Leicester
City Council

MEETING OF THE HEALTH SCRUTINY COMMITTEE

DATE: **THURSDAY, 1 APRIL 2010**
TIME: **6:00 pm**
PLACE: **ROOM 18, TOWN HALL, TOWN HALL SQUARE, LEICESTER**

Members of the Committee

Councillor Bayford (Chair)
Councillor Manjula Sood (Vice-Chair)

Councillors J Blackmore, Cooke, Gill and Hall

One Labour Vacancy

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

Elaine Baker

for Director of Corporate Governance

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Dates of meetings are available at the Customer Service Centre, King Street, Town Hall Reception and on the Website.

There are certain occasions when the Council's meetings may need to discuss issues in private session. The reasons for dealing with matters in private session are set down in law.

WHEELCHAIR ACCESS

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BRAILLE/AUDIO TAPE/TRANSLATION

If there are any particular reports that you would like translating or providing on audio tape, the Democratic Support Officer can organise this for you (production times will depend upon equipment/facility availability).

INDUCTION LOOPS

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General Enquiries - if you have any queries about any of the above or the business to be discussed, please contact Elaine Baker, Democratic Support on (0116) 229 8806 or email elaine.baker@leicester.gov.uk or call in at the Town Hall.

Press Enquiries - please phone the Communications Unit on (0116) 252 6081

PUBLIC SESSION

AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda, and/or indicate that Section 106 of the Local Government Finance Act 1992 applies to them.

3. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 4 February 2010 have been circulated and the Committee is asked to confirm them as a correct record.

4. PETITIONS

The Director of Corporate Governance to report on the receipt of any petitions submitted in accordance with the Council's procedures.

5. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Director of Corporate Governance to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

6. LEICESTER LOCAL INVOLVEMENT NETWORK (LINK) **Appendix A**

The Head of Planning and Commissioning, Personalisation and Business Support Division, will submit a report that advises of the purpose and remit of the Leicester City LINk, and the host organisation, which supports the work of LINk. The Committee is recommended to note the contents of this report and the proposal of the LINk to give a presentation of their work to a future meeting.

7. BALANCED SCORECARD (BSC) AND ANNUAL QUALITY REVIEW (AQR) PROGRAMME FOR GENERAL PRACTICES **Appendix B**

David Riley, Head of Primary Care Improvement with Leicester City Primary Care Trust, submits a paper updating the Committee on the introduction of a Balanced Scorecard and the progress made so far in the Annual Quality Review programme, together with key themes, areas of learning and next steps in this annual cycle. The Committee is recommended to consider this report and comment as appropriate.

8. NEW MANAGEMENT ARRANGEMENTS FOR LEICESTER CITY PRIMARY CARE TRUST & COMMUNITY SERVICES

Toby Sanders, Director of Primary Care with Leicester City Primary Care Trust, will make a presentation on the new management arrangements for Leicester City Primary Care Trust and Community Services.

9. LIFT PROJECT - UPDATE

Toby Sanders, Director of Primary Care with Leicester City Primary Care Trust, will give a verbal update on the NHS Local Improvement Finance Trust (LIFT) project.

10. HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2009/10 **Appendix C**

The Members' Support Officer submits a document that outlines the Health Scrutiny Committee Work Programme for the municipal year 2009/10. The Committee is asked to consider the programme and make comments and/or amendments, as it considers necessary.

11. ANY OTHER URGENT BUSINESS

Appendix A

Leicester City Council

WARDS AFFECTED
All Wards

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:
Health Scrutiny Committee **1st April 2010**

Leicester Local involvement Network (LINk)

Report of the Head of Planning and Commissioning, Personalisation and Business Support Division

1. PURPOSE OF REPORT

1.1 To advise the Health Scrutiny Committee of the purpose and remit of the Leicester City LINk and the host organisation, which supports the work of LINk.

2. SUMMARY

2.2 The LINk is a Local Involvement Network, an independent organisation that works as a conduit to seek the local community views on how to improve health and social care services and work with providers to bring about positive change. The purpose of its host organisation is to enable, support and facilitate the LINk in its activities.

3. RECOMMENDATIONS (OR OPTIONS)

3.1 The Health Scrutiny Committee is asked to note the contents of this report and the proposal of the LINk to give a presentation of their work to a future meeting.

4. REPORT

4.1 LINKs were developed in 2008 to give communities a stronger voice in how health and social care services are provided and run. These are independent networks of local people and groups, they are there to find out what people want, investigate issues and use their powers to hold services to account.

