



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 1 JULY 2014 at 5.30pm

P R E S E N T :

Councillor Cooke – Chair
Councillor Cutkelvin – Vice-Chair

Councillor Chaplin

Also in Attendance:

Councillor Palmer	Deputy City Mayor
Rod Moore	Divisional Director, Public Health
Richard Morris	Chief Corporate Affairs Officer, Leicester City Clinical Commissioning Group
Surinder Sharma	HealthWatch Leicester

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Glover, Grant and Sangster. An apology of absence was also received from Mr Alan Duffnell, Director of Human Resources and Operational Director, Leicestershire Partnership NHS Trust.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 8 April 2014 be approved as a correct record.

4. MEMBERSHIP OF THE COMMISSION

RESOLVED:

That the membership of the Commission following the Annual Meeting of the Council on 29 May 2014 be noted as follows:-

Chair: Councillor Cooke
Vice Chair: Councillor Cutkelvin
Councillors Chaplin, Glover, Grant, Sangster and Wann.
1 unfilled Labour Group place.

5. DATES OF COMMISSION MEETINGS

RESOLVED:

That the dates of meetings of the Commission approved at the Annual Meeting of the Council on 29 May 2014 be noted as follows:-

1 July 2014
6 August 2014
23 September 2014
4 November 2014
16 December 2014
27 January 2015
10 March 2015
21 April 2015

6. INTRODUCTION TO THE WORK OF THE COMMISSION

The Chair, together with the Divisional Director, Public Health, gave a short introduction to the work of the Commission. A short video produced by the Kings Fund was shown as a useful guide to the structure of the NHS in England. A brief guide to health structures from 2013 was also circulated to members at the meeting.

The Chair commented that health scrutiny involved a complex and widespread subject area which had grown further by the Council taking on the public health function in April 2013. It was not possible to scrutinise all issues of concern in any single year and the Commission, therefore, needed to focus on specific areas over a two/three year cycle. He felt that the future work areas could include budgetary priorities and focus on the work of the Council either through scrutinising the work of the public health team or the work of the Health and Wellbeing Board with a view to adding value to what was already being done by the Council.

The Divisional Director, Public Health, circulated a short discussion paper

which identified number of factors that could be discussed when considering priorities for the Commission's forward plan. These included:-

- The major health and wellbeing issues faced by the City included in major strategy and policy documents.
- An understanding of the population demographics and their health needs identified in the Director of Public Health's Annual Report or Joint Strategic Needs Assessment.
- Specific issues raised by public/patient organisations and HealthWatch etc.
- Stakeholders concerns such as those raised through the recent engagement events with the voluntary and community sector.
- Awareness of other inspections and governance work carried out by the Care Quality Commission, Monitor and Chief Inspector of Care, particularly to avoid duplication.

Other factors which could influence the Commission's priorities could be the Strategic Priorities in Closing the Gap – Leicester's Health and Wellbeing Strategy 2013-2016 and the main causes of premature deaths in Leicester such as cardiovascular disease, diabetes, cancer, respiratory disease and infant mortality. Other significant areas of health which have been identified as having a relevant impact upon the health of residents could also be considered such as:-

- the promotion of mental health and treatment and support for those with mental illnesses.
- Sexual health and HIV.
- Oral health.
- Health protection - immunisation, screening and health protection.

During discussion the following comments were made which should also be considered:-

- Patients and users needed to be included in the planning of services and not just the quality of service delivery.
- Work needed to be undertaken with the Health Trusts to allow sufficient time for the Commission to consider and make comments on Quality Accounts in advance of the statutory deadlines, rather than the current practice where the Commission has to consider them after the deadline.

- Although the performance in the Accident and Emergency had improved to over 90% of patients being treated within the 4 hour target period; there was an emerging picture that there was a high proportion of elderly people waiting longer during the 4 hour period.
- The research work undertaken by Leicester University could be of interest to the Commission. The Deputy City Mayor commented that the public health team were already engaged with research projects at both Leicester University and De Montfort University and some of this work had been considered in relation to the work of the Health and Wellbeing Board.
- HealthWatch commented that many reports they considered did not have equality impact assessments to demonstrate that services and proposals for change had taken these considerations into account. Commissioners should be aware that HealthWatch needed this information in order to inform their work and priorities.

The Chair commented that a number of the issues above could be best dealt with by including them in scoping documents and commissioning requirements for services. He also felt that the scrutiny function could also be undertaken by Task Groups of 2 to 3 members to look at specific issues and report back to the Commission.

7. PETITIONS

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

8. 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.

9. DISCUSSION ON FUTURE WORK PROGRAMME

The Chair led a discussion to formulate and prioritise the future work programme of the Commission. The discussion included the following topics and documents:-

- a) The Chair and Vice Chair provided feedback from two open sessions held on 4 and 5 June with representatives of voluntary and community sector groups. A draft copy of the summary of the feedback from the two sessions was previously circulated with the agenda.

- b) Draft Work Programme
- c) Corporate Plan of Key Decisions
- d) Implementation Plan for the 'Fit for Purpose Review'.

