

# Agenda

## Health Overview and Scrutiny Committee

**Monday, 25 November 2019, 10.00 am**  
**County Hall, Worcester**

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Democratic Services on telephone number 01905 844965 or by emailing [democraticservices@worcestershire.gov.uk](mailto:democraticservices@worcestershire.gov.uk)

## DISCLOSING INTERESTS

There are now 2 types of interests:  
**'Disclosable pecuniary interests'** and **'other disclosable interests'**

### WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3<sup>rd</sup> party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

**NB Your DPIs include the interests of your spouse/partner as well as you**

### WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.

**NB It is a criminal offence to participate in matters in which you have a DPI**

### WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:  
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

### WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

### DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests** **OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

### DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

## Health Overview and Scrutiny Committee Monday, 25 November 2019, 10.00 am, County Hall

### Membership

**Worcestershire County Council** Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford and Mr C B Taylor

### District Councils

Mr M Chalk, Redditch District Council  
Ms C Edginton-White, Wyre Forest District Council  
Mr J Gallagher, Malvern Hills District Council  
Mr M Johnson, Worcester City Council  
Mrs F Smith, Wychavon District Council  
Mrs J Till, Bromsgrove District Council

### Agenda

Item No	Subject	Page No
1	<b>Apologies and Welcome</b>	
2	<b>Declarations of Interest and of any Party Whip</b>	
3	<b>Public Participation</b> Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 22 November 2019). Enquiries can be made through the telephone number/email address below.	
4	<b>Confirmation of the Minutes of the Previous Meeting</b> Previously circulated	
5	<b>Audiology</b>	1 - 18
6	<b>Update on Public Health Ring-fenced Grant</b>	19 - 50
7	<b>Smoking Cessation</b>	51 - 80
8	<b>Health Overview and Scrutiny Round-up</b>	81 - 82
9	<b>Work Programme</b>	83 - 86

Agenda produced and published by the Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

All the above reports and supporting information can be accessed via the Council's website [websitehttp://www.worcestershire.gov.uk/info/20013/councillors\\_and\\_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

Date of Issue: Thursday, 14 November 2019

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **25 NOVEMBER 2019**

## **AUDIOLOGY**

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### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an overview of Audiology services in Worcestershire.
2. Audiology is part of the HOSC's work programme since HOSC members wanted to know more about services available.
3. Representatives will be present from Worcestershire Acute Hospitals NHS Trust.

### **Background**

4. Worcestershire Acute Audiology Department provides diagnostic assessments and clinical management for clients with hearing and balance impairment and provides support for people living with tinnitus. The Audiology Service sees people of all ages from birth through their entire lifespan, delivering a seamless service during childhood into adulthood.
5. The services are provided on 4 main hospital sites (Worcester, Kidderminster, Redditch and Evesham). Satellite clinics are run in 6 health centres/community hospitals with a further 6 sites offering battery collection.
6. Direct access for hearing assessments/ hearing aid fitting and aftercare/ hearing therapy is available from GP, Paediatricians, Health Visitors, Speech and Language Therapists and Ear Nose and Throat specialists (ENT). The Audiology Service also receives private referrals and requests for industrial audiology testing. Tinnitus counselling and balance testing are accessible via ENT.
7. Once clients are fitted with a hearing aid/white noise generator they are able to self-access the service for life. Domiciliary visits are also provided if their GP writes a referral to the service explaining they are housebound.
8. The Service has two service level agreements (SLA's) with the Community Health and Care Trust to provide school entry hearing screening for pupils who attend special schools in the county and diagnostic testing for <5 years of age. Professionals from Acute and Community Trusts can refer into these diagnostic clinics.
9. Audiology also manages the Newborn Hearing Screening Programme in Worcestershire and performs diagnostic assessment on the babies referred from the screen. The Audiologist covering these clinics will inform the parents of the diagnosis, fit hearing aids where appropriate and refer on to ENT and Paediatrics.

10. The department reports key performance indicators (KPIs) on the Newborn hearing Screening to Public Health England, KPI's on Any Qualified Provider (AQP) hearing aid activity to Worcestershire NHS Commissioners and KPI's on the diagnostic 6 week wait to the Trust.

11. The department has a close association with Aston University training both under and post graduate students on practical placement within the team. We are an accredited training centre by British School of Audiology

## **Equality and Diversity Implications**

12. When seeing patients whose first language is not English the department books an interpreter for them through AA Global. For patients with a severe hearing loss whose main route of communication is sign language a signing interpreter from Deaf Direct is booked

## **Purpose of Meeting**

13. HOSC Members are invited to consider the information on Audiology in Worcestershire and to agree:

- whether any further information is required
- whether any further scrutiny work is required at this stage

14. In doing so, HOSC members may wish to consider factors such as:

- performance trends of audiology services in Worcestershire
- access to audiology services

## **Supporting Information**

Appendix 1 – Presentation slides

### **Specific Contact Points for this Report**

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

### **Background Papers**

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:



# Worcestershire Acute Audiology Services



# Worcestershire Acute Audiology Services

Worcester Royal Hospital  
Charles Hastings Way  
Worcester  
WR5 1DD

Kidderminster Treatment Centre  
Bewdley Road  
Kidderminster  
DY11 6RJ

Alexandra Hospital  
Woodrow Drive  
Redditch  
B98 7UB

Evesham Community Hospital  
Waterside  
Evesham  
WR11 1JT

# Annual Workload

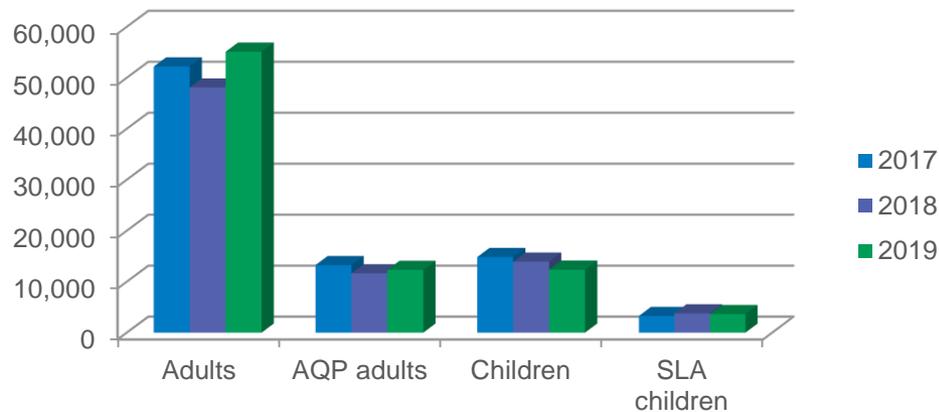
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- Adult consultations = 48,091
- AQP consultations = 11,636
- Paediatric consultations = 13,919
- Paediatric consultations SLA's = 3,781

# Annual Activity Trends

No of consultations per year since 2017			
	2017	2018	2019 (Predicted)
Adults	52,209	48,091	55,108
AQP adults	13,251	11,636	12,324
Children	14,829	13,919	12,366
SLA children	3,262	3,781	3,637

**Consultations 2017 - 2019**



# Satellite Sites

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- Malvern Health Centre – Adults and Children, hearing tests, hearing aids and tinnitus counselling
- Tenbury Wells Hospital – Adults, hearing tests and hearing aids
- Princess of Wales Hospital, Bromsgrove – Adults and children, hearing tests and hearing aids
- Droitwich Health Centre – Adults and children, hearing tests and hearing aids
- Pershore Health Centre – Adult, hearing tests, hearing aids and tinnitus counselling
- Great Witley Surgery – Hearing aid aftercare
- Upton-on-Severn Surgery – Battery issue only
- Malvern Hospital – Battery issue only
- Charity shops – 2 x Worcester, 1 x St Johns, 1 x Droitwich – Battery issue only

# Audiology Workforce

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- Clinical Audiologists x 29
- Trainee Audiologists (in association with Aston University & accredited training centre by British School of Audiology) x 3
- Assistant Audiologists x 2
- Newborn Hearing Screeners x 5
- Admin and Clerical support x 10

Vacancies – 1 x Associate Audiologist, 1 x Assistant Audiologist, 1 x Clinical Audiologist

# Audiology Services - Adults

- Direct access for hearing test
- Direct access for hearing aid provision
- AQP direct access for hearing aid provision - >55yrs, non-complex only
- Hearing aid fittings on complex patients
- Reassessments and aftercare for complex hearing aid patients
- ENT support
- Tinnitus counselling and combination device issues
- Hearing therapy including relaxation techniques
- Hyperacusis counselling
- Post-operative grommet insertion consultation
- Specialist diagnostic hearing tests
- Balance diagnostic assessments
- Domiciliary visits

# Audiology Services – Paediatrics

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- ENT support
- Direct access for hearing test
- Post-operative grommet insertion consultation
- Specialist diagnostic hearing tests
- Sedated objective testing
- Paediatric testing and hearing aid management from birth
- Newborn hearing screening
- SLA with HACW for <5yrs hearing tests
- SLA with HACW for school entry hearing screen (special schools)
- Diagnostic hearing assessments on children referred from mainstream school entry screen
- Liaison with other professionals including input into EHCP and multi-disciplinary consultations
- Joint school visits to hearing aid wearers with peripatetic teachers of the hearing impaired

## Main Site Clinics

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Site	Adult Hearing Test	<5yrs Hearing Test	>5yrs Hearing Test	Hearing Aid Fitting	Hearing Aid Aftercare	Tinnitus	Battery Issue	ABR Testing	Balance Testing
Worcester Royal Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kidderminster Treatment Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alexandra Hospital	✓	✓	✓	✓	✓	✓	✓		
Evesham Community Hospital	✓	✓	✓	✓	✓	✓	✓		

## Satellite Clinics

Site	Adult Hearing Test	<5yrs Hearing Test	>5yrs Hearing Test	Hearing Aid Fitting	Hearing Aid Aftercare	Tinnitus	Battery Issue
Malvern HC	✓	✓	✓	✓	✓	✓	✓
Tenbury Wells Hosp	✓			✓	✓		✓
POWCH	✓		✓	✓	✓		✓
Droitwich HC	✓		✓	✓	✓		✓
Pershore HC	✓		✓	✓	✓	✓	✓
Great Witley HC					✓		✓
Upton HC							✓
Malvern Hosp							✓
Charity Shop x 4							✓

# KPI's

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- AQP - 3 week wait 100% achieved
- Complex direct access adults – 6 week wait 100% achieved
- Newborn hearing screen - 4 week wait 99% achieved
- Diagnostic assessments - 6 week wait 99% achieved
- SLA - 18 week wait 100% achieved

# Service Developments since April 2019

- Tinnitus counselling available at Pershore
- Battery collection from 4 charity shops in Worcestershire
- Multi-disciplinary balance clinic
- Blue-tooth technology hearing aids
- Wireless CROS aids
- Combination hearing aid/white noise generator devices

# Service Challenges

- Change in health centre reception duties results in 2 health centres unable to continue to issue batteries. This has been resolved by arranging 4 charity shops to issue batteries on our behalf
- Reduction in admin and clerical support has resulted in phone calls cannot always be answered in a timely manner. The help alleviate this phone calls in the countywide are transferred to the site with most admin cover. The department has a text messaging service and an email address the patients can contact. A dedicated member of the team actions the messages from the answer machine during the last working hour of the day
- Many GP practices have stopped wax removal. Patients have been attending the department for hearing tests which cannot be performed due to the wax. The ENT nurse practitioner will remove the wax for us but she has a long waiting list. Junior ENT doctors will also remove wax but the ideal solution is to work with the commissioners to reinforce to GPs patients should not be referred to the service before the ears are clear of wax
- GPs do not always refer patients to the AQP pathway on the correct forms. The commissioners are helping to educate the practices who are persistent in this.
- The ABR equipment used for diagnostic hearing assessment of babies at the Alexandra Hospital, Redditch been condemned. A capital bid has been raised for it's replacement but currently this testing is only available at Worcester and Kidderminster Hospitals



# Future Developments

- Direct access from GP for tinnitus counselling
- Dedicated balance rehabilitation clinic



Any Questions?

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE 25 NOVEMBER 2019**

### **UPDATE ON PUBLIC HEALTH RING-FENCED GRANT**

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#### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update on the Public Health Ring-fenced Grant.
2. Information on performance indicators for public health will also be included, which will then be provided to HOSC on a regular basis, along with commentary on the public health budget. This will mean that all scrutiny panels and the HOSC receive regular performance and budget monitoring information to help members' understanding of services.
3. The Director of Public Health has been invited to the meeting, along with the Cabinet Member with Responsibility (CMR) for Health and Well-being.

