



Leicester  
City Council

**MEETING OF THE HEALTH AND WELLBEING SCRUTINY  
COMMISSION**

**DATE: MONDAY, 28 SEPTEMBER 2015**  
**TIME: 5:30 pm**  
**PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles  
Street, Leicester, LE1 1FZ**

**Members of the Commission**

Councillor Chaplin (Chair)  
Councillor Fonseca (Vice-Chair)

Councillors Alfonso, Bhavsar, Dr Chowdhury, Sangster and Singh Johal

1 unallocated Non-Group place.

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

**Officer contacts:**

**Graham Carey (Democratic Support Officer):**

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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

# Information for members of the public

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- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

## Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey, **Democratic Support on (0116) 454 6356** or email [graham.carey@leicester.gov.uk](mailto:graham.carey@leicester.gov.uk) or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

For Press Enquiries - please phone the **Communications Unit on 454 4151**

## **PUBLIC SESSION**

### **AGENDA**

#### **FIRE / EMERGENCY EVACUATION**

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#### **1. APOLOGIES FOR ABSENCE**

#### **2. DECLARATIONS OF INTEREST**

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

#### **3. MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 6 August 2015 have been circulated and the Commission will be asked to confirm them as a correct record.

The minutes can be found on the Council's website at the following link:-

<http://www.cabinet.leicester.gov.uk:8071/ieListMeetings.aspx?CId=737&Year=0>

#### **4. PETITIONS**

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

#### **5. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE**

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

#### **6. FOSSE ARTS PRESENTATION**

Paul Reilly, Ceramics Co-ordinator, to give a short presentation on the activities provided by Fosse Arts and the benefit they have on the health and wellbeing of participants.

Members of the Heritage Culture and Leisure Scrutiny Commission have been invited to attend the meeting for this item.

**7. BETTER CARE TOGETHER CONSULTATION** **Appendix A  
(Page 1)**

Mary Barber, Programme Director, Better Care Together, to present a report providing an update on the progress of the Better Care Together Programme, focussing on the preparation for Public Consultation.

**8. HEALTH AND WELLBEING SURVEY**

The outcomes of the Health and Wellbeing Survey, conducted between 26 January and 7 June 2105 by Ipsos MORI, are being presented to the Council on 24 September 2015. The Director of Public Health will verbally report the headline outcomes of the survey to the meeting and a short briefing paper will be circulated at the meeting for Members' information.

**9. UPDATE ON SUBSTANCE MISUSE REVIEW** **Appendix B  
(Page 9)**

To receive a briefing note providing an update on the plans to re-procure substance misuse services. The Commission received a report on the proposal at its last meeting and the briefing note outlines the progress on the service design and the next steps in the procurement process.

Following discussion of the plans to re-locate the Wet Day Centre (Anchor Centre) at the last meeting, Members requested an update on the proposals to be submitted to this meeting. The following information is submitted for Members' information:-

- At its meeting of 6<sup>th</sup> August the Health and Well-Being Scrutiny commission received a paper updating members on the plans to re-locate the Wet Day Centre to premises on Nelson Street, as the existing premises on Dover Street are not fit for purpose.
- The Deputy City Mayor advised the meeting that the planned move to Nelson Street would not be going ahead.
- Further to that meeting officers have continued to progress the identification of other suitable alternative options. This includes site visits and discussions with landlords about the possibility of using their properties to provide this type of service.
- The key requirement is the need for premises in a good condition, with an outside space, which are located in the city centre.
- The existing provider is aware of the search for alternative suitable premises.

- Officers will continue to look at potential options.
- The commitment to engage with ward members once suitable premises have been identified remains in place.
- As the premises issue has not been resolved the service will not be included within the wider contract for substance misuse which will be launched to the market 5<sup>th</sup> October.

**10. HEALTH MESSAGING - SCOPING DOCUMENT**

**Appendix C  
(Page 11)**

To receive the draft scoping report for a proposed scrutiny review on the 'Development of Local Health Messages'.

Members are requested to make comments on the draft and approve the terms for the review.

**11. LPT QUALITY MONITORING FOLLOWING CQC REPORT - SCOPING DOCUMENT**

**Appendix D  
(Page 17)**

To receive the draft scoping report for a proposed scrutiny review on the 'Leicestershire Partnership NHS Trust – Quality monitoring following the Care Quality Commission Inspection'

Members are requested to make comments on the draft and approve the terms for the review.

