



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 25 FEBRUARY 2014 at 6.30pm

P R E S E N T :

Councillor Cooke – Chair
Councillor Sangster – Vice-Chair

Councillor Chaplin
Councillor Cleaver

Councillor Desai
Councillor Singh

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109. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Grant and Councillor Westley who was absent on other Council business.

110. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business on the agenda. No such declarations were made.

111. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 14 January 2014 be confirmed as a correct record.

112. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

113. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations and

statements of case had been submitted in accordance with the Council's procedures.

114. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2013/14.

RESOLVED:

that until the response to the 'Fit for purpose Review' have been implemented by the Commission, the Work Programme be noted and referred to the first meeting of the Commission in the new municipal year.

115. CORPORATE PLAN OF KEY DECISIONS

RESOLVED:

that until the response to the 'Fit for purpose Review' have been implemented by the Commission, the items in the Corporate Plan of Key Decisions that would be taken after 1 March 2014 be noted and be considered further at the first meeting of the Commission in the new municipal year.

116. CITY MAYOR'S DELIVERY PLAN - UPDATE

The Divisional Director of Public Health submitted a report on the changes to the revised City Mayor's Delivery Plan 2013/14 in relation to Public Health issues.

Details for these changes were highlighted in the report and an extract of the Section in City Mayor's Delivery Plan for a Healthy and Active City was also circulated to Members before the meeting. It was noted that there were four changes which were relatively minor in detail relating mainly to improved descriptions of performance indicators.

Councillor Palmer commented that all 9 priority themes in the Delivery Plan had health implications and addressed elements of reducing poverty and health inequalities and that the priorities in the Healthy and Active City should not, therefore, be seen in isolation. Health and wellbeing also benefitted from the improvements in the built and natural environment, low carbon emissions and reducing levels of deprivation etc. The Healthy and Active City priorities were also linked to the 'Closing The Gap' strategy and there were sufficient mechanisms in place to monitor performance against the targets in the Plan. The Director of Public Health also had a statutory requirement to publish an Annual Report on Public Health performance.

RESOLVED:

that the changes to the City Mayor's Delivery Plan relating to a Healthy and Active City and the Deputy City Mayor's comments be noted.

117. DRAFT SCOPING REPORT FOR SCRUTINY REVIEW

Members considered a draft scoping report for a proposed scrutiny review on 'Mental Health Services specifically for Young Black/Black British Men (specifically African, African Caribbean) in Leicester.'

Following Members' comments, the Chair stated that the review originally stemmed from outcomes in the 'Sadness in My Heart' report which had been instrumental in the realisation that it was not practical to undertake a widespread review of the entire BME community as this would be too overwhelming. Although the scope of the review may appear to be narrow and restrictive it was based upon evidence of particular issues amongst the review group. However, the focus of review would have to recognise implications of any evidence that may initially be received in the early stages of the review, outside the scope of the review.

RESOLVED:

that the terms of references in the scoping report be endorsed and that they be submitted to the Overview Select Committee for approval.

118. GENERAL FUND BUDGET 2014/15 TO 2015/16

The Strategic Director for Adult Social Care and Health submitted a report on General Fund Budget 2014/15 to 2015/16. It was noted that the original intention for considering this report was to allow the Scrutiny Commissions to submit comments for subsequent consideration by the Overview Select Committee (OSC) at its meeting on 13th February. However, the report was not available for the Commission's last meeting on 14 January 2014.

The OSC considered comments received from scrutiny commissions that had met prior it meeting and have reported their views to the City Mayor, prior to the City Mayor making his final proposals to the Council meeting on 26th February, 2014 when the final budget would be approved.

A copy of a presentation on a briefing for Members on the Public Health Budget was also submitted for information.

Councillor Palmer made the following comments and observations on the budget proposals:-

- There had been a fundamental difference in approach to the budget setting process this year and that the savings targets identified in previous years had been rolled forward to be delivered.
- There would be 18 major service spending reviews and the City Mayor acknowledged that there needed to be an agreed approach to how scrutiny commissions and the Overview Select

Committees would be involved in these reviews over the next two years.

- The current year had been the first year of inheriting public health responsibilities from the NHS and the emphasis had been to take stock of the new services during the transition period and to ensure that there was no interruption in service provision.
- The priority was now changing it was important to examine how the ring fenced public health budgets were spent and where the priorities for service provision should be focused. 33 commissioning reviews of public health procurement had been initiated as part of this changing priority. These reviews would also be linked to the Corporate Procurement Plan.
- The service reviews would look at each service afresh and would not simply be a mechanism for rolling on the service provision. For example, some priorities currently contracted out may be better placed within the Council to combine elements of control and delivery through Trading Standards, Licensing and Public Health services.