4.2 LINKs have built on the work of the NHS Patients Forums, but are open to anyone to join and cover all publically funded health and social care services regardless of who provides them (NHS, Council, private sector or third sector). Commissioners of services are expected to provide LINKs with information when they request it and respond to the LINK reports and recommendations and providers also are expected to allow trained LINks representatives to view services if requested.

4.3 The role of the LINk is to:

- Encourage and support more people to get involved in shaping local care;
- Actively find out from the community their views and experiences of local care services;
- Provide the community with a mechanism for monitoring and reviewing local care services and the ability to hold them to account;
- Tell those who commission, run and scrutinize local care services what local people have recommended to help improve those services; and
- Provide feedback to LINk participants about how their voice has been heard and how they have helped to influence services, so that things have changed for the better.

4.4 Each local authority has the duty to procure a host organistion to establish and support the LINk. The contract is for three years until March 2011. The host organistion is accountable to the local authority as the contract manager for the support contract.

4.5 The host organistion has core responsibilities to enable support and guide the LINk, in it's activities, these core responsibilities include:

- Initiating the set up of the LINk;
- Establish and facilitate the LINk in managing and deciding on it's activities, including governance arrangements;
- Hold the finances of the LINk and be the responsible accounting organisation;
- Facilitate the correspondence and communication activities of the LINk;
- Ensure data management and record keeping of LINk activities and information.

5. FINANCIAL, LEGAL AND OTHER IMPLICATIONS

5.1. Financial Implications

The host organisation to support the Leicester City LINk is funded until the end of March 2011.

5.2 Legal Implications

The authority has a statutory duty to make arrangements for LINk activity to take place.

6. OTHER IMPLICATIONS

OTHER IMPLICATIONS	YES/NO	Paragraph References Within the Report
Equal Opportunities	Yes	Throughout
Policy	Yes	Section 4.
Sustainable and Environmental	No	
Crime and Disorder	No	
Human Rights Act	No	
Elderly/People on Low Income	Yes	Throughout

Corporate Parenting	No	

7. BACKGROUND PAPERS – LOCAL GOVERNMENT ACT 1972

7.1 Statutory Instrument No. 528 (2008). This is supported by a number of guides which illustrate how and why a LINk shall operate.

8. CONSULTATIONS

8.1 Leicester LINk Co Chair, LINk host organisation.

9. REPORT AUTHOR

9.1 Nicola Hobbs, Head of Planning and Commissioning, Personalisation and Business Support Division, 29 7502.

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Appendix B

NHS Leicester City
Health Scrutiny Committee Report – 1 April 2010
Balanced Scorecard (BSC) and Annual Quality Review (AQR) Programme for General Practices

1. Introduction

A key area of the 2009/10 work programme for Primary Care in NHS Leicester City has been the introduction of a Balanced Scorecard and Annual Quality Review. The PCT consulted with and gained the agreement of the Local Medical Committee to its introduction, culminating in the dissemination of individual practice balanced scorecards on 30 September 2009.

The Annual Quality Cycle is intended to form a structured approach to dialogue between the PCT and practices. The focus of the cycle is the ongoing quality improvement of all practices utilising the balanced scorecard, which will help inform the conversations, subsequently feeding into annual practice quality action plans.

Although not directly within the remit of this process, cause for concern issues may well be highlighted through this new structured approach, and any issues of this nature will be directed to the Quality Directorate as is appropriate.

This report provides the Scrutiny Committee with an update on the progress made so far in the AQR programme, together with key themes, areas of learning and next steps in this annual cycle.

2. The Balanced Scorecard (BSC)

The overriding principles in developing a BSC are in producing a high level working document which is simple to interpret and which involves automating the population of the document as far as possible by the PCT, with little additional work being required by the General Practices.

This mapping and evaluation exercise help us identify gaps and areas for development in service provision, along with areas of good practice, and plan and commission services which will address many of the priorities of the PCT in improving the health of the population.

The BSC should be seen as being a quality improvement tool, with the component parts of the document used by the PCT in engaging with General Practices in discussing key priority areas for future development.

Certain areas of the BSC have been included as a result of the Care Quality Commission's (CQC) Standards for Better Health (SfBH), through which the PCT is expected to gain assurance of compliance for all Independent Contractors. A copy of the final BSC can be found at **Appendix 1**.

