

Minutes of the Health Overview and Scrutiny Committee

County Hall

Monday, 13 November 2023, 10.00 am

Present:

Cllr Brandon Clayton (Chairman), Cllr Christine Wild (Vice Chairman), Cllr Salman Akbar, Cllr Lynn Denham, Cllr Peter Griffiths, Cllr Paul Harrison, Cllr Antony Hartley, Cllr Adrian Kriss, Cllr Bakul Kumar, Cllr Emma Marshall, Cllr Jo Monk, Cllr Chris Rogers, Cllr Kit Taylor, Cllr Richard Udall and Cllr Tom Wells

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 Simon Adams, Healthwatch Worcestershire

Lisa McNally, Director of Public Health Liz Altay, Public Health Consultant Andrew Boote, Head of Service for Safer Communities (Public Health) Matthew Fung, Public Health Consultant Samantha Morris, Interim Democratic Governance and Scrutiny Manager Jo Weston, Overview and Scrutiny Officer

Available Papers

The Members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 11 October 2023 (previously circulated).

(A copy of document A will be attached to the signed Minutes).

1163 Apologies and Welcome

The Chairman welcomed everyone to the Meeting. No Apologies had been received.

1164 Declarations of Interest and of any Party Whip

None.

Health Overview and Scrutiny Committee Monday, 13 November 2023 Date of Issue: 18 December 2023

1165 Public Participation

None.

1166 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 11 October 2023 were agreed as a correct record and signed by the Chairman.

1167 Public Health and Prevention

The HOSC Chairman welcomed the Cabinet Member with Responsibility (CMR) for Health and Well being, the Director of Public Health and Senior Public Health Officers to the meeting.

Key points from the Agenda Report were referred to, especially that Public Health was entwined with the wider determinants of health and prevention was a priority.

The Worcestershire Joint Local Health and Wellbeing Strategy 2022-2032 had been agreed in September 2022 and the 12 month review had already been able to demonstrate progress, for example:

- a strong health visiting service with rates of child development at 2½ years significantly better than the national average
- a large rise in young people who meet physical activity recommendations, with Worcestershire having 4 of the 6 most active areas in the West Midlands
- work on youth vaping had been featured in national news and Trading Standards had seized over 12,000 illegal vapes. Research and preventative work in schools was ongoing
- The Home Office had rated the County's Prevent Programme as 'strong' recognising the work to prevent radicalisation and terrorism
- One of the lowest rates of loneliness in the country, which was highlighted in national media
- Public facing promotion and social media campaigns on topics such as bowel screening and preventing suicide in men.

Looking forward to the next 12 months, the Director referred to the ongoing community development approach to Public Health, where projects were developed and delivered with local people, rather than imposed on them. In addition, it was vital that although the health and care system understood the benefits of Public Health, it was not just the responsibility of the Council's Team. A recurring key message was that all organisations needed to be investing in prevention.

The Chairman invited questions and in the ensuing discussion the following key points were made:

- The Public Health Team, working with West Midlands Ambulance Service, had undertaken an audit and found that there were around 870 Automatic External Defibrillators (AEDs) in Worcestershire, however, no single organisation had oversight. Officers were working to review and improve community access, advising that AEDs were registered with the British Heart Foundation (The Circuit National Defibrillator Network). In addition, there were programmes for CPR training and AED installation at all Police Stations. Grant funding was also available for additional AEDs across the County. There was lots of information on the Council's website for residents and organisations. Members were concerned that there was no lead organisation for AEDs. Officers advised that, while they were working to fill any gaps in provision of AEDs and the accuracy of data, they agreed that the Council had to be careful not to take on sole responsibility and needed support from partners
- A Member suggested it would have been helpful if the Worcestershire
 Joint Local Health and Wellbeing Strategy Outcomes Framework data
 set (Appendix 2) had included more narrative, including the direction of
 travel. The Director agreed to provide this in future reports to the HOSC
- It was generally agreed that programmes of work were only as good as the partnership working involved. The community development approach to empower communities was building on the ABCD model – Asset Based Community Development
- A Member highlighted that there was no mention of condition of housing or opportunities for active travel in the Report and sought reassurance that the wider determinants of health were considered when planning activity. In response, the CMR assured Members that there was a massive amount of data which the Public Health Team had access to and activity was targeted where the need was greatest. The Director added that not all data could be presented, however as an example, housing data was available at Ward level, was monitored and used. The Council's website had live data on a number of metrics and it was agreed to share the link with Members: insights.worcestershire.gov.uk In addition, it was agreed that a session on the Joint Strategic Needs Assessment would be arranged for HOSC to outline the information available
- The Director was asked for a set of priorities and targets, to be advised that there was not a specific list, more a desire to be significantly better than national in all recorded areas. A set of numbers would not benefit the County, rather a move towards Place based ways of working which would benefit communities of need. Assurance was given that there would always be a focus on areas which fell short of the national average
- 12,000 illegal vapes had been confiscated in the County and although there was no target, the aim was to keep working with Trading Standards to visit retailers and work with schools to inform preventative work. Local research had found that children aged 12-13 were beginning to vape and 1 in 10 young people were currently vaping. The CMR highlighted that although Trading Standards was within the portfolio of the CMR for Communities it was a cross cutting theme. Everyone agreed that vaping should be a step down from tobacco, not

