

## Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 29 November 2021

Present: Jeremy Pert (Chairman)

### Attendance

Charlotte Atkins	Ann Edgeller (Vice-Chairman (Scrutiny))
Philip Atkins, OBE	Keith Flunder
Martyn Buttery	Paul Northcott (Vice-Chairman (Overview))
Richard Cox	Ian Wilkes

### Also In Attendance:

Claire McIver - Interim Assistant Director for Public Health and Prevention and Consultant in Public Health

Tony Bullock – Lead Commissioner, Public Health Commissioning

Tilly Flannagan – Lead Commissioner, Supportive Communities, Health and Care

Tracey Shewan - Director of Communications and Corporate Services

Councillor Julia Jessel – Cabinet Member Health and Care

Councillor Johnny McMahon – Cabinet Support Member Public Health and Integrated Care

Simon Fogell – Chief Executive Healthwatch Staffordshire

**Apologies:** Jak Abrahams, Rosemary Claymore, Phil Hewitt, Jill Hood, Barbara Hughes, Thomas Jay, David Leytham, Janice Silvester-Hall and Colin Wileman

## PART ONE

### 44. Declarations of Interest

Councillor Ann Edgeller declared an interest as Partner Governor of the Midlands Partnership Foundation Trust (MPFT).

### 45. Minutes of the last meeting held on 25 October 2021

That the minutes of the meetings 25 October 2021 be approved and signed by the Chairman as a correct record.

### 46. Overview of public health outcomes and services

The Interim Assistant Director for Public Health and Prevention and Lead Commissioners for Public Health and Supportive Communities provided a detailed report and presentation on public health performance, outcomes and services in Staffordshire relating to the following areas:

- Health and wellbeing in Staffordshire
- Covid Response and adaptations
- Drugs and alcohol
- Sexual health
- Healthy Lifestyles
- Supportive Communities
- Outcomes
- Staffordshire warmer homes

The following comments and responses to members questions were noted:

#### Sexual Health

- It was considered that many service users may lead a chaotic lifestyle and an appointment system would not suit all of the user group. From April 2022 the new contract would look to maintaining and increasing walk in clinics.
- Risks and misinformation: concerns were raised about misinformation about the risk of blood clots relating to the contraceptive pill and Covid vaccine. It was confirmed that the National Institute for Health and Care Excellence (NICE) guidelines were followed, and that people should be directed to GP or sexual health clinic for information, members also felt this would be an opportunity to talk to people about long-term contraceptive advice Long acting reversible contraception (LARCs). It was agreed that possible communication options/need to counteract the misinformation would be explored.
- Termination of pregnancy: sexual health commissioning. Members requested clarification that mental health support and information about terminations was available for individuals. It was confirmed that CCG commissioned termination service so a query would be posed to the CCG.

#### Drugs and alcohol:

- A query was raised re. the extent of joining up between drugs and alcohol and criminal justice systems. AB confirmed that a robust partnership was well-established with police and other criminal justice agencies. Funding had been provided from the Police and Crime Commissioner to provide drug and alcohol workers in prisons, courts etc. – although the pandemic has impacted on progress.
- Drugs and HIV: Transmission of HIV through shared needles was potentially a risk, however rates of transmission in Staffordshire were very low. There was a successful needle exchange programme in operation through specialist services and pharmacies.
- Cllr C Atkins requested a breakdown of new monies obtained for drug/alcohol services.

#### Healthy Lifestyles:

- Diabetes and obesity: Committee considered that there was a need for more support groups and information about early diabetes and obesity to

help individuals. It was also identified that the approach varied across Staffordshire. It was acknowledged that treatment was the responsibility of CCGs and NHS, and Public Health role related to prevention, to reduce obesity and diabetes before it became a problem for individuals. Officers confirmed that local delivery of the National Diabetes Prevention programme was very successful and held as good practice nationally.