#### **Background**

4. Public health transferred from NHS Worcestershire to Worcestershire County Council in April 2013.
5. Local authorities' statutory responsibilities for public health services are set out in the Health and Social Care Act 2012 which introduced a duty to take appropriate steps to improve the health of the people living in their areas. This includes employing a Director of Public Health, providing mandated services and provision of other services which are deemed necessary at a local level.
6. A Public Health Ring-Fenced Grant (PHRFG) was created in 2013, payable to the upper tier in Worcestershire to enable Worcestershire County Council to deliver its public health duties under the Health and Social Care Act 2012. In 2019/20, the grant was £28.360M (10.6% lower than in 2015/16). The future of the grant beyond 2020/21 is unclear. Grant conditions continue to be specific and the Director of Public Health and Director of Finance are responsible for compliance returns to government.
7. Public health works to improve population health and well-being, whilst having regard to narrowing health inequalities. There are a number of other statutory duties which public health fulfils, such as commissioning of open access sexual health services and NHS health checks - all duties are noted within appendix 1.
8. The vision of public health is **'that Worcestershire residents are healthier, live longer, and have a better quality of life, especially those communities and groups whose health is currently poorest'**
9. This vision is continuing to evolve and develop, such that public health professionals will continue to lead a significant **scaling up** of the application of

**public health practice** across WCC to **transform demand management**, thereby avoiding future costs and reducing current spend on services and people across a broad portfolio.

### **Finance information**

10. Worcestershire's PHRFG is £28.360M in 2019/20. The grant is in a balanced position.

11. A detailed breakdown of finance information is provided in the presentation in Appendix 1.

### **Performance information**

12. A number of metrics are presented in appendix 1, including a review of 'Spend and Outcomes' against comparator areas, and also specific contract indicators.

13. The Corporate Balanced Scorecard is another means of understanding progress against the Council's Corporate Plan. The Scorecard contains a range of indicators linked to key priorities and themes. Many measures are long-term and may be affected by a wide range of factors, some of which are outside the direct control of the Council.

14. The Corporate Balanced Scorecard for each Directorate is reported to Cabinet and is available on the Council's website at:  
[http://www.worcestershire.gov.uk/downloads/download/1115/balanced\\_scorecards\\_public\\_health](http://www.worcestershire.gov.uk/downloads/download/1115/balanced_scorecards_public_health)

### **Purpose of the meeting**

15. HOSC members are invited to consider and comment on the information provided and agree:

- whether any further information or scrutiny work is required at this time
- whether there are any comments to highlight to the relevant Cabinet Member

### **Supporting Information**

- Appendix 1 - Presentation: overview of public health and update on ring-fenced grant.

### **Contact Points**

Specific Contact Points for this report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

Dr Kathryn Cobain, Interim Director of Public Health, Email

[kcobain@worcestershire.gov.uk](mailto:kcobain@worcestershire.gov.uk) Tel: 01905 845863

Matthew Fung, Consultant in Public Health, Email [mfung@worcestershire.gov.uk](mailto:mfung@worcestershire.gov.uk) Tel: 01905 845040

## **Background Papers**

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 30 June 2016 - available on the website  
<https://worcestershire.moderngov.co.uk/ieListDocuments.aspx?CId=141&MId=1608&Ver=4>

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# Overview of public health and update on ring-fenced grant

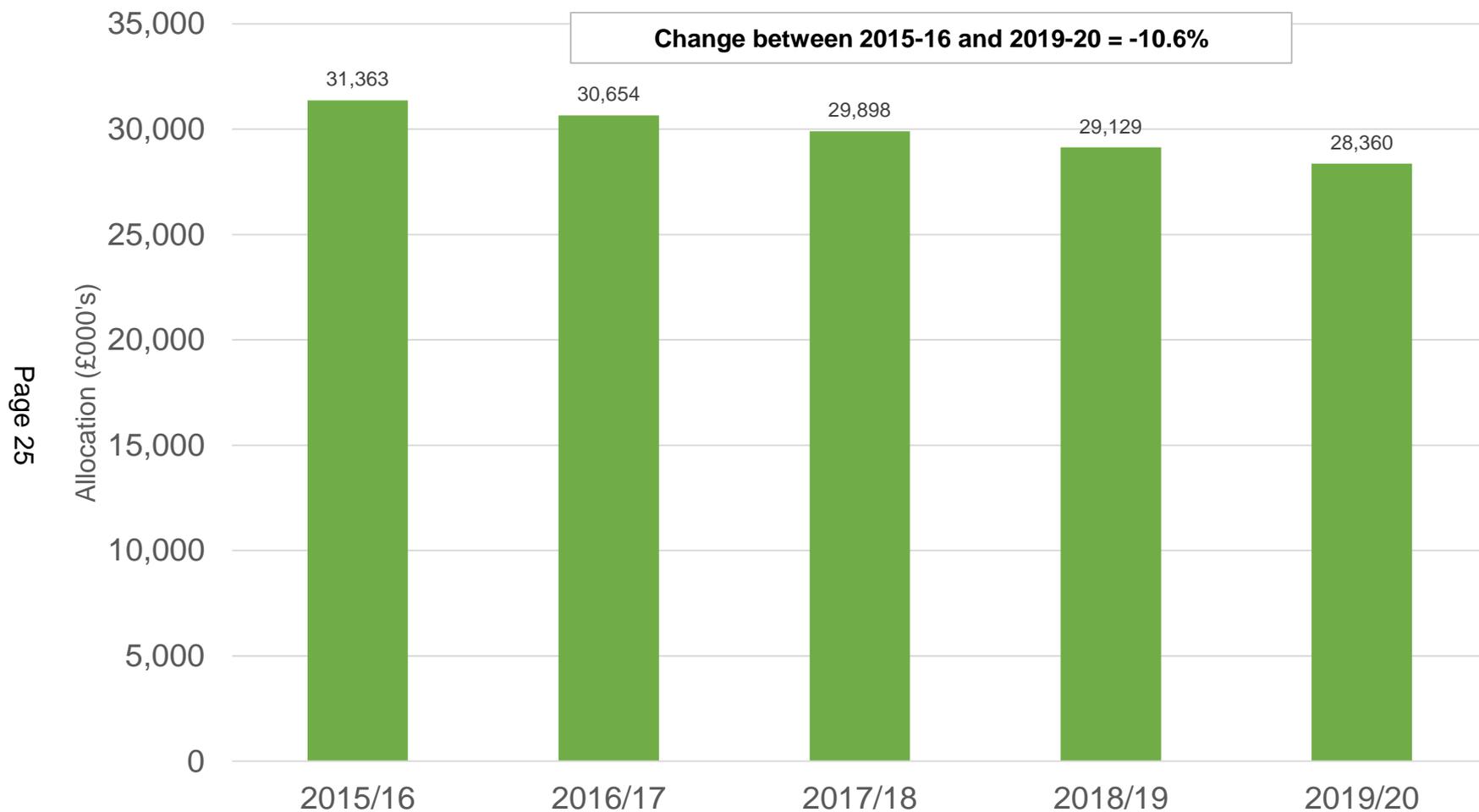
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**Health Overview and Scrutiny**  
25 November 2019

# Public health ring-fenced grant

- Public health transferred from NHS Worcestershire to Worcestershire County Council in April 2013.
- PHRFG was created in 2013, payable to the upper tier, to enable Worcestershire County council to deliver its public health duties under the Health and Social Care Act 2012
- Future of grant beyond 20/21 is under consideration
- Grant conditions continue to be specific and Director of Public Health and Director of Finance responsible for compliance return to government

## Worcestershire Public Health ring fenced grant allocation (£000's)



# Statutory duties

- **Improve population health and well-being**
- **Have regard to narrowing health inequalities**
- Preparation of and participation in health protection arrangements and services against threats for health of local population
- Duty to improve public health according to the Public Health Outcomes framework
- To comply with NICE recommendations for treatments under PH functions
- Oral public health including water fluoridation
- Help to contribute to the health of the prison population
- Have regard to improving drug and alcohol services
- Provision of DPH and specialist team.

# Mandated functions

- Open access sexual health services
- NHS health checks 5 yearly 40 - 74
- Weighing and measuring of children
- Healthy Child Programme (child development reviews) – health visitors/school nurses
- Public health advice service
- Protecting the health of the local population

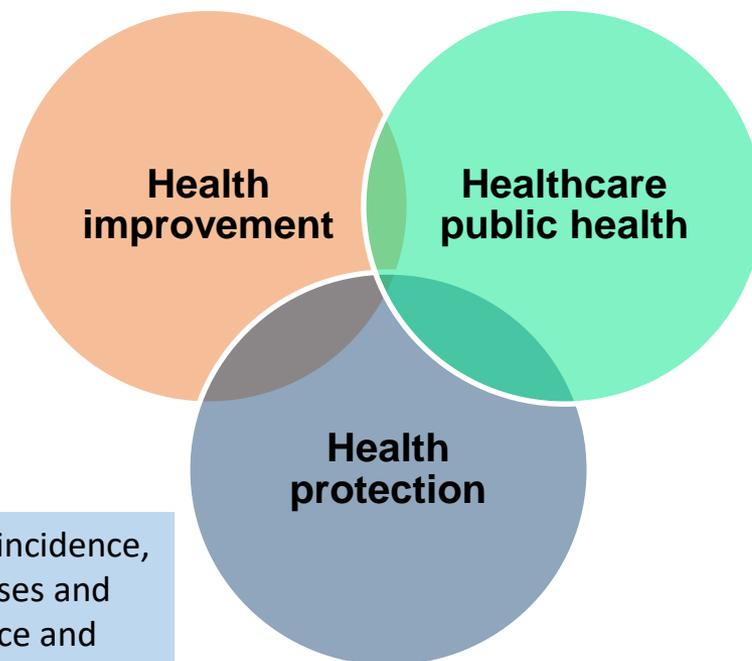
# Role of the Director of Public Health

- Provide leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people's health and concerns around access to health services
- know how to improve the population's health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that reduce inequalities in health
- provide the public with expert, objective advice on health matters
- be able to promote action across the life course, working together with local authority colleagues such as the director of children's services and the director of adult social services, and with NHS colleagues
- work through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health
- work with local criminal justice partners and police and crime commissioners to promote safer communities
- work with wider civil society to engage local partners in fostering improved health and wellbeing

# Specialist team

- Public health is supported and led by 4 consultants in public health and a specialist team who operate across all domains of public health:

Enabling and encouraging healthy lifestyle choices and addressing underlying issues such as poverty, lack of educational opportunities.



Commissioning and quality improvement

Assurance around screening incidence, outbreaks of infectious diseases and emergency planning, resilience and response arrangements

**+ wider determinants of health**

# Public Health Vision

- The vision of public health is that of the County Health and Well-being Strategy:

**‘that Worcestershire residents are healthier, live longer, and have a better quality of life, especially those communities and groups whose health is currently poorest’**

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- We aim to deliver this vision by **robust delivery of the council’s statutory duties on PH**
- Our key statutory outcome is to **improve health and well-being throughout life and reducing health inequalities.**
- We do this through strong professional public health practice as defined by the professional Faculty of PH: **‘The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society’**

# Evolving vision

- The vision of public health is continuing to evolve and develop, such that public health professionals will continue to lead a significant **scaling up** of the application of **public health practice** across WCC to **transform demand management**, thereby avoiding future costs and reducing current spend on services and people across a broad portfolio.

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This will be achieved through

- continued **strong delivery of PH duties and functions** through professional teams and value for money services
- a **re-shaped all-age prevention offer**, which is data driven and evidence led
- a expanded **re-shaped PH team within a people directorate**, driving robust and consistent commissioning across all people services
- Savings from staffing and contracts as a result of **demand reductions; elimination of duplication of effort**, including modernization of intelligence functions.

# Contribution towards Worcestershire County Council corporate plan

Public health has a direct impact on Worcestershire County Council's corporate plan

- **Open for business:** improving productivity by up-scaling County-wide employee health scheme and supporting and coordinating improved social value work across County
- **Children and families:** improving outcomes by a strong prevention offer, finding and dealing with problems early and focusing support on those who need it most
- **The environment:** strengthening access to and use of recreational green space by increasing volunteer led walking schemes and maintenance, and strengthening health impact assessment in planning
- **Health and well-being:** increase healthy life expectancy and living independently by increasing physical activity and creating a stronger adult prevention offer
- **Transforming our partnership with our residents** to build resilience and self-reliance
- **Avoiding future costs and reducing current spend** by reducing demand through evidence led and data driven prevention services.

