Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 28 MAY 2013 at 2.00pm

P R E S E N T :

Councillor Cooke - Chair

Councillor Sangster – Vice-Chair

Councillor Chaplin Councillor Desai

Councillor Singh

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1. INTRODUCTION

The Chair welcomed everyone to the first meeting of the Health and Wellbeing Scrutiny Commission, especially those attending for the first time. He also stated that he agreed to take an item of Any Other Urgent Business details of which had been previously circulated.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Westley.

3. NAME OF THE COMMISSION

The Chair reported that the Health and Wellbeing Scrutiny Commission had been established at the Council's Annual meeting on 23 May 2013. Its responsibilities mirrored those of the Health and Wellbeing Board that was established on 1 April 2013. The responsibility for scrutinising Community Involvement, that was previously the responsibility of the Health and Community Involvement Scrutiny Commission; had now moved to the Neighbourhood Services and Community Involvement Scrutiny Commission.

4. MEMBERSHIP OF THE COMMISSION

The Chair reported that the Annual meeting of the Council on 23 May 2013 had appointed the following members to the Commission:-

Chair: Councillor Cooke
Vice Chair: Councillor Sangster
Members: Councillors Chaplin, Desai, Singh and Westley and 1 non-grouped Member to be determined later.

5. DATES OF MEETINGS OF THE COMMISSION

The Chair reported that the Annual meeting of the Council on 23 May 2013 had approved the following dates for meetings of the Commission:-

17 July 2013
3 September 2013
15 October 2013
26 November 2013
14 January 2014
25 February 2014
8 April 2014
20 May 2014

The Chair stated that it had been the custom for meetings of the former Health and Community Involvement Scrutiny Commission to meet during the day. However, he now proposed to hold meetings of the Commission starting at 5.30pm. The next meeting on 17 July 2013 would meet at the same time as the Planning and Development Control Committee, and this could cause a conflict of attendance if there were any planning applications at that meeting that affected the wards of members of the Commission.

RESOLVED:

that future meetings of the Commission start at 5.30pm on the dates approved by Council for 2013/14 and that the venues and any potential clash with other meetings be circulated to members of the Commission.

6. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business on the agenda, and/or indicate that Section 106 of the Local Government Finance Act 1992 applied to them. No such declarations were made.

7. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 9 April 2013 be approved as a correct record.

8. UPDATE ON PROGRESS WITH MATTERS RECORDED IN THE MINUTES OF THE PREVIOUS MEETING

The Chair referred to Minute No. 119 (Update on progress with matters in minutes of previous meeting – not elsewhere on the agenda) and gave an update on the following items:-

Minute No 112 (Mental Health Scrutiny Review), the final report had been reported to the Overview Select Committee at its meeting on 22 May 2103 and had been well received. The report would now be formally presented to the City Mayor, Deputy City Mayor and stakeholders including the Leicester City Clinical Commissioning Group, University Hospitals of Leicester NHS Trust, Leicestershire Partnership NHS Trust and the Mental Health Forum.

Minute 113 (Scrutiny Review of Voluntary and Community Sector), the final report had been reported to the Overview Select Committee at its meeting on 22 May 2103 and had been well received. The City Mayor had indicated that was considering providing additional resources for the voluntary and community sector. The Chair of the Neighbourhood and Community Involvement Scrutiny Commission had asked for the report to be considered at that Commission and it would also be presented to the Deputy City Mayor.

Minute No 114(b) (Presentation on Dementia Services and Strategies), the Chair was meeting with the lead officer the following day to discuss the outstanding issues relating to the information previously requested.

Minute No 123 (Work Programme), the proposed meeting of members to discuss the cultural values and future way to undertake health scrutiny would be arranged in the near future now that new members had been appointed to the Commission.

Minute 124 (The Francis Report), the Commission's decision to request an external review of its scrutiny arrangements had been considered and it had now been agreed to engage the Centre for Public Scrutiny to undertake the review. The proposal to require compulsory training for Commission Members would require a report to Council to change the constitution, but in the meantime informal briefings from Public Health Staff would be arranged for members. The appointment of the County Council's Chair of Health Scrutiny would not be made until June and the approach for better joint scrutiny would be made at that time. The review of the Council's and partners' response to the Francis report would be revisited at the November meeting of the Commission.

