and Wellbeing Board meeting on 1 October 2018 was that board members should look at the policies and practices in place in their own organisations to support the health and wellbeing of staff members and their families.

**RESOLVED:**

- That**
- (a) the Committee would like to see more detail in in future public health updates on how the impact of projected population growth will be addressed in the delivery of health services and activities;**
  - (b) to recommend that the breadth of public health programmes be reviewed to ensure that resources are focused on fewer initiatives that deliver high impact outcomes within the community; and**
  - (c) to recommend that the success/impact of communications and messaging be reviewed to ensure that target audiences are aware of their public health risks and where to go for advice.**

**23. COMMITTEE WORK PROGRAMME 2018-19**

The Committee considered its work programme.

**RESOLVED: That the draft work programme as appended to the report be approved.**

The meeting ended at 11.35 am

**Chairman**