# FINANCE UPDATE

## Period 6 – Public Health

Services	Sub Services	19/20 Net budget £'000	19/20 Forecast £'000	Variance £'000
<b>PH Strategic Functions</b>	Public Health Team	1,771	1,801	30
	Medicines Management	32	32	0
	PH Recharges	318	318	0
	Commissioning Procurement contribution	237	237	0
	Emergency Planning	108	116	8
	<b>Adults Prevention Services</b>			
	Carers Hub Contract	617	617	0
	Info & Advice Contracts	333	333	0
	Connect Health & Wellbeing Service	312	312	0
	Strength Based Conversation 1	291	291	0
	3 Conversation Model	84	84	0
	Substance Misuse Contract	3836	3836	0
	Sexual Health Contracts	4250	4250	0
	Health Checks	1000	1000	0
	Fluoridation	200	200	0

## Adults Prevention services Cont.

Services	Sub Services	19/20 Net budget £'000	19/20 Forecast £'000	Variance £'000
Adults Prevention Services	Healthwatch	92	50	-42
	Social Prescribing	100	100	0
	HSB Training	0	25	25
Page 35	Lifestyle Service	350	350	0
	Walking for Health	30	30	0
	Smoking in Pregnancy (Incl.DCRS)	164	164	0
	Falls Prevention	335	335	0
	Worcestershire Works Well	35	35	0
	Obesity, Diet, Exercise	20	12	-8
	Community Lifestyle Service	0	80	80
	Digital Inclusion	0	1	1
	Prevention Initiatives	50	50	0

## Adults prevention services Cont.

Services	Sub Services	19/20 Net budget £'000	19/20 Forecast £'000	Variance £'000
	Digital Inclusion	0	1	1
	Prevention Initiatives	50	50	0
	Health Chats (MECC)	2	2	0
	Time to Change	0	25	25
Page 36	Domestic Abuse Services	417	417	0
	Loneliness Service	135	135	0
	Postural Stability Instruction	100	100	0
	Warmer Worcestershire	19	19	0
<b>Children's Prevention Services</b>				
	Targeted Family Support	850	850	0
	Positive Activities	400	400	0
	0-19 Prevention & early intervention	9302	9242	-60
	Young Adult Carers	35	35	0
	Child death review	0	15	15
	Social Mobility Project	-	113	113
	Child Development Centres	0	442	442

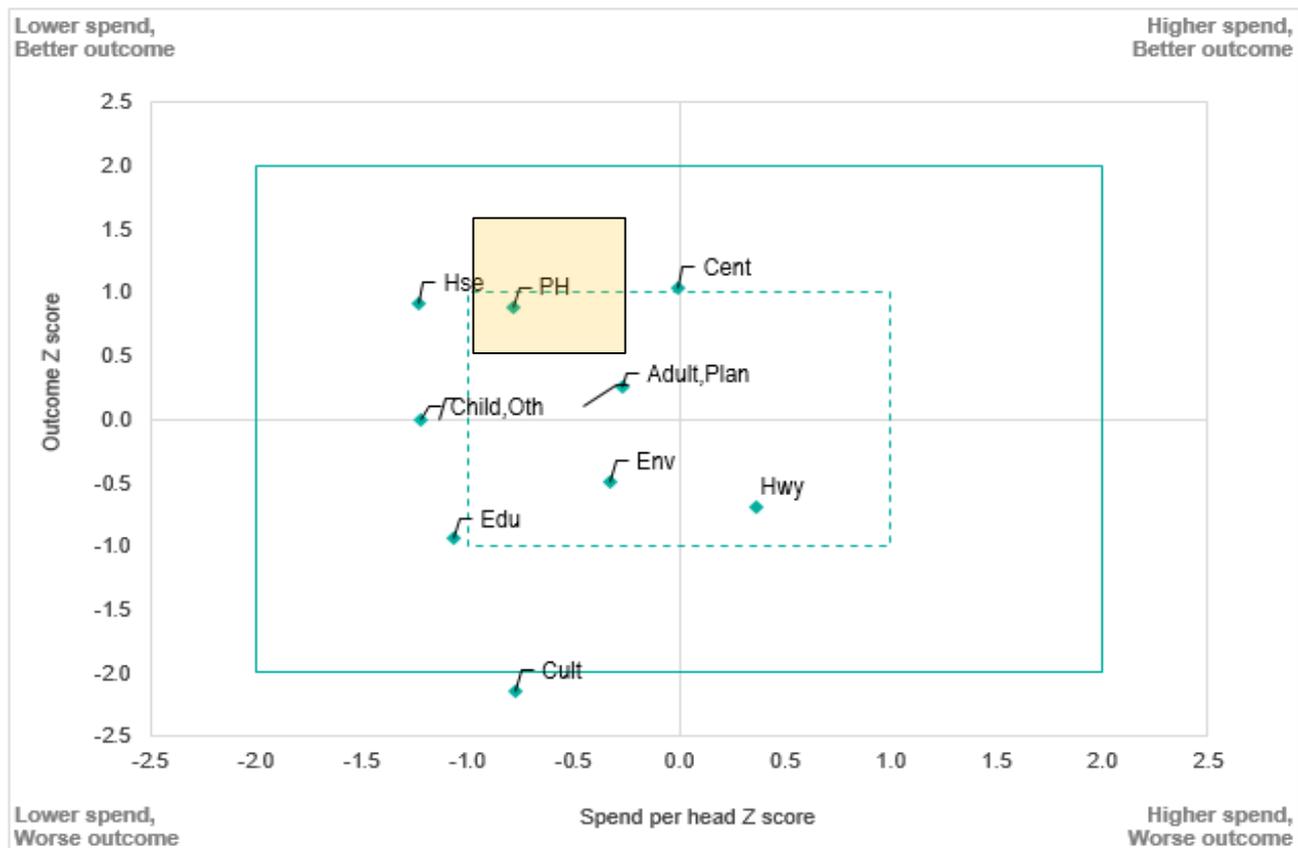
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Services	Sub Services	19/20 Net budget £'000	19/20 Forecast £'000	Variance £'000
<b>Wider Determinants</b>	Extra Care Housing	572	759	187
	Adults Housing Related Support	100	100	0
	Support at Home	98	98	0
	Library Services	300	300	0
Page 37	Oral Health	0	50	50
	Countryside Service	100	100	0
	Trading Standards	250	425	175
	Promoting Independent Living service	362	342	-20
	Planning Service	70	70	0
<b>PH Reserves</b>	PH contribution to/(from)reserve	684	<b>-338</b>	-1,022
<b>PH Income</b>	PHRFG	-28,360	-28,360	0
	<b>Total Public Health</b>	<b>0</b>	<b>0</b>	<b>0</b>

# SPEND AND OUTCOMES

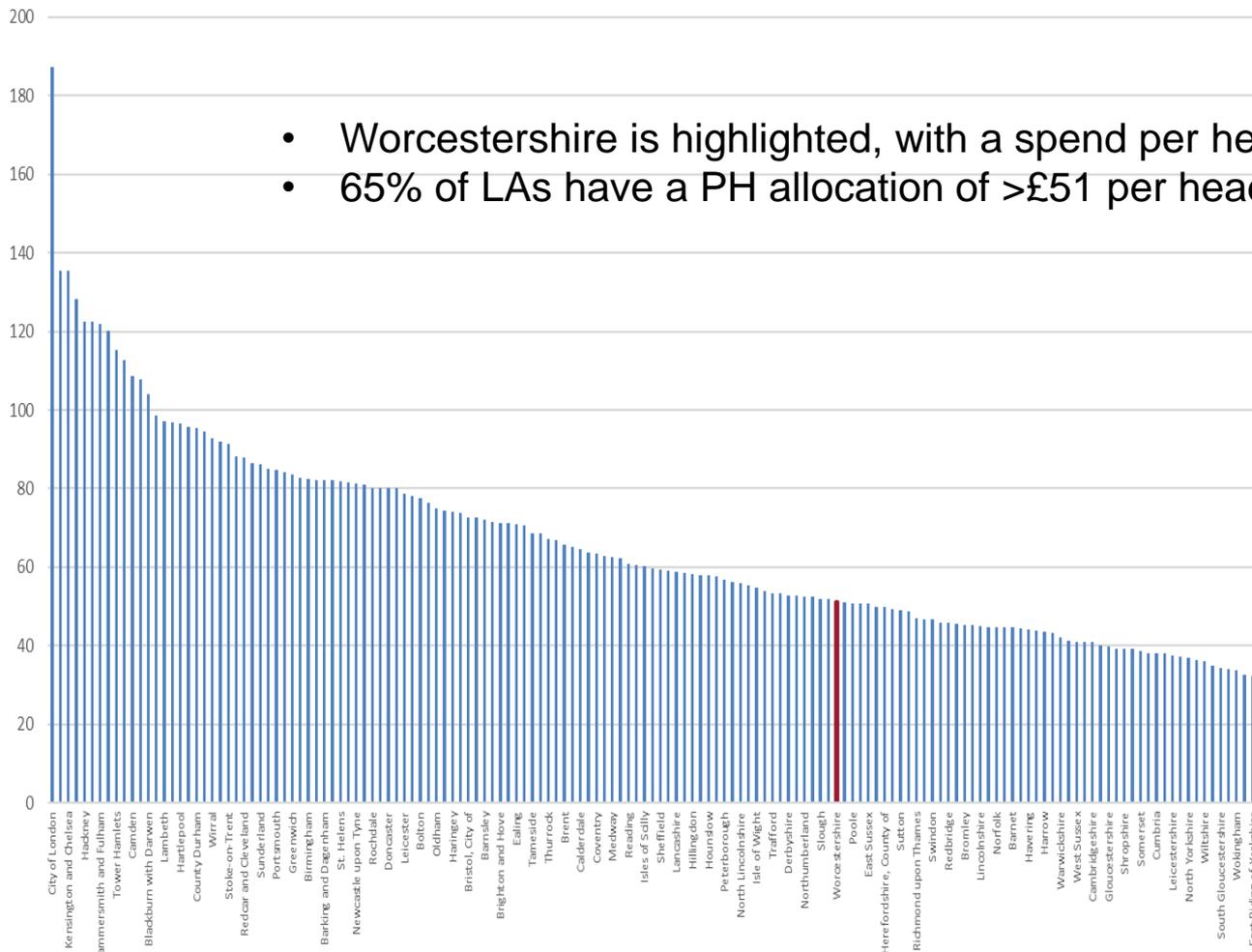
# Total Council SPOT

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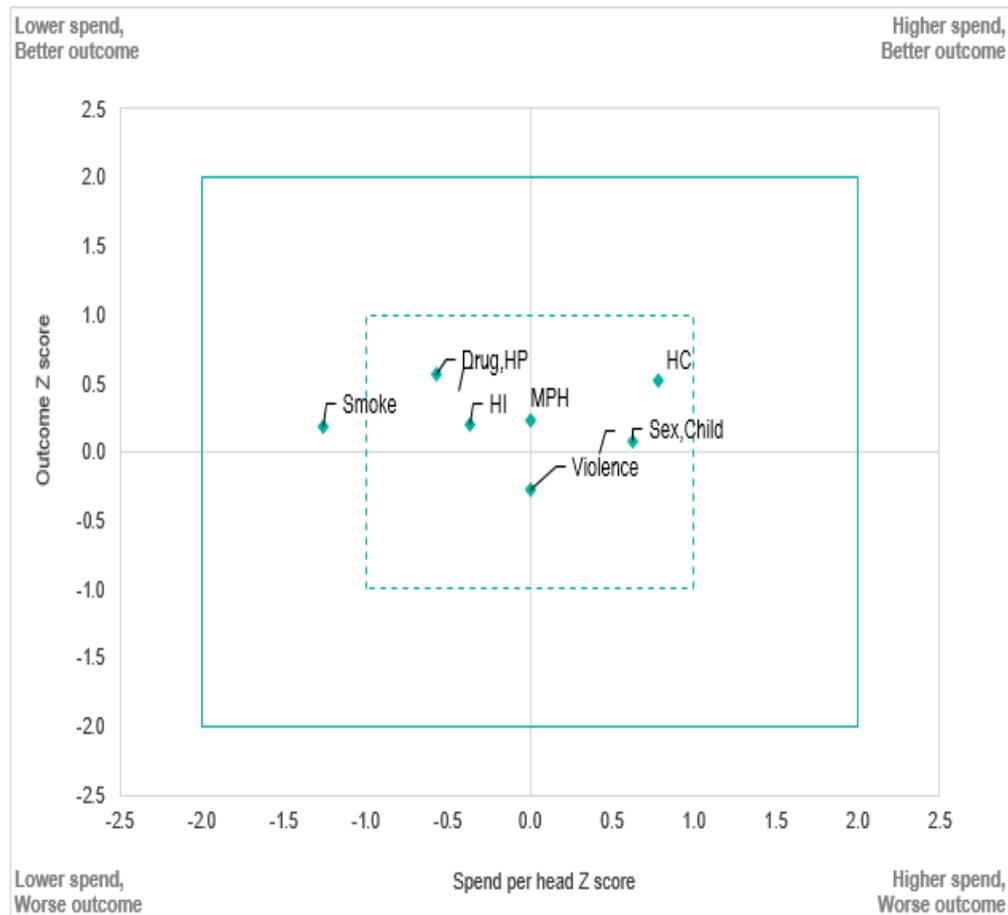
Selected measures for Worcestershire	Local value	Z score						
		-3	-2	-1	0	1	2	3
<b>Public Health</b>								
Total Public Health (RO)	£49.49							
Life Expectancy at birth (All ages, Female)	83.8							
Life Expectancy at birth (All ages, Male)	80.0							
		National	PHE centre	ONS cluster	Deprivation decile			
		£71.64	£65.54	£44.37	£45.97			
		83.0	82.7	83.8	83.9			
		79.2	78.7	80.2	80.4			

