Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 16 DECEMBER 2014 at 5:30 pm

P R E S E N T :

Councillor Cooke (Chair)

Councillor Bajaj Councillor Chaplin

Sue Lock	Managing Director, Leicester City Clinical Commissioning Group
Richard Morris	Chief Corporate Affairs Officer, Leicester City Clinical Commissioning Group
Surinder Sharma	Healthwatch Representative

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74. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Glover and the Deputy City Mayor.

75. DECLARATIONS OF INTEREST

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

76. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 4 November 2014, subject to Surinder Sharma, health watch representative being added to those attending and the minutes of the Special Meeting held on 25 November 2014 be approved as a correct record.

77. PETITIONS

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

78. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

Mr Robert Ball submitted a question asking when the Commission would scrutinise the whole of the Better Care Together Programme. Mr Ball had attended the Health and Wellbeing Board the previous week when the Board had considered the progress being made with the programme. He was concerned that only parts of the programme were being scrutinised and felt that the whole of the programme should be scrutinised given the importance of the impact of the programme on the delivery of local health services.

The Chair commented that the Commission was programmed to consider this at the March meeting. The scrutiny of the programme would be an ongoing process given the complexity of the programme. Initially the Commission would scrutinise the consultation process for the programme as this would have a considerable impact upon the outcomes for the programme. There would be a phased review of elements of the programme as it progressed. The Commission would offer opportunities for all stakeholders to give evidence including the public and community groups. The Commission would need to focus on evidence and fact and not on opinions and thoughts. The Chair also commented that following the elections in May the membership of the commission would change and they would need to determine their own programme of scrutiny.

The Healthwatch representative also requested that an Equality Impact Assessment be submitted in March.

79. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2014/15.

The Chair stated that he proposed to look at a provisional work programme for the first six months of the next municipal year as a starting point for the new Commission. The following items were likely to appear on the programme:-

- Food Banks and Poverty
- NHS Complaints and City Council Complaints
- Healthwatch

RESOLVED:

That the work programme be received and the proposals for the future work programme be noted.

ACTION

The Scrutiny Policy Officer to add the items above to the draft work programme for 2015/16.

80. DEVELOPMENT SESSION - LOCAL AUTHORITY HEALTH SCRUTINY

The Chair stated that this item would be rescheduled to the next meeting as a number of members were unable to attend the meeting.

ACTION

The Scrutiny Policy Officer to arrange for the item to be placed on the agenda for the next meeting.

81. CONGENITAL HEART DISEASE REVIEW

The Chair reported that the joint response of scrutiny and the executive to the NHS England consultation on the on draft standards and service specifications for congenital heart disease (CHD) services had been published on 8 December and was not in the public domain at the time the agenda was published. The Councils response had since been circulated to members and was in three parts:

a) The formal response to Dialogue by Design who were providing the analysis of responses on the consultation to NHS England.

b) A letter to John Holden, Lead Officer for the Review.

c) A Briefing Paper on the review prepared by the Public Health Team.

Copies of the responses of University Hospitals of Leicester and Lincolnshire's Health Scrutiny Committee were also circulated to members at the meeting.

The Chair expressed his appreciation and thanks to staff in the Public Health Team who had worked on the response; particularly Kiran Loi, Public Health Specialty Registrar, who had undertaken a large part of the analysis of the proposed standards outlined in the consultation compared to the recommendations of the Secretary of State and the Independent Review Panel who had conducted the review of the outcomes of the Safe and Sustainable Review. He asked the Acting Director of Public Health to pass on his thanks to all concerned.

John Holden has also been invited to attend a meeting in Leicester to discuss the concerns relating to the review.

RESOLVED:

That the update report and the responses to the NHS England consultation exercise be noted.

82. CITY MAYOR'S DELIVERY PLAN 2013/14 - REVIEW OF PROGRESS

The Acting Director of Public Health submitted a report on the City Mayor's Delivery Plan 2013/14 which has been updated to review its progress.

The Chair commented that it was difficult to comment upon the health and wellbeing perspectives in the plan when these were not solely limited to the part on 'A healthy and activity city' but were interwoven in all the 9 parts of the plan. He felt 15-20 actions in the plan should be identified to form a snapshot of the progress being made to health and wellbeing overall. He had asked the Public Health Team to look at what these 15-20 indicators should be and the progress that was being made.

Members made the following comments and observations on the Plan: -

a) Were the performance measures in the plan adequate and was the methodology valid top reach the conclusion that progress was being made.

b) How often the performance measures are reviewed and by whom and what is done to ensure that target are achieved?

c) There should be an indication in the plan where actions have an impact upon mental and physical health.

d) It would be helpful to have a more project management approach with broad timescales and milestones of when scrutiny could be involved.

e) It would be helpful to know the extent of how the Director of Public Health's Annual Report informed the City Mayor's Plan.

f) Members of the Commission should also be involved in consultations on Council initiatives such as the recent Issues and Options consultation on the Development Plan.