- The weight management programme was targeted at specific lower super output areas (LSOA) reaching people in communities where issues such as overweight and obesity tend to be more prevalent. There was a pilot scheme in East Staffordshire PCN working with GPs to advise people and it was expected to roll out this work as soon as possible.
- Members requested more information and an explanation relating to the change in location of lifestyle sessions in Leek - a written response would be circulated. It was confirmed that the challenge of obesity and weight management was a priority for public health for all age groups in Staffordshire.
- It was recognised that Borough and District Councils were better placed to consider and influence the whole system place-based approach to support individuals on upstream approaches and wider-determinants such as healthy environments, planning, access to green space etc.
- Smoking Cessation. Smoking was considered to be a success story for public health and partners - this approach would be taken for obesity and other areas. It was reported that fewer young people were smoking, and this was a reflection of concentrated effort across a whole system for over 20 years or more, using a range of tools in a whole system approach such as policy change, legislation change, taxation, advertising bans, point of sales restriction over a number of years, accessibility and availability of it, this type of model is what we need to aspire to in relation to obesity and diabetes.
- The stop smoking service offered both pharmaceutical medications support and Nicotine replacement therapy in line with NICE guidelines. A mix of counselling and medication was considered more likely to help an individual to stop smoking.
- Vaping: Concerns were raised about vaping. It was considered that vaping was safer than smoking but not risk free, and there was a need to recognise the difference between using vaping as a quitting aid as opposed to young people taking up vaping from scratch. Members requested available data on vaping to be circulated to evaluate if there was a need to bring the issue to committee at a future date.

Whole Systems Approach on wider determinants of Health:

- Members welcomed earlier interventions and a whole family approach to make healthier lifestyle choices but had concern that they were not well co-ordinated and partnership working was inconsistent across Staffordshire. They were advised that Better Health Staffordshire was a whole system approach to healthy weights i.e., working with partners in

a more joined up, coordinated way on a shared outcome. It covered all age groups and a multi-faceted approach.

- Public Health was a partnership between a statutory body and the individual; the organisation can inform and support, but it was largely up to the individual that had to want to change lifestyle.
- A strategic approach was required to bring everyone involved together to work across our organisation and with partners on matters that strengthen healthier lifestyle choices. The greater impact would be through tackling wider determinants of health to look at the wider issues. It was considered there would be a significant role for District, Borough and Parish Councils in this work.

#### Supportive Communities:

- The Supportive Communities Programme was about developing prevention and early intervention for adult social care. Committee voiced concerns that support for healthy lifestyles, activity levels and social prescribing was not consistent, and resource would not reach across all of the County.
- There was recognition of the need to work with the voluntary sector and train volunteers to be able to reach across all of the County. It was explained that it was not just about place, it needed to be a whole system place-based approach and to make impact there was a need to focus on the hotspots initially and a good understanding already of the target areas (e.g. lower super output areas). Systems and the environment had to be in place, and it would take time to change. There was a dual approach - population area advice and guidance and information about how we engage with some of the groups, including Parish Councils.
- Social Care Assessments waiting list – Members voiced concern that demand for home care assessment was rising and were advised that this was being addressed through successful partnership working. Many were people seeking low level support and the supportive communities programme looked to advise digitally by telephone and finding help and support through the voluntary sector.
- The wait for Homecare – Information about the number of calls was not available at the meeting, however it was said to be unprecedented. Work was underway to meet the assessments and to support through programmes of lower-level support such as food and clean houses.
- It was noted that fewer people were going into care homes.
- Workforce – There was a need to address staffing levels and to encourage people into the care role as a career opportunity. A written response would be circulated to members in relation to increasing care hours and the resource implications to pay carers £1 an hour more.
- The approach recognises the post Covid impact in communities, health disparities and strength-based working, in terms of confident trained staff, recognising skills and wider voluntary and community sector training.

- Public health funding –£6.3m new investment brought into Staffordshire - funds were secured for drugs and alcohol from a variety of sources, including a large amount from central government and some from Intensive Prevention Service IPS supporting people into work and supporting them in work.
- Warmer homes – Assurance was given that communication with the elderly who may not have access to the internet was given and families and carers of individuals were also targeted. In terms of funding received to fit boilers there was criteria to access the grant and targeted leaflet drops for the most vulnerable. Winter pressures communications were going out at the same time.
- Healthy Schools – A Member raised that only 9 schools engaged and discussed issues such as school nursing, it had previously been 200 or more. It was agreed to ask Children’s and Young People’s Cabinet Member about healthy school’s agenda and school engagement when he attends a meeting with Children’s Services early in 2022.

Health and Wellbeing Board - Health in all Policies (HIAP):

- Driving behavioural change was everyone’s responsibility, it was not possible for public health to achieve or progress on its own, but everyone can benefit. Committee understood the importance of intelligence sharing for public health to find out about and support initiatives.
- Members were assured that public health had begun to have conversations with relevant people and planning early stages of local plans and planning process. They emphasised the need to consider health impact assessments in planning consideration and to thinking health in everything we do. Emphasise the importance of thinking ‘health’ in all that we do, and the role of districts and boroughs in this e.g. planning, licensing.

