Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 6 AUGUST 2015 at 5:30 pm

P R E S E N T :

Councillor Chaplin (Chair)
Councillor Fonseca (Vice Chair)

Councillor Alfonso
Councillor Bhavsar
Councillor Dr Chowdhury
Councillor Sangster
Councillor Singh Johal

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Surinder Sharma, Healthwatch Representative.

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

Councillor Chaplin declared an Other Disclosable Interest in Minute No 10 (Anchor Centre - Update) as an employee of an organisation that occupied premises in Princess Road West.

In accordance with the Council's Code of Conduct the interest was not considered so significant that it was likely to prejudice Councillor Chaplin's judgement of the public interest. Councillor Chaplin was not therefore required to withdraw from the meeting during consideration and discussion on the item.

3. MEMBERSHIP OF THE COMMISSION

Members noted that the membership of the Commission for the 2015/16 municipal year is as follows:-

Councillor Chaplin – Chair
Councillor Fonseca – Vice-Chair
Councillor Alfonso

Councillor Bhavsar
Councillor Dr Chowdhury
Councillor Sangster
Councillor Singh Johal

1 unallocated Non-Grouped Place.

4. TERMS FOR REFERENCE FOR THE COMMISSION

Members noted the Terms of Reference for the Commission and agreed not to publish them on each agenda.

ACTION:

The Democratic Service Officer to remove the Terms of Reference from the agenda preamble for future meetings.

5. DATES OF MEETINGS FOR 2015/16

Members noted that meetings of the Commission would be held on the following dates during the municipal year 2015/16:-

Thursday 6 August 2015
Monday 28 September 2015
Thursday 29 October 2015
Thursday 14 January 2016
Thursday 10 March 2016
Thursday 5 May 2016

All meetings were scheduled to take place at 5.30pm in Meeting Room G01 at City Hall.

6. MINUTES OF PREVIOUS MEETINGS

RESOLVED:

that the minutes of the meetings held on 10 March and 25 March 2015 be approved as a correct record and that the Actions highlighted in them be added to the Commission's Work Programme.

Action

The Scrutiny Policy Officer to add any outstanding Actions highlighted in the Minutes of the 10 March and 25 March to the Commission's Work Programme.

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.

Mr G Whittle, Campaign Against NHS Privatisation requested to submit questions to the meeting. The Chair exercised her discretion and agreed to accept the questions and indicated that responses to them would be sent to Mr Whittle at a later date.

Mr Whittle asked the following questions:-

1. What approach is this committee taking for scrutiny of the ***Better Care Together*** (BCT) Plan for reorganising Health Services in Leicester, Leicestershire and Rutland? Specifically, what budget has been allocated for this scrutiny. Will independent expert witnesses be appointed and will members of the public be invited to submit evidence to your investigation?

2. The Trust Development Authority (TDA) has rejected applications for funding to backfill posts that are vacant due to secondments to the BCT Programme, and TDA has refused funding for 'double running' of existing and new services during periods of transition; requiring the BCT project to revisit its business model and financial plans and deliver further financial savings. Has this committee requested details of the revised BCT business case and financial plans? When will this committee examine the impact of these new financial restrictions on the BCT Plan and report their findings?

3. What information has the H&WSC obtained about numbers and timescales of hospital bed closures in Leicester, Leicestershire and Rutland? (Note: UHL have given undertakings to put this information in the public domain).

4. What is the H&WSC's role in monitoring the management of risk for the BCT Programme? Has the H&WSC raised any concerns over workforce problems, the lack of complete data on workforce skills and the current absence of a workforce strategy and the risks they pose to BCT and the high quality care of patients?

9. VARIATION OF ORDER OF BUSINESS

In accordance with Procedure Rule 11 (2) of the Scrutiny Procedure Rules in Part 4E of the Council's Constitution, the Chair stated that she would vary the order of business on the printed agenda and take item 13 (Anchor Centre Update) after item 8 (Questions, Representations and Statement of Case). The reason for the variation was that there were a number of members of the public in attendance for that item.

