

Minutes of the Health Overview and Scrutiny Committee

Council Chamber

Friday, 13 January 2023, 10.00 am

Present:

Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr David Chambers, Cllr Lynn Denham, Cllr Adrian Kriss, Cllr Jo Monk, Cllr Chris Rogers, Cllr Kit Taylor, Cllr Sue Baxter, Cllr Mike Chalk, Cllr Calne Edginton-White, Cllr John Gallagher, Cllr Frances Smith (Vice Chairman) and Cllr Richard Udall

Also attended:

Cllr Karen May, Cabinet member with Responsibility for Health and Well-being
Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care

Liz Altay, Interim Director of Public Health
Steph Simcox, Deputy Chief Finance Officer
Matthew Fung, Public Health Consultant
Samantha Morris, Overview and Scrutiny Manager
Emma James, Overview and Scrutiny Officer

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Additional information for item for item 5 (circulated at the Meeting)
- C. The Minutes of the Meeting held on 1 December 2022 (previously circulated).

(Copies of documents A and B will be attached to the signed Minutes).

1105 Apologies and Welcome

The Chairman welcomed everyone to the meeting. Apologies were received from Councillor Tom Wells.

1106 Declarations of Interest and of any Party Whip

None.

1107 Public Participation

None.

1108 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 1 December 2022 were agreed as a correct record and signed by the Chairman

1109 Public Health Ring Fenced Grant and Public Health Outcomes

The Cabinet Member with Responsibility (CMR) for Health and Well-being introduced the report on the public health ring-fenced grant and reminded everyone that the allocated funds were very much predicated on outcomes with great emphasis on prevention.

The Interim Director of Public Health (the Director) provided a summary of the Agenda report, including public health statutory duties, the purpose of the PHRFG allocation and the related mandatory public health functions. The confirmed PHRFG allocation for 2023/24 was awaited, however the report included a financial update as at period 6, with the main explanations for budget variations. The fairly large sum of reserves was in part due to Covid-19, since the Plan already drawn to utilise reserves which had been gradually accumulating, had been stalled during the pandemic – this would now be implemented and was targeted towards health and well-being, reducing inequalities and the impact of the pandemic.

Attention was also drawn to the additional sheet with further detail on expenditure of the PHRFG which had been circulated in advance of the meeting (attached to Minutes).

The Chairman invited discussion and the following main points were made:

- A HOSC member asked about expectations for the level of PHRFG allocation, referring to the fact that in real terms, grants had been gradually decreasing over recent years. The CMR and Deputy Chief Finance Officer pointed out that Worcestershire did very well compared to other areas, although it was acknowledged that while the grant had not been decreased, recent increases in the PHRFG of 1-2% did not match inflation increases.
- The reason for the £0.8m underspend of the PHRFG in 2022/23 was questioned. The CMR explained that this underspend was partly due to services needing to stall during Covid rather than any withdrawal of public health service.
- HOSC members were keen to see the PHRFG fully made use of and were therefore pleased that the 3 year plan in place for the use of the reserves which had been paused during the COVID pandemic, was now underway.

- A Committee member questioned whether there was any monitoring in place to ensure that the NHS Health Checks Programme for everyone aged between 40-74 were offered to everyone who was eligible, once every five years (funded by Public Health). Some members of the Committee stated that they had never been offered a health check despite being eligible. It was explained that such checks would not be extended to anyone already being treated for a long-term condition, but that Public Health managed the programme and monitored GP practices' related work. The CMR added that the main concern was around people who did not see a GP especially those who were not registered with a GP.
- A HOSC member also pointed out that not everyone who would benefit from a health check would have any symptoms and the importance of health checks in tackling issues such as rising levels of obesity was agreed, as well as learning from the pandemic about how to identify pockets of people not in contact with the health system.
- The data presented on NHS Health Checks was clarified and thought would be given to a clearer layout for future reports.
- It was explained that the £268,000 allocated to fluoridation in 2022/23 was related to specific areas across Worcestershire and further detail about which areas would be provided. For the coming year fluoridation would be a nationally paid for programme.
- When asked whether Sexual Health Services including emergency contraception and walk-in provision in Worcester had been restored to pre-pandemic levels, the HOSC was advised that a survey was being carried out, which HOSC members were encouraged to highlight. The Officers would verify whether the walk-in clinic in Worcester had reopened, however explained that sexual health services were fully operational – some elements had been tweaked as a result of learning during the pandemic and the online and outreach aspects had been very successful with service users.
- In respect of feedback from a HOSC member that crime against sex workers had increased significantly, reassurances were sought that the level of funding and support would be sufficient to provide for their health. It was confirmed that a service was being provided to sex workers as part of the service specification for Sexual Health.
- Everyone agreed the great importance of falls prevention work, and further figures for 2022/23 post Covid were requested so that members could appreciate the full impact. The Director advised that variances in figures could be attributed to Covid, since high numbers of staff were recruited and commenced this work during Quarter 1 of 2021/22.
- In respect of auditing the Council's public health activity, the Director confirmed that information had to be submitted to NHSE and the Joint Strategic Needs Assessment for Worcestershire was fundamental.
- It was explained that the £70,000 spent on the Planning Service under wider determinants of health and well-being had helped develop a system to ensure planning decisions reflected public health priorities.
- In response to a member's comment that the public felt access to GPs had declined and was not working due to lack of face-to-face care, the CMR pointed out that GP numbers for the population of Worcestershire