In response, the Acting Director of Public Health stated that the City Mayor's Plan was originally prepared before the public health was transferred back to the Council. The Public Health Team are now involved in feeding health implications into future planning of all services to ensure that these are considered. The Health and Wellbeing Board were also receiving a programme of presentations from all Council departments outlining how their work contributed to health and wellbeing of inhabitants in the City.

RESOLVED:

That the City Mayor's Delivery Plan 2013-14 – Review of Progress be received and that the Acting Director of Public Health discuss the Commission's comments and observations on the Delivery Plan with the Deputy City Mayor.

83. SUBSTANCE MISUSE CONSULTATION

Members recieved a report providing background information to the consultation process which had started on 4 November 2014 in relation to the Substance Misuse Services. The servcies have been identified as part of the Councils Spending Review Programme for 2016/17, and the city council was exploring whether £1million could be saved from the overall pooled substance misuse budget of £8.3 million.

In order to achieve a new service model within the reduced financial envelope, the consultation exercise has been designed to gain the views of key stakeholders over the future design of services.

The Head of Commissioning, Care Services and Commissioning, Adult Social Care stated that key stakeholders had been engaged in the consultation which would end in December. The consultation approach had been planned to take place in two stages. The current consultation was aimed at assess the need and interest in providing a combined Leicester, Leicestershire and Rutland service which could also include HMP Leicester and areas of need. Three other areas of service were also being considered as part of the consultation. These were the needs of young adults, new and emerging drugs and meeting the needs of Leicester's diverse population. The second part of the consultation would be more focused on the design of the services following the outcome of the first consultation.

Following questions from members, the Head of Commissioning stated:-

- 41 responses had been received so far been received to the online consultation.

- The consultation was targeted towards stakeholders, providers, users and carers.

- A report on the outcome of the consultation and the way forward would be produced.

- The Housing Department had recently let a 12 month contract for an element of the service which was currently outside the contract period for the remaining services. This 12 month contract would allow it to be included with the other services in any future contracts if a combined approach was pursued.

- There were benefits in having a combined Leicester Leicestershire and Rutland provision as it would give a consistent delivery of the service which would help recipients if they moved between the current three providers. There would also be savings to be achieved through economies of scale.

Members also commented that:-

a) The service should not be reviewed in isolation as it had implications for other services and these needed to be taken into account. An Impact Assessment should be produced to consider the financial impact upon acute health services if funds were taken from the preventative measures carried out in the primary care and social care sector. There were also implications for anti-social behaviour, crime and disorder as well and health and wellbeing in reducing the provision of these services.

b) The Healthwatch representative also commented that VAL did not reach all interested stakeholders and groups such as Lesbian Gay, Bisexual and Trans, Somali and East European communities, Race Equality Centre, mental health groups and Healthwatch etc should also be contacted.

c) It was also important to take account of those who do not currently engage with the service and the impact of change population changes.

RESOLVED:

1. That the report be received and noted and that Commission receive a further report on the outcomes of the current consultation exercise.

2. That the Commission consider this issue again before the end of the current municipal year.

ACTION

The Scrutiny Policy Officer to programme the item into the Work Programme.

84. NHS LEICESTER CITY CLINICAL COMMISSIONING GROUP - PRIMARY CARE STRATEGY 2014-2019

Leicester City Clinical Commissioning Group submitted a report on the CCG's Primary Care Strategy – 2014-19. The strategy set out the vision for primary care over the next five years, describing a service delivery model that addressed the issues and challenges of today whilst transforming primary care services so that they were fit for the future.

Sue Lock, Managing Director, Leicester City Clinical Commissioning Group gave a presentation on the strategy and the developments which had taken place since the report was written. She commented that:

a) The CCG were trying to base the strategy on the health profiles provided by the Director of Public Health's Annual Report.

b) The strategy had also reflected the concerns expressed by patients and GP practices. Patients were mainly concerned about access, information and continuity of care, whilst GPs concerns were around the level of resources, growing workloads and recruitment and retention issues.

c) The CCG had looked at a number of determinants of health and the health profiles at ward level. 4 distinct areas of the City were emerging based upon deprivation, health needs and the population matrix. The profiles had also looked at age, health, ethnicity and access rates and patient experiences.

d) The four areas had been mapped on ward boundaries and took account of other facilities such as pharmacies, dentists and walk in centres etc.

e) It was recognised that the NHS did not influence all health factors and the recent summits on mental health and alcohol had reinforced the importance of involving stakeholders that were not normally involved in health, such as food outlets, licensing staff and licensed premises.

f) The CCG were building a multi-agency disciplinary team to work in each of the areas to provide a more focused approach to preventative health measures rather than deal with the consequences of poor health. The CCG were considering restructuring their operations around the four areas.

g) The CCG had recently been successful in applying for non-recurring funding to develop federations of GPs and to carry out further Health Needs Neighbourhood development work.

h) The proposals would need further work to be carried out with the health workforce and developing safe and appropriate methods of sharing personal patient information.

i) The CCG's recent expression of interest to jointly co-commission GP services with NHS England would help to have a greater influence on providing service to meet health needs on a more localised basis.

j) The CCG were undertaking a review of the primary care estate which was owned by both the NHS and Lift. The majority of GP premises were privately owned which limited the CCG's ability to affect their use.