10. ANCHOR CENTRE - UPDATE

The Director of Care Services and Commissioning and the Director of Public Health submitted a briefing paper on the temporary relocation of the Wet Day Centre (Anchor Centre).

Councillor Kitterick attended the meeting for this item as a Castle Ward Member.

Julie O'Boyle, Consultant in Public Health and Kate Galoppi, Head of Commissioning Adult Social Care, presented the report and stated:-

- The need for the temporary re-location of the Anchor Centre had arisen due the poor state of repair of the current premises. The contract for this specialist service was due to expire in June 2016. The service provider had accepted the contract on the understanding that the Council would undertake the repairs to existing premises or provide alternative premises.

- The cost of the repairs were too high and as the premises were now unsuitable, there was a need to temporarily re-locate the service to other premises.

- The criteria for judging whether a premise was suitable for the service were contained in the report. A number of properties had been considered but none were judged to be suitable on a number of health and safety and operational grounds.

In response to members' questions, it was stated that:-

- The average number of clients using the facility each day was 32, which varied between a minimum of 14 and a maximum of 43.

- There had been a wide list of properties considered as a temporary location.

The Deputy City Mayor stated that there needed to be a sustainable way forward for both a temporary and permanent solution for this service as part of the Substance Misuse Service. There was currently a 2nd scoping exercise of properties underway and it would not be appropriate to list the buildings in the public domain until there was some certainty as to their suitability for the

purposes needed.

Recent discussions had been held involving the City Mayor, Deputy City Mayor, Assistant City Mayor – Public Health, Ward Members and other interested parties to discuss options and it had been decided that the Anchor Centre would not be temporarily located to 96 New Walk.

Councillor Kitterick welcomed the decision not to use 96 New Walk and made the following observations:-

- He recognised the value of having a wet centre to deal with the clients in a safe and controlled manner.

- Street drinkers often exhibited the similar characteristics as social drinkers in wishing to meet friends and share a drink and they often preferred to do this in open spaces, which then led to issues with neighbouring properties and residents.

- Any solution to provide a wet centre should avoid being situated near to green open spaces to avoid complaints or disturbances to neighbouring properties and residents etc.

- He felt that most clients using the wet centre travelled into the City centre by public transport and it would be advisable to provide a facility that was in close proximity to both St Margaret's and Charles Street Bus Stations.

- An additional criterion of 'Impact upon the local community' should be added to the existing criteria as he felt that the protection of local residents should be of paramount importance, and any proposals should minimise the impact upon the surrounding community.

A representative of the local residents in New Walk stated that:-

- There was an enormous depth and strength of feeling expressed on this issue by both residents and businesses on New Walk.

- There were concerns of the impact that the Wet Centre facility could have upon the elderly, vulnerable and children's nurseries in the surrounding area.

- The Council have previously encouraged people to move to New Walk and residents don't now wish to see street drinkers encouraged to visit the area.

- Residents and businesses were asking for their welfare needs to be taken into account when the Council considered uses for its buildings in the area.

The Chair welcomed the decision not to locate the Anchor Centre in New Walk

and asked that the health and wellbeing of residents be added to the scoping criteria for other buildings considered for the location of the Centre, and that a further report be submitted to the Commission.

The Deputy City Mayor commented that whilst the principle of adding health and wellbeing to the criteria, it was difficult to measure objectively as it was a more subjective judgement. He recognised the importance of involving local ward members in consideration of possible premises, but this had to be balanced with the need to provide a service.

RESOLVED:-

1) That health and wellbeing of residents be added to the scoping exercise for other buildings considered for the location of the Centre, and that a further report be submitted to the Commission on the scoping of other premises before any decision was made to relocate the Anchor Centre.

2) That the Substance Misuse Re-Procurement be added to the Commission's Work Programme.

11. HEALTHWATCH - UPDATE

David Henson, Executive Officer, Healthwatch Leicester and Ballu Patel, Vice-Chair Healthwatch Leicester, gave an update on Healthwatch following it being established as an independent body.