Minute 125 (Leicester Link – The Emergency Pathway Report and the Legacy Document), both these documents would be considered at the members meeting.

Minute 125 (Leicester Link – The Agnes and Bradgate Unit), the Chair would be following up on the way in which Leicester Link were treated during the visit to the Bradgate Unit.

Minute 126 (Healthwatch Leicester), the Chair would be meeting the Interim Chair of Healthwatch Leicester to discuss the Healthwatch commitment to

pursue the outstanding issues identified in the Leicester Link Legacy Document.

9. PETITIONS

The Monitoring Officer reported that no petitions had been received.

10. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations, or statements of case had been received.

11. WORK PROGRAMME

The Members Services Officer submits a document that outlined the Health Scrutiny Commission's Work Programme. The Commission was asked to consider the Programme and make comments and/or amendments as it considered necessary.

A summary of the Commission's work for 2012/13 was also submitted for information.

It was noted that there was no mention of Dentists and Dental Health in the work programme. Also, a member raised the issues of facilities for visitors at hospitals relating to food and waiting areas etc and whether there should be a separate procedure for the elderly in Accident and Emergency.

The Chair stated that these issues could be added to the work programme. The Managing Director of the Leicester City Clinical Commissioning Group suggested that the provision of non-clinical services in hospitals such as food etc was subjected to national audit procedures through PEAT surveys and these could be an initial starting point.

RESOLVED:

that the Work Programme be noted and the summary of the Commission's work for 2012/13 be received and these be discussed further at the forthcoming members' meeting.

12. CORPORATE PLAN OF KEY DECISIONS

The Commission received the Corporate Plan of Key Decisions that would be taken after 1 May 2013.

RESOLVED:

that those Key Decisions that are relevant to the Commission's work be noted and these be discussed further at the forthcoming members' meeting.

13. DRUG AND ALCOHOL SCRUTINY REVIEW

The Vice Chair introduced the Draft Report of the Commission's Drug and Alcohol Scrutiny Review. The 2nd draft of the report had been previously circulated with the agenda, and a 3rd draft was circulated at the meeting together with an additional appendix to the report. This appendix was shown as Appendix F and was a refresher report on the current position, as the scrutiny took place before the current reconfiguration of health service provision was introduced both at national and local level. This had brought about vast differences in the configuration of treatment services and the oversight of governance arrangements.

The Vice Chair asked for comments on the draft to be submitted by members before the end of the week. The final report will then be submitted to the Overview Select Committee.

In response to a member's comment suggesting that there should be consideration of the Council City Centre Cumulative Impact Area Policy for the Licensing of Premises to sell alcohol as part of the report, the Vice-Chair stated that this had not been considered during the review, but it could be considered as part of the review to be carried out in six months' time as outlined in paragraph 1.17 of the report.

It was also noted that in relation to paragraph 2.26 of the report, funding for drugs and alcohol services, there was no longer any funding for these services from the NHS (as stated on the report) as this particular function had now transferred from the NHS to the Council as part of the transfer of the Public Health transfer on 1 April 2013. The Council was now the sole provider and commissioner of services. The Chair commented that this would need to be discussed further with Public Health staff to understand the relationship within the Council for commissioning services to be provided by the Council.

RESOLVED:

1) that the recommendations in the draft report be endorsed;

2) that a recommendation to consider the Council's City Centre Cumulative Impact Area Policy as part of the review be added as an additional recommendation in the report at paragraph 1.18;

3) that the final report be submitted to the Overview Select Committee before being presented to the City Mayor; and

4) that the Vice-Chair discuss the relationship, procedures and mechanisms for the Council to commission Drug and Alcohol services from within the Council.

14. CITY MAYOR'S DELIVERY PLAN

It was reported that the Overview Select Committee at its meeting on 18 April

2013 requested that each Scrutiny Commission should consider and comment upon the City Mayor's Delivery Plan 2012/13, in relation to its own responsibilities. The Commission's comments and/or suggested amendments should be submitted to the June meeting of the Overview Select Committee, to enable them to forward a co-ordinated response to the City Mayor. The Commission also received a report of the Divisional Director for Public Health on the key elements of the Delivery Plan that were relevant to the work of the Commission.

