

**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE
HELD AT 7.00PM ON
MONDAY 8 JANUARY 2018
IN THE BOURGES / VIERSEN ROOMS, TOWN HALL, PETERBOROUGH**

Committee	Councillors M Cereste (Chairman), B Rush (Vice Chairman) K Aitken, S Barkham, D Fower, H Fuller, M Jamil, N Khan, S Lane, G Nawaz, J Whitby, Parish Councillor Co-opted Member Henry Clark, and Co-opted Member Dr Steve Watson	
Members Present:		
Also present	Susan Mahmoud	Healthwatch
Officers Present:	Dr Liz Robin Joanna Morley	Director of Public Health Democratic Services Officer

34. APOLOGIES FOR ABSENCE

No apologies for absence were received.

35. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

No declarations of interest or whipping declarations were received.

36. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 6 NOVEMBER 2017

The minutes of the meetings held on 6 November 2017 were agreed as a true and accurate record.

37. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no requests for Call-in to consider.

The Chairman announced that due to illness, the report author of Dental services in Peterborough, item 5 on the published agenda, was unable to attend the meeting. The Committee unanimously agreed to reschedule the report to the March meeting.

38. THE EXTENT TO WHICH PUBLIC HEALTH OUTCOMES ARE CONSIDERED IN WIDER COUNCIL DECISION MAKING

The report was introduced by the Director of Public Health and originated from discussion and approval of the Health Scrutiny Committee Forward Work programme at the start of the 2017/18 year. The report was being presented to update the Committee on the extent to which public health outcomes were considered in wider Council decision making and for the Committee to make any appropriate recommendations.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- There were four main vehicles used to promote consideration of public health issues in the wider work of the Council; the cross-directorate Public Health Officer board, the joint Health and Wellbeing Strategy, regular presentations and workshops for Councillors and the role of the Cabinet Portfolio for Public Health and the Director of Public Health.
- As many of the Council's functions had an impact on Health and Wellbeing it posed the question whether there could be a more structured process around some of the decision making but it was an issue that needed to be considered quite carefully in terms of the capacity of officers and the number of decisions that got made.
- The Joint strategic needs assessment for diverse ethnic communities which had been done for the Health and Wellbeing board identified the need for ESOL (English as a second language) courses. It had become clear that there was an issue around people who had arrived quite recently and who did not understand English and therefore were unable to access preventive health services.
- Initially Public Health funding for ESOL courses had been channelled through the Community Serve programme which worked in more disadvantaged areas. However the courses were now being run by City College, Peterborough funded by a grant from the DCLG (Department for Communities and Local Government).
- Nationally, the Road Safety partnership was experiencing problems with casualty data and the new CRASH (Collision recording and sharing) system.
- The Mental Health and Wellbeing Services Conference had been held on 30 November 2017 and had focussed on the new and improved services for children and young people's mental health and wellbeing. It was well attended by professionals and officers who worked in the service, together with some Councillors. The presentations made at the conference could be viewed on the website www.keep-your-head.com
- Referrals to Children's mental health services could be made via various different routes with the objective being that children's needs would be met whichever route they used. The website www.keep-your-head.com had lots of information about the different access routes available.
- Councillors questioned the amount and types of adaptations to homes that had been made for disabled and vulnerable residents and whether there had been sufficient budget for this.
- Further information on the 2016/17 Carers survey was sought.
- The Council had applied for £150k of sustainable travel funding from the Combined Authority but had yet to hear whether they had been successful or not.
- The National Controlling Migration Fund had funded five projects to support the health and wellbeing of diverse communities; Getting to Know You, Alcohol Misuse, Rough Sleeper Support Services, Shared Vision and Social Media Resources.
- There had been a lower uptake of the Mental Health Crisis service by the South Asian community so officers were working hard to promote the service and improve this.
- There were key performance indicators in place to ensure that communities facing particular problems (eg. heart and diabetes health in the South Asian community) were targeted.
- Mosques and community centres were mainly used by men so GP surgeries were being encouraged to refer women from the South Asian communities into these services.
- In Peterborough the uptake for cervical cancer screening was worse than the national average. The issues of higher population mobility, especially in the lower age group, a lack of trust in the local service and a preference by Eastern Europeans to get screened when they went back home, may have been factors leading to a poor uptake. Additionally,

screening was carried out at GP surgeries which often did not offer extended opening hours and so working women found it difficult to schedule an appointment.

