

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00PM, ON
TUESDAY, 19 SEPTEMBER 2023
BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

Committee Members Present: Qayyum (Chair), Shaheed (Vice-Chair), Bi, Casey, S Farooq, Mahmood, Rangzeb, Rush, Skibsted, Asif, Stevenson and Co-opted Members Parish Councillor Neil Boyce and Sandie Burns.

Also in attendance: Eva Woods, Youth Council Representative and Youth MP for Peterborough and Mohammed Akhtar, Youth Council Representative

Officers Present: Jyoti Atri, Director of Public Health
Stephen Taylor, Executive Director of Adult Services
Val Thomas, Deputy Director Public Health
Simon Howard, Programme Director for Outcomes – Strategic Commissioning ICB
Wendy Crosson-Smith, Adult Social Care Workforce Strategy Lead
Oliver Hayward, Assistant Director Commissioning and Commercial Operations
Charlotte Cameron, Senior Democratic Services Officer

11. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Khan and Councillor Asif was in attendance as substitute.

Apologies were also received from Independent Co-opted Member Chris De Wilde.

12. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

There were no declarations received.

13. MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING HELD ON 11 JULY 2023

The minutes of the Adults and Health Scrutiny Committee meeting held on 11 July 2023 were agreed as a true and accurate record.

14. CALL IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISION

There were no call-ins received.

15. FORWARD PLAN OF EXECUTIVE DECISIONS

The Senior Democratic Services Officer introduced the report which included the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during 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.

There were no comments or questions raised.

AGREED ACTIONS

1. The Adults and Health Scrutiny Committee considered the current Forward Plan of Executive Decisions and **RESOLVED** to note the report.

16. CANCER PATHWAY, DELAYED TREATMENT, AND IMPACT ON MORTALITY

The Adults and Health Scrutiny Committee received a report in relation to the Cancer Pathway, Delayed Treatment, and Impact on Mortality.

This reported was deferred after the Officers were unable to attend.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to defer this report.

17. PREVENTION IN PRIMARY CARE

The Adults and Health Scrutiny Committee received a report in relation to the prevention activities undertaken by Primary Care.

The Deputy Director of Public Health accompanied by the Programme Director for Outcomes – Strategic Commissioning Integrated Care Board (ICB) introduced the report and highlighted key points including:

- Members were advised that the report set out a high-level view of prevention in Primary Care.
- The areas of focus and key priorities were detailed.
- Reference was made to the additional prevention work that was underway.

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

- Members raised concerns around the long-term impact of shielding on those with existing chronic conditions and pre-pandemic levels of health.
- The Committee were advised that a holistic approach was sought and that the service area was keen to identify and stratify risks around the population.
- In terms of the support for shielded people, it was advised that the service area would consider any support that was required.
- With Community Pharmacies set to increase levels of service, clarification on funding was sought. Members were advised that work in respect of funding was still underway. However, the strategic commissioning function was looking into the effects of the economic decisions that were being made.
- It was noted that rising costs of living and other factors were driving areas of scrutiny.

- Clarification on 4.5 of the report was sought. Members were advised that health equalities modelling was used to identify the wide-ranging economic disparities between Cambridgeshire and Peterborough.
- With regards to life expectancy, Members queried whether any comparative research had been conducted on the new towns. The Officer could not refer the Committee to any specific research. However, it was advised that new towns such as Luton ranked closely to Peterborough in terms of deprivation and experienced health outcomes.
- It was noted that significant work was required to improve the health outcomes of the most deprived areas.
- Members continued to query the work surrounding research and the positive implications on members of the public. It was noted that the service area was looking to focus on specific areas to make a significant and lasting impact.
- It was hoped that research would change the outcomes people were experiencing as well as having a positive impact on a range of health conditions.
- In terms of new towns, it was reiterated research had not been conducted. However, it was noted that poorer people had been displaced from London to new towns which had led to the health outcomes these towns were experiencing.
- It was noted that the Health and Wellbeing Strategy used different techniques to encourage change. Members were advised that the NHS was looking into behavioural science and that research had been commissioned to understand the motivations around positive health choices.
- In terms of behavioural science, the Committee were advised that the service area sought to gather motivations and alleviate some of the barriers as opposed to telling people what to do.
- The different elements to prevention in Primary Care were noted and Members were advised that the NHS had changed its approach to focus on prevention in greater detail.
- It was noted that secondary prevention placed Primary Care in a very powerful position.
- It was advised that early identification and management sought to prevent health conditions from progressing and the importance of developing prevention in all aspects was detailed.
- With £200,000 being allocated to increase prevention activities, clarification was sought on the success of the programme and the parameters used to determine success. The Committee were advised that funding was being used in collaboration with Primary Care and the ICB to strengthen early identification of signs of obesity.
- In terms of success and how it would be monitored, Members were advised that there were multiple data systems within Primary Care such as Eclipse which provided access to a variety of information as well as stratifying data across the service area.
- Members were further advised that Primary Care services could choose from a holistic, practice or patient level approach when determining and validating improvements.
- Clarification on life expectancy was sought, with one Member querying the data in respect to females. The Member was assured that life expectancy for women in Peterborough was positive. However, it was noted that healthy life expectancy for females was shorter and a potential cause for concern.
- Further clarification on life expectancy was sought, with one Member querying the support in respect to menopause - a critical turning point during a woman's life.
- In response, it was advised that cardiovascular diseases were the drivers of poor health. Thus, the service area sought to prioritise these diseases.