It was noted that although a number of initiatives and performance targets to address health and health inequalities issues were contained within the strategic priority of 'A Healthy and Active City' in the plan, the determinates for health issues were far wider than these specific aims and objectives. An appendix to the report listed some of the other health related issues contained in the other 8 strategic priorities.

Members commented that the period for consultation was insufficient for meaningful discussion and that the felt that the Plan should be considered at the members meeting being arranged for the Commission. Generally there was a view that some targets needed further thought and were not 'stretching enough.' There were references to reducing incidents of domestic violence but no reference to preventive initiatives. A member also referred to the references to social marketing campaigns, and it was suggested that a breakdown of the percentage health budgets allocated for this purpose and what was achieved from them would useful.

The Chair stated that the comments that the Commission had made in relation to the 'Closing The Gap' strategic health strategy applied equally to this plan. The Plan did not give much indication on how initiatives would be achieved and it was disappointing that that there was nothing in the Plan about empowering the community, which was a source of valuable resources particularly in times of austerity. He also felt that the Plan could be more inspirational and motivational.

The Chair of Adult Social Care Scrutiny Commission also indicated that there was scope for future joint scrutiny reviews to take place on topics of involving both Commissions' responsibilities, especially in relation to elderly and dementia services for example. Members supported this view.

RESOLVED:

1) that further discussion on the City Mayor's Delivery Plan 2013/14 be noted and deferred to the private meeting of Commission members and, in view of the inadequate consultation period for detailed consideration of the Plan, the Commission reserved the right to submit further comments at a later date.

2) that a progress report on the Delivery Plan be submitted to the Commission in six months-time.

3) that the proposal to conduct joint scrutiny reviews with Adult Social Care Scrutiny Commission be supported.

15. UNIVERSITY HOSPITALS LEICESTER TRUST (UHL) -STRATEGIC DIRECTION

Mr John Adler, UHL Trust Chief Executive, presented a report on the UHL's Strategic Direction. A copy of the UHL Strategic Direction Booklet was previously circulated for information. Sharon Hotson, Director of Clinical Quality, University Hospitals of Leicester NHS Trust and Mark Wightman, Director of Communications and External Relations, University Hospitals of Leicester NHS Trust were also in attendance.

Mr Adler commented that the Strategic Direction had been shared with, and informed by discussions with staff, LINks, MPs and NHS partners. It was important to recognise that this was not the Trust's strategy but it did set out the direction of travel and key themes for the hospitals for the next 5 years. The document was still work in progress. The Trust was committed to providing high quality, patient centred healthcare and this was at the heart of the strategic direction. The 'Quality Commitment' expressly stated that during the lifetime of the strategy the Trust would 'save more lives, reduce avoidable harm and improve patient experience'. Emergency care provision was a high priority, as the current growth in emergency admission was unsustainable, and progress was being made to address the pressure but there was more to do.

Other areas of interest which the Trust were developing were:-

- focusing on being the 'provider of choice' for patients especially where there was competition for services from hospitals outside of the Trust.

- building on its good performance in the area of research by shortly making a bid to become a UK Cancer Research Centre, which was higher than the current 'Unit' status.

- working with staff to improve practices and standards of care through the 'listening into action' programme which was a tried and tested model for this purpose.

- aiming to be a Foundation Trust by April 2015. The original deadline of April 2013 had been overtaken by the outcome of the Frances Report. The Foundation Trust application process was focused heavily on quality processes.

- rationalising the services provided by the three hospital in the Trust. The General Hospital would be become the centre for much of the non-emergency elective surgery specialising in outpatients and day care case work. The Royal Infirmary would focus on emergency care and Glenfield Hospital would become

the focus for specialist care in cardiovascular, respiratory and renal care services.