were very high, however she suggested the Committee scrutinise this view if it could be evidenced.

- The Director clarified that the health checks referred to in the report were provided for a specific age group and were a duty of Public Health – these checks were aimed primarily at checking cardiovascular health and were not generic health checks.
- A HOSC member asked why the Council’s webpage (about NHS Health Checks, screening and vaccinations) did not refer to prostate cancer, and commented that GPs were more receptive to requests for checks for cancers such as breast, than they were for others such as prostate. The Officers explained that the website referred to nationally mandated screening such as for breast and cervical cancer, which had very strong evidence of success, whereas the national body which considered such evidence had not recommended national screening for prostate cancer, although checks could be requested to your GP. One issue around screening was the need for the benefits to be balanced with the potential for harm.
- Following further discussion about the lack of a national screening programme for prostate cancer and the information on the Council’s website, the CMR concluded she would request a piece of work on what could and could not be done and consideration be given to signposting about prostate cancer checks.
- Regarding treatment for alcohol misuse, it was clarified that the graph to show hospital admission rate for alcoholic liver disease for 2020/21 related to any Worcestershire resident being admitted to any hospital, not just hospitals within Worcestershire.
- The mandated function of ‘protecting the health of the local population’ related mainly to arrangements and services against threats such as infectious diseases eg Covid-19 for example outbreaks in schools.
- Recruitment of school nurses had improved, although not all posts were filled and an upskilling initiative was underway.
- Regarding public health funding for adults, the Director clarified that this did not include specific funding of Day Centres, but did include £150,000 for the Loneliness Service, which worked with those identified as isolated and also on encouraging connections within communities.
- The CMR referred to the key role played by district councils and collaboratives, for example in enabling the success of falls prevention.
- The Director clarified that the figures for people attending a series of falls prevention sessions rather than just one session were misleading because quarter 1 of 2021/22 was when the service had started back after the pandemic.
- Clarification was provided on two areas listed on the Plan for use of reserves. The BRR agreed schemes referred to Business Rates Retention, and the relevant schemes being funded by use of Reserves (page 12 of the report) included a scheme targeting lonely, vulnerable, disadvantaged women (JOY) and another scheme for domestic abuse. The QI project would have been around infection control and prevention but would no longer run, with funding instead being directed to arts projects.

- The Officers highlighted the success of a project to promote resistance bands, with over 30,000 distributed, with some people who had used walking sticks now walking unaided.
- The Deputy Chief Finance Officer clarified that the current commitment for funding of the Arts and Health was for two years however there may be potential for this to be recurring and the CMR agreed that arts were important for mental health.
- A member referred to the 2023/34 Draft Budget report considered by Cabinet on 5 January (Appendix 3 – Savings, reforms, efficiencies) and queried whether the one-off eligible use of £1.6m of PHRFG to further support prevention and demand reduction with adults was the same use of underspend queried earlier by HOSC members, which the Deputy Chief Finance Officer confirmed it was – and were listed on the additional information sheet (Promoting Independent Living Service, Adult social care commissioners and quality team-covid response and mental health reablement and vocation contract). For 2023/24 the recommendation was to use public health funding for these services and this was another area which may have potential to be recurring, subject to the level of the PHRFG allocation.
- The public health role and funding of Trading Standards related to areas such as counterfeit goods including e-cigarettes.
- Funding of Occupational Health (Employee Wellbeing) included costs of vaccinating staff for example those working with vulnerable adults.
- When asked if there were any areas of response which had not achieved, the CMR felt that Disabled Facilities Grants, administered by district councils, could be more efficiently used, which was a personal aim.