**12. WORK PROGRAMME**

**Appendix E  
(Page 23)**

The Scrutiny Policy Officer submits a document that outlines the Health and Wellbeing Scrutiny Commission's Work Programme for 2014/15. The Commission is asked to consider the Programme and make comments and/or amendments as it considers necessary.

**13. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING**

To receive updates on the following matters that were considered at previous meetings of the Commission, where applicable.

**14. ANY OTHER URGENT BUSINESS**





## Better care together

Leicester, Leicestershire & Rutland health and social care

### Report to Leicester City Health and Wellbeing Scrutiny Commission

28 September 2015

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**Owner: Mary Barber**



## 1. Purpose

This document provides an update for the Leicester City Health and Wellbeing Scrutiny Commission on the progress of the Better care together programme focussing on the preparation for Public Consultation.

## 2. BCT Programme present status:

The Better care together programme was launched in January 2014 with the goal to transform the way that health and social care services are delivered across Leicester, Leicestershire and Rutland (LLR). The plan is to do this via a collaboration of nine health and social care organisations who are known as “the partners”. These partners are the three health provider organisations supporting LLR, the three Clinical Commissioning Groups (CCG) for the region, and the three Local Authorities (LA). After a significant design and development process involving patients, public, clinical staff and officers from all of the partner organisations the programme is approaching the point where the CCGs will request permission from NHS England to move into a process of Public Consultation on areas of the programme s change plans.

The target date for the initiation of public consultation is the 30<sup>th</sup> of November 2015 and it will last fourteen weeks. It will commence once NHS England are assured that the Department of Health’s (DH) four tests of service reconfiguration have been fulfilled. It is not possible to estimate the length of the NHS England assurance process, however the goal is to complete it in October 2015. If the process takes longer then the initiation of public consultation will move back on a week for week basis (taking into account the Christmas period). Timing is important from a point of view of moving into consultation so that the necessary changes to the health and social care services can be made, but this needs to be balanced with the quality of the consultation documentation.

Where proposed changes to health and social care services do not require public consultation, for example where they are increases to existing services known to benefit patients, these changes are continuing in parallel to the consultation process.

## 3. BCT Strategic Objectives:

The BCT programme is a broad programme having an impact on most settings of care. Its principle is that by combining changes across care settings and organisations it will be possible to create a health and care service that overall provides higher quality care and an overall more sustainable system.

The strategic objectives of the programme agreed at its initiation remain valid and are outlined below.

- Deliver high quality, citizen-centred, integrated care pathways, delivered in the appropriate place and at the appropriate time by the appropriate person, supported by staff/citizens, resulting in a reduction in the time spent avoidably in hospital;
- To reduce inequalities in care (both physical and mental) across and within communities in Leicester, Leicestershire and Rutland (LLR) Local Health and Social Care Economy (LHSCE);



- To increase the number of those citizens with mental, physical health and social care needs reporting a positive experience of care across all health and social care settings;
- To optimise both the opportunities for integration and the use of physical assets across the health and social care economy, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste in the system;
- All health and social care organisations in LLR to achieve financial sustainability, by adapting the resource profile where appropriate;
- To improve the utilisation of workforce and the development of new capacity and capabilities where appropriate, in the people and the technology used.

The remainder of this update will cover the areas of the programme that are anticipated to be discussed with the public as part of a public consultation process and highlight how the proposed changes will impact the quality of services delivered in Leicester City. It will also cover areas of the programme that the programme anticipates to use the consultation process as an opportunity to engage with the public and gather feedback but are not topics for consultation.

#### **4. Patient centred care:**

Integrated care combines a range of disciplines across the NHS, social services and voluntary organisations to create person-centred care. Person-centred care recognises that an individual is best placed to make decisions about their own health, lifestyle, and the level and location of treatment. Successful integrated person-centred care, will tend to keep a person in their own home for as long as possible, and focus on proactive prevention strongly led by the person's desires and wishes with a broad spectrum of choice

The BCT programme aims to increase the delivery of integrated care, starting with improving public and patient ability and capability to self-care and access the right services at the right time, through providing a greater level of services presently provided in an acute hospital setting in community and primary care settings, to providing improved specialist care in the acute hospital.

The combined plans of the partner organisations will over time and where appropriate shift care from the acute hospitals into community settings, and as a result the acute care provider will be able to reconfigure to provide more high quality specialist care and an overall sustainable operation.