The Chair commented that the two open sessions held with representatives of voluntary and community sector groups had resulted in different outcomes. One had focused on specific issues and concerns that attendees had in relation to health and the other had focused more on procedures and commissioning processes.

Members' considered the topics/issues raised in the feedback summary from the two open sessions and made the following comments:-

- Lack of Support for Carers – It was more appropriate for Adult Social Care Scrutiny Commission to lead on this and Health and Wellbeing members invited to take part.
- Homelessness and Health – add to the work programme.
- Social Model of Communities and Health – Impact of Increasing Austerity on Health and Communities - the Social Care Act and Changes in Earning and Benefits. All four topics raised general issues which should be borne in mind when dealing with specific issues. Councillor Chaplin (Chair of Adult Social Care Scrutiny Commission) stated that the Commission would be receiving a briefing on the Social Care Act in August and would extend an invitation for Health and Wellbeing Scrutiny Commission members to attend.
- Food Banks and Health – Add to work programme and the Commission receive a presentation on what they were and how they operated. It was noted that whilst the Neighbourhood Services Community Involvement Scrutiny Commission and the Assistant City Mayor for Neighbourhoods had already undertaken some work in this area, they were equally relevant to the Commission in terms of their impact upon health and the changing nature of the food being provided and the public health implications for the training needed by volunteers for food handling, preparation and storage. The recent report considered by the Commission on the oral health of Leicester had also identified the need to include toothbrushes and toothpaste in the food bank parcels.
- Closure of Residential and Day Care Services – Adult Social Care Scrutiny Commission had already looked at the issue and would be revisiting the issue again later in the year.
- Communities of Interest – LGBT and Pagan and MSK Pain – The Chair had offered to visit the organisations involved and these were being organised. The Vice Chair was invited to attend a meeting with LGBT together with members of the Adult Social Care Scrutiny Commission's

Working Party on LGBT.

- Access Talking Therapies – Add to work programme as reserve item.
- Befriending Service – add to work programme. This would also be considered by the Adult Social Care Scrutiny Commission in relation to the Winter Care Plan.

The Chair and Vice Chair had offered to visit the Boards of all Voluntary and Community Sector organisations that had attended the open sessions to establish a mutual understanding of each other's work.

The Chair also commented that he felt that the Commission should also add the following to the work programme:-

- The Impact of Air Quality on Health as recent research had identified that 250-300 premature deaths were attributed to vehicle emissions.
- Capital Programme.
- Children and Adolescent Mental Health Services Review.
- Better Care Together – the Chair was currently in discussions with the Deputy City Mayor on how the Commission could support the Health and Wellbeing Board in monitoring this programme. The Chair felt it was disappointing that there was no mention of the Review of Congenital Heart Services in the programme. The Deputy City Mayor stated that he would raise this issue at the meeting of the Board later that week.
- Congenital Heart Services Review – to look at Stage 2 of the review process.
- Mental Health Charter/Challenge – to review the progress with the implementation of the Charter which the Council signed in January 2013.
- Complaints Procedures of the Council and NHS Trusts - a small group would look at the process of what aspects of this data driven process the Commission should consider in future.
- Director of Public Health's Annual Report.
- Reports which the HealthWatch representative felt should be considered by the Commission.
- Implementation Plan arising from the Fit for Purpose Review.

The Commission also discussed the current initiative for a growing number of

CCGs applying to be considered in the co-commissioning of GP services. The Chief Corporate Affairs Officer, Leicester City Clinical Commissioning Group stated that the CCG could provide a report focussing on the current direction of primary care and how improvements could be achieved. Members commented that primary care services were provided by a number of health professionals other than GPs. The Deputy City Mayor commented that he had reservations that co-commissioning was not the best way forward.

RESOLVED:

That the issues identified above be incorporated into the Commission's work programme and the comments made by members above be taken into account during the consideration of items by the Commission.

10. HEALTHWATCH PROTOCOL

The protocol concerning the relationship between the Commission and Healthwatch Leicester was received. The protocol had been amended, as requested at the last meeting. It was noted that the protocol would be signed by the Chair of the Commission and the Chair of Healthwatch.

RESOLVED:

That the protocol be received and signed by the Chair.

11. REVIEW OF MENTAL HEALTH SERVICES FOR BLACK BRITISH YOUNG MEN IN LEICESTER - UPDATE

The Chair provided an update on the review of Mental Health Services for Young British Black Men in Leicester.

It was noted that a briefing for Members' on the review had been arranged for 8 July 2014 given the new membership of the Commission. A review meeting to receive evidence would be held on 22 July 2014 and this would be followed by a further meeting soon afterwards to shape the contents of the review report.

The HealthWatch representative asked whether dual heritage families would be part of the review. The Chair commented that it was not part of the original scope for the review, but the issue could be considered at the briefing for Members.

RESOLVED:

That the update be noted.

12. CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) REVIEW

The Commission noted that the Leicestershire Partnership NHS Trust were relocating the specialist inpatient child and adolescent mental health service (CAMHS) currently based at Oakham House on the Towers site. It was

proposed to move the service to Coalville Hospital's Ward 3 at the end of March 2015, following the sale of the current building. A period of engagement was launched on 27 May to present the reasons why the move was considered the best option and to gain the views of service users, their families, partners and other stakeholders.

The report on the relocation of the CAMHS inpatient service had been published and could be seen via the following link:

<http://www.cabinet.leicester.gov.uk:8071/ieListDocuments.aspx?CId=667&MId=6536&Ver=4>

The Children, Young People and Schools Scrutiny Commission considered the issue at its meeting on 25 June 2014 and members of the Commission had been invited to attend for this part of the meeting.

Following the meeting, the Chair of the Children, Young People and Schools Scrutiny Commission and the Chair of the Health and Wellbeing Scrutiny Commission had sent a joint letter to the Chief Executive of the Leicestershire Partnership NHS Trust setting out the reasons for the Commission not supporting the proposed move of the service to Coalville. A copy of the letter was circulated to Members of the Commission for information.

Following a question from a Member, it was stated that the issue of re-locating the service to the Glenfield Hospital site had been discussed further with the Trust as it was understood that if sufficient funds were available, the service could have been relocated there. The Deputy City Mayor commented that this issue had been considered further since then but it needed to be seen in the context of the overall plan for reconfiguration of services within the Trust which has not yet been made public. The Health and Wellbeing Board would look at this in the future and the Commission could make recommendations to the Board on any proposals.

The Chief Corporate Affairs Officer, Leicester City Clinical Commissioning Group agreed to look at how the service was commissioned with NHS England and report back to the Commission.

RESOLVED:-

That the update be received and that review be considered as part of the work programme as discussed earlier in the meeting.

13. QUALITY ACCOUNTS 2013/14

a) University Hospitals of Leicester NHS Trust (UHL)

The Commission was asked to note that the University Hospitals of Leicester NHS Trust (UHL) submitted their draft Quality Accounts 2013/14 asking for comments by 28 May 2014.

As there had been no meetings of the Commission between 8 April, and this meeting, there had not been an opportunity for the Commission to make

comments. The Chair had written to UHL welcoming their offer to present the draft Quality Accounts and explaining why comments could not be submitted by the deadline. The Chair had also accepted UHL's invitation for Members of the Commission to make a visit to the hospitals to see how services were provided.

The Final Quality Accounts had been considered by UHL's Board on 26 June and these were circulated to members of the Commission prior to the meeting.

b) East Midlands Ambulance Service NHS Trust (EMAS)

The Commission noted a letter from EMAS on their Quality Accounts 2013/14. It had not been possible to submit comments on the draft for the reasons set out in a) above.

The final version of the Quality Accounts was published by 30 June 2014 on the NHS Choices website at www.nhs.uk or on the EMAS website www.emas.nhs.uk.

The Chair suggested that a sub-group of the Commission should look at the Quality Accounts and the process for considering them and submit recommendations to the next meeting on how these should be considered in the future.

RESOLVED:

That the Chair and the HealthWatch representative look at the Quality Accounts and their process and submit recommendations to the next meeting on how the Commission should receive and comment upon them in the future.

14. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

There was nothing to update on previous items which had not been covered elsewhere on the agenda.

15. ITEMS FOR INFORMATION / NOTING ONLY

The following items and information were noted by the Commission:-

a) Health and Wellbeing Board

The Annual Council on 29 May 2014 had increased the membership of the Board and the frequency of meetings from 4 meetings a year to 6 meetings a year. The current Terms of Reference for the Board were circulated to members for information.

The current membership of the Board was as follows:-

Councillors

Chair of the Board – Councillor Palmer - Deputy City Mayor
Councillor Dempster - Assistant City Mayor (Children, Young People & Schools)
Councillor Patel - Assistant City Mayor (Adult Social Care)
Councillor Sood MBE - Assistant City Mayor (Community Involvement, Partnerships & Equalities)

City Council Officers

Deb Watson – Strategic Director, Adult Social Care and Health
Andy Keeling – Chief Operating Officer
Elaine McHale – Interim Strategic Director, Children’s Services
Tracie Rees, Director, Care Services and Commissioning, Adult Social Care

NHS Representatives

Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group
Dr Simon Freeman, Managing Director, Leicester City Clinical Commissioning Group
Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group
David Sharp, Director, (Leicestershire and Lincolnshire Area) NHS England

Healthwatch/Other Representatives

Karen Chouhan, Chair, Healthwatch Leicester
Chief Superintendent Rob Nixon, Leicester City Basic Command Unit
Commander. Leicestershire Police
2 vacancies

b) CQC Programme of Inspections June to September 2014

A letter from the CQC on their programme of inspections from June to September 2014. The CQC would be invited to a future meeting to explain their function and role.

c) Checking the Nation’s Health

A copy of the Centre for Public Scrutiny’s publication ‘Checking the Nation’s Health – The value of Council Scrutiny’. The issue would be added to the work programme to see how the programme is being implemented.

16. CLOSE OF MEETING

The meeting closed at 7.00 pm