3. The Review Visits

The programme of visits commenced in November 2009 with the original pilot practices for the Balanced Scorecard (BSC). The visiting team from the PCT was agreed to have the following representation:

- A.D. of Primary Medical Care / Deputy (Chair)
- Medical Director / Deputy
- Public Health Consultant
- A.D. of Quality / Deputy
- Non Executive Board Member / Lay Representative

A template agenda was agreed (see Appendix 2), which covered the main topics for discussion, with each section being led by a different member of the team. Practices were also given the opportunity to add their own Practice Topics to the AQR agenda.

As at March 22nd, 52 practices had been visited, and it is planned to complete visits to all practices by the middle of April.

General feedback received from practices has been very positive, with a feeling that the PCT is taking time to listen to issues at individual practice level. Each practice has its own individual issues as well as areas of good practice which have been shared, and common themes across the City have come to light which will now be acted upon by the PCT. Dialogue has been opened which needs to continue to be fostered through the conduit of the Locality Contract Account Managers within the Primary Medical Care Team. In broad terms, themes can be categorised as follows:

- Recurring themes – PCT wide
- Areas of good practice
- Areas for development, individual to each practice. These will feed straight into Action Plans (see section 5).

4. Recurring Themes – PCT Wide

There have been a number of issues raised regarding certain service providers across nearly all practices visited so far which have been captured and need to be fedback to the providers concerned, potentially with subsequent service reviews. These areas include:

Service Provider Topics	Issue	Potential Action
Community Nursing Teams – District Nursing/ Health Visiting/ Community Matrons	In many cases Practices don't know who their contact is and they articulate there is a real lack of engagement and team working	Contract meeting has been set up with LCCHS/AD for Adults & Older Services
UHL	Practices report different problems, from issues such as discharge letters to prescribing	Issues have been logged and will be raised at forums such as CCIG as appropriate

Improving Access to Psychological Therapies	Practices are generally very unhappy with the changes, and some practices now don't have any service at all.	Individual practice issues logged with lead A.D. to be taken up with LPT.

Areas for further investigation by the PCT include:

PCT Topics	Issue	Potential Action
Access & Responsiveness	This is a problem in many practices, as reflected in the latest Patient Experience Survey results.	Access Project Group set up – now part of work programme
Urgent Care activity	Need to explore why patients attend A&E inappropriately	Urgent Care – now part of work programme
Practice Based Commissioning	In general practices are dissatisfied with the progress being made in PBC, particularly with reference to the use of PBC savings	Fed back to AD for Adults and Older People for action.
CRB checks	Some practices need guidance as to their responsibilities and the PCT needs to take a view on CRB for the wider practice team, being mindful of current changes	AD for Quality taking the issue to the PCT Safeguarding Group
Incident reporting / Complaints etc	Practices need guidance as to reporting requirements	Fed back to PCT Incidents Manager. A potential topic for the GP Forum.
Quality & Clinical Governance	Lack of assurance in some practices. Practices need help in preparing for Quality Accounts and CQC visits	Quality team to work up best practice pack
Enhanced Services	Take up of certain services are low	PCT to undertake a full Enhanced Services Review
Infection Control Toolkit	Practices are willing to engage in this process	PCT Infection Control Manager to engage with practices.
Protected Learning Time	Practices would like to see this re-established	PCT to explore potential format
Patient Participation Groups	Most practices that haven't currently got a PPG are interested in establishing one	PPI Team to engage with practices.

4. Areas of Good Practice

All practices have provided some evidence of good practice for which they are happy to work with the PCT in sharing across the City. It is proposed some Practice Action Plans will include helping the PCT in sharing these. Examples include:

• Access & Responsiveness – certain practices have worked very hard and have very high satisfaction rates nationally.
• Immunisations – Practices running at 100%
• Chlamydia screening – Practice above 25% by calling young people in for health screening
• Clinical Governance – strong evidence of robust systems in place
• A&E activity reduced – Practice increasing opening hours and using skill mix in the practice (including Nurse with A&E experience).

5. Annual Practice Action Plans

Between now and the end of April, Locality Contract Account Managers will be working with the Practices in drawing up their Action Plan, using the approved minutes from the AQR visit as a base document. The action plan will concentrate on 5 – 6 key areas, and each element within an action point will have agreed timescales and regular monthly meetings will take place between the Locality Contract Account manager and the Practice Manager/Lead GP.

Initial estimates from the visits so far undertaken suggest that there could be 12 – 15 practices which will need prioritisation in terms of ongoing support. Senior Managers within the Primary Medical Care Team will be assigned to these practices and monthly meetings with the practice organised.