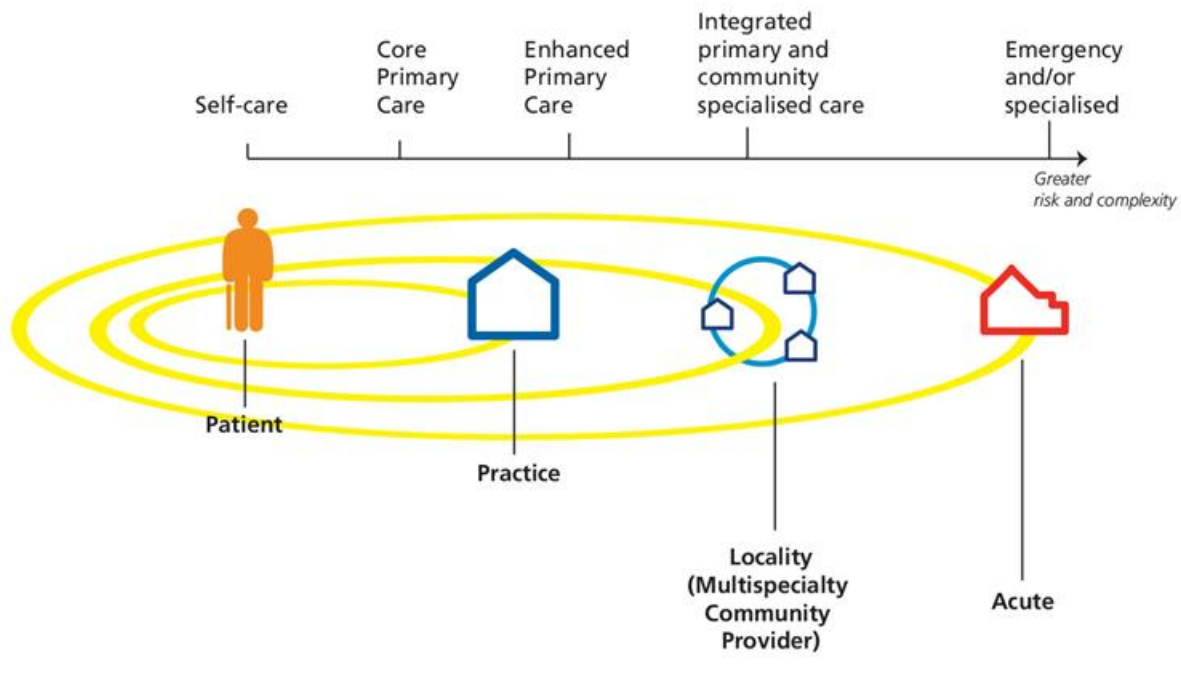


Fig 1: Settings of care focussed on the patient.

## 5. Proposed consultation topics

Shifting care in this way creates a number of changes that will meet the criteria of requiring Public Consultation. The areas where BCT presently believes that Public Consultation is required are described below.

- **Community services offering**

Overall the community services offering across the region will change in a number of ways in order to increase the quality of services from a patient perspective, reduce the negative impact of acute hospital stays, particularly for elderly patients, and improve the sustainability of the overall health and care system. Over two to three years the following changes will be enacted.

**Increased services in community settings:** One of the main drives of BCT as mentioned above is to increase person centred care, and it is therefore not solely about in-hospital care. The changes to in-patient care will be described below however it is also important to describe the drive for prevention, self-care and increase in day care services.

There will over time be an increase in the screening services available in community settings to increase early diagnostics and treatment. There will be more clinics for individuals with long term conditions in community settings and an increase of about 40% of planned procedures and out-patient treatment provided in community hospitals and as day surgery. There will also be an increase in the level of crisis support in a person's own home. These changes combined are expected to reduce the flow of patients into the acute hospitals and accident and emergency. There are already early signs of success being seen from the work already initiated via the Better Care Fund.

**Increased number of Intensive Community Services (Beds at home);** Leicestershire Partnership Trust presently offers a service known as Intensive Community Service (ICS) where they provide care to patients rehabilitating in their own home. They presently provide this service to 126 patients at any time (126 “beds”). The plan is to increase the availability of this service by 250 “beds” so that many more patients can be given the opportunity to rehabilitate in their own home and their own environment. This service will be provided across LLR and will provide care as close to home as possible, that is, in a patient own home. This change will replace some of the present in-patient rehabilitation beds provided by LPT via its community in-patient hospital services. However the total number of in-patient beds LPT provide will not reduce but will increase by nine beds as will be described below.