It was stated that:-

a) Healthwatch had established itself as an independent body with effect from 1 May 2015 in accommodation rented in the Age UK premises in Humberstone Gate.

b) Most of the previous Directors, who resigned when VAL indicated it would not novate the contract, had returned as directors.

c) The Board was functioning fully and had control over Healthwatch's finances.

d) Healthwatch's role was to act as a consumer champion on health and social care issues, with the aim of reducing health inequalities by working with key stakeholders such as University Hospitals of Leicester NHS Trust (UHL), Leicestershire Partnership NHS Trust (LPT) and the Leicester City Clinical Commissioning Group (CCG).

e) Healthwatch has set out its strategic priorities and objectives with clear accountability and outcomes.

f) Healthwatch wanted to promote engagement at every level in the

community and health and community care setting. Accessibility to its services and its clients was being provided by:-

- Developing a series of drop in facilities every Friday, some of which were themed e.g. to discuss people's issues relating to the non-emergency ambulance service contract etc.
- The new website was being currently being developed.
- A calendar of events was being developed to engage patients and their representatives involving going out to various community events and groups.
- Healthwatch Board meetings are being held in various wards around the City.
- Relationships are being developed with the CCG, UHL and LPT.
- Their vision is based upon focused outcomes to show value for money and transparency and to promote their achievements.

Following questions from Members, Healthwatch made the following responses:-

- The apology requested from VAL by the Commission to the Board members who had resigned had not been received.

- Healthwatch would refer individual issues to the appropriate responsible body. If there were subsequent delays in that body responding Healthwatch would endeavour to inform the individual of the reason.

- Healthwatch did not investigate individual complaints as such but where they were aware of a number of similar complaints they would raise the issue with the appropriate body and would report what they had done.

- Healthwatch were currently working with the UHL film unit to produce a 2-3 minute promotional video of Healthwatch's functions and services. It was intended to involve the Deputy City Mayor in the video.

- Discussions were also taking place with the CCG to promote Healthwatch in GP surgeries through their electronic message boards.

Members felt it was disappointing that an apology had not been given to the Board members as had been requested at the Joint Commission meeting with the Adult Social Care Scrutiny Commission on 27 January 2015.

The Chair thanked the Healthwatch representatives for their update and looked forward to the continued partnership working with the Commission through their representative being an active participant in the Commission's meetings.

12. PUBLIC HEALTH BUDGET

The Director of Public Health submitted a briefing paper on national plans to make in-year savings on the ring fenced public health grant to local councils, following the Chancellor of the Exchequer's announcement on 5 June 2015.

A copy of a letter sent by the Deputy City Mayor on the announcement to the Parliamentary Under Secretary of State for Public Health and the response received was circulated to members at the meeting.

The Deputy City Mayor commented that:-

a) A consultation document setting out four options for making the in-year savings of £200m across local authorities was received the previous week. The preferred option by the Department of Health was for a 6.2% reduction in grant for all local authorities, this would be approximately a £1.6m reduction in Leicester.

b) Approximately £12m of ring fenced grants were delivered by the NHS services in Leicester.

c) Due to contractual obligations for delivering public health services, it would not be possible to reduce spending by 6.2% in a uniform manner across all expenditure and so finding the savings would have a disproportionate impact on those services and campaigns that were not subject to contractual arrangements.

d) Reducing the public health budgets at this time was short-sighted and not in the best interests of the citizens or the health system. He had invited the Minister to visit Leicester to see the public health services at the frontline.

e) Leicester had the highest take up of NHS Healthchecks in the country, due in part to public health promotions and this had resulted in patients receiving treatment for conditions earlier and improving their long term health. There was a risk that if less NHS Healthchecks were carried out then fewer heart, respiratory and long term health conditions would go undiagnosed for longer, to the detriment of the patient.

f) He would continue to make a strong and public statement of the public health success in improving the health of people and reducing the demand on acute NHS services. He welcomed the Commission's support in doing this.

g) There were concerns that further reductions in grants could follow in the future.

The Chair felt it was ironic to impose these additional cuts to public health budgets when there was evidence of the impact that preventative services had made on reducing the demand on acute and emergency services.