- Clarification on the impact of cardiovascular diseases on women was requested. The Officer was unable to provide a conclusive response to the Member's query.
- Furthermore, it was noted that the service area was working to support people with existing health conditions and examining the taboo surrounding menopause.
- Reference was made to the Kings Fund report which detailed the opportunities and engagement at a local level. It was noted that the ICB had adopted a local level approach to health issues and that local advocates were in place in place for health matters.
- It was acknowledged that Peterborough and Cambridgeshire were comprised of many people and the importance of local level engagement was noted by the Officer.
- Clarification on the enhancement of the quality of information and the proposals to incorporate the voluntary sector was sought. The engagements with the voluntary sector were detailed as well as the funding which had been provided. Reference was also made to the forthcoming projects and the importance of local organisations was recognised.
- Members queried the data in respect to tobacco, smoking and life expectancy and the implications of the funding not being made available to Peterborough given its detrimental impact. It was noted that it was difficult to restart Stop Smoking in Primary Care due to the pressures the service area was experiencing, and the funding issues for Peterborough were detailed.
- It was acknowledged that funding issues ought to be addressed.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note the following:

1. The national and local strategic direction for prevention in the NHS.
2. The role of primary care in prevention

18. UPDATE ON SOCIAL CARE WORKFORCE

The Adults and Health Scrutiny Committee received a report in relation to the Adult Social Care (ASC) Provider Workforce Support Plan.

The purpose of the report was to ensure the Committee received regular and consistent updates on the progress of the programme.

The ASC Workforce Strategy Lead accompanied by the Assistant Director Commissioning and Commercial Operations introduced the report and highlighted key points including:

- Nationally, regionally, locally an increasing demand for care was noted due to an ageing population.
- It was noted that staff turnover amongst care workers was at a 37% high in Peterborough.
- It was noted that staff vacancies within the care sector were at a 12.6% high in Peterborough.
- Following research, training skills and quality of members were identified as the key local issues which encouraged staff turnover and prevented people from applying for care sector roles.
- The Workforce Support Plan under the three work streams was noted.
- It was noted that the provider was in the process of acquiring the care portal. It was hoped that this would record training and offer care workers incentives for further training. Members were advised that the launch would take place in November.

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

- Members thanked Officers for the report.
- It was noted that low pay, long shifts, and travel between clients prevented people from applying for roles and deterred them from remaining within the sector despite the excellent training programme.
- Pay issues were noted as the greatest challenge. Members were assured that the service area was committed to a fair rate of pay and the work over the course of the last 12 months and forthcoming year including the clear plan to reward an uplift was detailed.
- Concerns were raised around the current going rate of £12.60 under the direct payment scheme. The Committee's concerns were acknowledged, and Members were assured that their grievances would be taken up with the relevant organisations.
- Furthermore, it was noted that direct payments were based on individual requirements and not on the availability of resources.
- Clarification on grant funding was sought. Members were advised that the £143,000, allocated to Peterborough City Council would cover two specific areas – the care academy and the number of carers in each area. Thus, it would directly benefit carers by encouraging them to train.
- With a growing number of people requiring support services, clarification on the recruitment of the additional 7,755 care workers was sought. The Committee were advised that they were likely to fall short of this figure and the detrimental impact to vulnerable groups of people was acknowledged. Furthermore, the importance of grants and funding in meeting these demands was highlighted.
- Members were assured that the money would be used to attract the required number of care workers.
- Members were advised that work was being undertaken to reduce the number of people reliant on care services.
- The short-term nature of the funding was noted as well as the importance of attaining the right balance - investing in the future, fulfilling the needs of carers, and securing the financial needs of the council.
- With people living longer, the importance of artificial intelligence and technology was emphasised. Members were advised that service area was looking into new technology enabled care services to support people to live independent and fulfilling lives in the comfort of their homes.
- Officers were applauded for their excellent work and efforts in respect of the improvements in social care.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to review and comment on the progress, next steps and outcomes of the Adult Social Care Provider Workforce Support Plan 2023-2028.