# 2017/18 PH allocation (per head £)



# Public Health Programmes - Worcestershire

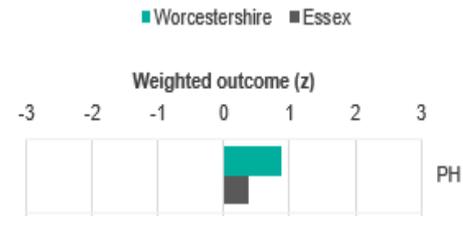
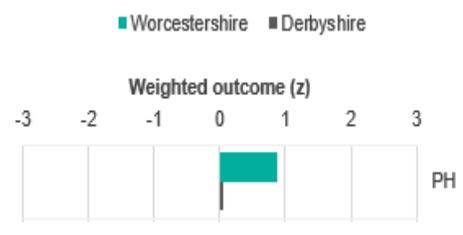
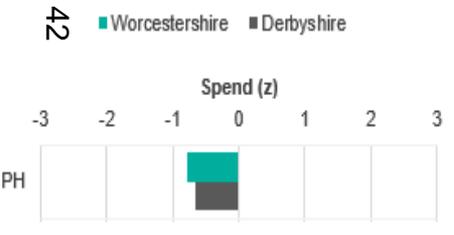
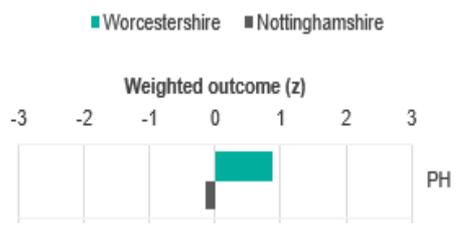
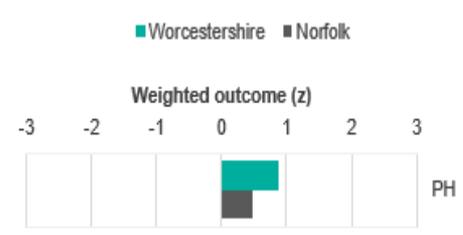
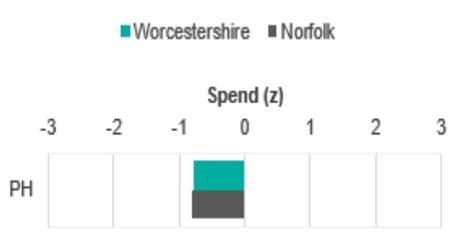
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**Key**

- Child – Child PH
- Drug – Drugs and Alcohol
- HC – Healthcare PH
- HI – Health Improvement
- HP – Health Protection
- Violence – Violence and injury
- MPH – Mental PH
- Smoke – Tobacco
- Sex – Sexual Health

# PH spend and outcome compared to CIPFA neighbours



**Public Health in Worcestershire generally spends less than CIPFA neighbours but achieves better weighted outcomes.**

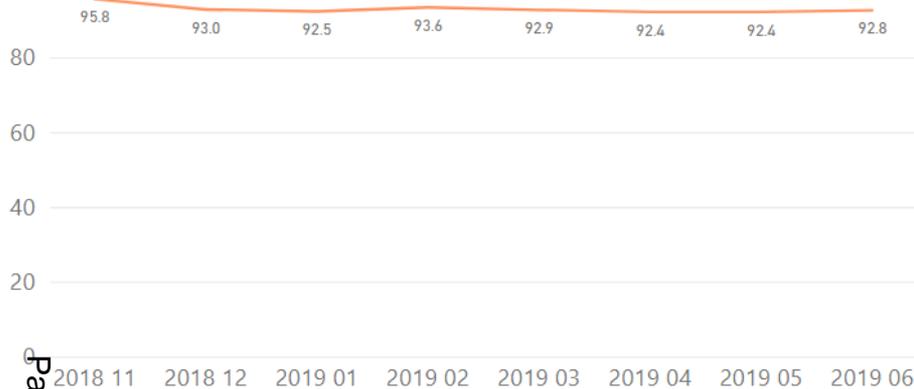
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# SERVICE PERFORMANCE

# Health visitor indicators

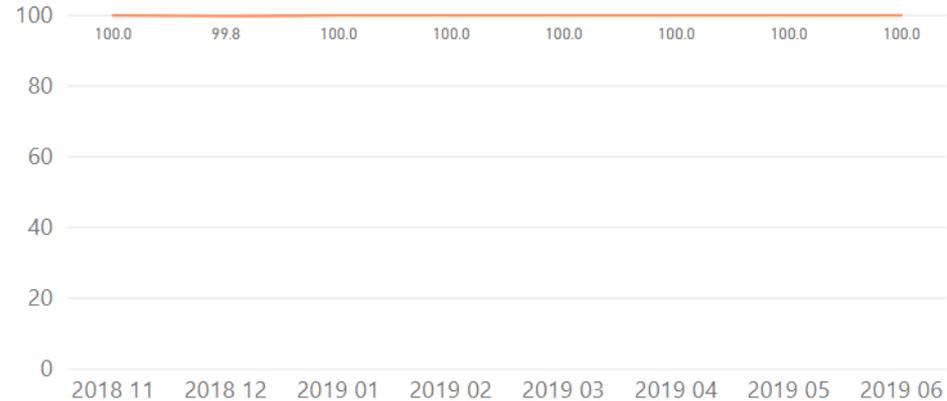
Higher = better

Indicator ● % births that receive a face to face NBV within 14 days by a Health Visitor



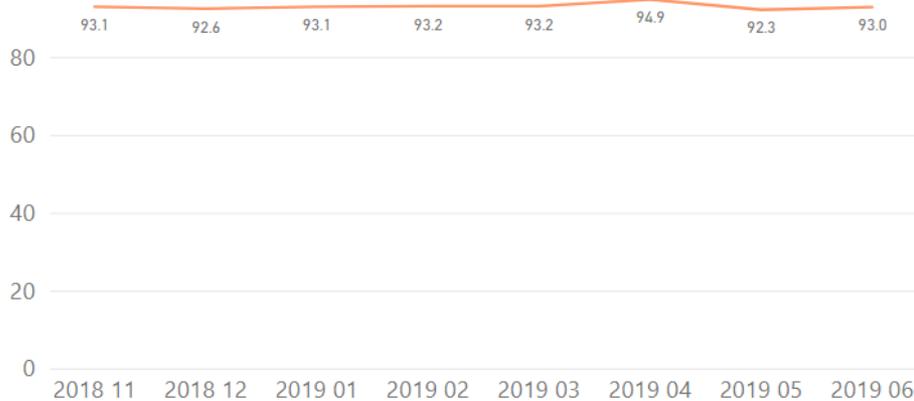
Higher = better

Indicator ● % Infants who received a 6-8 weeks review



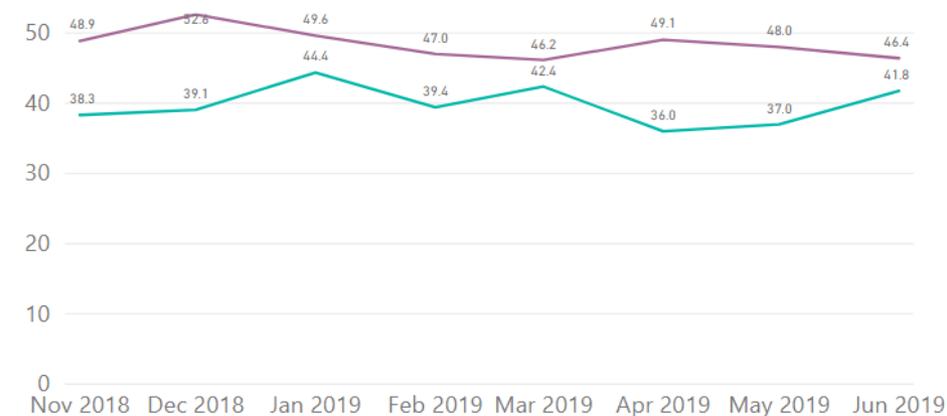
Higher = better

Indicator ● % received a 2-2.5 year review



Higher = better

Indicator ● % Breastfeeding at 6-8 weeks ● % Breastfeeding at 6-8 weeks IMD 1&2



# School nurses/National Child Measurement Programme

Higher = better

Indicator ● % LAC Health Assessments aged 5-16 years

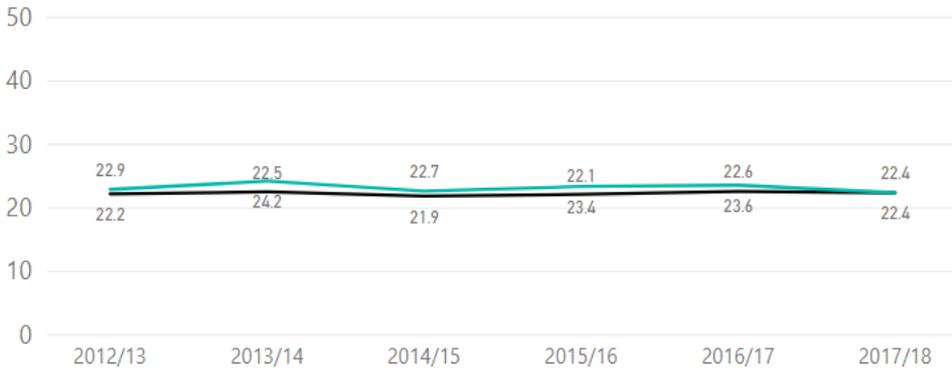


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% excess weight 4-5 year olds

Compared to England:  
Similar

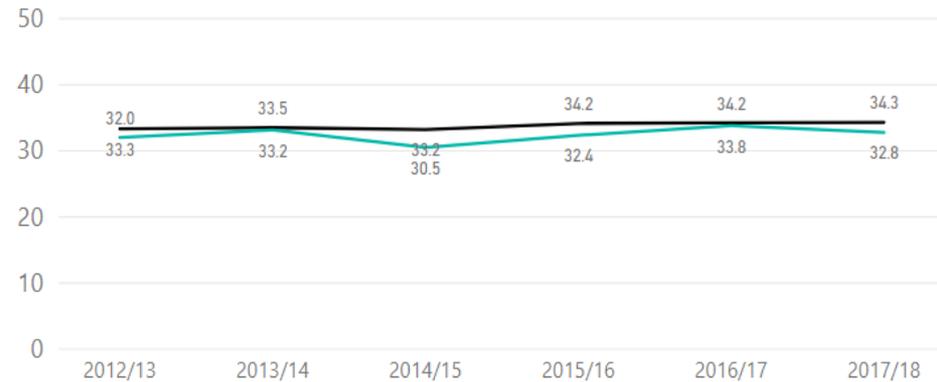
Area Name ● England ● Worcestershire



% excess weight 10-11 year olds

Compared to England:  
Better

Area Name ● England ● Worcestershire



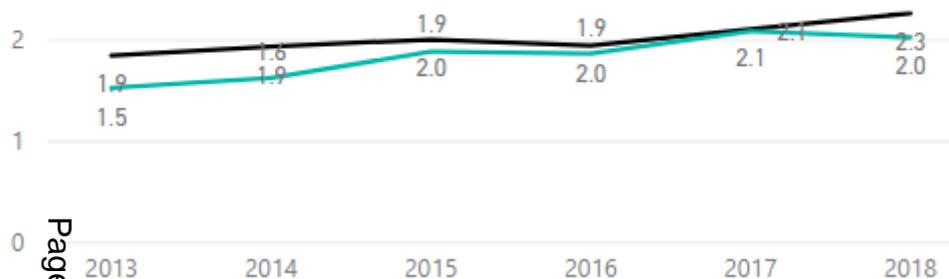
# Sexual health

STI testing positivity rate (%)