Following questions from members the Deputy City Mayor stated:-

a) There was evidence to show that £1 spent on public health promotions and programmes could save £20 in the future by reducing demand on acute and emergency services and it also improved the health of the population.

b) The reduction in the inequality of life expectancy in Leicester compared to the national average had reduced this year for the first time in 10 years and this was attributable to public health reduction and cessation programmes associated with alcohol, weight, smoking and substance misuse.

c) The increased expenditure in mental health programmes was equally important in in promoting good health and allowing people to remain in the community and reduce the demand on acute services.

d) Reductions in public health programmes were detrimental to addressing health inequalities.

e) Public Health expenditure was also had an integral relationship with adult social care and the health system budgets. It was intended to review this in an holistic approach taking into account the needs of social care services as well. There were a number of long term contract involved in public health but there may be some elements within them that could be responsive to savings.

f) It was intended to identify data in September in order to provide a reliable basis on which to take the process forward.

g) He recognised Members wishes to be consulted on areas identified for the savings required in-year but the timetable was such that this may require a special meeting to be held outside the normal cycle of meetings.

The Chair welcomed the responses relating to a) and b) above and felt these were particularly significant in terms of considering the impact of potential budget cuts in the City.

The Consultant in Public Health responded to members questions and stated:-

a) To achieve the level of savings required in-year would mean that the potential areas to achieve the savings could not be based upon needs but would have to be based upon the availability of resources to achieve the savings, which was contrary to the principle of directing public health programme at the areas of greatest need.

b) The Department of Health Consultation would close on 28 August 2015 and a response to the consultation was being prepared.

c) Once the in-year savings had been identified, work would need to continue to review long term contracts to identify if savings could be made in the future and to assess whether any of the services which had contributed to the in-year reductions needed to be supported in the future. This would be a complex process.

RESOLVED:

1) That the Commission receives details of service areas identified to contribute to the savings which are required to be made in-year so they may have the opportunity to comment upon proposal before the savings are achieved.

2) That the Commission also write to the Minister to support professional bodies and the Deputy City Mayor in the view that the proposed savings are not acceptable and are contrary to the aims and outcomes of the Better Care Together programme.

ACTION:

The Deputy City Mayor/Deputy Director of Public Health provides an opportunity for Members of the Commission to comment upon any proposal before the savings are achieved.

The Scrutiny Policy Officer to prepare a draft letter for the Chair to send to the Minister and that this be e-mailed to Commission Members.

13. LEICESTERSHIRE PARTNERSHIP NHS TRUST - QUALITY REPORT

The Care Quality Commission's Quality Report on the services provided by Leicestershire Partnership NHS Trust (LPT) was received by Members.

Dr Peter Miller Chief Executive and Cathy Ellis, Chair, LPT NHS Trust and Dawn Leese, Director of Nursing Quality, Leicester City Clinical Commissioning Group and and Jim Bosworth, Associate Director of Contracting, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (as commissioners of services) attended the meeting for this item.

Dr Miller gave a short presentation on the report (copy attached) and stated:-

a) The full report ran to 500 pages and the inspection had covered all the services provided by the Trust. The matrix on slide 3 of the presentation showed the ratings for each element of the services that had been inspected. The colour coding was Red (Inadequate), Orange (Requires Improvement) and Green (Good).

b) The overall rating for the Trust was 'Requires Improvement'. In relation to the national context 60% of Trusts had received a 'Requires Improvement' rating, 35% of Trusts were rated as 'Good', 5% were rated as inadequate. Only 3 Trusts were rated as 'Outstanding'.

c) The Trust provided services at 156 sites and was required to display the poster at slide 4 of the presentation on all sites.

d) The Trust was required to submit a detailed Action Plan against all the 'Requirement' actions in the inspection report before 4 August 2015. This could be supplied to Members if requested.

e) The Trust employed approximately 5,600 staff and the report had identified that there was too much reliance on agency staff, but this was common to other Trusts.

f) The other key themes highlighted by the report are in the slide of the presentation attached.

g) There was now an increased level of scrutiny in the process as the Board would be considering the risks identified in the report and the actions being taken over the next six months and the Board meetings were in public.