Members and the Healthwatch representative made the following comments and observations:-

a) There should be a core set of services provided by each GP practice.

b) All patients should be able to access services when they needed them.

c) There should be a 'hub' in each of the four areas offering specialist

services and these could be co-located with other service provider such as social services etc.

d) It was important that there was the capacity within the Better Care Together Strategy process to support the strategy.

e) Dentists and pharmacy should be used to provide additional services to reduce the pressures on people attending GP practices.

f) The review of the health estate was welcomed, particularly in relation to the issues involved in the relocation of the Highfield Health Centre.

g) Close working with GPs would be critical if the 'left shift' in service provision was to be achieved.

h) There was evidence that people were more localised that might be imagined and there were examples of communities not wishing to use Council services if it involved crossing ward boundaries. 4 hubs may not be enough to ensure the desired outcomes.

j) Ward Meetings could be used as the basis for engaging the public or organising events around them.

Following questions, the Managing Director stated:-

a) The CCG had made a submission on the consultation on the Issues and Options for the City's Development Plan.

b) The current 'bottom up' approach by the CCG was not known to be developing elsewhere at the present time. The next part of the process would be to investigate whether there was a model or structure elsewhere in the country that could be of benefit to Leicester, but it would have to be based primarily on meeting local needs.

In summary the Chair commented that:-

a) Whilst the intentions were welcomed the proposals, as presented, did not engender inspiration. As the proposal would involve a number of stakeholders working together it was important the proposals should excite and inspire others to participate and drive initiatives forward.

b) The proposals had no reference to empowering communities and there were numerous examples in the City where local communities had made positive changes to improve their community. The NHS should embrace the effectiveness of community groups working within their own communities.

c) There were already a large number of existing community groups and the proposals should build on what they are already providing.

d) The proposal for four hubs also needed to take account of the transport systems in the City and recognise that movements around some parts of the city were difficult.

e) The proposals should identify what were seen as barriers to achieving the desired outcomes and what was required to overcome these barriers. For example, the number of GPs, the need for all GPs to commit to providing services, improvements to the appointment system, physical access to premises, psychological barriers to access etc.

f) There were dangers in producing graphs and identifying areas of inequality if sufficient services and resources were not put into them to address all the issues, otherwise there could be a worsening of some services in order to concentrate on the worst inequalities.

g) There should be more engagement with Patient Participation Groups as they are an underused resource and it was important that they should be free to operate independently from the GP practice.

In response, the Managing Director stated:-

a) The CCG would be working through the issues, risks and barriers as part of the next stage of developing the proposals.

b) Transport provision would be taken into account when considering the location of the hubs.

c) The CCG recognised that every part of the city needed the same provision of service

d) It was clear that the document needed to be re-written and the comments made earlier would be taken on board. The next stage was to share the vision with the public and further thought would be given to how the proposals could be presented.

RESOLVED:

That the report and the presentation be received and the Commission welcomes working closely with the CCG in developing the proposal further.

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

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

1) Mental Health Challenge Pledge – it was noted that the Acting Director Public Health would be the lead officer for mental health. The Chair requested that the job description for the lead officer be submitted for

approval to the joint meeting of the Commission with the Adult Social Care Commission on 27 January 2015. (Minute 63 refers). The Chair also indicated that he would have further discussions on this with the Deputy City Mayor.

2) The Chair referred to the outcome of the Special Meeting of the Commission on 25 November which considered the relocation of the Highfield Medical Centre and stated that the Commission would be preparing a report on its findings. He briefly outlined the area concerns. He suggested that a small group from the Commission should meet and draft the report for submission to the executive. The Chair, Vice Chair and the Healthwatch representative offered to form the group.

3) Air Quality Report –The report was scheduled to be submitted to the Economic Development Transport and Tourism Scrutiny Commission on 14 January 2015. Members of the Commission would be invited to attend the meeting for this item.

4) Care Quality Commission (CQC) – The Commission's Work Programme had included an item on this agenda for the CQC to outline its inspection programme and work. The CQC's Inspection Manager was unable to attend the meeting and alternative dates were being explored. The CQC had been invited to attend the January meeting of the Commission.

5) Joint Scrutiny with Adult Social Care Scrutiny Commission – The Chair has agreed to take the reports on the Better Care Together, Dementia and a briefing on the Social Care Act to the Commission's scheduled meeting on 27 January, in view of the difficulty in arranging a Joint meeting of the two Commissions in January.

86. CLOSE OF MEETING

The meeting closed at 7.10 pm.