6. Next steps

From the end of April all practices will have monthly meetings with the PCT to discuss their progress against the Action Plan, and support will be available from the PCT in order to achieve targets as may be required.

AQR visits for 2010/11 will be scheduled from November 2010 and the Action Plan will form the basis of the agenda for this meeting, along with a new version of the Balanced Scorecard which will be published at the end of September.

A small working group consisting of main members of the AQR visiting team will be convening in April 2010 in order to look at the content for the new BSC. Proposals include aligning it with the Quality Accounts which will be a requirement for all practices from April 2011, along with continuing to prepare practices for their CQC visits which will commence during 2011/12.

In terms of sharing the findings of the AQR visits with the wider practice audience, the PCT is proposing to prepare a paper for the GP Forum and/or consider the potential for a PLT event.

David Riley
Head of Primary Care Improvement
Primary Medical Care Team
March 2010

BALANCED SCORECARD - SEPTEMBER 2009

GENERAL PRACTICE PROFILE

NHS Leicester City

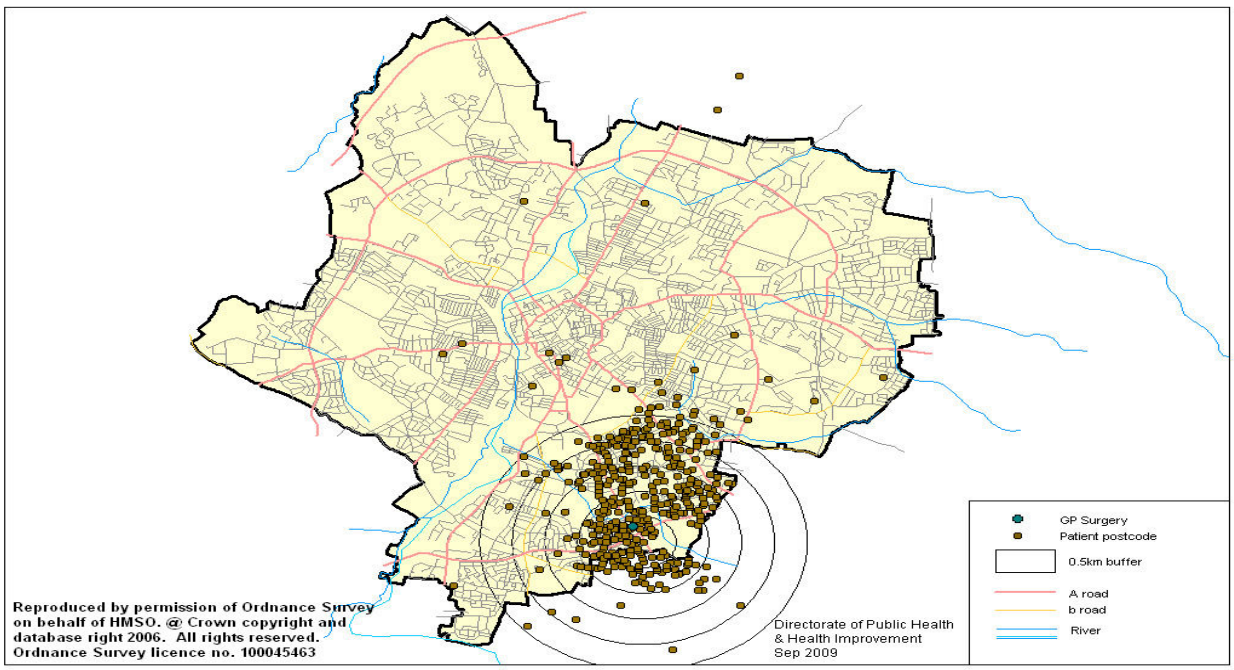
PRACTICE PHOTO				
	PRACTICE NAME / CODE			
	ADDRESS DETAILS		MAI N SURGERY	BRANCH SURGERY
	ADDRESS 1 ADDRESS 2 ADDRESS 3 POST CODE			
	LOCALITY			
	PBC CLUSTER			