Compared with England:

Lower

Area Name ● England ● Worcestershire

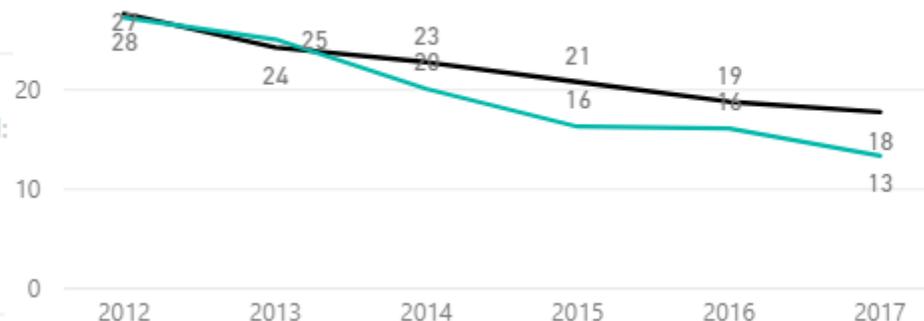


Under 18s conception rate /1000

Compared with England:

Better

Area Name ● England ● Worcestershire

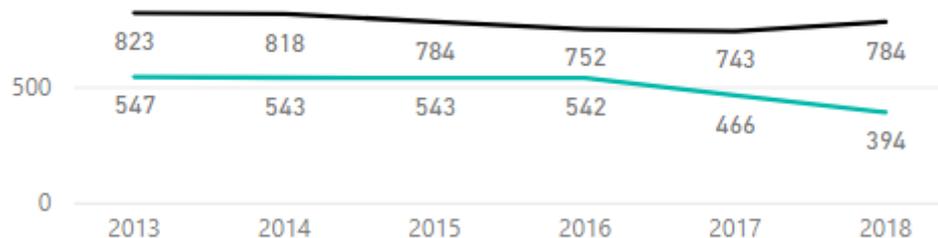


All new STI rate / 100,000

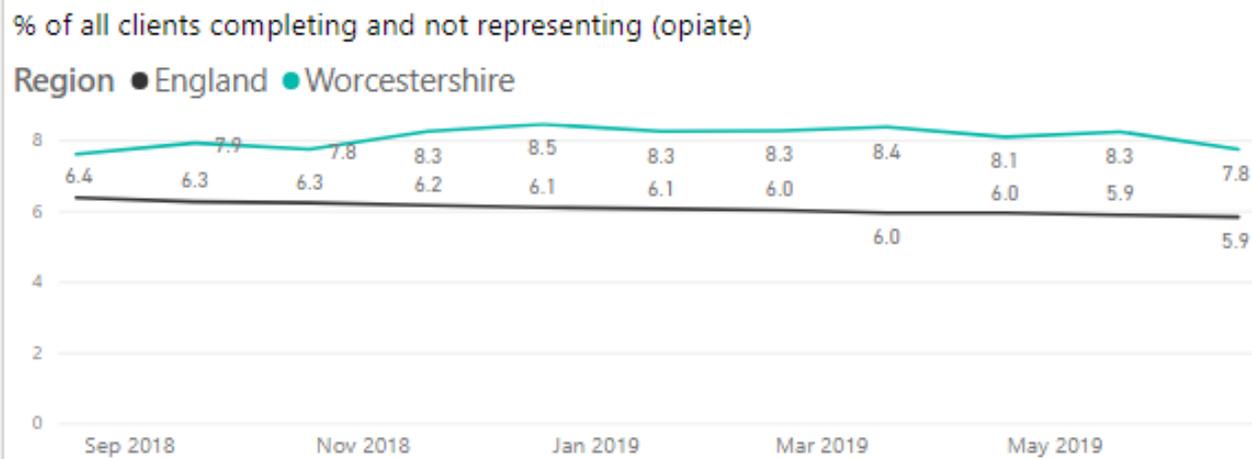
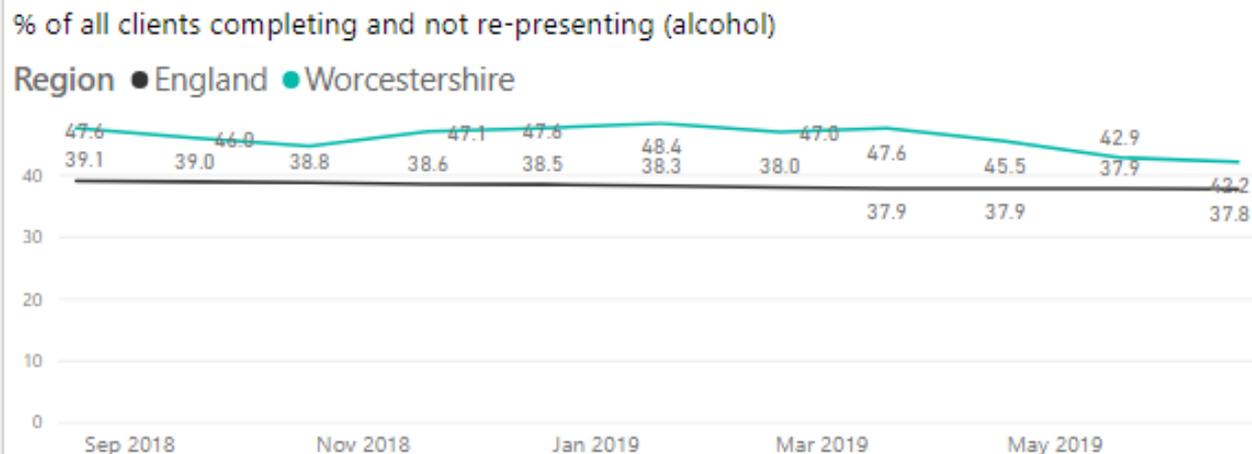
Compared with England:

Lower

Area Name ● England ● Worcestershire



# Drugs/alcohol

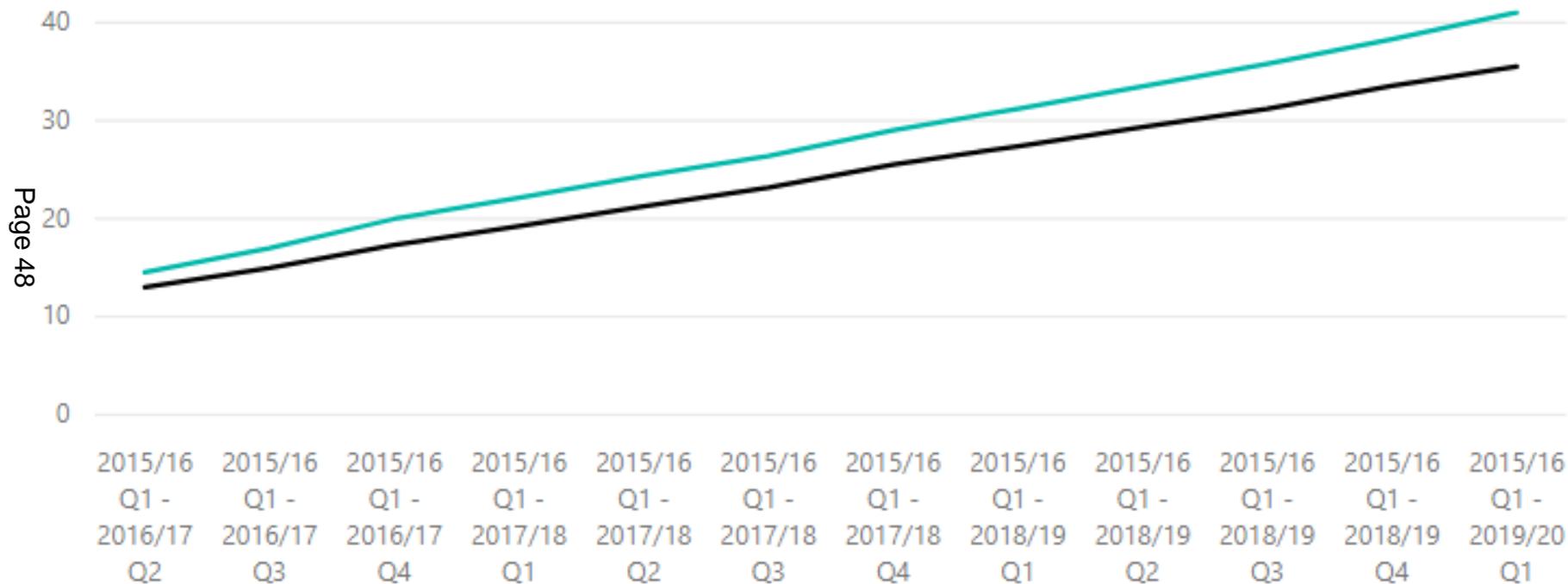


# NHS Healthcheck

% receiving an NHS healthcheck

Compared with England:  
**Better**

Area Name ● England ● Worcestershire



\*Some historic data quality issues with health checks

**THANK YOU**

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE OVERVIEW AND SCRUTINY PANEL 25 NOVEMBER 2019**

### **SMOKING CESSATION**

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#### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an overview on the Council's work to aid smoking cessation, which is on the Committee's work programme.
2. The Director of Public Health and the Cabinet Member with Responsibility for Public Health, have been invited to the meeting.

#### **Background**

3. As part of the HOSC's update and discussion on services funded by Public Health Ring-Fenced Grants (PHRFG), interest was expressed in understanding more about smoking cessation services
4. HOSC Members may be aware that as part of reductions to PHRFG funding nationally, following consultation with partners, the Council has discontinued commissioning of smoking cessation services, except for pregnant women – the impact of which is being monitored by Worcestershire's Health and Wellbeing Board.
5. Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. There are still 7.3 million adult smokers and more than 200 people a day die from smoking related illness which could have been prevented.
6. There are several ways to quit smoking which include using nicotine replacement therapy, an e-cigarette or going 'cold turkey'. There are several sources of support to encourage smokers to quit such as online forums, telephone helplines and text alerts.

#### Smoking in Worcestershire

7. Smoking prevalence in England has fallen to 14.4%. This means rates are down by almost a quarter from 19.3% five years ago – bringing the estimated number of smokers in England to around 6 million.
8. In Worcestershire the estimated smoking prevalence in adults had been falling year- on-year. Despite a rise in prevalence in 2016 from 13.5% to 14.7% in 2017. In 2018 the rate of smoking prevalence in adults dropped to 11.7%

9. There are significant differences in smoking prevalence between Worcestershire districts. Redditch District has the highest estimated proportion of current smokers at 20.5%. Wychavon has the lowest estimated proportion of smokers at 6.8%.

10. In Worcestershire the gap between smoking rates for people in routine and manual occupations compared to the adult population overall appears to be widening. Latest data (2017) shows that in Worcestershire 23.5% of individuals in routine and manual occupations are estimated to be a current smoker compared to 11.7% of the overall adult population

11. Over 12.5% of women in Worcestershire still smoke at the time of delivery, which translates into more than 600 infants born to smoking mothers each year. This rate has been consistently worse than the England average.