The Chairman asked the Scrutiny Officers to draft a summary of the main discussion points related to the 2023/24 Draft Budget, which he would then highlight to the Overview and Scrutiny Performance Board at its meeting on 30 January, comments from which would feed into the Cabinet meeting of 2 February.

The Chairman suggested a future update on the PHRFG in six months' time, and a specific update on NHS Health Checks, in view of HOSC members' queries.

1110 Health Inequalities and Impacts Resulting from the COVID-19 Pandemic

The Public Health Consultant summarised the main points of the Agenda report on health inequalities resulting from the Covid-19 pandemic, which highlighted the fact that the impacts had not been felt equally across the population, therefore increasing existing health inequalities. For example, the risk of death had been raised across ethnicities and there had been an association between the risk of death and deprivation.

Long Covid was affecting sizeable numbers of people, estimated to be 20,000 across Worcestershire based on national levels.

The report also set out indirect impacts of Covid-19, including education, alcohol consumption, physical activity and mental health. Those in deprived areas had suffered more and experiences had drawn into focus knowledge around the need to focus on the least affluent.

The Cabinet Member with Responsibility (CMR) for Health and Health and Well-being highlighted the importance of addressing the long-term impacts of Covid-19.

The Chairman invited discussion and the following main points were made:

- HOSC members agreed the report was very interesting in highlighting the themes which were emerging from the pandemic.
- Regarding linking actions to outcomes on the work of Public Health in tackling health inequalities resulting from the pandemic, the CMR advised that this was being considered, along with how to inspire and enable people to make better decisions to improve their health outcomes – which could be reported back to the HOSC in future.
- The Interim Director of Public Health highlighted the fact that every single line of the Plan for use of reserves accumulated during the pandemic, was focused on those most affected by Covid-19 – an example being extra health checks for young children, who may have missed standard checks.
- The Officers explained that the impacts of the pandemic meant new ways of working were needed, for example working with the NHS on different structures in order to reach people.
- The Officers acknowledged that some symptoms of Long Covid were very similar to other health conditions including Myalgic Encephalomyelitis (ME), however were confident there was awareness of this within the local health system and Public Health worked with the local Integrated Care Board (ICB) and Integrated Care System (ICS) to boost GP awareness. Specific services such as Long Covid clinics had been set up.
- The Officers were not aware of specific data on the impact of Covid-19 on period poverty, however were working with schools and Worcestershire Children First (WCF) on sanitary products.
- A HOSC member asked whether the push for people to get vaccinated (against COVID) had ceased, however was reassured that vaccination continued to be very important and that the offer remained very much open.
- Language barriers were considered as part of public health work, with access to translators for most of the major languages spoken in the UK.
- Regarding the mortality data presented, the Officers did not have data to hand regarding the various mutations of the Covid virus, although research continued internationally.
- It was explained that the slower increase in mortality now was because it was more beneficial to a virus to survive, therefore it became less lethal to the population.
- The impact of schools remaining open in the pandemic was complex to analyse since provision had been for children of key workers, as well as for disadvantaged children, which some families chose not to use.

- Increases in child and adult obesity was a ‘wicked’ issue for Public Health and the ICS, with a whole agenda of related work and strategy.
- Everyone agreed the impact on children’s education was concerning, and the Director referred to work to address this, in partnership with WCF, included trying to ensure that children were school ready, greater focus on speech and language, and increased mental health support.
- The CMR pointed out that WCF Board meetings were public, and therefore open to HOSC members to raise questions about how the impact on education was being addressed.
- The CMR agreed there was a general need to rebuild social confidence in society, and that anxiety about going into school or other environments may prevail for some, which would be looked at through national research.
- A HOSC member spoke about her own Long Covid symptoms and suggested figures of those people affected could be far higher than recorded since she herself had not been in contact with specific services.
- HOSC members enquired about the possible impact of long covid on the social care workforce. This was acknowledged as possible, with national research awaited and something which should be revisited. The CMR emphasised that everything possible was being done to attract people, retain them and importantly, to give them the recognition deserved for such important and rewarding work.
- The CMR reassured HOSC members of the importance of health and well-being in the Council’s own work practices.
- A HOSC Member spoke about the importance of equality and Worcester City Council’s recent introduction of a new Equality Strategy – and also referred to the Local Government association’s equality toolkit.
- The Interim Director referred to the County Council’s equality toolkit and assessments and the considerable learning gained during the pandemic about engagement with hard-to-reach groups, for example from working with partners on targeted vaccinations.
- Referring to national increases in alcohol-specific deaths and liver disease deaths, a HOSC member highlighted the importance of educating people about healthy eating and drinking after the pandemic, which the Officers agreed was important. The County’s Substance Misuse Service contract was aimed at quite a small proportion of people but the Public Health team tried to influence broader work locally, for example the impact of alcohol consumption. Overall directives about alcohol consumption were set at a national level.
- The CMR had also followed up with the ICB on feedback from Cranstoun (which delivered the substance misuse contract) about the need for more care for individuals coming out of initial support.
- It was acknowledged that the requirement to exercise alone during periods of the pandemic may have been a factor in decreased activity levels, and the CMR said that an important message was that exercise could be little things which did not cost much, for example 5 minutes skipping a day increased both fitness and bone density.