Members asked questions and made observations and comments as follows:-

- had the 2011 census information been used to assess the footfall for services and what needed to be done in the next 5 years to meet the changing demographics of the population, especially in relation to the needs of the Black Minority Ethnic population?
- the elderly often found their experiences at the Accident and Emergency Unit daunting and it was suggested that an older persons' champion should be identified to lessen these effects.
- would the proposed new model for glaucoma testing only be carried out at opticians?
- had any discussion taken place with the local bus operators in relation to the rationalising of services at the three hospital sites as this could result in modal changes of passenger movements?
- reference was made to the breakup of the previous Better Care Together concept and whether there were any consequences for the Strategic Direction.
- whilst recognising the importance of research within the Trust there was a balance to be achieved between allocating resources to research into the 'high-end' level of specialist services such as cardiovascular and respiratory services and conveying the benefits of this to patients receiving treatment at the lower levels.

In response these questions and comments, Mr Adler, and Mr Wightman commented:-

- that the census information was not too critical to the direction of travel issues in the Strategic Direction but they would be required at lower levels of service implementation which would need to focus on demographic changes for service provision.
- the headline statistics of the census had been discussed with the City Mayor. Generally the population in the City was getting younger, there were fewer elderly people living alone and employment prospects were improving, which had a positive impact upon the health of the population. The opposite set of factors generally applied to the County and the Trust's ability in getting the right balance of service provision would be key to the whole process.
- dementia champions had recently been launched within the hospital, and the treatment of the frail and elderly in emergency department was being re-worked and much more could be done to avoid the frail and elderly being admitted to hospital through home care initiatives.
- the issue of discussions with bus operators would be taken on board and referred to the Trust's transport co-ordinator.
- the new model for undertaking glaucoma tests at opticians was merely one option, other options could include conducting the test at GP surgeries and hospitals.

- the Strategic Direction had been discussed with the three CCG Board's and the had not identified any incompatibility issues.
- some work had been carried out with patients groups to let the know the benefits of research to lower levels of service but it was recognised that more could be done, and the suggestion of building these benefits onto regular communications was accepted.

In summary the Chair commented that generally service provision worked less well where there were several organisations involved in providing the services. The Commission needed to better understand these relationships in order to be able to scrutinise these processes in a more structured way in the future. The Chair also commented that the emphasis of the Better Care Together concept had been a joint approach with a community services and primary care involvement, whereas the current approach appeared to lack this and be focused on the UHL only.

RESOLVED:

that the report be received and that Mr Adler be thanked for his update on the current strategic direction of the Trust.

16. UNIVERSITY HOSPITALS LEICESTER TRUST (UHL)- DRAFT QUALITY ACCOUNT 2012-13

The University Hospitals of Leicester Trust submitted a report on its Draft Annual Quality Account 2012/13. The Commission was requested to comment upon the report and Quality Account. Sharon Hotson, Director of Clinical Quality, University Hospitals of Leicester Trust, presented the report and stated that this was the fourth year of the Quality Account reporting system and there has been a conscious effort to produce a more accessible and reader friendly report whilst still complying with the within the NHS Guidelines for producing the report.

Page 40 onwards of the report set out the Quality and Safety Commitment statements for 2013/16 and which had developed with staff and LINks involvement. Page 48 onwards contained the statutory statements required by the NHS Guidelines. The draft Quality Accounts had been shared with Healthwatch and CCG colleagues and Healthwatch had responded and their comments would be incorporated into the final report. The report would be submitted to the June Board meeting of the Trust and the final version, incorporating comments from consultees, had to be published on the NHS website by the end of June.

Members made the following observations on the draft Quality Account Report:-

- It was pleasing to see improvements of some of the local indicators even if these were still no so good compared to the national average. The direction of travel in improvement was welcomed.
- Additional support facilities, including parking, should be provided for

family and relatives as part of 'End of Life Care.'

- The low level of staff (55%) who would recommend the provider to friends or family needing care was disappointing when compared to the national average (64%).
- A breakdown and better understanding of the differing groups involved and how they inter-play with each other would be useful, together with an understanding of proposals to target hard to reach groups.

In response, it was stated that:-

- The improvement in mortality rates was pleasing but the Trust wished to continue this improvement so that it was in the national top 25 quartile.
- The issue of staff recommending the provider to friends and family would be addressed through the Listening Into Action and Quality Care initiatives. It was however, pleasing that the equivalent rate for patient recommendations had risen from 51% in 2012 to 64% in 2013.
- An open invitation was extended to any member of the Commission to visit the hospital to see how services were provided.