ACTIONS AGREED:

The Health Scrutiny Committee **RESOLVED** to note the report and requested that the Director of Public Health;

1. Obtain a briefing note for Councillors from the Principal of City College Peterborough detailing timings, venues and accessibility of the ESOL courses.
2. Provides a briefing note updating Councillors on the work of CHUMS and the Mental Health Service.
3. Seeks further information from the Service Director: Community and Safety on
 - Adaptations to homes for disabled and vulnerable people and how the cross directorate group looking at the care of vulnerable people consider how their needs were being met under the wider housing strategy.
 - The 2016-2017 Carers Strategy
4. Ascertains from NHS England, which commissions Cervical screening, whether GP surgeries got paid directly for achieving targets for this service.
5. Asks the task group specifically looking at screening uptake whether the uptake was much higher in areas where doctors' surgeries offered an out of hours or extended service.
6. Feedbacks to those who promoted and were responsible for the www.keep-your-head.com website that there were several keepyourhead domain names and that therefore the correct weblink, using dashes between the words, should always be used to avoid any confusion.

39. PUBLIC HEALTH PORTFOLIO HOLDER'S SIX MONTHLY UPDATE REPORT

The report was requested by the Health Scrutiny Committee following presentation of the Public Health Portfolio Holder's Report 2016/17 at the Health Scrutiny Committee meeting in June 2017. The report provided an overview of the performance of the public health functions of the Council over the first six to eight months of 2017/18 and progress against the priorities set for 2017/18.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- To meet the requirements of the Health and Social Care Act (2012) the portfolio focussed on four key areas: advising and developing strategies, carrying out needs assessments (working with other parts of the NHS), campaigns and commissioning.
- The majority of the Public Health Service's spend was on externally commissioned contracts.

- The report also commented on the wider service which was funded from the Public Health grant but which was not overseen by the portfolio holder. These included Children's centres and community safety services.
- The report touched on some of the joint working and funding on preventative work that was done with the NHS.
- The number of successful treatment completions by drug users was moving in the right direction and was above the national average however the programme did not have higher quartile funding so may not achieve the highest projection level.
- Councillors wanted to know how the projections for completed drug and alcohol treatment services were drawn up.
- A successful completion was defined as someone who had finished the programme, was recovering and who was back in the community.
- The successful completion definition was controversial as many professionals felt that the service should be looking to stabilise clients rather than achieve a complete recovery.
- The number of drug and alcohol users was estimated and there was always some degree of uncertainty because unless users took up a service or programme, or were arrested, the actual amount of users could not be known for certain.
- The estimated figures showed that numbers had risen in the East of England more rapidly than nationally but that the percentage rise in Peterborough was not as rapid as in other parts of the East of England.
- The number of users presenting to the services was increasing which was felt to be a good sign as the service wanted to see clients getting treatment.
- Drug and alcohol use was a complex picture as much of the information was collated nationally by Public Health England who were very cautious about sharing any data before it had had its annual quality check. Thus sometimes the information supplied was not very up to date.
- The Director of Public Health would attempt to obtain more of the latest information by assuring Public Health England that material would be circulated to Members in confidence in the form of a briefing note, rather than being brought in a report to a public meeting.
- The Public Health department made a contribution to the domestic violence budget from the Public Health grant to support the overall work being done. This contribution was dependant on a number of factors including other demands and cuts to the Public Health grant.
- The drug and alcohol service had been involved in work to help prevent and reduce child sexual exploitation.
- The campaigns that had been run had been worthwhile but in general it was recognised that repeated exposure was needed to get people to act on the messages.
- The use of social media in campaigns had been successful and was very cost effective in comparison to a magazine run for example.
- Poster campaigns received positive feedback with people having good recall of some messages when it was evaluated.
- Pharmacies that completed training could then sign up to become a pharmacy that provided emergency contraception services. Caution had to be taken as it was not all pharmacies that had signed up and the Council did not want to stimulate activity if then the emergency contraception could not be obtained.
- The Council had bought a block contract of 20,000 attendances for sexual health services rather than a payment on demand service. Demand had exceeded this but the provider had coped with this and kept within budget although the Council had had to accept that savings that had been agreed and written into the contract could not be achieved.

