

**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE
HELD AT 7.00PM ON
MONDAY 19 JUNE 2017
IN THE BOURGES / VIERSEN ROOMS, TOWN HALL, PETERBOROUGH**

Committee Members Present: Councillors M Cereste (Chairman), K Aitken, J Bull, G Casey, G Nawaz, H Fuller, S Barkham, N Sandford, N Kahn, John Fox and Jason Merrill, Parish Councillor – Co-opted Member

Also present	Councillor Lamb Jessica Bawden	Cabinet Member for Public Health Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group
	Marek Zamborsky	Head of Adult Mental Health, Learning Disability Commissioning and Contracting
	Lee Miller Dr Emma Tiffin Stuart Keeble	Head of Children's Services Commissioning Clinical Lead for Mental Health Services Specialist Registrar in Public Health

Officers Present:	Dr Liz Robin Karen Cornish Paulina Ford Pep Cipriano	Director of Public Health Campaigns and Marketing Officer Senior Democratic Services Officer Marketing Manager
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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Rush, Lane and Sylvester and Co-opted Member Parish Councillor Henry Clark. Councillor Casey was in attendance as substitute for Councillor Rush, Councillor John Fox was in attendance as substitute for Councillor Lane and Jason Merrill was in attendance as substitute for Henry Clark. Apologies were also received from Susan Mahmoud representative from Healthwatch.

2. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Item 6. Briefing Update on Key Current Local Mental Health Work Streams

Councillor Fuller declared that he was a trustee of MIND.

3. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 14 MARCH 2017

The minutes of the meetings held on 14 March 2017 were approved as an accurate record.

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

There were no requests for Call-in to consider.

5. PUBLIC HEALTH PORTFOLIO HOLDERS REPORT 2016/2017

The report was introduced by the Cabinet Member for Public Health and provided the Committee with an overview of the public health functions of the Council over the past year including services delivered, public health outcomes achieved, progress made and future plans. In addition the Committee were also advised of the following:

- Peterborough had been chosen to take part in a dementia research project in conjunction with the University of Cambridge, Hertfordshire and East Anglia and another pilot in Sheffield. A Steering Group has been formed and updates on how the project is progressing will be provided in future Cabinet Member reports.
- Following the recent Grenfell Tower fire the Cabinet Member had contacted Cross Keys Homes to check that the Cumberland House tower block had undergone full fire safety regulation checks. All care homes in Peterborough and the hospital had also been asked to review their fire regulations and ensure the patients were informed as to what they needed to do should a fire occur.

The Cabinet Member for Public Health accompanied by the Director for Public Health were in attendance and responded to comments and questions raised by Members. A summary of responses included:

- Members sought clarification as to the current percentage of people receiving a late HIV diagnosis in Peterborough as the report stated that it had been lower than the national average. The information was not available at the meeting but would be provided to the committee. The Director of Public Health advised that one of the issues was that there was likely to be some communities within Peterborough that may not be accessing the HIV test and further engagement was required through voluntary sector groups with the more vulnerable communities to convey messages in a gentle and more culturally acceptable way.
- Open access sexual health services were provided to encourage people to attend to get tested and have anonymity. Members suggested that people may not realise that open access to these services was available and that this message should be made clear which may then encourage more people to attend.
- There were national as well as local concerns regarding the rise in mental health issues in young people. Both Cambridge and Peterborough had higher admission rates for young people who were self-harming. This did not necessarily mean that there had been a greater increase in mental illness. The increase may be because there was a lack of knowledge in young people as to how they could access services to support them or other factors such as the threshold or due to the new website called 'Keep your Head'. The website was a central point for information on children and young people's mental health and wellbeing in Cambridgeshire and Peterborough. The site signposts to important online information and local services on mental health and wellbeing for young people. It is for children, young people, parents, carers, teachers and other professionals. A texting service was also being put in place.
- The Peterborough Healthy Schools programme was being reenergised and would be introducing a Healthy Schools award. Work was also being done in schools around food policy and childhood obesity. Educational attainment was a strong predictor of health.

