

## **Minutes of the meeting of the Health, Care and Wellbeing Scrutiny Committee held in Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Monday 23 January 2023 at 10.00 am**

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

**Others in attendance:**      M Appleby (Service Director - Social Care Delivery), M Bassett (Research Consultant), B Baugh (Democratic Services Officer), J Coleman (Democratic Services Manager), Councillor P Crockett (Cabinet Member - Health and Adult Wellbeing), S Evans (Acting Head of Law and Business Partner – Community Wellbeing), S Fishbourne (Impact Consultancy and Research), H Hall (Corporate Director Community Wellbeing), M Knowler (Public Health Programme Manager), E Lowe (Talk Community Development Lead), H Merricks-Murgatroyd (Democratic Services Officer), M Pearce (Director of Public Health), A Pitt (Service Director - Communities), A Rees-Glinos (Democratic Services Support Officer) and Councillor A Tyler (Cabinet Member - Housing, Regulatory Services and Community)

### **30. APOLOGIES FOR ABSENCE**

Apologies for absence had been received from Councillor Peter Jinman (committee member). Apologies had also been received from Councillor Diana Toynbee (Cabinet Member – Children and Families).

### **31. NAMED SUBSTITUTES**

There were no substitutes.

### **32. DECLARATIONS OF INTEREST**

No declarations of interest were made.

### **33. MINUTES**

The committee received and agreed the minutes of the previous meeting.

The Chairperson thanked contributors for the briefing notes that had been circulated to committee members recently on dementia provision and on Herefordshire Minor Injury Units. The Chairperson also thanked Councillor Felicity Norman for presenting the Task and Finish Group report on 'The Impact of the Intensive Poultry Industry on Human Health and Wellbeing' at Cabinet on 12 January 2023 on behalf of the scrutiny committee.

#### **Resolved:**

**That the minutes of the meeting held on 25 November 2022 be confirmed as a correct record and be signed by the chairman.**

### **34. QUESTIONS FROM MEMBERS OF THE PUBLIC**

No questions had been received from members of the public.

**35. QUESTIONS FROM MEMBERS OF THE COUNCIL**

No questions had been received from councillors.

**36. JOINT, LOCAL HEALTH AND WELLBEING STRATEGY**

Further to consideration of the 'Health and Wellbeing Strategy' item at the 25 November 2022 meeting ([minute 28 of 2022/23 refers](#)), the purpose of this item was to present to the committee: a review of the consultation process and responses received; some conclusions and high level proposals on priorities for consideration in the strategy; and the timeline for the development of the draft strategy and its final version.

The Cabinet Member - Health and Adult Wellbeing (and Chairperson of the Health and Wellbeing Board) made opening comments about the substantial work being undertaken by the Public Health team on the strategy.

The Director of Public Health and the Public Health Programme Manager provided a brief presentation, with attention drawn to:

- i. The papers provided a high level summary of the findings of the public engagement exercise; the findings were also to be discussed at a Health and Wellbeing Board workshop following this committee meeting.
- ii. The public engagement exercise, involving an online survey in relation to twelve proposed priorities, was undertaken between the end of October and mid-December 2022. This had produced 960 responses.
- iii. The top three priorities were identified as 'Every child has the best start', 'Support good mental wellbeing', and 'Protect the natural environment'.
- iv. The common themes from qualitative data from the online survey responses (agenda page 23) and from face-to-face engagement sessions with community groups and partners (agenda page 24) were outlined.

The main points of the debate included:

1. The similarities in the common themes that had emerged from the online survey and from the engagement sessions.
2. The Community Partnership workshop had placed 'Every child has the best start in life' as second in the ranking of priorities but 'Improve education outcomes for disadvantaged children and young people' was at the end. Noting the explanation provided that the workshop considered that one would feed into the other, the Chairperson commented on the need to avoid umbrella topics which could squeeze out consideration of specific priorities.
3. The Chairperson suggested that, in addition to percentages, it would be helpful to include actual numbers of people and benchmark figures with comparable authorities in tables such as Appendix 1 - 'Summary of areas of concern informed by the Public Health Outcomes Framework'.
4. It was noted that 41% of respondents were aged 45 to 64 but only 4% were aged 16 to 24.

5. With reference to Appendix 1, a committee member commented on the importance of screening for prostate and bowel cancer, in addition to screening for breast cancer. The Director of Public Health said that prioritisation for the purposes of the strategy and partnership effort would not limit activity on other population health matters. It was reported that screening would be delegated by NHS England to the Integrated Care Board from April 2024 and that conversations had commenced about increasing screening uptake.

Later in the meeting, it was suggested that the topic of screening services could be considered by the scrutiny committee at a future date.