The Healthwatch representative expressed appreciation to the 20 LINk members in the City and County who had been involved in consultations on the Quality Account and for Health watch to be involved in the future.

RESOLVED:

that the draft Quality Accounts 2013/16 be received and the invitation for Members of the Commission to visit the hospital to see how services are provided be welcomed.

17. UPDATE ON LLR NHS 111 SERVICE MOBILISATION

The Leicester City Clinical Commission Group (CCG) submitted a report providing an update on the non-emergency NHS 111 number service. Dr Simon Freeman, Managing Director of the Leicester City Clinical Commissioning Group presented the report.

The original intention had been for the NHS 111 service to be fully operational nationally by Easter 2013. Historically, GP's in Leicester had opted to provide an out of hours service by a third party through the Local Medical Committee. (LMC) The GP's and the LMC were originally reluctant to transfer the call handling to the NHS 111 system but these issues were resolved in December 2012. As a result of this delay a request was made to the Department of Health to delay the launch of the NHS service for six months. Following an invitation tender exercise the contract was awarded to Derbyshire Health United (DHU), a non-profit social organisation based in the East Midlands. DHU already provide out of hours services and NHS 11 services to Derbyshire, Nottinghamshire and Northamptonshire. A contract was signed in March 2013 and the project team began working with DHU to implement the system.

The service was scheduled to go live in September 2013 but work was still on-going to achieve this. The current NHS Direct Service handled approximately

60,000 calls from Leicestershire patients. The NHS Direct service is intended to scale down as the NHS 111 service is introduced across the nation. Although this transition from NHS Direct to NHS 111 is being monitored by a Health Select Committee, the NHS Direct service is likely to be turned off in September 2013.

The Healthwatch representative indicated that they had asked for Quality Impact Survey but had not yet received it. Dr Freeman replied that the West Leicestershire CCG were leading on the implementation of the NHS 111 service on behalf of all three CCG's in the City and County and suggested that Healthwatch contact the lead officer.

Members commented that it was important to ensure that NHS 111 when implemented was fit for purpose when it went live, particularly in view of the current pressures being placed on the Accident and Emergency Unit in Leicester.

RESOLVED:

that the report be received and that the comments made upon the report be taken into account by the West Leicestershire CCG when implementing the NHS 111 system.

18. UNANNOUNCED VISITS TO UNIVERSITY HOSPITALS OF LEICESTER TRUST

The Leicester City Clinical Commission Group (CCG) submitted a report on the outcomes of unannounced visit to the Leicester Royal Infirmary. Dr Simon Freeman, Managing Director of the Leicester City Clinical Commissioning Group and Dr A Prasad, Co-Chair of the Leicester City Clinical Commissioning Group presented the report.

The CCG had undertaken a number of unannounced visits to the General Hospital and the Royal Infirmary in February and March 2013. The visits had been made following concerns expressed previously by GP's., the Quality Care Commission, Leicestershire County Council's Overview and Scrutiny report on its visit and outcomes in July 2012 and a number of anecdotal reports.

Eight out of the ten wards visited were assessed as providing good care and two wards were identified where concerns remained about the quality of care provided. The CCG were, however, impressed with the way in which the UHL Trust had responded to these concerns and the steps they were taking to redress the issues.

The CCG were continually developing closer working relationships with the Trust and it was a delicate balancing act to achieve satisfactory safe outcomes for the quality of care provided without having to implement punitive penalties as a last resort.

Members welcomed the report and its outcomes but felt more could be done to improve the function and operation of the discharge lounges where patients

had expressed feeling extremely disorientated during the discharge process.

RESOLVED:

1) that the report be received and the response to the issues raised in the report by the University Hospitals of Leicester be welcomed; and

2) that a further update on this and future visits be submitted to the Commission in future.

