Herefordshire Council

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 necessary 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 a 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**