Ms Leese and Mr Bosworth stated that the CCG felt it was a varied report and the comments on the staff commitment were to be commended. The CCG were working with the LPT to deliver the Action Plan and improve services. Many of the issues identified in the CQC's report were known issues where work was already in progress to address.

Following further comments by Members in relation to the Bradgate Mental Health Unit, Dr Miller stated that a number of improvements had already been put in place since the Trust was issued with Warning Notice by the CQC 2 years previously. Amongst other things the balance between qualified and non-qualified from a 40% - 60% split had moved to target of a 60% - 40% split, 10 new therapists had been appointed and there were more day activities taking place. There were still improvements to be made in administration procedures and environmental settings but the direction of travel was encouraging. Although the Bradgate Unit had received a rating of 'Inadequate' this represented an improvement from it being the subject of a 'Warning Notice' but there was still more to be done.

Members discussed generally how the Commission could be involved in supporting the Trust to improve particularly in those areas shown ad Red on the service matrix.

RESOLVED:

1) That Dr Miller be thanked for his presentation and that the

Commission noted the positive comments in the report about the caring staff.

2) That the representative of the CCG be thanked for their attendance and participation in the item.

3) That the Commission establish a Task Group to be Chaired by Councillor Sangster to look at key areas of the CQC report with a view to producing a report by December 2015 of what improvements have been achieved.

4) Other Members of the Task Group to be appointed after the meeting, and the Task Group to involve the Adult Social Care Scrutiny Commission in the review process.

ACTION:

The Scrutiny Policy Officer to prepare a scoping document for the review and submit it to the next meeting of the Commission.

Members of the Commission interested in taking part in the Task Group to contact the Chair or Scrutiny Policy Officer.

Dr Miller to forward a copy of the Trust's Action Plan to the Scrutiny Policy Officer.

14. SCRUTINY REVIEW OF THE LGBT COMMUNITIES

Members received a copy of the Overview Select Committee's scrutiny report on 'Equality Impact Assessments (EIAs) and Lesbian, Gay, Bisexual and Trans (LGBT) Issues.

The Commission was requested consider the issues raised in the report and respond in particular to the recommendation contained in paragraph 3.1.6 in relation to whether the needs of LGBT people were being adequately considered and responded to, particularly in relation to sexual and mental health.

Representatives of the Leicester LGBT Centre and Trade Sexual Health had been invited to the meeting for this item.

Paul Fitzgerald, Chief Executive, LGBT Centre and Sal Khalifa, Director, Trade Sexual Health (Leicester) gave separate verbal presentations on issues they considered were important to the LGBT community. The main issues arising from both presentations were:-

a) The Community suffered from the same mental health issues as the population at large but also had specific issues associated with sexual

orientation and identity.

b) The organisations had produced numerous statistical analysis which could be made available to statutory organisations.

c) Many statutory organisations did not understand how to deal with issues presented by members of the LGBT community and offered referred them to the voluntary sector groups who had inadequate budgets to deal with the issues adequately.

d) There was an inequality of funding to voluntary groups working in the sector. Some groups produced few services and received high levels of funding whilst others were achieving more and receiving inadequate funding.

e) There were support needs for issues arising from Men Having Sex with Men (MSM), particularly where they were married or in heterosexual relationships.

f) The LGBT community comprises diverse groups but are often seen as one group.

g) Members of the community often access a range of services and just through one point of contact.

h) Sexual health work should include an holistic approach involving issues of mental health, community, culture, family and upbringing etc.

i) MSM have higher rates of suicidal thoughts and depression and this is not addressed adequately. This group also have a higher and longer use of tobacco, alcohol and drug use which is often linked to unprotected sex.

j) Black gay men and bisexuals are likely to have higher diagnosis rates of HIV.

k) There are issues arising from religious groups often devaluing sexual practices.

l) Scrutiny of the LGBT community should be carried out in various ways to address the varying groups within the community if it is to achieve effective outcomes.

m) Younger peoples' issues are often missed and this group can then take their issues forward into later life.