PRACTICE OPENING HOURS			
OPENING HRS FOR APPOINTMENTS			

CONTRACT TYPE		FIRST POINT OF PRACTICE CONTACT	
CONTRACT HOLDERS		CONTACT DETAILS	
LEAD G.P.			
NUMBER OF MALE G.P's (WTE)		NO. OF PRACTICE NURSES (WTE)	
NUMBER OF FEMALE G.P's (WTE)		NO. OF NURSE PRACTITIONERS (WTE)	
SALARIED G.P. HOURS PER WK		NO. OF NURSE CONSULTANTS (WTE)	
REGULAR LOCUM HOURS PER WK		NO. OF HEALTH CARE ASSISTANTS (WTE)	
GPwSI'S ACCREDITATION		I.T. SYSTEM (VERSION)	
		INVESTORS IN PEOPLE AWARDED	
GP TRAINING PRACTICE - ACTIVE		NAMED GP FOR SAFEGUARDING CHILD	
REGISTRAR		NAMED GP FOR SAFEGUARDING ADULTS	
MED STUDENTS		ADDITIONAL CONSULTATION LANG'S	
OTHERS		RESEARCH PRACTICE	

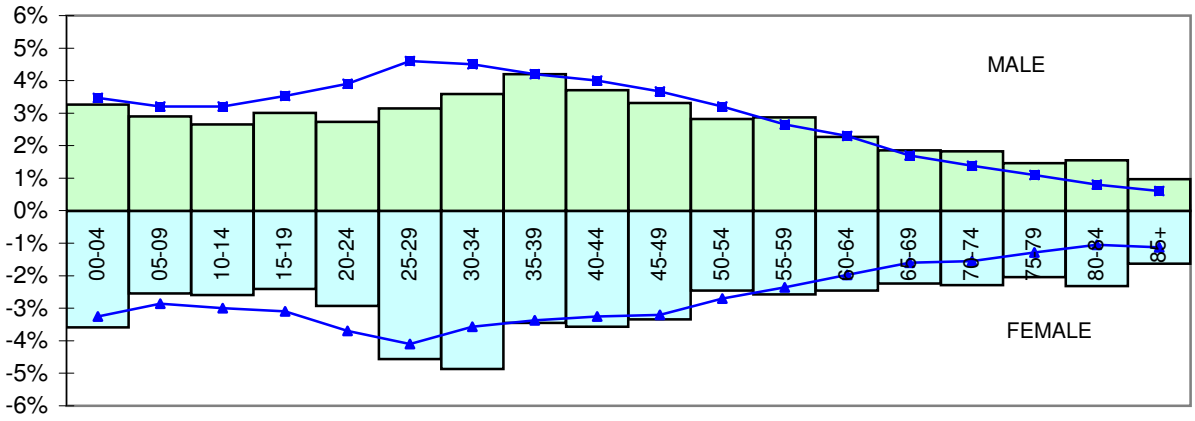
ADDITIONAL IN HOUSE SERVICES	

REGISTERED PATIENTS AND THE PRACTICE BOUNDARY



PRACTICE LIST INFORMATION				
	OCT 08	JAN 09	APR 09	JUL 09
LIST SIZE				
LIST CHANGE				
TURNOVER (ADDITIONS/LIST SIZE)				
REMOVALS				
AVERAGE LIST SIZE PER GP				

PRACTICE AGE/SEX BREAKDOWN v PCT AVERAGE



PUBLIC HEALTH DATA				
	PRACTICE	PCT	REGIONAL	NATIONAL
DEPRIVATION (IMD: HIGHER = MORE)				
MORTALITY (RATE PER 100,000)				
NO. OF RESID & NURSING HOMES				
OLDER PEOPLE >=75 (% OF LIST SIZE)				
CARERS				
ETHNIC GROUPS				
CHLAMYDIA SCREENING (YR TO DATE %)				
TEENAGE CONCEPTION				
ALCOHOL - BINGE DRINKING ESTIMATES (Q5 = LOW, Q1 = HIGH)				
QOF PREVALENCE				
HYPERTENSION				
CANCER				
COPD				
DIABETES				
CHRONIC HEART DISEASE				
STROKE & TIA				
MENTAL HEALTH				
SMOKING				
OBESITY				

FINANCE	
PMS CONTRACT OR GLOBAL SUM	
CORR FACTOR OR GROWTH FUNDING	
QOF	
PREMISES	
ENHANCED SERVICES	
SPEND PER HEAD OF PRACTICE POP'N	

AREAS OF GOOD PRACTICE
SPECIFIC PRACTICE CHARACTERISTICS

BALANCED SCORECARD

NHS Leicester City

CRITERIA				
1. ACCESS & RESPONSIVENESS	**PRACTICE**	**PCT**	**REGIONAL**	**NATIONAL**
OVERALL PATIENT EXPERIENCE SURVEY RESULTS				
48 HOUR ACCESS				
ADVANCE BOOKING				
TELEPHONE ACCESS				
ACCESS TO A NAMED GP				
HELPFULNESS OF RECEPTION STAFF				
NUMBER OF DNA'S PER 1,000 POPULATION				
NUMBER OF FACE TO FACE GP CONSULTATIONS PER 1,000 POPULATION				
NUMBER OF FACE TO FACE NURSE CONSULTATIONS PER 1,000 POPULATION				
NUMBER OF TELEPHONE CONSULTATIONS PER 1,000 POPULATION				