- The sexual health services clinic had moved into new premises in Priestgate and in some ways had been a victim of its own success as partly because of its excellent and very enthusiastic clinicians, attendance rates had gone up.
- In order to ease pressure on the service the Clinic was considering providing a service that had been trialled in London and Norfolk and which involved those that were low risk completing an assessment over the internet and then self-sampling rather than attending the clinic.
- There had not been any September data given for chlamydia positive patients receiving treatment within six weeks because of a lag time for data that came through.
- Atrial fibrillation was an irregular heartbeat that had a high risk of strokes associated with it if left without diagnosis and treatment. There was a need to screen as many people as possible so that they could be treated to avoid a serious stroke and the need to go into care.
- Councillor Fower recommended that the Cabinet Member for Public Health should be present at meetings where a report in her name was being presented. Cllr Jamil seconded the recommendation and a vote was taken. (4 in favour, 5 against, 2 abstentions) The recommendation was defeated.

ACTIONS AGREED:

The Health Scrutiny Committee **RESOLVED** to note the report and requested that the Director of Public Health;

1. Provide information on the current position regarding how many successful treatment completions of drug and alcohol services there had been together with feedback on how the projections for those completions had been drawn up.
2. Provide a briefing note giving an update on the numbers of people abusing drug and alcohol in Peterborough, as estimated by Public Health England.
3. Provide a briefing note giving more detail on the work of the drug and alcohol treatment service to safeguard children and reduce child sexual exploitation.
4. Confirm the threshold figure for the percentage of chlamydia positive patients receiving treatment within six weeks of their test date.

40. MONITORING SCUTINY RECOMMENDATIONS

The Democratic Services Officer introduced the report which provided the Committee with a record of recommendations made at the previous meeting and the outcome and progress of those recommendations to consider if further monitoring was required.

ACTIONS AGREED

The Health Scrutiny Committee **RESOLVED** to consider the response from Cabinet Members and Officers to the recommendations made at the previous meeting, as attached in Appendix 1 of the report and agreed that no further monitoring of the recommendations was required.

41. FORWARD PLAN OF EXECUTIVE DECISIONS

The Committee received the latest version of the Council's Forward Plan of Executive Decisions containing key decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the course of the forthcoming month. Members were invited to comment on the Plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

ACTION AGREED

The Health Scrutiny Committee **RESOLVED** to note the Forward Plan of Executive Decisions.

42. WORK PROGRAMME 2017/2018

Members considered the Committee's Work Programme for 2016/17 and discussed possible items for inclusion.

ACTION AGREED

The Health Scrutiny Committee **RESOLVED** to note the work programme for 2017/18 and requested that:

1. The report on Dental Services in Peterborough be brought back to the March meeting of the Committee and that the remit of this report be clarified and discussed at the next group representatives meeting.

43. DATE OF NEXT MEETING:

- 14 February 2018 – Joint Scrutiny of the Budget
- 12 March 2018 – Health Scrutiny Committee

The meeting began at 7.00pm and finished at 8.20pm.

CHAIRMAN