- Peterborough had been awarded Local Alcohol Area Action status by the Government which meant that there was a focus and availability of national expertise and support to work on reducing alcohol related anti-social behaviour and crime.
- Work was being done on reviewing evidence on how to improve outcomes in areas of Peterborough with the highest deprivation levels to improve health and reduce high hospital admission rates. There was a wide range of potential interventions that had been identified. A key factor would be to co-produce with the community involved any interventions that may be put forward to ensure engagement.
- There had been considerable pressure on the iCash (contraception and sexual health) Services and it was perhaps a victim of its own success with more people turning up at the open access clinics this year. The percentage for the inability to offer an appointment to people with STI needs within 2 working days of first contact had remained consistently at a level below the target of 98% due to this pressure. The activity levels were considerably higher than had been contracted for, therefore the contract has had to be adjusted to ensure there were sufficient resources to deal with the activity.
- Clarification was sought as to how mental health was defined in children and at what age. Members were advised that mental health issues could be defined quite early in that they may be identified as conduct or behavioural disorders and might be associated with other issues at home and help can be offered. Approximately half of all serious mental health problems manifest themselves before the age of 14. Mental Health issues were separate from learning disabilities.
- It was noted that there were various commonalities identified with the listed priorities for 2017/2018 and the priorities listed within the Safer Peterborough Partnership priorities e.g. substance abuse and alcohol abuse. Members felt that there should have been a specific mention within the priorities to Mental Health. The Director of Public Health noted the comment and would take this into consideration.

The Chairman thanked Dr Robin and Councillor Lamb for attending and responding to questions regarding the report.

ACTIONS:

The Committee noted the report and requested that the Cabinet Member for Public Health and Director for Public Health provide the following:

1. The Director of Public Health to provide the current figure for the percentage of people in Peterborough receiving late HIV Diagnosis.
2. The Cabinet Member for Public Health to provide the Committee with a further report in six months' time and to include updates on all RED RAG rated performance targets.
3. The Cabinet Member and Director for Public Health to consider including Mental Health in the list of priorities for 2017/2018.

6. BRIEFING UPDATE ON KEY CURRENT LOCAL MENTAL HEALTH WORK STREAMS

The report was introduced by the Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group and provided the Committee with an update on the following Mental Health work streams:

- Main Mental Health (MH) strategic direction – the Joint MH Strategy for Cambridgeshire and Peterborough and collaborative working
- Main NHS deliverables for 2017/2018

- Mental Health Crisis Services and Suicide Prevention work
- Enhanced Mental Health Primary Care Services
- Psychological Therapies Services
- Analysis of MH services use in Peterborough

The Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group accompanied by the Head of Adult Mental Health, Learning Disability Commissioning and Contracting, the Head of Children's Services Commissioning and the Clinical Lead for Mental Health Services were in attendance and responded to comments and questions raised by Members. A summary of responses included:

- Resources were a key issue to implementing the improved service and Members referred to page 83 of the Working together for Mental Health in Cambridgeshire and Peterborough – A framework for the next five years document and the statement “*We estimate that our share of this additional investment should equate to approximately £12.8m by 2020/21*” and the further statement “*that this level of additional investment is unlikely to be sufficient by itself to achieve full implementation of the Five Year Forward View or all of the priorities set out in this Strategy*”. Members sought clarification as to what the actual cost would be over the five year period and what the current position and future position was with regard to resourcing. Members were informed that the mental health budget had increased by 3% over the past year but the general NHS budget had increased by 0.1%. The CCG takes investment in mental health much more seriously than other areas of the NHS and the year on year investment of 3% demonstrates this. There was a gap between the investment of £12.8m and what it would really cost to implement all of the ambitions within the Five Year framework of a few million pounds. There was a commitment from NHS England that any further investment would be passed onto front line services but the problem was national. Workforce was a bigger problem than money because even if there was all the money in the world there would not be enough people to deliver the services. All the projects being taken forward had strategic consideration with regard to the workforce and was about upskilling people and using the third sector.
- The list of ‘Must Dos’ for 2017/2019 would be delivered.
- Members referred to page 77, paragraph 3.9.2, Intensity of Treatment Breakdown and sought clarification as to the meaning of Step 2 and Step 3. Members were informed that Step 2 would be if a person had mild depression and anxiety and decided to be treated by psychological therapy they would get less intensive treatment. If the depression was more severe but did not require hospitalisation and could still be treated in the community the person would receive high intensity treatment, this was classed at Step 3.
- Members were concerned that schools did not have adequate information and training with regard to ADHD. Members were informed that many schools lacked confidence in working with mental health issues as they were not trained mental health workers and this has led in the past to referrals to specialist services. Going forward much more support would be put into community based support for school staff which should lead to much more effective early intervention.
- Members were concerned that there were more people taking anti-depressants and were taking them for a very long time and queried whether GP's undertook a medication review on a regular basis. Members were informed that this varied across GP practices and more support would be given to GPs going forward to assist them with such reviews. Treatment for depression was often patient choice and many chose talking therapy rather than medication.
- Historically young people's counselling services had consisted of a number of small organisations across Cambridgeshire and Peterborough that had provided a varied mix of

interventions. Cambridgeshire County Council and Peterborough City Council had now pooled their funding and gone out to tender for the service. It was anticipated that by Christmas there would be one centralised community based children's and young people's counselling service across Cambridgeshire and Peterborough providing a more effective evidence based service.

- Over the last 20 years there had been a figure of 10% of children with mental health problems but this figure had not been refreshed for about 10 years. The Government were currently refreshing that study and the feeling was that the figure may have increased. The reason for this increase was not clear.
- The trigger factors for adults getting depressed were things like housing, employment, drugs and alcohol. The new community based service was looking at how support could be provided in a better way.

8.15pm. Councillor Sandford joined the meeting.

- PRISM the new primary care service for mental health was being rolled out in both Peterborough and Cambridgeshire and it was currently being piloted in the outer Peterborough GP practices and was being tested and evaluated before being rolled out across the whole area.
- Mental health training was not mandatory for GP's but many GP practices did have a mental health champion. One of the functions of the PRISM team was to provide access to mental health specialist services for all GP's. The awareness and skill set of GP's around mental health would therefore increase. There would also be a consultant psychiatrist who would be part of the PRISM team.
- Compared to other CCGs within the benchmarking group Peterborough was running at £131 per capita which put the Cambridgeshire and Peterborough CCG as average compared to others.

ACTIONS AGREED

The Health Scrutiny Committee considered and noted the information provided within the report and requested a further report in six months' time to include further detail on psychological services, mental health crisis service and suicide prevention work particularly those services targeted at young children, enhanced mental health primary care services, NHS deliverables and how the CCG intend to deliver them. The report should include objectives, the status of the objectives and evidence of progress and any challenges in delivering the objectives.

The Committee also requested the following information:

1. The Head of Children's Services Commissioning to provide a briefing note on what services are provided to schools regarding ADHD.
2. To provide the statistics on how many patients in Peterborough are subscribed with anti-depressant medication and how long they have been taking them, in particular those who have been on medication for 3 years or more.
3. How does the allocation of financial resources for mental health compare to other CCG's within the benchmarking group and how does that compare per-capita for Peterborough and the rest of the population across Cambridgeshire.

7. PROGRESS REPORT ON HEALTHY PETERBOROUGH CAMPAIGN

The report was introduced by the Specialist Registrar in Public Health and provided the Committee with an update on the progress on the Healthy Peterborough Campaign which had been running since March 2016.