- an introduction to smoking. When asked whether vaping was seen as a solution to anxiety, the Director responded by acknowledging that young people were under pressure and there was a responsibility on all partners to work together to combat mental health. Public Health Officers were working with schools and young people to find out what resources they would find most useful
- The Report referenced the 'Best Start in Life Partnership', which would focus on early years (0-5) to improve outcomes for children and families. When asked whether Children's Centres would return, it was reported that there were 9 Family Hubs across the County, based in existing Children's Centre buildings. The Hubs provided a range of services, including social care and the NHS, and they were developing into a One Stop Shop. It was hoped that future provision would include face to face as well as virtual activities
- It was recognised that there was a lack of nursery places for children with additional needs, yet early years development was key
- An example of the community development approach was given, where Officers had recently worked with residents in an area of Droitwich to co-produce a programme of targeted information, advice and guidance rather than providing generic resources or funding. A video had been made 'We are Westlands' which would be shared with the HOSC
- Members were pleased to learn of the work to build communities, especially in the more deprived areas of the County. The Director and CMR encouraged Members to use their local knowledge to make suggestions to Officers to encourage more Public Health initiatives. 'Out of the box' thinking was encouraged and if there was solid evidence to improve the health of residents, all ideas would be investigated
- The health benefits of dog ownership were known, however, cost was often a barrier. Examples were shared of trusted dog walker schemes, which could be highlighted to residents
- Walking Sports programmes had been introduced and work was ongoing with groups to make sport more accessible. A new Junior Parkrun had been set up in collaboration with the global parkrun organisation and local community
- Physical Activity was also being used as a shop front to other services.
 The 'Healthy Worcestershire' programme would be operated out of a range of community venues, aimed at the ageing population to support people to remain healthy and independent for as long as possible. It would be delivered over a number of weeks providing structured, professionally led sessions enabling adults to stay active, socially connected and safe from crime
- Concern was raised that promotion of the Healthy Worcestershire community venues would not reach the people the programmes were aimed at, with the CMR advising all Members to keep building on the communities in their area and not to give up
- For clarity, entry level activity was defined as an accessible first step to physical activity. Examples were given, such as the NHS Couch to 5K running plan, designed for absolute beginners

- The Report referenced the need to maintain a good variety of highprofile events, such as the Worcester City Run. When asked why cycling was not being promoted, such as Velo Birmingham, it was recognised that such events had a detrimental impact on rural areas, for example road closures impacting on farmers and ambulances. Public Health however advocated the need for cycling proficiency across all age groups
- Walking maps were available to residents, including a new collaborative project with Worcester Environmental Group entitled 'Wild about Worcester Way'. The CMR also referenced a collaboration with the National Trust on the proposed 8 Hills Regional Park in Bromsgrove
- A Member commented that sexual health services for adults, not teenagers, was lacking with the Director agreeing that more advice and guidance would be appropriate. Feedback on treatment services was very positive, although it was recognised that signposting could be improved
- Members applauded the work of Public Health, especially as funding was diverted to secondary care, yet prevention was key to the health system. Concern was raised that the Public Health Ring Fenced Grant (PHRFG) would not be sufficient to deliver the ambition of the 10 year Health and Wellbeing Strategy, especially as it was an annual sum from central Government. The Director outlined the areas which had already shown improvement in Year 1 and the budget was profiled to continue the programmes outlined. There was concern that the PHRFG was only allocated on an annual basis and therefore long term plans could not be formulated
- Clarity was given that residents did not need to rely on internet access for information as everything was available in written form and widely distributed. A Member referred to their own GP Surgery where no written material was on display, with the Director agreeing to follow up with the Primary Care Networks. The CMR was also particularly aware of some areas where mobile connectivity was an issue as well as broadband
- HOSC Members were encouraged to promote community assets and alert Public Health to any which could be highlighted more widely.
 Evesham VeloPark was given as an example
- A Member referred to the 'Workplace Wellbeing Network' and asked how many companies were involved and what was available to them. Furthermore, small businesses would not necessarily have strategic plans for the health and wellbeing of employees and were often struggling to remain solvent. Public Health was working with Herefordshire & Worcestershire Chamber of Commerce and it was agreed that further information would be provided on the Network, its role, future plans and the number of businesses engaged
- 'Now We're Talking', a programme which promoted acting together to prevent suicide was highlighted to Members as 73% of suicide victims were not known to agencies. The Orange Button Community Scheme was promoted, a programme whereby wearers would be comfortable to listen, support and signpost. Some Members had already undertaken the training and commended it to all Members. It was agreed to send further information on the scheme

- Roving vans promoting health checks, vaccinations, wellbeing, mental health advice and more were proactively targeting communities across the County by taking health services to the most vulnerable, without the need for an appointment nor GP registration. Generally, there was an increase in cardiovascular diseases and only a 60% uptake of screening for abdominal aortic aneurysm (AAA) in men aged 65. The holistic approach to the roving vans was welcomed
- In response to a query as to the level of data available to Public Health, it was clarified that lower layer super output area data was used as more local information was better
- The CMR stressed the importance of District Councils connecting with hard to reach groups
- A Member was concerned with the nil spend for 'Adults Smoking Prevention' from Public Health Reserves, to be informed that new programmes would be developed, especially in light of the Government plan to create a smokefree generation. In addition, Worcestershire performed better than average in smoking amongst pregnant women.

The Managing Director of Healthwatch Worcestershire was invited to comment on the discussion and reminded HOSC Members of the role of Healthwatch; to gather evidence, make recommendations to commissioners and providers and hold them to account. In response to the discussion, key points were:

- Prevention was everyone's business, but questions remained whether the NHS was as equally committed
- The Public Health approach to promote health prevention in the heart of communities was supported
- There was recognition of the challenge to find vulnerable communities
- The Health and Wellbeing Strategy was strong as long as funding was available
- The focus on health improvement was vital.

In conclusion, the Director of Public Health asked HOSC Members to work with the Team to promote the health and wellbeing of Worcestershire residents.

1168 Work Programme

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The meeting ended at 12.00 pm	
Chairman	