The Chairman thanked the CMR and Officers for the informative discussion.

1111 Work Programme

Regarding the Work Programme, an update on the NHS Health Checks Programme would be added.

The following items would be scheduled in:

- Workforce
- Community Pharmacies

The meeting ended at 12.40 pm

Chairman

PHRFG Main Grant Only - Forecast Outturn as at Period 6

Income/Expenditure 2022-23	PHRFG FORECAST
Income:	
Public Health Ring Fenced Grant	-31,217,923
TOTAL	-31,217,923
Expenditure:	
PH Strategic Functions	3,254,416
Adults - Other Services	2,876,496
Adults - Public Health Services	10,610,202
Children's - Other Services	1,372,505
Children's - Public Health Services	9,631,372
Wider Determinants	2,928,370
TOTAL	30,673,361

Underspend on PHRFG at P6 -544,562

PHRFG	
Adult Public Health Services	Forecast 22-23
Lifestyle Service	350,000
Smoking in Pregnancy Service	135,000
Health Checks Programme	850,000
Walking for Health Programme	26,250
Worcestershire Works Well	85,000
Fluoridation	268,000
Healthwatch Contract	261,000
LRCV Grant	(224,400)
Time to Change (tackling MH stigma)	11,250
Substance Misuse Service Contract (Drugs & Alcohol)	4,538,994
Substance Misuse Grant	(654,184)
DIP Grant	(106,000)
Domestic Abuse Service Contract	1,095,728
Domestic Abuse Grant	(1,095,728)
DRIVE (Perpetrator Service)	185,815
Social Prescribing	100,000

Sexual Health Service (WHCT)	4,163,477
Sexual Health Service - GUM Out of Area	300,000
Loneliness Service (PLUS service)	150,000
Oral Health	25,000
Community Engagement	60,000
Strength and Balance Service	85,000
	10,610,202
Children's Public Health Services	
CDOP	15,000
0-19 Prevention & Early Intervention Service (Starting Well)	9,643,356
LAC 16+ Nurse	(27,000)
	9,631, 372
Other Children's Services	
Young Adult Carers	35,000
Children's Targeted Family Support	850,000
Youth Provision	487,505
	1,372,505
Other Adults Services	
Info & Advice Contracts	249,750
Adults Housing Support	100,000
LD Reablement	60,000
Promoting Independent Living Service	342,000
Home from Hospital/Support at Home	49,000
Connect Services	312,000
Carers Support	617,000
Stroke Contract	89,746
3 Conversation Model	291,000
Promoting Independent Living Service	308,000
Adult social care commissioners and quality team-covid response	800,000
MH reablement & vocation contract	458,000
COMF funding	(800,000)
	2,877
Wider determinants of health & wellbeing	
Libraries Service	998,400
Countryside Service	294,980
Trading Standards	695,863
Quality Assurance and Compliance	132,000

SENDIASS	74,000
Road Safety	109,261
Planning Service	70,000
Adult Learning	211,000
Coroners & Registrars	130,000
Occupational Health (Employee Wellbeing)	160,000
Warmer Worcestershire	52,856
	2,928,370
PH Strategic Functions	
Public Health Team	2,347,899
Medicines Management	31,700
Suicide Bereavement	30,000
Commissioning and Finance Support	220,753
ABCD	106,000
PH Corporate Recharges	328,000
Emergency Planning Function	215,064
Critical Incident	(25,000)
Public Health Staff and overheads	3,254,416

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