	2008/09
COMPLIMENTS	
CONCERNS	
COMPLAINTS	
INCIDENT REPORTING	
SERIOUS UNTOWARD INCIDENTS	

	PRACTICE
COMMITMENT TO PLEDGE - RIGHTS & EXPECTATIONS FOR PATIENTS & GP'S	
PATIENT PARTICIPATION GROUP	

2. PREMISES	**PRACTICE**
9 FACET SURVEY	
ADOPTION OF PCT INFECTION CONTROL TOOLKIT	
CLINICAL WASTE POLICY	
EQUIPMENT MAINTENANCE & CALIBRATION POLICY	

3. PATIENT CHOICE	**PRACTICE**
USE OF CHOOSE & BOOK SYSTEM	
USE OF NHS CHOICES WEBSITE	
OFFER OF CHOICE OF HOSPITAL	
PRACTICE SUPPORT FOR PERSONALISED CARE PLANNING AND SELF CARE SUPPORT FOR LTC'S	
PRACTICE LIST OPEN AND ACCEPTING NEW REGISTRATIONS	

CRITERIA

4. QUALITY - EFFECTIVENESS	PRACTICE	PCT	REGIONAL	NATIONAL
ACHIEVEMENT IN THE CLINICAL DOMAIN OF THE QUALITY AND OUTCOMES FRAMEWORK (QOF) - 2008/09				
QOF EFFECTIVE EXCEPTION RATES - 2007/08				
PRODUCTION OF PRACTICE CORPORATE & CLINICAL GOVERNANCE REPORT INCL RISK ASSESSMENT				
CONFORM TO NICE INTERVENTIONAL PROCEDURES GUIDANCE AND TECHNOLOGY APPRAISALS				
ADOPTION OF RCGP GUIDE TO REVALIDATION OF GP'S				
ADOPTION OF THE PRINCIPLES OF THE GOOD MEDICAL PRACTICE GUIDE				
ADOPTION OF CODE OF CONDUCT FOR NHS MANAGERS				
ADOPTION OF WHISTLEBLOWING IN THE NHS POLICY				
MANDATORY TRAINING AND APPROPRIATE CONTINUING PROFESSIONAL DEVELOPMENT				
UNDERTAKE ALL APPROPRIATE EMPLOYMENT CHECKS INCL CRB				
ALL STAFF INCL GP'S ATTEND CHILD & ADULT SAFEGUARDING TRAINING				
SYSTEMS IN PLACE TO ENSURE MEDICINES ARE HANDLED SAFELY				
SYSTEMS IN PLACE TO ENSURE CONTROLLED DRUGS ARE HANDLED SAFELY				
OVERALL PRESCRIBING INDICATOR (0 = HIGHEST; 90 = LOWEST)				
PRESCRIBING INDICATORS - EFFECTIVE STATIN USE				
PRESCRIBING INDICATORS - GENERIC PRESCRIPTION RATE				
5. DEMAND			**PRACTICE**	**PCT**
A&E ACTIVITY PER 1,000 WEIGHTED POPULATION				
NUMBER OF NEW OUT PATIENT APPOINTMENTS PER 1,000 WEIGHTED POPULATION				
NUMBER OF URGENT REFERRALS PER 1,000 WEIGHTED POPULATION				
NUMBER OF ELECTIVE REFERRALS PER 1,000 WEIGHTED POPULATION				
DIAGNOSTIC SERVICES INCLUDING IMAGING, PATHOLOGY AND PHYSIOLOGICAL MEASUREMENT SERVICES				

6. SERVICE PROVISION	PRACTICE	PCT
NUMBER OF ENHANCED SERVICES UNDERTAKEN (EXCLUDING CONTRACEPTIVE SERVICES)		
CONTRACEPTIVE AND OTHER SEXUAL HEALTH SERVICES		
MINOR SURGERY		
CHILDHOOD VACCINATIONS & IMMUNISATIONS		
6 -8 WEEK BABY CHECK. BREASTFEEDING STATUS OF WOMEN AT 6-8 WEEKS		
ENHANCED CARE OF LONG-TERM CONDITIONS (EG ASTHMA CLINICS, DIABETES CLINICS)		
ACTIVELY ENGAGED IN PBC		
PRACTICE-BASED COMMISSIONING PROPOSALS		
PRACTICE-BASED COMMISSIONING APPROVALS		