12. Please see the presentation attached for further information

### **Purpose of the meeting**

13. HOSC members are invited to consider and comment on the information provided and agree:

- whether any further information or scrutiny work is required at this time
- whether there are any comments to highlight to the relevant Cabinet Member

### **Supporting Information**

- Appendix 1 - Smoking Cessation Presentation

### **Contact Points**

#### Specific Contact Points for this report

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Rachael Leslie, Consultant in Public Health Email: [rleslie@worcestershire.gov.uk](mailto:rleslie@worcestershire.gov.uk)

[Tel:01905 845431](tel:01905845431)

Lucy Chick, Senior Public Health Practitioner, Email: [lchick@worcestershire.gov.uk](mailto:lchick@worcestershire.gov.uk) Tel: 01905 843404

### **Background Papers**

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 19 July and 30 June 2016 – available on the website: <https://worcestershire.moderngov.co.uk/ieListMeetings.aspx?Act=earlier&CId=141&D=201803141000&MD=ielistmeetings>
- Cabinet on 16 July 2015, available on the website [here](#)
- Cabinet Member Decision on 20 November 2015, available on the website [here](#)

# Smoking Cessation

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## Health overview and scrutiny

25 November 2019

# Smoking in the UK

- Smoking is one of the most important causes of preventable ill health and premature mortality in the UK
- Smoking rates have declined in the UK, in 2018 approximately 14.4% of individuals living in England were current smokers
- Smoking is a risk factor that can be changed and interventions such as stop smoking aids and tobacco enforcement, pricing and other control measures can reduce the prevalence of smoking
- The European Health Survey (2014) showed that the UK has some of the lowest rates of smoking across Europe
- The UK has some of the best Tobacco Control measures in Europe – including the development of the Tobacco Control Plan

## UK % Prevalence of cigarette smoking 1974-2017

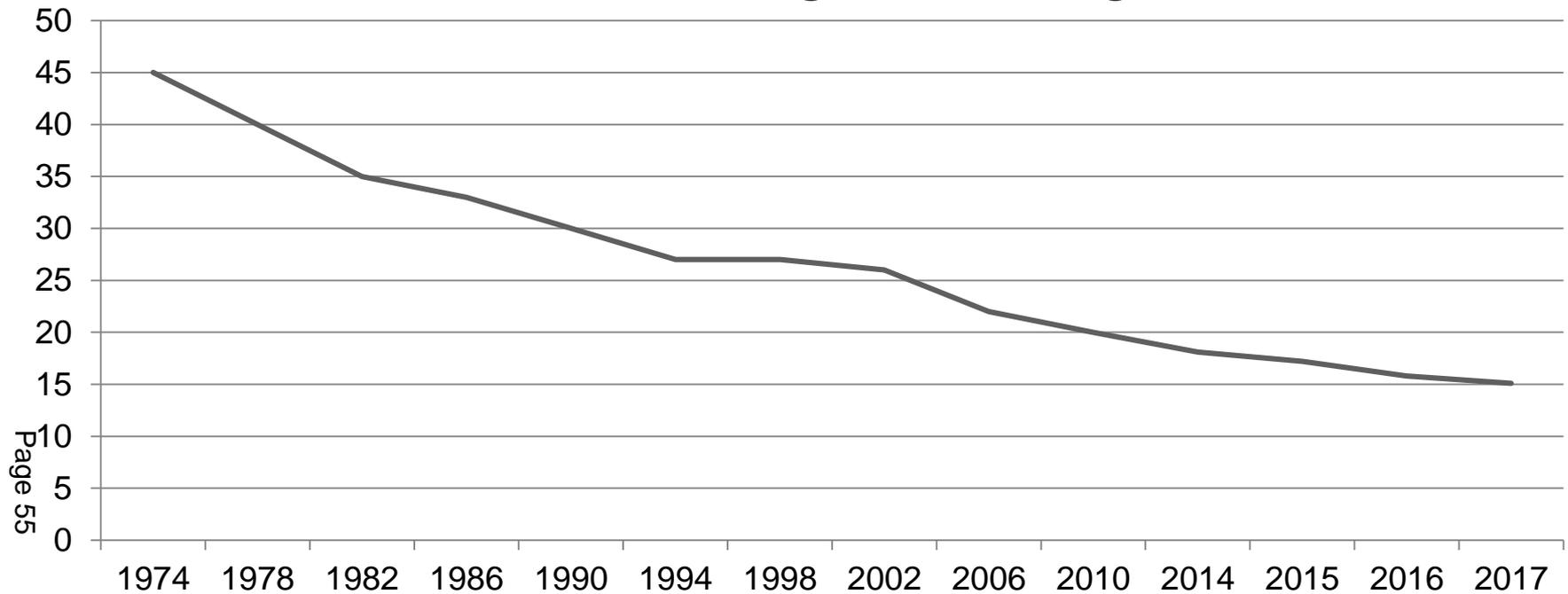


Table 2: Prevalence of cigarette smoking by sex (GLS/OPN/APS), 1974 to 2017, Great Britain & UK <sup>4</sup>

%	1974	1978	1982	1986	1990	1994	1998	2002	2006	2010	2014	2015	2016	2017
Men	51	45	38	35	31	28	28	27	23	21	20	19.3	17.7	17.0
Women	41	37	33	31	29	26	26	25	21	20	17	15.3	14.1	13.3
All	45	40	35	33	30	27	27	26	22	20	18.1	17.2	15.8	15.1

NB: Since 2000 data have been weighted. 1974-2010 figures are from the GLS/OPN surveys and are for Great Britain. Data from 2014 onwards is from the Annual Population Survey and is for the UK. <sup>4</sup>

Source: <http://ash.org.uk/category/information-and-resources/fact-sheets/>

# Towards a Smokefree Generation: A Tobacco Control Plan for England

- The vision is to create a smokefree generation. This will be achieved when smoking prevalence is at 5% or below.
- To deliver this, the government sets out the following national ambitions which will help focus tobacco control across the whole system:
  1. Smokefree Generation: reduce the prevalence of smoking in young people
  2. A Smokefree pregnancy for all
  3. Parity of esteem for those with mental health conditions
  4. Backing evidence based innovations to support quitting
- This will be achieved by;
  1. Putting prevention first
  2. Supporting smokers to quit
  3. Eliminating variations in smoking rates
  4. Effective enforcement

# Smoking in Pregnancy

- Smoking can have devastating consequences for expectant mothers and their babies.
- Smoking during pregnancy increases the risk of stillbirth, and babies born to mothers who smoke are more likely to be born underdeveloped and in poor health.
- Maternal smoking after birth is associated with a threefold increase in the risk of sudden infant death
- Smoking during pregnancy is also a major health inequality.
- Nationally, smoking prevalence among pregnant women in more disadvantaged groups and those aged under 20 remains considerably higher than in older and more affluent groups
- Following the national attainment of the Government's 11% target from the previous Tobacco Control Plan, the new plan set an ambitious new goal of reducing smoking amongst pregnant women to 6% by the end of 2022.

# Inequalities & Smoking

- Smoking rates have remained stubbornly higher amongst those in our society who already suffer from poorer health and other disadvantages.
- Nationally smoking among 18 to 24 year olds has fallen fastest but of particular concern is the 1.4 million 25-34 year olds who smoke – that's equivalent to one in five.
- Evidence of a ever widening gap between people in routine and manual occupations and those in managerial and professional posts
- Smoking rates are almost three times higher amongst the lowest earners, compared to the highest earners
- The gender gap continues to grow. In England 17.4% of men smoke compared to 13.7% of women
- People who are unemployed are almost twice as likely to smoke as those in work

# NHS Long Term Plan

- The top five of various risk factors that cause premature deaths in England are: smoking, poor diet, high blood pressure, obesity, and alcohol and drug use. Air pollution and lack of exercise are also significant.
- The NHS will therefore make a significant new contribution to making England a smoke-free society, by supporting people in contact with NHS services to quit based on a proven model implemented in Canada (Ottawa Model) and Manchester. **By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.**
- **A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.** On the advice of PHE, this will include the option to switch to e-cigarettes while in inpatient settings.
- Women from the most deprived communities are 12 times more likely to smoke during pregnancy than women from more affluent areas. In addition to the enhanced midwife model, we will offer **all women who smoke during their pregnancy, specialist smoking cessation support to help them quit.**

# Stop Smoking Services

- Nationally since 2011-12 attendance at local stop smoking services has been declining which has resulted in a number of services being reduced, re-designed or removed
- University College London\* have found that: Currently only 30% of smokers per year make a serious attempt to quit. Most of these are unsuccessful. Only 5% of smokers successfully quit each year. Of these successful quitters;
  - 2% quit through stop smoking services
  - 8% get some professional advice and use medication
  - 14% use nicotine replacement therapy they bought at a pharmacy
  - 35% succeed on their own without any help
  - 41% use an e-cigarette
- Increasing the rate of attempts made to quit should increase the proportion of successful quitters
- They conclude to incentivise smokers to quit, areas must; continue to discourage smoking, promote smokefree environments, give brief advice to encourage quit attempts and promote support and advice if they relapse

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\*Smoking toolkit Study, UCL: The End of Smoking, ASH



# E-Cigarettes

- Since 20th May 2016 electronic cigarettes are now regulated by the revised EU Tobacco Products Directive. Exceptions will be where therapeutic claims are made or products contain over 20 mg/ml of nicotine, when they will require medicines authorisation under Directive 2001/83/EC
- Electronic cigarettes (e-cigarettes) deliver nicotine in a vapour rather than in smoke
- It has been estimated that e-cigarettes are 95% less harmful than ordinary cigarettes (Public Health England)
- There is negligible risk to others from second-hand e-cigarette vapour
- Public understanding of the relative harms of e-cigarettes have worsened over time and are less accurate today than they were in 2014
- Almost all e-cigarette users in Britain are either ex-smokers or current smokers
- There is no evidence that use of e-cigarettes is leading to an increase of smoking in young people in Great Britain

# Deaths from E-cigarettes: USA

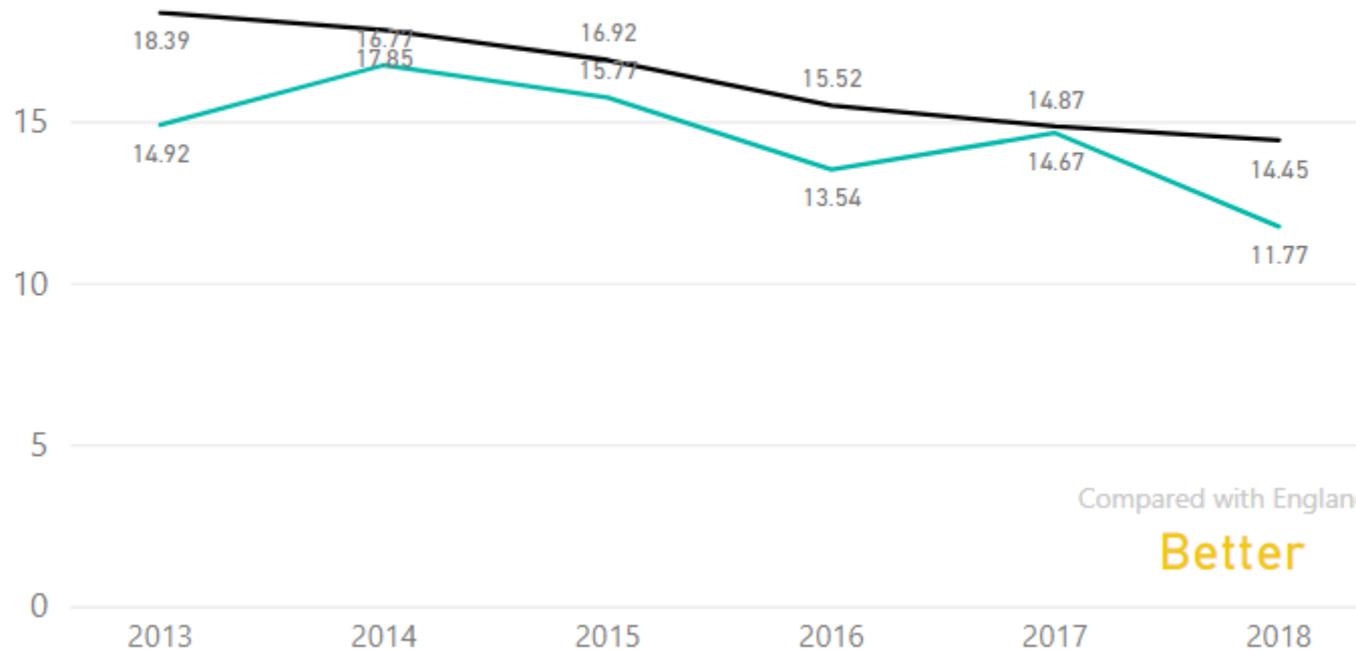
- Since mid-September, headlines around the world have warned about an outbreak of serious lung disease across the US, said to be associated with using an e-cigarette. As of October 22, 1,604 cases have been reported to the Center for Disease Control (CDC) from 49 US states, including 34 deaths.
- The specific chemical or chemicals that are causing the illness and deaths have not yet been identified and it is not clear that all cases are the same kind of injury.
- The main chemicals under suspicion in the US such as THC (cannabis extract) and Vitamin E acetate oil are not permitted in e-cigarettes in the UK.
- The illicit drugs market is global and it is possible that similar products to those in the US are available in the UK, which is why PHE will warn of this new and serious threat and continue to monitor carefully the situation in the UK.
- PHE has not changed its advice on nicotine containing e-cigarettes: Smokers should consider switching completely to using an e-cigarette and those using an e-cigarette should reduce to stop.

