

**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE
HELD AT 7.00PM ON
MONDAY 4 SEPTEMBER 2017
IN THE BOURGES / VIERSEN ROOMS, TOWN HALL, PETERBOROUGH**

Committee Members Present:	Councillors Rush (Vice Chairman) K Aitken, S Barkham, G Casey, A Clark, M Jamil, S Lane, G Nawaz, N Sandford, A Sylvester and Henry Clark, Parish Councillor – Co-opted Member, Dr Steve Watson, Co-opted Member	
Also present	Jessica Bawden	Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group
	Lee Miller	Head of Children’s Services Commissioning
Officers Present:	Dr Liz Robin Paulina Ford	Director of Public Health Senior Democratic Services Officer

10. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Cereste and Councillor Khan. Councillor Casey was in attendance as substitute for Councillor Cereste and Councillor Clark was in attendance as substitute for Councillor Khan.

11. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Item 7. Children and Young People Emotional Health and Wellbeing

Councillor Casey declared that he was a trustee of Family Voice.

12. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 19 JUNE 2017

The minutes of the meetings held on 19 June 2017 were agreed as a true and accurate record.

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

There were no requests for Call-in to consider.

14. APPOINTMENT OF CO-OPTED MEMBER

The report was introduced by the Senior Democratic Services Officer. The purpose of the report was to propose the appointment of Dr Steve Watson as a non-voting Co-opted Member of the Committee for the municipal year 2017/2018.

AGREED ACTION

The Health Scrutiny Committee considered the report and **RESOLVED** to appoint Dr Steve Watson as a non-voting co-opted member of the Committee for the municipal year 2017/2018. The appointment to be reviewed at the beginning of the 2018/2019 municipal year and then annually going forward.

Dr Watson was in attendance at the meeting and the Chairman invited him to join the Committee for the remainder of the meeting.

15. END OF CONSULTATION REPORT FOR THE CONSULTATION ON PROPOSED CHANGES TO THE FUTURE PROVISION OF SPECIALIST FERTILITY TREATMENT IN THE CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP AREA

The report was introduced by the Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group and provided the Committee with the end of consultation report for the consultation on proposed changes to the future provision of specialist fertility treatments in the Cambridgeshire and Peterborough Clinical Commissioning Group areas. The report contained feedback and suggestions received from the public and other key stakeholders for the Committee to note and comment on prior to being presented to the CCG Governing Body on 5 September. The recommendation to the CCG Governing Body was to suspend the service until 2019 and then review it prior to making a final decision when funding could be reviewed.

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

- The majority of the CCG Governing Body were clinicians. The decision would not be about the effectiveness of the service but the funding so it would be a particularly difficult decision.
- The Committee had noted that 82% of the 1311 respondents were against the proposal. The Director of Corporate Affairs advised that the number of respondents had been low considering how widely the consultation had been published and the number of respondents did not represent the whole population of the area.
- The Committee noted that NICE national guidance recommended offering three full cycles of IVF and that the CCG had already reduced the offer to one full cycle of IVF and sought clarification as to why the CCG were proposing to go against national guidance. Members were informed that the national guidance was not mandatory.
- Members requested that the Director of Corporate Affairs report back to the CCG Governing Body that the Committee had not changed their position to not support the proposal of suspending the service and that it was important for the Governing Body to listen to the feedback in the consultation. The Director confirmed that the Governing Body would be informed.
- The funding received by the Cambridgeshire and Peterborough CCG was not in line with other areas and lobbying continued to obtain additional funding. If the proposal to suspend the IVF service did not go ahead then other services would need to be considered. The funding formula for the next three years would be received at Christmas 2019 and depending on the amount received services would be reviewed to consider which if any could be recommissioned.
- Members sought clarification that the CCG had looked at all their processes to see if additional savings could be made. Repeat prescriptions were given as an example and if any money could be saved in this area. Members were informed that all processes had been looked at and continued to be looked at to see if savings could be made.

The Health Scrutiny Committee considered the report and **RECOMMENDED** that the Director of Corporate Affairs advise the Governing Body at the meeting on 5 September of the following comments from the Committee:

The Health Scrutiny Committee do not agree to the proposal to suspend IVF services and request that the Governing Body:

1. Take into consideration the feedback and comments from the consultation of which 82% were against the proposal.
2. Take into consideration the NICE national guidance recommending offering three full cycles of IVF.
3. Consider all other alternative areas where savings could be made e.g. processes with regard to repeat prescriptions.

The Committee also recommended that if the Governing Body go ahead with the proposal to suspend IVF services that the Committee be involved when the decision is reviewed in April 2019.