APPENDIX 2

NHS LEICESTER CITY

ANNUAL QUALITY REVIEW – [INSERT PRACTICE NAME]
[DATE]
[TIME]

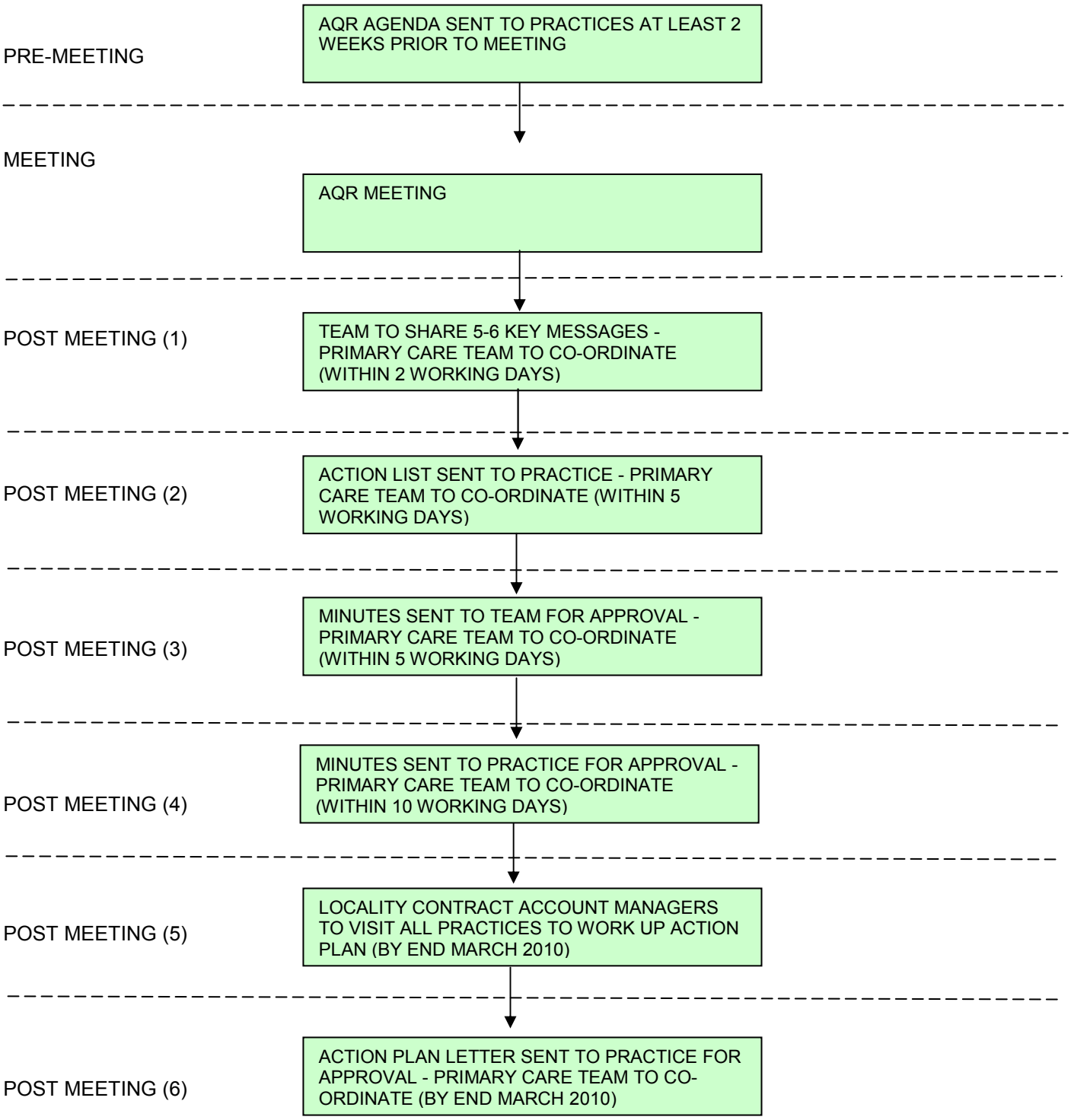
AGENDA

MAIN REVIEW – [TIME]			
PRESENT – [PCT] PRESENT- [PRACTICE]			
NO.	**ITEM**	**LEAD**	**TIME**
1.	INTRODUCTION		
	PCT TOPICS		
2.	Profile		
3.	Demand		
4.	Public Health Data		
5.	Access & Responsiveness		
6.	Quality - Effectiveness		
7.	Patient Choice		
8.	Service Provision		
9.	PRACTICE TOPICS		
10.	NEXT STEPS		