The Committee understood that the County held the statutory public health role and that District, and Borough Councils held the remit to look at wider determinants of health. It was agreed that focus of future work relating to Wider Determinants of Health should consider the role of District and Borough Councils to look at local plans and consider the ‘health in all approach’ across the whole system.

The Committee agreed to look at diabetes and obesity as topic for future scrutiny and to invite the Senior Partnership & Commissioning Manager from Children and Families Health and Wellbeing Team, who had not been able to attend the meeting due to illness, to attend a meeting early next year to present her report. He confirmed requests for further information on public health funding, backlog of social care assessments and information on vaping risk.

The Chairman thanked presenters for a clear presentation and report.

**Resolved:**

1. That Committee receive and note the report and presentation.
2. That Committee request additional information identified in the meeting to be circulated to Members.
3. The Cabinet Member for Children and Young People and Senior Partnership & Commissioning Manager from Children and Families, Health and Wellbeing Team be invited to attend a meeting to present their report on public health outcomes and services in February 2022.
4. Health and Care O&S Committee include scrutiny of obesity and diabetes in the Work Programme for 2022 -23.

**47. Covid-19 Update**

The Covid Defence Lead provided an update which detailed the current position in relation to management of Covid-19, case rates, hospitalisations, death rate, infection rates, booster jabs, and information about the new variant Omicron to provide assurance that Covid-19 was being carefully monitored and measures were in place and adapting to need, including targeted work to encourage take up and additional sites to roll out vaccines. Committee noted the following comments and responses to questions:

- There was a significant drive to encourage and train people to administer vaccines to meet the demand.
- Walk in centres were currently coping well, they were well-staffed and equipped to handle spikes in demand. It was confirmed that there was enough resource and venues to accommodate surges if people want to take the vaccines.
- Member concerns about individual issues should be raised with the vaccination team or CCG.
- Concern about access for school aged children getting time off to go to walk in centres was noted and would be fed back to the Vaccination Team to see if there was more could be done to work with schools.
- Early notification would be given if variants of concern were reported in Staffordshire. There were no known cases at this time.
- Communications were ongoing to encourage jab, booster, and flu jabs to be taken up, highlighting messages that vaccines were the best way to fight the virus and that it was important to take up the offer.
- In relation to GP contact with patients re booster jabs, it was confirmed that Cohort 1-9 had 100% coverage and should be contacted. It was explained that people who book with National booking system could receive an earlier date.
- Hard to reach groups were being targeted in work with partners to ensure access to testing was physically easier for them to get to. Work with partners to target communications and activities was ongoing.
- Social media and messages were being shared by midwives and health colleagues to get messages to pregnant women antenatally, specifically in hard-to-reach groups. Some pregnant women were

given specific clinical reasons for being more cautious or not taking up the vaccine.

- Testing rate was high in Staffordshire and there were also high case rates, a correlation could be inferred that the case rate is higher because of the testing rate. It was welcomed that high test rates were good to keep check on the infection at the earliest stage.

The Chair thanked Interim Assistant Director Public Health and Prevention for a clear and concise report.

**Resolved:**

1. That the update report be received and noted.

**48. District and Borough Health Scrutiny Updates**

District and Borough representatives presented update reports and highlighted the following matters being considered at District and Borough meetings.

- Community activities in relation to Public Health Services could be better dealt with by District and Borough scrutiny process in terms of building better relationships, driving forward the Public Health agenda, planning for the future and wider determinants of health.
- It was clarified that the County scrutiny role had a statutory bearing in terms of Public Health and there was a need to co-ordinate and identify local matters at a local level to scrutinise and to avoid duplication of effort.
- Staffordshire Moorlands District Council would pilot work on wider determinants of health at a local level following the Inquiry of the wider determinants of health by this Committee early next year.
- East Staffs Borough Council had agreed to consider GP access specifically to consider the Burton area and a lack of GP surgeries, with only a 36% take up of vaccine in Burton.
- Tamworth District Council to share presentations relating to Voluntary Sector work during Covid-19.

The Chairman reminded District and Borough representatives that GP Access was being considered at County Overview and Scrutiny Committee and asked to see a copy of the terms of reference for the GP Access work in Burton area.

**Resolved:**

1. That the District and Borough Updates be noted.

#### **49. Work Programme 2021-22**

The work programme was presented and considered

#### **Resolved:**

1. That the work programme be noted, and the following topics be added to the future work programme:
  - Obesity and Diabetes
  - Social prescribing

**Chairman**