16. CHILDREN AND YOUNG PEOPLE EMOTIONAL HEALTH AND WELLBEING

The report was introduced by the Head of Transformation and Commissioning (Children and Maternity) and provided the Committee with an update on Child and Adolescent Mental Health Services and an overview of recent developments for children's emotional health and wellbeing.

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

- Since 2015/16 there had been a significant transformation and investment programme in Children and Young People's emotional wellbeing in partnership with the CCG and both the City and County Council.
- There was a programme of mental health awareness and preventative work that took place in schools, including workshops for pupils and staff as well as training for teachers.
- The website, keepyourhead.com had been developed and had been very popular. The information it provided on mental health issues was accessed by young people and their parents as well as professionals such as GPs. It had proved so successful that adult services were looking at extending the website so that it could be utilised by all ages.
- As part of the emphasis on preventative work, there had been a larger investment in counselling services. Online counselling had been commissioned so that young people who lived in Peterborough and Cambridgeshire were able to link into it anonymously.
- School nurses and health visitors had been specifically trained in mental health issues so that they could support children and young people at an early stage.
- Emotional and wellbeing health workers who were specialist mental health workers and who would be out and about in the Community, rather than being based in specialist units, was an initiative that would be starting in October.
- An eating disorder service was offered that had very tight timescales; urgent cases were seen within one week and non-urgent cases within four weeks.
- There had been interest nationally in the way that those with ADHD were helped in Peterborough, in particular the parenting programmes that had been seen as a great success.
- The 24/7 mental health help line that covered the whole of Peterborough and Cambridgeshire, only had a children's mental health specialist available until 5pm at present. The CCG was looking to extend these hours so that this specialist coverage would be available until midnight.
- Future priorities for the service included a single front door for mental health referrals and an examination of how looked after children could be better supported. All of the youth

counselling resources across Peterborough and Cambridge were being pooled and a new provider would be starting in January.

- The youth counselling services that were already in existence and had been for some time in areas such as the Orton's were not part of the new service funded by the CCG. The existing services would continue and it was hoped that they would work closely with the new providers whose aim was to provide a complete service across the whole of Peterborough, rather than the patchwork approach that existed at present.
- The majority of the funding for the new counselling services would be directed at the age group 13 -18 years as the evidence showed that intervention and counselling at this age was the most effective. The most effective intervention at a younger age was through targeted parent programmes.
- There had been more investment in transition services as it was felt that the overlap year between the two services, from 17-18, needed to be better supported. Depending on need, young people could be referred to either Adults or Children's services at this time. Three additional workers had been recruited to support this service and peer support workers who had been in similar situations and who could guide young people through the process were also being piloted.
- A number of services operated online once an individual registered for the service. There were chat rooms that children could enter to talk about particular issues such as anxiety and self-harm as well as blogs and online counselling. The counselling service was anonymous but everything within the site was moderated.
- The CCG focussed on specialist services for eating disorders rather than generalist food education which would be offered by the PSHE programme.
- The Healthy Peterborough website was not referenced directly in the report although work had been undertaken with them and some of the articles on the Healthy Peterborough website did refer through to the keepyourhead website.
- Efforts were being made to increase the number of people accessing children's mental health services from the current level of 350 up to 450. However, not all of this number would transition to adult mental health as the bar was set much higher and not all children would meet the criteria set for adult mental health services. The additional support workers provided would champion these children and pull in additional resources as required. This might not involve being referred to adult mental health services but instead would include such things as GP referral.
- It was noted that there had been an increase in self-harming in young people but there had been no hard evidence to understand why the increase had happened. National research was being conducted and locally all aspects of emotional health and wellbeing was being looked at.
- The waiting list to be seen for ADHD and ASD was currently 18 weeks with a few cases slightly over that which had greatly improved compared to a two year waiting list a few years ago.
- All schools were notified and encouraged to take up the offer of Mental Health Awareness Workshops but not all schools had taken up the offer.
- An officer had been employed for two days a week to visit all schools to promote Kooth.com the online counselling and emotional well-being platform for children and young people. It had also been advertised through various means including posters at GP Surgeries and A & E and subsequently there had been an increase in the use of the service. A report was received every quarter to see which schools were using the service. The Kooth.com service was available until 10.00pm weekdays and longer at weekends.

AGREED ACTIONS

The Health Scrutiny Committee considered the report and **RESOLVED** to note the report and requested that the Head of Transformation and Commissioning provide the following information:

1. Details on whether the Mental Health Awareness Workshop was being delivered at both primary and secondary schools.
2. If there was a difference between the number of Academies and Local Authority schools in the take up of Kooth.com and the Mental Health Awareness Workshops.

