

Minutes



To: All Members of the Public Health, Prevention and Performance Cabinet Panel, Chief Executive, Chief Officers, All officers named for 'actions'

From: Legal, Democratic & Statutory Services
Ask for: Theresa Baker
Ext: 26545

**PUBLIC HEALTH, PREVENTION AND PERFORMANCE CABINET PANEL
12 MARCH 2018: 10.15 AM**

ATTENDANCE

MEMBERS OF THE PANEL

A P Brewster, L A Chesterman, R H Smith (substituted for C Clapper), B A Gibson, S Gordon, M B J Mills-Bishop, R M Roberts (Chairman), A F Rowlands, A Stevenson, A D Williams (Vice Chairman), W J Wyatt-Lowe

Upon consideration of the agenda for the Public Health, Prevention and Performance Cabinet Panel meeting on 12 March 2018 as circulated, copy annexed, conclusions were reached and are recorded below:

Note: A conflict of interest was declared by a member of the Cabinet Panel in relation to the matters on which conclusions were reached at this meeting and are recorded at item 4

CHAIRMANS ANNOUNCEMENTS

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| i | Information on actions from minutes in future to be circulated prior to panel meetings. | T A Baker |
| ii | Actions from 2 February 2018: Note to be circulated to members | T A Baker |

PART I ('OPEN') BUSINESS

1. MINUTES

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| 1.1 | The Minutes of the Cabinet Panel meeting held on 2 February 2018 were confirmed as a correct record and signed by the Chairman. | ACTION |
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2. PUBLIC PETITIONS

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| 2.1 | There were no public petitions. | |
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3. DEEP DIVE: UNDER 18 MENTAL HEALTH ADMISSIONS

[Officer contact: David Conrad, Consultant in Public Health (Evidence & Intelligence) (Tel: 01992 555391; Will Yuill, Public Health Analyst (Tel: 01992 555127); Simon Pattison, Head of Service, Integrated Health and Care Commissioning Team (Tel: 01438 845392); Jen Beer, Health Improvement Lead – Children and Young People, Public Health (Tel: 01438 843309); Sue Beck, Head of Service – Children and Young People, Public Health (Tel: 01438 845914)].

- 3.1 The panel viewed an updated presentation of statistical data on mental health (MH) in Hertfordshire’s children and young people (CYP), including relevant local treatment services and current prevention work, which can be viewed at: [PHP&P Cabinet Panel-12 March 2018-Updated Version of Presentation on Under 18 Mental Health Admissions](#)
- 3.2 Hertfordshire figures incorporating both emergency and planned hospital admissions for CYP under 18 in which MH issues were the primary cause, showed a statistically significant rise in the rate between 2015/16 and projected figures for 2017/18.
- 3.3 Members noted the current prevention work in Hertfordshire aimed at reducing the overall number of admissions of CYP with MH issues; however the number of admissions to acute hospitals, as opposed to specialist hospitals, had continued to rise. Public reluctance to report MH conditions distorted prevalence data and meant that there was also the likelihood of unmet need. In 2016/17 the main causes of CYP MH admission in Hertfordshire were anxiety and eating disorders, the rates per 100,000 being higher than in England.
- 3.4 The panel heard that no single factor explained the rise in CYP MH admissions to acute hospitals. Increasing prevalence of MH issues; a greater willingness to talk about and greater focus on MH leading to better identification of MH need; improved coding of MH issues on admission; individual family decisions on the best place to go in a crisis (i.e. A & E as the default); and changes to the care pathways were all potential contributory factors. Previous analysis had also shown that 50% of emergency CYP MH emergency admissions to acute hospitals were unknown to the MH system.
- 3.5 Members observed that:
 - greater availability of tier 4 beds in specialist MH hospitals could reduce the number CYP MH admissions to acute hospitals and provided a more suitable environment for children undergoing planned admissions;
 - greater emphasis was needed on parenting as childhood trauma was at the root of some MH issues;
 - health and wellbeing checks might identify CYP with mental

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- health issues before they reach crisis point;
- financial inequality and racial issues impacted MH admissions;
- a rise in admissions to acute hospitals might link to periods of increase in CAMHS referral waiting times particularly if the CYP was not in receipt of counselling and had reached crisis point;
- G.P. behaviour could influence MH admissions;
- CS and PHP&P should coordinate on this issue of joint concern;
- tracking updates on CAMHS referrals could be undertaken as many things were interconnected.