The Specialist Registrar in Public Health accompanied by the Marketing Manager and Campaigns and Marketing Manager were in attendance and responded to comments and questions raised by Members. A summary of responses included:

- Members referred to page 134 of the report, paragraph 4.3 and noted that Disability Peterborough and Inspire Peterborough Radio had not been included as one of the channels for communicating campaign messages and information. Officers noted this and would contact the co-ordinator of Inspire to communicate the Healthy Peterborough Campaign to a wider audience including people with disabilities.
- The Director of Public Health advised that the campaign was high level and generic but agreed that consulting with disability groups would be beneficial.
- It was recognised that research into healthy lifestyles and advice on healthy living was always changing. The campaign messages were put forward by public health specialists and this were based on the current evidence/advice available.
- The campaign was about providing messages that were achievable with realistic goals as part of the daily routine or activity.

8.30pm. Councillor Nawaz and Councillor Khan left the meeting.

- The 330 responders came from a survey pool which included Facebook. The initial response from Facebook was mainly from females between the age of 40 to 65, the survey was then targeted and broadened to younger age groups and males. The survey responses was still bias around women which has opened up discussion around how men can be targeted and specific age groups. The paper based survey was conducted through the Lifestyles Service to target groups that were not normally contacted and the Peterborough Voluntary Sector were also sent the paper survey.
- The Community Serve Programme was specific and in three localities in Peterborough. Healthy Peterborough was separate and more generic across the whole of Peterborough but going forward community champions would be identified.
- Officers thanked the Committee for their valuable input and identifying the wide range of groups to engage with.
- The Director of Public Health wished to acknowledge the enormous amount of work that had been accomplished by Karen Cornish and Pep Cipriano who had been the driving force behind the campaign.
- Members also wished to acknowledge the successful engagement with councillors regarding the campaign.

ACTION AGREED

The Committee noted the report and requested that further and wider engagement take place with the wider groups identified by the Committee including disability groups.

8. REVIEW OF 2016/2017 AND WORK PROGRAMME 2017/2018

The Chairman introduced the report which asked the Committee to:

1. Consider the 2016/2017 year in review including those items considered by the Scrutiny Commission for Health Issues (decommissioned on 31 December 2016) that fall within the remit of this Committee and makes recommendations on the future monitoring of these items where necessary.
2. Determine its priorities, and approves the draft work programme for 2017/2018 attached at Appendix 1.
3. Agree the proposed way forward for monitoring future recommendations as proposed in paragraph 5.2 of the report.
4. Note the Terms of Reference for this Committee as set out in Part 3, Section 4, Overview and Scrutiny Functions and in particular paragraph 2.1 item 3, Health Scrutiny Committee and paragraph 3.5 Health Issues as attached at Appendix 3.

ACTION AGREED

1. The Committee noted the report and considered the 2016/2017 year in review including those items considered by the Scrutiny Commission for Health Issues.
2. The Committee requested that the Director of Public Health provide a briefing note on the ONS figures that are provided to 57 local authorities across England and Wales and where Peterborough stands with regard to its financial award in terms of its public health budget.
3. The Committee approved the draft work programme for 2017/2018 attached at Appendix 1 and noted the Terms of Reference for this Committee as set out in Part 3, Section 4, Overview and Scrutiny Functions and in particular paragraph 2.1 item 3, Health Scrutiny Committee and paragraph 3.5 Health Issues as attached at Appendix 3.

RECOMMENDATION

The Committee recommended that the monitoring of future recommendations as proposed in paragraph 5.2 of the report be agreed and that a report be provided at each meeting to note the outcome of any recommendations made at the previous meeting held thereby providing an opportunity for the Committee to request further monitoring of the recommendation should this be required.

9. 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 Commission's work programme.

ACTION AGREED

The Committee noted the Forward Plan of Executive Decisions.

The meeting began at 7.00pm and finished at 8.56pm.

CHAIRMAN

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