19. UNIVERSITY HOSPITALS OF LEICESTER TRUST (UHL) - EMERGENCY DEPARTMENT ASSESSMENT SERVICE

The Leicester City Clinical Commission Group (CCG) submitted a report on the pilot programme to refer non-urgent cases presenting at the Urgent Care Centre to GP's. Dr Simon Freeman, Managing Director of the Leicester City Clinical Commissioning Group and Dr A Prasad, Co-Chair of the Leicester City Clinical Commissioning Group presented the report.

It was reported that the three CCG's had been working together to develop an assessment centre that patients flow through before entering the emergency department. Approximately 150,000 attended the emergency department at the University Hospitals of Leicester (UHL) in 2010/11, and approximately 30,000 of these were deemed to have been avoidable.

The aim was to provide a single point of entry to the Leicester Royal Infirmary Hospital to be operated 24 hours a day and 7 days a week. People attending will be assessed by a nurse and then either ;-

- discharged with self-care advice or prescribed medication if appropriate;
- an appointment made for them to see their GP within 24 hours; or
- directed to the urgent care centre for treatment.

It was anticipated that approximately 75, 000 patients will use the assessment service at an average of 8.5 patients per hour. The service will have the capacity for an average of 12 patients per hour and this would be monitored through a key performance indicator. Currently there were 2 separate IT systems used by GPs and the hospital and it was planned to integrate these systems. In the short term the assessment system would have access to the GP system and re-input patients details from one system to the other. The patient should not see any disruption from this data input but should benefit as their details and medical history would be seen by those assessing and treating them.

This assessment model had been used successfully elsewhere in the country and it was envisaged that it would be successful in Leicester. Currently 56 of the 64 GP practices had signed up to the new model by offering dedicated slots for emergency appointments under the assessment model. There would be some reconfiguration of the existing layout at the hospital to improve through

puts and increase the number of assessment facilities by reducing the number of resuscitation facilities which are currently underused. It was hoped to have the system in place for the winter months to be ahead of the demand curve for service during this period.

Members commented that this was a welcomed and exciting initiative, and commented that good communication with patients about the various stages of the process was a key element to reducing patient anxiety.

RESOLVED:

that the report be received and welcomed and that a further report be submitted in six months times providing an update and review of the operation of the new assessment model for the single door entry system for the emergency department.

20. PUBLIC HEALTH RESPONSIBILITIES

The Divisional Director Public Health submitted a report on the Public Health responsibilities, budget and work programme following the transfer of the public health function to the City Council on 1 April 2013.

It was noted that all existing Public Health contracts transferred to the City Council on 1 April 2013, and there would be a two year programme of assessing the requirement for the re-commissioning and re-procurement for the services involved. Some of the contracts were long term and it could take some years to implement changes.

The details of the budget for Public Health was currently being discussed with the Council's executive. Following the transfer of Public Health responsibilities to the Council in April, the Council had become a co-signatory to the existing Clinical Commissioning Groups' contracts for the services commissioned from the University Hospital of Leicester and the Leicestershire Partnership Trust prior to the transfer of public health responsibilities. The report also contained an organisational staff structure and an appendix listing the responsibilities being undertaken according to local need as identified through the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. A list of current commissioned services and their funding was also outlined.

Members commented that the organisational staff structure chart appeared to indicate a top-heavy management structure. In response, the Divisional Director Public Health commented that the four Speciality Registrars were public health trainees attached to the department as part of a 5 year training programme and were not employed by the Council. Members' comments would be taken on board about the appearance of the staff structure chart.

RESOLVED:

that the report be received and that Members give further discussion on the function and commissioned services at their private meeting.

21. HEALTHWATCH LEICESTER - SCRUTINY PROTOCOLS

Healthwatch Leicester submitted a report setting out the protocols for the relationship between the Commission and Healthwatch Leicester for the active scrutiny of health and wellbeing issues.

The Chair commended the report for setting out the relationship between Healthwatch and the Commission and stated that Healthwatch would essentially have the role and function of being an expert witness in the Commission's work. He also referred to the functions of the Commission in the protocol and stated that it did not reflect the current responsibilities of the Commission under the current regulations for Health and Wellbeing Boards and Health Scrutiny and these need to be changed to reflect the wider role of scrutinising health issues and health provision for the City.

RESOLVED:

that the report be welcomed and received.