19. JOINT HEALTH AND WELLBEING (HWB)/ INTEGRATED CARE PARTNERSHIP (ICP) STRATEGY – PRIORITY ENVIRONMENT FOR HEALTHY LIVING – OBESITY UPDATE REPORT

The Adults and Health Scrutiny Committee received a report in relation to Joint Health and Wellbeing (HWB)/ Integrated Care Partnership (ICP) Strategy Priority Environments for Healthy Living – Obesity.

The purpose of the report was to ensure that members are fully informed of the progress made against the strategy.

The Deputy Director of Public Health - Cambridgeshire County Council introduced the report and highlighted key points including:

- The three elements of the report – briefing note, presentation slides and Excel spreadsheet were detailed.
- The importance of environment and health strategies in tackling obesity was noted.
- Members were updated on the initial work of the strategy which focused on research and fact finding especially with respect to environmental factors.
- Reference was made to the food surveys which had been conducted in schools to gain a better understanding of eating habits and the collaborative work with planning authorities was detailed. Members were advised that the service area was looking to further develop Active Travel given its positive impact.
- The Committee were advised that the ICB had been commissioned to support with the delivery of key priorities and that work in respect of child weight management services had been undertaken.
- Members were updated on the forthcoming Summit in January 2024. It was hoped that this would shape next steps and enable authorities to further develop key priorities.

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

- Clarification on the different weight management provisions for young people was sought. It was advised that the service area faced many challenges, especially surrounding the needs of this age group. It was hoped that the commissioned pilot interventions would help the service area to gain a better understanding of young people's needs.
- In response to the question on Active Travel, Members were referred to the 2007 Foresight report which highlighted the importance of cycling and the significance of facilitating active travel by putting effective provisions in place.
- The collaborative work with Licensing Committee was noted and future collaborations with partner organisations were deemed to be essential in driving change and tackling obesity.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to consider the progress that has been made in addressing the HWB/ICP Priority Environments for Health Living – Obesity and make comments as it sees fit for future service delivery.

20. MONITORING SCRUTINY RECOMMENDATIONS REPORT

The Senior Democratic Services Officer introduced the report which enabled the committee to monitor and track the progress of recommendations made to the Executive or Officers at previous meetings.

- Some Members of the Committee disagreed with the recommendation to use vaping as a method for smoking cessation due to the limited data on its impact.
- The Chair referred the Committee to her recent meeting with the Director and Deputy Director for Public Health regarding this item and discussions surrounding the incentives for Primary Care practices were detailed and Members were advised that documentation on vaping had been provided.
- It was confirmed that questions in respect to support for patients were raised and discussions focused on the reasoning for implementing vaping into the smoking cessation programme.

- Members were advised that the information had been shared with the wider Committee to facilitate discussions and the decision-making process.

The following recommendation was made by Councillor Mahmood and seconded by Councillor Skibsted, that the Committee recommended to remove vaping as part of the smoking cessation programme. A vote was taken on the recommendations from Councillor Mahmood and with 10 voting for, 1 voting against and no abstentions, the recommendations was **AGREED**.

AGREED ACTIONS

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to note the responses from Cabinet Members and Officers to recommendations made at previous meetings as attached in Appendix 1 to the report.

RECOMMENDATION

The Adults and Health Scrutiny Committee considered the report and **RECOMMENDED** to remove vaping as part of the smoking cessation programme.

21. WORK PROGRAMME 2023/2024

The Senior Democratic Services Officer introduced the report which looked at the work programme for the municipal year 2023-2024 to determine the Committees priorities. Members were invited to make comments and suggestions.

Members asked for Officers to provide a briefing note on the parking charges at Peterborough City Hospital.

Members also asked for the planned Midwifery Report to include information on the availability of nitrous oxide.

AGREED ACTIONS

The Adults and Health Scrutiny Committee considered the Work Programme for 2023/2024 and **RESOLVED** to note the report.

22. DATE OF NEXT MEETING

The date of the next meeting was noted as being the 7 November 2023.

CHAIR

Meeting started at 7.00pm and ended at 8.22pm.

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