QOF REVIEW – [TIME]			
PRESENT – [PCT] PRESENT- [PRACTICE]			
NO.	**ITEM**	**LEAD**	**TIME**
1.	Clinical Achievement		
2.	Exception Rates		
3.	Clinical Indicators		
4.	Organisational Domain		
5.	Additional Services		

APPENDIX 2

ANNUAL QUALITY REVIEW - REPORTING FLOWCHART



Appendix C

Health Scrutiny Committee Work Programme 2009/10

SUBJECT	LEAD OFFICER(S)	ESTIMATED DATE FOR CONSIDERATION	THEME/COMMENTS
Departmental Revenue Budget – Adults and Housing	Corporate Director – Adults and Housing	February 2010	Adults and Housing budget comes to scrutiny as part of the consultation process
Performance Reporting	Sarah Clarke	February 2010 and then ongoing	
Presentation from the Cabinet Lead	Cllr Dawood	February 2010	Introduction to his remit and current challenges
Cervical screening	Ivan Browne	February 2010	Follow up to report at October meeting
NHS Leicester City Care Quality Commission Standards for Better Health Declaration 2009/10	NHS Leicester City Mandy Ashton	April 2010	Health Care Delivery To include blood testing processes
Public and Patient Involvement	Tracie Rees, Service Director, Adults and Housing/Carers Federation		Development of the Leicester Local Involvement Network
Quality in primary care and update on procurement of primary care services PCT Dentistry Review	Toby Sanders / Angela Bright, Director of Primary Care, Leicester City PCT		Healthcare delivery Consideration to be given to how private care providers could be scrutinised
Management of stroke patients	Issues for Joint Health Scrutiny in the first instance		Useful to examine the work that is currently being done on modelling care services for people who had a stroke
Medical negligence			One off report identifying claims against hospitals in the City
Discharge Planning Review – final report	Anita Patel	April 2010	Adults and Housing Task Group due to commence in January 2010.
Annual Report of the Director of Public Health **Focus on Health Inequalities**	Director of Public Health Kirsty Reid, Teenage Pregnancy Co-ordinator, Children and Young People	June 2010	Focus on health inequalities in the city. This should form the basis of consideration of the impact of inequalities for this committee To include consideration of: - the obesity strategy - typology - teenage pregnancy - alcohol related harm strategy *(Total Place project pilot in Leics final report due in February 2010)*

Health Scrutiny Committee Work Programme 2009/10

SUBJECT	LEAD OFFICER(S)	ESTIMATED DATE FOR CONSIDERATION	THEME/COMMENTS
	UHL Trust		- Maternity Services in Leicester - Rickets in young people - Diabetes Public Health and Lifestyle Issues - Life style & quality health issues faced by the City

Health Scrutiny Task Group Topic(s)

Mental Health Services		December 2009 to March 2010	Child and Adolescent Mental Health Services Adults mental health services Mental Health Service provision to Leicester's Somali Community Caring for the Carers of people experiencing mental illness
Healthy Lifestyles	Cllr Gill		Project to initiate quick health checks for

Health Scrutiny Committee Work Programme 2009/10

SUBJECT	LEAD OFFICER(S)	ESTIMATED DATE FOR CONSIDERATION	THEME/COMMENTS

SUBJECT AREA	ISSUES RAISED	ACTION REQUIRED	COMMENTS
CAMHS	Visit to CAMHS in Jan-Feb	MSO to liaise with Dr Rathore	
CAMHS	Profile of data for 3200 referrals each year: gender/location/ethnicity/seriousness/ how often these lead to intervention by LCC adult services	MSO to liaise with Dr Rathore	
Swine Flu	Report covering the trends of swine flu over time: no. referrals/no. receiving vaccinations	Karen Tiller to provide to each meeting	
Minutes from 10th November	The Post of Regulation and Inspection Officer had been created in 2006 with responsibility for undertaking Regulation 26 visits. However, for a period the post holder had undertaken other duties, so the work of the post had been disrupted	Director of Older People's Services	Response to be provided in time for next Health Agenda Meeting

Actions arising

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