22. ITEMS FOR INFORMATION / NOTING ONLY

a) Health and Wellbeing Board

The Chair reported that the inaugural meeting of the Health and Wellbeing Board took place on 11 April 2013. The Board approved 'Closing The Gap' the Leicester City Joint Health and Wellbeing Strategy. A copy of the Strategy had previously been sent to Commission Members.

The minutes of the Board could be found at the following link:

http://www.cabinet.leicester.gov.uk:8071/ieListMeetings.aspx?CId=728&Year=0

The Closing the Gap Strategy can be found at the following link:-

http://www.cabinet.leicester.gov.uk/documents/s54169/NHS%20JHWBS%20brochure-final3%20020413.pdf

It was agreed that the minutes of the Health and Wellbeing Board should be printed with the agenda in future.

b) Glenfield Children's Coronary Care and ECMO units

The Chair provided an update on the current situation following the submission of Independent Reconfiguration Panel's report to the Secretary of Health on their review of the previous decision to transfer the Paediatric Congenital Heart Surgery Unit and the ECMO Unit to Birmingham Children's Hospital. He stated that he had spoken to Vice Chair of the Leicestershire, Leicester and Rutland Joint Health and Scrutiny Committee with a view to sending a letter to the Secretary of State requesting that a decision be made as soon as possible to remove the uncertainty for all those involved in the process. The Director of Communications and External Relations stated that it was understood the

Secretary of State and NHS England had arranged a meeting with the Chairs of the Royal Colleges and it was expected that an announcement could follow shortly afterwards.

c) Speech by the Secretary of State - 'We will rise to the challenge of an aging society.'

The Chair referred to a speech by the Secretary of State on provision health services for an aging society which he felt provided some useful information and asked officer to circulate it to members of the Commission. It can be found at the link below.

https://www.gov.uk/government/speeches/will-we-rise-to-the-challenge-of-an-ageing-society

d) Local Healthwatch, Health and Wellbeing Boards and Health Scrutiny Guide – Centre for Public Scrutiny

The Chair referred to the above Guide and stated that it contained very useful information and indicated that it would be circulated to members of the Commission.

e) Conference – Centre for Public Scrutiny

The Chair referred to a conference being hosted by Derbyshire County Council in Matlock on 8 July on developing relationships between health scrutiny and the NHS England and Public Health England. He stated that he was unable to attend but felt that it would be useful for a Commission member to attend and report back to the Commission at a later date. Details of the conference would be circulated to members after the meeting.

23. ANY OTHER URGENT BUSINESS

The Chair stated that he had agreed to take an item of Any Urgent Business on the Leicestershire Partnership Trust – Draft Quality Account 2012/13 as comments had been requested before the next scheduled meeting of the Commission.

RESOLVED:

that Leicestershire Partnership Trust – Draft Quality Account 2012/13 be considered as an item of Any Other Urgent Business.

24. LEICESTERSHIRE PARTNERSHIP TRUST - DRAFT QUALITY ACCOUNT 2012/13

It was reported that the Leicestershire Partnership Trust (LPT) had submitted their Draft Quality Account 2012/13 to the Commission asking for comments by 28 May 2013, but too late to be included in the scheduled items for the agenda.

Following the publication of the agenda a further update had been received from the LPT to the effect that they had a legal obligation to consult with the County Overview Scrutiny Committee as the LPT is based in Enderby, but they

did not have a legal obligation to consult with the Commission. However, they did value comments from the City, as well as the County, and would continue to send their Quality Accounts for this reason.

LPT felt there was no need to provide an executive summary report to the Commission, as they would expect to receive comments, if any, in writing, from the Commission on their Quality Accounts document.

The Chair had been minded previously to hold a special meeting to consider the draft Quality Accounts but the LPT had since indicated that they felt this was not necessary. The LPT would be reporting back to their Board in late June.

The Chair commented that he was disappointed by the LPT's response as he felt that it was in their interests to consult with the Commission as the Commission scrutinised LPT services that affect the provision of health for inhabitants of the City and also commissioned services from the LPT.

RESOLVED:

That the LPT's Draft Quality Accounts 2012/13 and the Chair's comments be noted.

25. CLOSE OF MEETING

The meeting closed at 4.40 pm