# Worcestershire Data

# Adult Population Survey (APS) – Smoking Prevalence in Adults (18+)

% adults smoking (APS)

Area Name ● England ● Worcestershire



Compared with England:

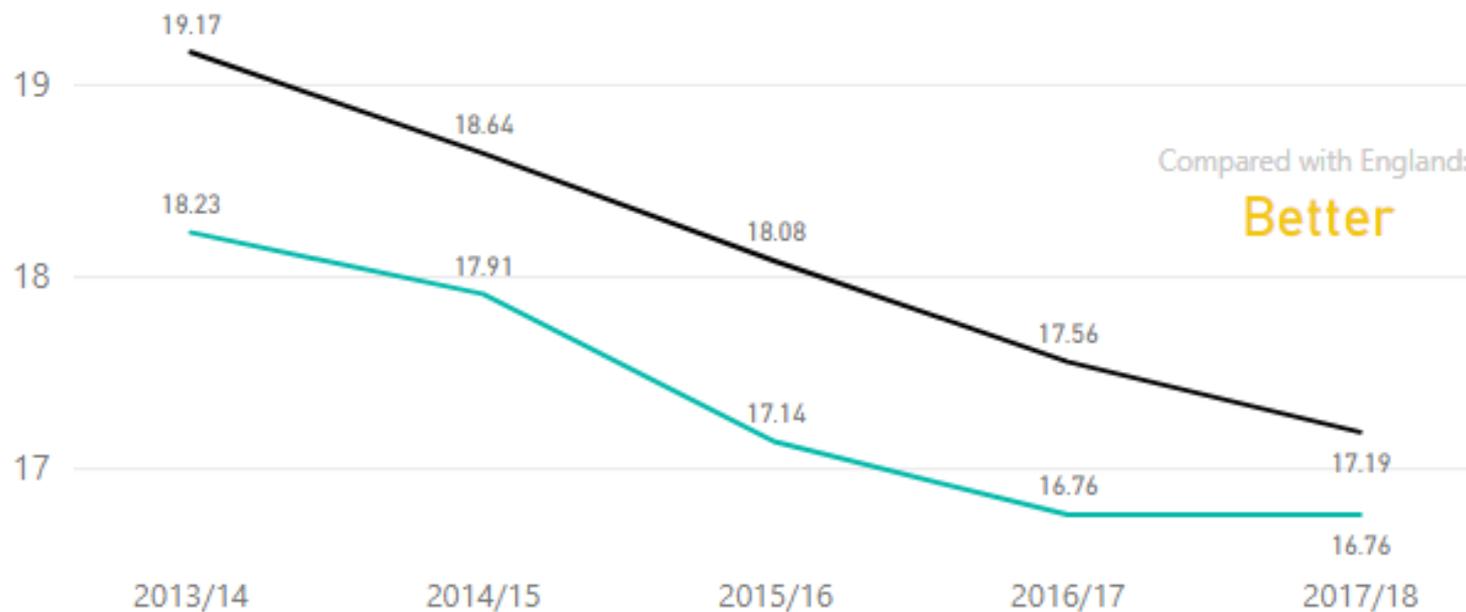
**Better**

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# Quality Outcomes Framework (QOF); Smoking Prevalence in Adults

## % adults smoking (QOF)

Area Name ● England ● Worcestershire



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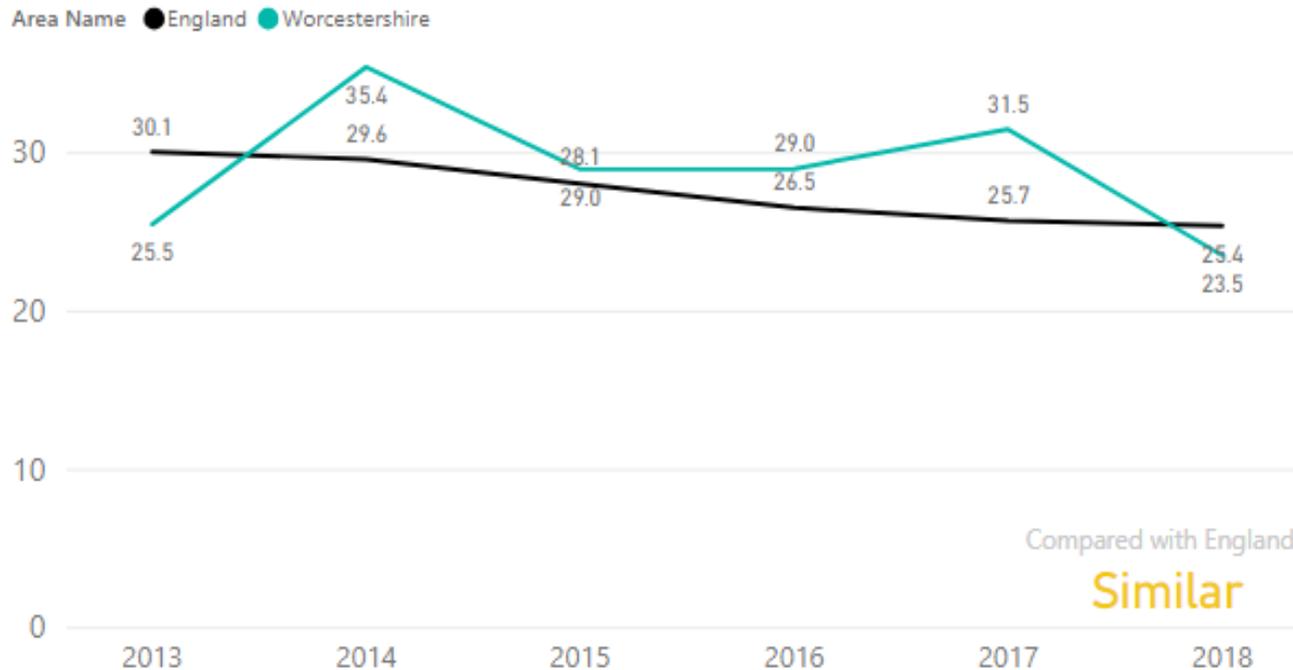
# Adult Population Survey by District: Smoking Prevalence in Adults (18+)

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Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	-	-	6,360,957	14.4		14.2	14.7
Worcestershire	-	-	55,830	11.8		9.6	13.9
Redditch	-	-	13,538	20.5		13.1	27.9
Wyre Forest	-	-	12,076	14.8		9.4	20.2
Malvern Hills	-	-	8,319	13.0		7.0	19.0
Worcester	-	-	8,494	10.5		5.0	15.9
Bromsgrove	-	-	6,714	8.5		4.2	12.9
Wychavon	-	-	7,010	6.8		3.0	10.6

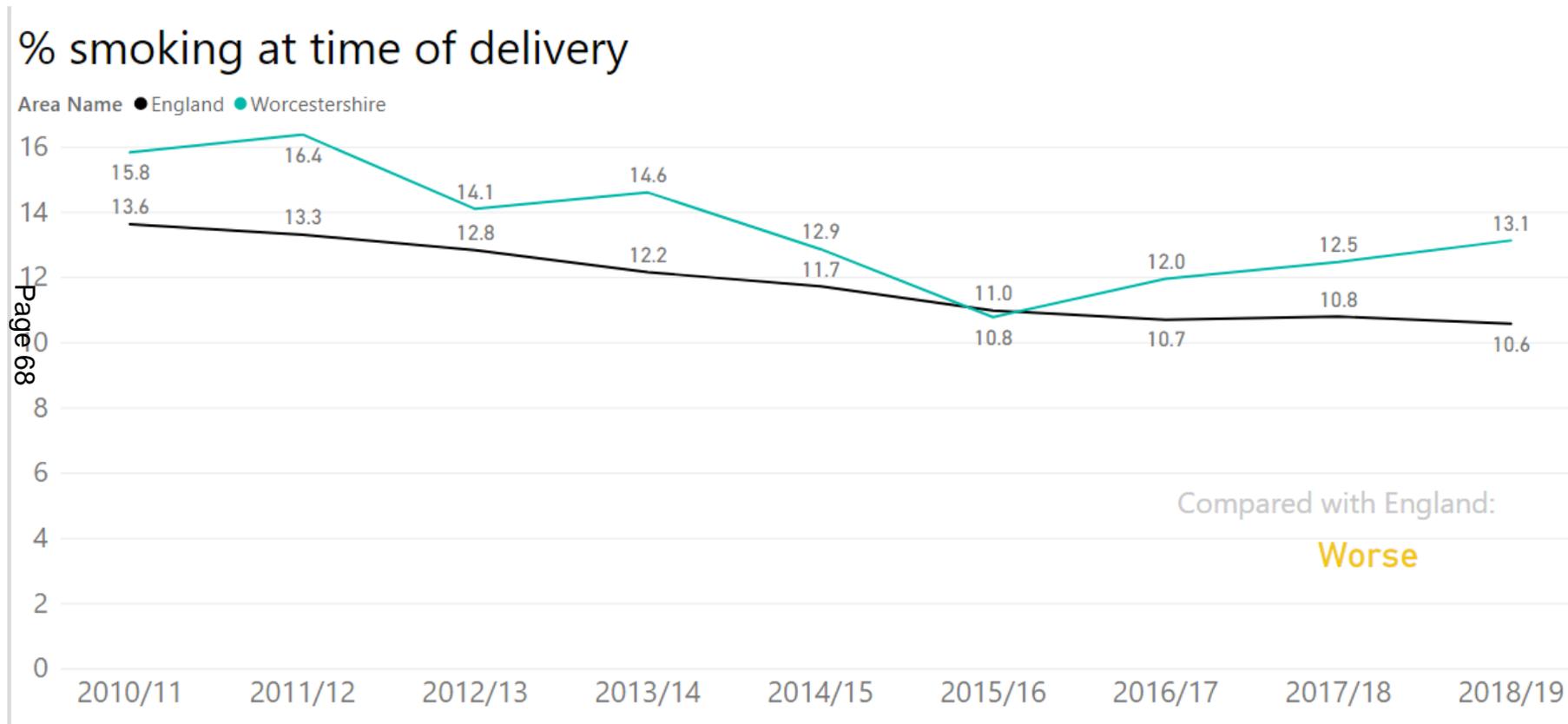
# Smoking Prevalence in adults in routine and manual occupations (18-64) – current smokers (APS)

% adult smokers routine and manual occupations (APS)



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# Smoking Status at Time of Delivery



# Smoking status at Time of Delivery by District Council

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	61,399	10.6	10.5	10.7
Worcestershire	↓	-	708	13.1	12.3	14.1
Wyre Forest	→	-	159	15.2	13.2	17.5
Wyche	↓	-	135	13.1	11.2	15.3
Worcester	↓	-	137	13.1	11.2	15.3
Malvern Hills	↓	-	69	13.1	10.5	16.2
Redditch	↓	-	104	12.0	10.0	14.3
Bromsgrove	↓	-	103	12.0	10.0	14.3

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# Smoking in Pregnancy: Comparison to other Authorities

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	↓	-	61,399	10.6		10.5	10.7
Neighbours average	-	-	-	-		-	-
Lincolnshire	↓	12	1,056	16.4*		15.5	17.3
Derbyshire	↓	8	1,148	16.2		15.3	17.0
Nottinghamshire	↓	7	1,091	14.8		14.0	15.6
Northamptonshire	↓	15	1,101	13.7*		13.0	14.5
Norfolk	↓	6	1,066	13.4		12.6	14.1
Cumbria	↓	13	581	13.3		12.3	14.3
Worcestershire	↓	-	708	13.1		12.3	14.1
Staffordshire	↓	4	993	12.8*		12.1	13.6
Somerset	↓	5	584	11.7		10.9	12.7
Devon	↑	14	742	11.6		10.9	12.4
Gloucestershire	↓	2	666	11.1		10.3	11.9
North Yorkshire	↓	11	528	10.5		9.7	11.3
Suffolk	-	3	683	10.3*		9.6	11.0
Warwickshire	↓	1	529	10.0		9.2	10.8
Essex	↓	9	1,379	10.0*		9.5	10.5
West Sussex	↓	10	724	9.1		8.5	9.7