Conclusions:

- 3.6
1. Panel noted and commented on the content of the presentation.
 2. Panel agreed further work was needed to understand why young people with high anxiety and eating disorders were going to A and E hospitals in Hertfordshire. The suggestion of asking the CAMHS scrutiny group to take another look at this would allow a cross party view. The chairman would also meet with commissioners.

R Roberts
J McManus

4. HERTFORDSHIRE COUNTY COUNCIL PERFORMANCE MONITOR –QUARTER 3 (Q2), 2017-18

[Officer Contact: Alex James, Head of Corporate Policy (Tel: 01992 588259); Martin Aust, Head of Intelligence, Improvement and Technology, Resources (Tel: 01992 555793)]

M B J Bishop declared a non-pecuniary interest in relation to item 4 of the agenda (page 22, 4.2 - Veolia Application) as he is the Leader of Broxbourne Borough Council. He remained in the room but did not participate in the debate and vote.

- 4.1 The panel received the Performance Report for Q3 of 2017-18.
- 4.2 Members requested that future performance reports include absolute data on the number of people affected by Delayed Transfers of Care (DTOC) by each hospital trust.
- 4.3 Noting that in Q3 59.3% of employee annual sickness was due to long term absences of over 20 days, it was agreed that the Workplace Health Strategy under development should come as a report to the panel for guidance.
- 4.4 Commenting on the condition of the county’s roads and that 100% was being achieved on some Highways Service performance indicators, it was agreed that background information on the service standards behind the figures be brought to the panel in due course.

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- 4.5 Continuing on the earlier Mental Health theme, and on hearing that the suicide rate was greatest in adults, members requested a report on the suicide rate including numbers, age group and reasons.

Conclusions:

- 4.6 The Public Health, Prevention and Performance Cabinet Panel
- a) Commented on the recommendations on any performance, project, contract and risk or audit matter outlined in this report.
 - b) Identified further actions to address any performance concerns raised in the performance monitor.

5. CURRENT PROGRESS ON PREVENTION AND NEXT STEPS: TOWARDS A PREVENTION STRATEGY

[Officer Contact: Jim McManus, Director of Public Health (Tel: 01992 556884); Joanne Doggett, Head of Programme Delivery and Resources for Public Health (Tel: 01992 556358)]

- 5.1 The Panel received a report on the background to work on Prevention across the Council, an update on work being undertaken and a precis of the work established by the Prevention work stream. Their views were sought on what aspects to include in the County Council Prevention Strategy under development.
- 5.2 Considerable progress had been made and Prevention now needed to be made systematic and crystallised into policy and strategy; although the prevention work was much wider than health, by way of example, 85% of health determinants were non-clinical and this framework of looking at determinants would prove useful for a prevention strategy.
- 5.3 Members commented that archives and heritage were embedded in the government's Culture Strategy and that a wide definition of community health to encompass such initiatives could unlock other sources of funding e.g. heritage lottery fund.
- 5.4 Prevention needed to be built into the LTP4 to avoid past problems with new developments i.e. consideration of heritage, music, air quality, parks, modal shift towards sustainable transport (e.g. footpaths etc.).
- 5.5 Members emphasised the need to harness the social capital of retired people so that aging could be seen as an opportunity rather than a problem and, by helping to meet some of the call on services, increase quality of life (and concomitantly health) of provider and receiver; this could also impact Youth Strategy. Associated with this was the need to celebrate and welcome the high percentage of volunteering and locally based activism.

- 5.6 The panel highlighted the need to support voluntary societies and heard that PH had an open offer to any voluntary organisation, including the 2.5K sports clubs which relied on ageing volunteers and which struggled to get funding, to write a letter of support for sensible bids and also to lobby Sport England. Information on volunteering that took place needed to be compiled.
- 5.7 Due to providing grandchild care, older people might no longer be involved in volunteering and because of this grandparent/toddler groups needed to be included.
- 5.8 A county wide continuing dialogue with the District and Borough Councils was required to introduce the Prevention agenda on to the Waste Strategy at a District level.

Conclusions:

- 5.9 The panel noted and commented upon the contents of the report, and identified other areas of the County Council's business in which it felt that opportunities to progress Prevention existed so that these could also be considered by Officers as they developed the Strategy to be brought back to Panel.

6. OTHER PART I BUSINESS

There was no other business.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

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