6. The statement '49.3% of children and young people are physically active' related to the aim of completing at least an hour of physical activity a day.
7. The Director of Public Health commented that there were three different levels of prevention: primary prevention which involved upstream measures before problems emerged; secondary prevention when there were early signs of disease or illness; and tertiary prevention where there was disease or illness present.

A committee member recognised that work was being undertaken on prevention but felt that communications about this activity could be improved.

It was recommended that clarity be provided about the proportion of the strategy that was focussed on each level of prevention.

8. The Director of Public Health commented on the importance of 'Every child has the best start' and 'Support good mental wellbeing' to achieving outcomes; the next steps would be to explore the evidence, what was being done, and where the gaps were in order to inform the multi-agency approach.
9. The Director of Public Health also commented on the need to map work being undertaken on 'Protect the natural environment' and on other determinants of health.

There was a brief discussion about the death of a child in Rochdale 'as a result of a severe respiratory condition due to prolonged exposure to mould in his home environment'.

10. The current pressures in primary care and the implications for prevention were explored, with the Director of Public Health commenting on potential opportunities to deliver health checks and clinical services in new and innovative ways.
11. Representatives of Impact Consultancy and Research advised that the fact that Herefordshire Children's Services had been rated inadequate by Ofsted had not been a recurring issue in the face-to-face engagement sessions.
12. In view of the transportation challenges for rural communities, a committee member suggested that consideration should be given to mobile outreach services (e.g. for audiology, dentistry and ophthalmology), particularly to identify conditions in children under compulsory school age. The Director of Public Health said that overarching themes were likely to include access and inequalities. The Director added that the recommissioning of health visiting and school nursing services may provide opportunities to deliver different models, subject to cost and outcomes effectiveness.

With input from the Democratic Services Manager, the committee discussed potential recommendations to the Health and Wellbeing Board and agreed the following resolution.

**Resolved:**

**That the following recommendations be submitted to the Health and Wellbeing Board:**

- a) **The strategy presents clearly how the priorities covered by other directorates / health partners and boards will be monitored and promoted;**
- b) **Clarity is provided about the proportion of the strategy that is focused on primary, secondary and tertiary prevention; and**
- c) **Considerations are given to providing mobile outreach services (dental care, screening etc) to ensure all children can be provided with the best possible start in life.**

**37. OVERVIEW OF SIGNPOSTING AND ACCESSIBILITY TO SERVICES**

The purpose of this item was to present to the committee an overview of the signposting offer to the variety of wellbeing services that are available through the council to improve accessibility within Adult Social Care and Talk Community.

Opening comments were made by the Cabinet Member - Health and Adult Wellbeing about the expansion of services in the last twelve months and by the Cabinet Member – Housing, Regulatory Services and Community about the work of Talk Community with local partners and community groups.

The principal points of the debate included:

1. Further to minute 36, paragraph 12, above and with a comment made about damp and mould in social housing, the Chairperson suggested that living conditions and associated health impacts in both public and private sectors could be considered as part of future work programming.
2. It was noted that the report made reference to 67 Talk Community hubs (there were now 69) and 300 people a week were visiting across the hubs, averaging just over 4 people visiting each hub per week. Acknowledging that some had higher footfall than other others, a committee member expressed concerns about the level of activity of some hubs.

The Service Director - Communities advised that: as the hubs were volunteer-led rather than commissioned, it was difficult to obtain accurate data (approximately 70% of the hubs had responded to a recent request for information); there was an intention to consolidate, identify gaps and develop the offer in view of the needs of the hubs and local communities; in terms of value for money, the maximum grant was £2,500 for infrastructure to support the delivery of a hub; and raising awareness was a priority, and there had been substantial increases in hits to the Talk Community website and in reach across social media platforms.

The Service Director – Social Care Delivery commented on the potential of the hubs model to inform the work of social care teams and enhance collaboration with Primary Care Networks and other partners.

The Chairperson commented that a strengths based approach necessitated creative solutions that work in a rural setting.

3. The Chairperson commented on potential barriers for individuals to access services, including psychological distress and loneliness.

The Service Director – Communities said that Talk Community was about working with communities to build resilience and acknowledged some of the difficulties in identifying and engaging with hard to reach groups. The Service Director added that there was the potential for some hubs to specialise in matters such as dementia, domestic abuse or poverty.

4. With attention drawn to Appendix 3 of the previous report (agenda page 31 refers), it was noted that the summary of issues and challenges identified by the Community Partnership included 'Access to Services', with feedback referencing 'Waiting lists, access to mental health services, GPs, pharmacies and dentists'.

The Corporate Director Community Wellbeing commented on: the relationship between waiting lists and capacity; issues in terms of recruitment, particularly given national shortages in some skills; and the need to look at different ways of delivering services.