The Chair thanked both representatives for their comments and participation in the meeting.

RESOLVED:

1) That the report be noted and that the issues be considered in future commissioning of services and that voluntary groups be invited to submit any analysis of LGBT community issues which they feel would be helpful in assisting the commissioning of services.

2) That given the comments made by the representatives in the meeting, the Commission should consider the impacts of all aspects of its work in the proposed 2 year work programme and will also look specifically at Mental Health and Sexual Health issues in relation to the LGBT community and these will be added to the work programme.

15. SUBSTANCE MISUSE SERVICES RE-PROCUREMENT

The Director of Care Services and Commissioning submitted a briefing paper from on the Substance Misuse Services Re-Procurement. A copy of the consultation document has also been previously circulated to Members.

Julie O'Boyle, Consultant in Public Health and Kate Galoppi, Head of Commissioning (Adult Social Care) attended the meeting to present the report.

It was noted that the result of the first consultation exercise confirmed the partners' commitment to jointly commission an LLR service that provided equity for service users across the sub-region. A second consultation exercise was underway and would close on 16 August 2015 on the service model.

Following questions from Members it was stated that:-

- The proposed service model was based upon national guidance and evidence provided by National Institute of Clinical Excellence (NICE) and NHS England.

- The LGBT community had been targeted and included in the consultation and their responses would be taken into account when drafting the service specification.

- The expectation was the service would be a building based service in the City but there would be an expectation that it could access services in the community and that satellite service provision could also be provided. There would be access pathways to the service through both the community and criminal justice pathways.

- The service may also need to accommodate service users who lived in the county but wanted to access services in the City and vice versa either because it was more convenient or because they wished to have a degree of anonymity away for their local environment.

- The service was currently operating from a number of buildings in the

City and the new provider may wish to continue to use these or may wish to have alternative premises.

- The Wet Centre may be part of the new contract, if all partners wished to include it in the combined service contract or, if not, the Council would need to determine to commission it in its own right.

- There were some service models elsewhere in the country where both wet and dry centres were provided in the same building within an overarching ham reduction facility.

RESOLVED:

1) That an update on the issues raised in relation to the needs of the LGBT community earlier in the meeting and any other issues that might arise from the current consultation exercise be submitted to the next meeting of the Commission.

2) That the Commission receive an update at its next meeting on whether the combined contract is to include the provision of a Wet Centre and, if not, what will be proposed for the service?

ACTION:

The Director of Care Services and Commissioning to submit an update report to the next meeting.

16. LOCAL HEALTH MESSAGES DEVELOPMENT

The Director of Public Health submitted a briefing paper on Local Health Messages Development.

Members noted the briefing note and the development work-stream currently being undertaken.

Members commented that whilst the Assistant City Mayor Public Health was leading on this initiative, there were a number of cross-cutting elements involving economic development and tourism in particular.

RESOLVED:

That a scoping document be submitted to the next meeting of the Commission for a Task Group to undertake a review to establish if there are adequate methods of communicating health messages to specifically targeted groups.

ACTION:

The Scrutiny Policy Officer to prepare a scoping document for the review and submit it to the next meeting of the Commission.

17. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2015/16.

The Chair commented that the Overview and Select Committee had asked Commissions to have a 2 year work plan. There would be a joint scrutiny involved involving other commissions. For example, Commission members were being invited to the next Economic Development and Tourism Scrutiny Commission to take part in the consideration of the Air Quality Action Plan. Other joint scrutiny could involve working with the Heritage Culture and Leisure, Housing and Adult Social Care Commissions as these all involve issues affect health and wellbeing.

The Chair request Commission members who were members of other scrutiny commissions to suggest joint working with the Commission wherever relevant.

RESOLVED:

That the Work Programme be noted and Members send any suggestions for items to be added to the Work Programme to the Scrutiny Policy Officer or the Chair.

ACTION:

Members send any suggestions for items to be added to the Work Programme to the Scrutiny Policy Officer or the Chair.

18. CLOSE OF MEETING

The Chair declared the meeting closed at 8.20 pm.