17. PETERBOROUGH ANNUAL PUBLIC HEALTH REPORT

The Director of Public Health introduced the report which provided the Health Scrutiny Committee with the Annual Public Health Report on the health of local people which was a requirement under the Health and Social Care Act (2012). The Committee were asked to consider the report's findings which had been split into three sections:

- The first section focused on the social and environmental factors affecting our health and wellbeing, often called the 'determinants of health'. It included maps of Peterborough which showed how both the determinants of health and some key health outcomes vary across the area.
- The second section took a brief look at the main lifestyle behaviours which impacted on individual health and wellbeing, and how Peterborough compared with similar local authority areas.
- The third section looked at trends in health outcomes and health service use in Peterborough – many of which were improving but some of which were cause for concern.

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

- Members noted that the proportion of the adult population with excess weight was highlighted as worse in Peterborough than its nearest socio-economic neighbours. It was also noted that there was a vast amount of fast food takeaways in Peterborough and clarification was sought on how Public Health was working with Planning services to try and reduce the number. Members were informed that Public Health were in discussions with the team working on the Local Plan to see what could be achieved within the Local Plan and supplementary statements to the Plan and were also looking at what other authorities had done to deal with this issue. The Healthy Peterborough website was also being looked at to see if healthy fast food options could be promoted.
- Members noted that air quality and the increase in pollution from the growth in traffic had not been included in the report. Members were informed that the evidence on the biggest determinants for health had shown that the biggest correlations for good health were around a good start in life, good cognitive and social development, educational attainment, employment and income. Air pollution was important and would include this as a fact influencing health however Peterborough scored well in the Index of Multiple Deprivation (2015) for the 'Living Environment' domain, which includes a measure of out-door air quality, and did not stand out as being more disadvantaged than other areas.
- Members commented that some areas of Peterborough where air quality was monitored had shown that nitrogen dioxide was already near to exceeding acceptable levels.
- A review had been conducted on the importance of green space and open space particularly in the centre of Peterborough. The Index of Multiple Deprivation sub domains on page 12 of the report for Living environment had shown that Peterborough scored well compared to other authorities.
- Members commented on the layout of the report and the discrepancy between the scales on the various charts and requested that in future reports there should be a standard scale for all charts. It was also noted that on the hospital admissions chart on page 15, section 1.8 there was no indication of a rate per population. The Director advised that this would be corrected before wider circulation.
- Members sought clarification as to why premature mortality for under 75 year olds was high in the Wittering area. The Director of Public Health advised that the information was not available at the meeting but would report back to the Committee.

- The trend in cardio vascular disease was going down.
- Health care provision was standard across the city of Peterborough and surrounding area, however there might be differences in the standard of provision of primary care and GP practices. Primary care can make a real difference to the quality of health outcomes.
- Ethnic Diversity had been covered in the recent Diverse Ethnic Communities Joint Strategic Needs Assessment which had been presented to the Health and Wellbeing Board.
- Councillor Barkham, seconded by Councillor Sandford recommended that the following be added to future Annual Public Health Reports: the current position on Peterborough's healthy eating habits and statistics on air quality.
- The Committee requested that the Annual Public Health Report come to the scrutiny committee earlier for comment. Members were advised that it was an independent report and would need to seek advice as to whether this would be possible.

RECOMMENDATION

The Health Scrutiny Committee considered the report and **RECOMMENDED** that the Director of Public Health include in future Annual Public Health Reports details on healthy eating habits and statistics on air quality as both have an impact on the health of local people.

AGREED ACTIONS

The Health Scrutiny Committee considered the report and **RESOLVED** to note the Annual Public Health Report 2017 and requested that the Director of Public Health action the following:

1. Correct the Hospital Admissions Chart on page 15, section 1.8 to state the rate per population.
2. Provide information as to why premature mortality for under 75 year olds was high in the Wittering area.
3. Send the Committee a link to the Diverse Ethnic Communities Joint Strategic Needs Assessment.

18. MONITORING SCUTINY RECOMMENDTIONS

The Senior Democratic Services Officer introduced the report which provided the Committee with a record of recommendations made at the previous meeting and the outcome 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.

19. FORWARD PLAN OF EXECUTIVE DECISIONS

The Committee received the latest version of the Forward Plan of Executive Decisions, containing Executive Decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Forward Plan of Executive Decisions and, where appropriate, identify any relevant areas for inclusion in the Committees work programme.

ACTION AGREED

The Committee noted the Forward Plan of Executive Decisions.

20. WORK PROGRAMME 2017/2018

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

ACTION AGREED

The Committee noted the work programme for 2017/18.

21. DATE OF NEXT MEETING:

- 6 November 2017

The meeting began at 7.00pm and finished at 8.38pm.

CHAIRMAN