Following comments made by Members, Councillor Palmer stated:-

- It was intended that all the public health service reviews would be considered by the Commission but discussions would take place with the Chair to decide at which point of the overall process would give the most added value.
- The Council's priorities could change over the next 2 years as the understanding of need changed together with the greater understanding of the services arising from the review. It was hoped that there would be a reasonable amount of flexibility and innovation for providing services within the 'ring-fenced' public health budgets
- Flexibility would need to be built into the commissioning process to provide for possible break points and reshaping service delivery should expectations and spending priorities change.
- It would be helpful if all scrutiny commissions included health inequalities impact considerations in resolutions when they considered reports on proposed service changes. There was a challenge for everyone to consider how any changes may impact upon physical or mental health and to draw attention to them.
- He was yet to be convinced that including a health implication comment on all reports would achieve or secure the change in culture required, as sometimes the other categories of comments on reports were seen as a 'tick-box exercise'.

In closing the Chair welcomed Councillor Palmer's comments relating to inward commissioning as he believed that with the re-integration of the public health functions within the Council some services could be provided in more holistic manner. He also felt it was disappointing that there had not been an Equality Impact Assessment of the budget proposal this year, as this had been useful in previous years to assess the positive, negative or neutral effects of proposals on health. However, he felt that it would not be unreasonable to ask the Public Health Teams to provide assessments on the impact on health and inequalities of the service reviews.

RESOLVED:

- i) that the report and the Deputy City Mayor's comments be noted; and
- ii) that the Public Health Teams be asked to provide assessments on the impact of on health and inequalities of service reviews.

119. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING/ANNOUNCEMENTS

The Commission received an update on the following items that had been considered at a previous meeting:-

1) Congenital Heart Disease Review

The update reports listed below in relation to the Congenital Heart Disease Review were received.

- a) Notes of a Meeting between NHS England and Local Authorities held on 8 January 2014.
- b) 15th NHS England Bulletin – 13 January 2014
- c) 16th NHS England Bulletin – 27 January 2014
- d) 17th NHS England Bulletin - 10 February 2014

Documents mentioned in the above Bulletins can be accessed at following link:-

<http://www.england.nhs.uk/category/publications/blogs/john-holden/>

There would be a meeting of the reconvened group meeting of the Congenital Heart Disease Review of 6 March 2014.

2) East Midlands Region Health Scrutiny Network Event

The East Midlands Region Health Scrutiny Network Event was hosted by Leicester City Council on 17 February 2014. Notes of the event would be circulated when available. The event had discussed a number of issues relating to the relationship between scrutiny committees and Health and Wellbeing Boards. The long awaited Department of Health guidance on local author scrutiny of health was expected to be issued in the near future.

3) Financial Position of the University Hospitals of Leicester NHS Trust

It was noted that no further update on the financial position had been received, but a Special Meeting of the Health and Wellbeing Board the following week was discussing the Urgent Care/A&E at UHL. Members of the Commission were welcome to attend and an agenda would be circulated for information after the meeting. The meeting was also being web-cast.

It was also noted that a number of ad hoc initiatives had been tested to improve the performance of waiting times at the A&E unit. The effectiveness of these would be discussed next week together with the knock-on effect on routine services by poor performance in A&E waiting times.

4) Paediatric Audiology Services

It was noted that a review on the Paediatric Audiology Services had been considered by the Children Young People and Schools Scrutiny Commission at which it was stated that the service was not commissioned by Children's Services. It was confirmed that the service was commissioned through the public health budget, although the responsibility for the majority of staff engaged in the service was through the Clinical Commissioning Group.

5) Healthwatch

The draft protocol relating to the relationship between Healthwatch Leicester and the Council was being revisited and would be submitted for approval at the next meeting

6) Early Years Public Health Provision

A briefing paper on the service would be submitted to the next meeting of the Commission in advance of the service being transferred back to the Council in April 2015.

7) Mental Health Summit

The next summit Chaired by John Ashworth MP would be held at the DeMontfort University on 7 March 2014.

8) Fit for Purpose Review

Following the Development Session of the Commission earlier, the Action Plan

arising from the CfPS review would be circulated to Members for consultation and comment with a view to endorsing it at the next meeting.

120. CLOSE OF MEETING

The meeting closed at 7.40 pm