5. A committee member said that: the consolidation phase could consider the approach to high volume hubs and to the support provided to existing community groups; many people did not access the internet and would need help to access information and services; graphs used in committee reports should be clear and descriptive; and there was a need to make information available to self-funders and their families to enable them to make well informed and timely decisions to protect and prolong their health and wellbeing.

The Service Director – Social Care Delivery provided an overview of the conversion rates from newly processed community referrals and advised that questionnaires were in development in order to capture clients' experiences of contact with services.

6. A committee member said that the police should attend arranged appointments wherever possible and suggested that information from Talk Community should be in a format that could be shared easily through social media.
7. A committee member commented on the need for a consistent way for councillors to make contact with housing officers and deal with issues in their wards relating to the main housing associations.
8. A committee member said that there was a need to evidence the statement that 'Talk Community has been evolving and developing for two years and is becoming better known and more routinely used and identifiable as a route to information and community support' (agenda page 38), particularly given that 'The proportion of people who use services who find it easy to find information about services' had reduced from 70% in 2019/20 to 67.8% in 2021/22. Concerns were also expressed about the activity levels of some hubs and about the perceived disconnect between events and activities provided during school holidays and the broader Talk Community offer.

The Service Director – Communities re-iterated that engagement through the Talk Community website and social media platforms had increased significantly, outlined ongoing efforts to raise the profile of Talk Community, and acknowledged the need to review branding.

9. The Chairperson commented on: the risks of growing the resource ahead of the need, as disappointing levels of uptake could be disheartening for volunteers; the potential for a regular professional presence to provide support and stability to the voluntary workforce; the importance of having a social mix in events and activities; and how volunteering and altruism could provide health and wellbeing benefits for many individuals.

The Service Director – Communities advised that the Talk Community Development Team provided support to the hubs in a collaborative way and work was continuing on the concept of enhanced hubs which could include capital funding for additional facilities.

10. With reference made to recommendation c) identified in the report (agenda page 33), it was suggested that the review of broker functions should also consider the relationship with social prescribing and recovery colleges.

The Service Director – Communities confirmed that the council was working closely with Primary Care Networks to review roles and functions in order to address local need and to maximise results.

11. The Service Director – Social Care Delivery provided an overview of the formalised discharge to assess process from hospitals in surrounding areas.
12. The Service Director – Communities confirmed that information relating to services for carers as available through [Talk Community Directory](#).

The Cabinet Member - Health and Adult Wellbeing made concluding comments about the quality of the report, the opportunity to review and refresh the Talk Community programme, the requirement for business plans to come forward for enhanced hubs, and the value of engagement from ward councillors. The Cabinet Member - Housing, Regulatory Services and Community added that further improving signposting and accessibility to services could have a transformational impact for residents.

With input from the Democratic Services Manager, the committee endorsed the five recommendations detailed in the report (with adjustment to recommendation c), and identified two further recommendations and a suggestion, as recorded below.

**Resolved:**

**That the following recommendations be submitted to the executive:**

- a) **The committee note the signposting and accessibility to services for our customers and those who are being enabled to support themselves;**
- b) **The impact, outcomes and deliverables from Talk Community are noted with discussion on increased reach of signposting across the county;**
- c) **A review of the community broker and broker, social prescribing, wellbeing trainers and other functions to be commenced to ensure community opportunities are being maximised for all;**
- d) **The community offer is maximised to enrich the lives of people living with learning disabilities and all impairments;**
- e) **Further develop the Talk Community and promotion of community assets within the Primary Care and other networks including social care delivery;**

- f) **Provide/target advice to self-funders so that they are enabled to take timely interventions in connection to their own health and wellbeing needs;**
- g) **That information about those people with community referrals who do not need full care assessments to find out if: they followed up referrals; they received a service, and they found that helpful;**

**In addition to the recommendations above, the committee made the following suggestion: Council explores the use of its assets (e.g. Maylord Orchards) as a focal point for service hubs and service delivery.**

### **38. WORK PROGRAMME**

The work programme for the committee was considered and the following matters were noted: potential items for forthcoming meetings included 'Domiciliary and Residential Care in Herefordshire' and 'Perinatal Care'; items to be rescheduled included 'Health Care Services Update' and 'Project Brave - Homelessness'; and topics for potential future scrutiny activity included 'Access to acute hospital services' and 'Technology enabled living'.

**Resolved:**

**That the work programme for the committee be noted.**

### **39. DATE OF THE NEXT MEETING**

It was noted that the next scheduled meeting was due to be held on Monday 6 March 2023.

[Note: Due to the commencement of the pre-election period, this meeting was postponed]

The meeting ended at 12.08 pm

**Chairperson**