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# Worcestershire Actions to support smoking cessation

# Worcestershire Smoking in Pregnancy Service

- Since 2019 a new service is in place provided in partnership with, Worcestershire Acute Hospitals NHS Trust- funded by the Public Health Ring Fenced Grant
- An 18 month pilot has placed public health maternity support workers in each maternity clinic in the county to deliver 1-2-1 smoking cessation support for pregnant women and their household members
- All pregnant women now have their carbon monoxide levels recorded at booking and at subsequent contacts if raised throughout the maternity pathway
- Pregnant women who smoke are offered the choice of face to face support or telephone based support
- Nicotine Replacement Therapy and behavioural support is offered at the point of contact by the maternity support workers. A further risk perception intervention is provided by midwifery at scanning.
- Appointments are made in clinic settings and within the community/home

# Maternity Support Workers: Progress to Date

- In the first 2 months, the maternity support workers have already received and worked with over 100 referrals each month
- Support and advice provided by Health Visitors regarding smoking and smoke free homes has been strengthened
- Information and advice provided by the school health service is also being strengthened for school age children and young people

# Cessation Support Services

## Worcestershire Pregnancy Stop Smoking Service

Face to face and telephone specialist support. Nicotine replacement therapies, like patches and gum free of charge, To find out more visit

[www.worcestershire.gov.uk/stopsmoking](http://www.worcestershire.gov.uk/stopsmoking)

## Smokefree App

The Smokefree app can help you stop smoking by giving daily support and motivation. Visit online

[www.nhs.uk/oneyou/apps](http://www.nhs.uk/oneyou/apps)

to find out more.

## Facebook

Join the Facebook Smokefree online community. Swap tips and get advice from people just like you. Find out more @NHSSmokefree.

## Quitting support

Chat to an advisor online or sign up for 28 days of free quitting advice and tips straight to your inbox to increase your chance of success! Visit [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree) online to find out more

## Call the free Smokefree National Helpline

Speak to a trained, expert adviser. Call now: **0300 123 1044**. All lines are open Monday to Friday 9am to 8pm and Saturday and Sunday 11am to 4pm.

## Control Nicotine Cravings

There are plenty of stop smoking products out there that can give you the extra support you need to beat the addiction including e-cigarettes, gum and patches. Most of these are available in your local pharmacy or supermarket.

**For general stop smoking advice visit online [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)**

# Targeted Interventions

- Focus on routine and manual workers –using Men’s Health Forum materials ‘**Tool Box Talks**’ are delivered on a range of health and wellbeing aspects, including the promotion of quit aids and e-cigarettes
  - Team Leaders at Redditch and Bromsgrove depots have been trained to deliver “Train the Trainer” Toolbox Talks to their staff and to other local businesses working with WWW
- All **Worcestershire Works Well** (WWW) businesses are required to promote smoking cessation information. The WWW programme is particularly focusing on employers of routine and manual workers to promote smoking cessation
- Public Health have used **Insight based approaches** in the creation of focused materials to support quit attempts
  - Insight has taken place in Bromsgrove with mostly male respondents in routine and manual occupations. The results gathered highlighted the role of education in the evidence of using an e-cigarette can help to quit smoking.
- Completed a **targeted leaflet drop** in some of the most deprived areas, the leaflets focused upon the use of e-cigarettes in quit attempts
  - E-cigarette leaflet distributed via News Quest through free newspapers in; Winyates east & west, Batchley, Central Redditch, Greenlands and Woodrow

# Campaigns & Resources

- There are a number of national campaigns and events to promote the benefits of quitting smoking. Public Health support the following;
  - No smoking Day (March) – British Heart Foundation
  - ‘World No Tobacco Day’ (May) – World Health Organisation
  - ‘Stoptober’ – Public Health England
- The campaign resources, including links to free resources, are shared widely throughout Worcestershire for local promotion
- The County Council website promotes the national and local opportunities for quit support, throughout the 2018 ‘Stoptober’ campaign the site recorded an increase in visits from September: 75 views - October(Stoptober) : 236 views
- @HealthWorcs Public Health twitter account also recorded over 5000 ‘impressions’ during Stoptober

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# Tobacco Control

- Public Health working closely with Trading Standards to tackle illicit tobacco, smokefree laws and regulation of nicotine containing products across the County
- Exploring best practice examples for delivery in Worcestershire, including recent illicit tobacco legal action in Herefordshire
- Smokefree places – becoming smokefree is an ambition within the Worcestershire Works Well programme and could also be applied within a range of community accessible spaces and other anchor institutions . Following the examples from NHS hospitals, prisons and parks.
- Tobacco Control Declaration – the County Council has committed to ensuring tobacco control is part of mainstream public health work and taking comprehensive action to address the harm from smoking.

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# Opportunities for Action

- Developing the Ottawa model - working with the NHS to ensure smokers are supported to quit in hospital care and community support
- Progress a Worcestershire Tobacco Control Plan reflecting the National Tobacco Control Strategy and Long Term Plan, engaging partners and the community to create collective action across the County
- Explore best practice examples from across the UK, including Essex County Council who have co-located stop smoking advice in e-cigarette shops and Rochdale Borough Council in supporting sports clubs to go smokefree
- Public Health to complete a full Needs Assessment for smoking and tobacco control

# Thank you

Towards a smokefree Generation: A Tobacco Control Plan for England

<https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

Worcestershire JSNA: Smoking Profile 2018

[http://www.worcestershire.gov.uk/info/20122/joint\\_strategic\\_needs\\_assessment/1473/jsna\\_publications\\_by\\_category/4](http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1473/jsna_publications_by_category/4)

NHS Smokefree

<https://www.nhs.uk/smokefree>

Local Tobacco Control Declaration

<http://smokefreeaction.org.uk/declarationsindex-html/>

Action on Smoking and Health (ASH)

<https://ash.org.uk/home/>

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE 25 NOVEMBER 2019**

### **HEALTH OVERVIEW AND SCRUTINY ROUND-UP**

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#### **Summary**

1. To receive a round-up of information on:
  - County Council activities in relation to health
  - District Council activities in relation to health
  - NHS Board meetings
  - Consultations in Worcestershire
  - Urgent health issues in Worcestershire; and
  - Items for future meetings of the Health Overview and Scrutiny Committee

#### **Background**

2. In order to ensure that Members of the Health Overview and Scrutiny Committee (HOSC) are fully informed about issues relating to health scrutiny in Worcestershire, communication will be essential. To assist in this, an item will be placed on the agenda for each meeting of the HOSC to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items. Regard for the Council's statutory requirements in relation to access to information will be critical.

#### **County Council Activities in Relation to Health**

3. A range of County Council services can impact upon and also be impacted upon by health services. Recognising that the health-related work of the County Council will be of interest to the District Councillors on the Health Overview and Scrutiny Committee, an oral update on such activities, and on other matters the Chairman has been involved in, will be provided at each meeting by the Committee Chairman at each HOSC.

#### **District Council Activities in Relation to Health**

4. The statutory power of health scrutiny, including the power to require an officer of a local NHS body to attend before the Council, rests with the County Council. However, it is recognised that a number of District Councils within Worcestershire are undertaking work in relation to local health issues, under their duty to promote the economic, social or environmental well-being of their area.
5. Recognising that the work of the District Councils will be of value and interest to the wider HOSC, an oral update will be provided on such activities by District Councillors at each meeting of the HOSC.

## **NHS Board Meetings**

6. To help HOSC Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member/s' would be identified for each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each HOSC.

## **Consultations in Worcestershire**

7. The HOSC has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the HOSC on both developments relating to consultations previously undertaken and forthcoming consultations.

## **Urgent Health Issues in Worcestershire**

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the HOSC "may bring before the meeting and cause to be considered an item of business not specified in the summons or agenda where the Chairman is of the opinion, by reason of special circumstances (which shall be specified in the minutes) that the item should be considered at the meeting as a matter of urgency".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the HOSC at any time to call a special meeting of the Health Overview and Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the HOSC to requisition a special meeting of the HOSC. Such a requisition must be in writing, be signed by each of the Councillors concerned, identify the business to be considered and be delivered to the Director of Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

## **Items for Future Meetings**

10. It is necessary that the HOSC's ability to react to emerging health issues in a timely manner and the public's expectation of this is balanced against Worcestershire County Council's statutory duty to ensure that meetings and issues to be considered are open and transparent and meet legislative requirements. This agenda item must not be used to raise non-urgent issues. Any such issues should be raised with the Scrutiny Team at least two weeks in advance of a scheduled meeting of the HOSC.

## **Contact Points**

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel; 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## **Background Papers**

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to this report:

- Worcestershire County Council Procedural Standing Orders, May 2017 [which can be accessed here](#)

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE 25 NOVEMBER 2019**

### **WORK PROGRAMME 2019/20**

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#### **Summary**

1. From time to time the Health Overview and Scrutiny Committee (HOSC) will review its work programme and consider which issues should be investigated as a priority.

#### **Background**

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The 2019/20 Work Programme has been developed by taking into account issues still to be completed from 2018/19, the views of Overview and Scrutiny Panel and HOSC Members and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The Health Overview and Scrutiny Committee is responsible for scrutiny of:
  - Local NHS bodies and health services (including public health and children's health)
5. The current Work Programme was agreed by Council on 12 September 2019.

#### **Dates of Future Meetings**

- 27 January 2020 (rescheduled from 29 January)
- 24 March 2020
- 27 May 2020
- 20 July 2020
- 23 September 2020
- 16 November 2020

#### **Purpose of the Meeting**

6. The HOSC is asked to consider the 2019/20 Work Programme and agree whether it would like to make any amendments. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.

## Supporting Information

Appendix – Health Overview and Scrutiny Work Programme 2019/20

### Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

### Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and minutes of Council on 12 September 2019 – available on the Council website [here](#)
- Agenda and Minutes of OSPB on 24 July 2019 - available on the Council website [here](#)

## 2019/20 SCRUTINY WORK PROGRAMME: Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes/Follow-up Action
25 November 2019	Public Health – Ring Fenced Grant Update (including performance and budget monitoring)	16 November 2016	All scrutiny Panels and HOSC now have regular performance and in-year budget monitoring
25 November 2019	Public Health - Smoking Cessation Update	19 July 2016 (E-cigarettes)	
25 November 2019	Audiology Services	-	
27 January 2020	Sustainable Transformation Partnership and the NHS Long-term Plan	5 March 2019	
27 January 2020	Public Health Performance and In-Year Budget Monitoring (Period 7 Finance/Q2 Performance October-December 2019)		

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TBC	Children and Adolescent Mental Health Services (CAMHS)		With the Children and Families Overview and Scrutiny Panel
TBC	Access to GP Services	5 April 2017	
TBC	New development and how this is factored into NHS plans for the future (could link with Access to GP Services)		
TBC	Mental Health (all age groups) Mental Health Care waiting times		
TBC	Update on proposal to form one NHS CCG		
TBC	Recruitment and development of staff in the health sector		
TBC	Effectiveness of vaccination schemes		
Ongoing	West Midlands Ambulance Service Annual Update	27 June 2019	
Ongoing	Substantial NHS Service Changes requiring consultation with HOSC		

Ongoing	Quality and Performance of the Acute Hospitals (including capacity and preparations for winter pressures)	9 April 2019 26 November 2018 5 July 2018 27 January 2018	
Ongoing	Public Health (holding the Health and Wellbeing Board to account as appropriate and specifically updates on smoking cessation and funding arrangements)	25 November 2019	
Ongoing	STP - ongoing workstreams (including updates on Neighbourhood Teams and Maternity Systems) / communication strategies / structure and governance (balance between the 2 Counties) / role of community hospitals / capital programme / capacity	November 2018 (member briefing) 29 January 2018	
	In co-operation with Adult Care and Well Being Overview and Scrutiny Panel <ul style="list-style-type: none"> <li>• Financial Monitoring</li> <li>• Performance Monitoring</li> <li>• Budget Scrutiny Process</li> </ul>		
Standing Items	Performance Monitoring (Public Health) Budget Scrutiny Process (jointly with Adult O&S Panel) HOSC Round-up Quality Accounts	Jan/March/July/Sept/Nov	