LPT will maintain five rehabilitation wards of twenty one beds across the region spread to allow access from both counties and city.

**Creation of a sub-Acute in-patient service in LPT:** There is both national and local evidence that some patients are treated in an acute setting when they no longer require that level of care and as a result they can deteriorate unnecessarily. The BCT programme via its partners LPT and the University of Hospital Leicester (UHL), plan to create a service in community hospitals to which appropriate patients can be transferred once they no longer need acute care but they may not yet be ready for rehabilitation. This is known as sub-acute care and is a new and emerging model of care. LPT will create four wards of twenty one beds across the region, distributed to allow access from both counties and the city. They will do this by converting four of their present rehabilitation wards and providing rehabilitation services via the ICS services described above.

In order to improve the quality of this provision and the rehabilitation in-patient care, in line with CQC and NICE guidance, LPT will rationalise the number of hospital from which they delivery in-patient services. In-patient services will be delivered from paired wards of 21 beds each. This will mean that the number of hospitals from which these services are delivered will reduce from eight to six.

Additionally once the additional ICS services and the sub-acute services are up and running their will be a reduction in the bed numbers at UHL. It is expected that UHL will transfer 250 beds worth of activity to LPT as a result of these changes.

- **Women’s and Maternity Services offering**

Women’s and maternity services are presently delivered via the Leicester General and Leicester Royal Infirmary sites as well as maternity being delivered via a standalone midwifery service at St Mary’s Melton Mowbray and via region wide home birth services.

To improve the quality, safety and equity of service delivery it is presently being considered, following significant public engagement, that women’s and children’s services should be brought together onto one site, which is likely to be Leicester Royal Infirmary. Rationalisation of maternity services are also being considered with the goal to have one stand-alone midwifery unit situated so that it is accessible to as wide a number of the public of LLR as possible and also

close enough to the acute hospital to deal with the significant number (circa 30%) of transfers for first time pregnancies.

- **Reduction in acute sites from three to two**

In order to achieve a sustainable system the published strategic plan for UHL is to move from three sites to two by 2019. It is expected that the site that will be largely vacated is the General hospital site and the evidence for this has been discussed over the last few years with various stakeholders and will be re-played as part of the BCT consultation.

UHL future model of care is to have one site that is a major emergency site and the present changes to the emergency department at UHL are the start of this programme of change, and one site that carries out largely but not exclusively planned operations and care. UHL patients presently experience issues with cancellations to operations and delays to care when the emergency flows into UHL create a situation where services that are anticipated to be used for scheduled operations and procedures are utilised by emergency admissions. To reduce this impact on patients, UHL are considering the option of a planned care day case hub potentially at the Glenfield site and this plus the increases in community based planned care outlined above is expected to reduce the level of cancellations and delays to patients.

## 6. Potential topics for further public engagement

There are a number of changes to health and social care encompassed within the BCT change programme that either do not require consultation as they are an increase in an existing service or may require consultation in the future but are presently in the early stages of decision making and design. These will be included in the BCT consultation so that the public can gain an overarching understanding of the whole five year change and how it impacts them in their locality. An update on a number of these areas is provided below.

**Primary Care:** One of the challenges of Better Care Together is that a system which can accept movement of care from the acute sector to primary care at a population level is created, whilst retaining primary care's efficiencies. The emerging model of primary care outlines the role of the GP as part of wider community response, identifying where the GP can add greater value and how the wider practice and community teams actively support the delivery of care.

In Leicester City the CCG has developed with public health four health need neighborhoods (HNNs) based upon demographics and health need to organise the delivery of services. A Hub in each of the HNNs could allow for:

- Integration between a range of providers and provider services including Local Authority and Voluntary Sector services
- Equity of service provision across the City
- Greater uptake of services across the City
- Patient-centric provision of care
- In the case of some left-shifted services, care closer to home

Initial work is focusing on services for adults and older people and will include a unified prevention offer such as falls prevention, carer support and local area co-ordinators. Placing the service user and carer at the centre, care will be planned with people who work together to understand the service user and carer(s), putting the service user in control and co-ordinating and delivering services to achieve the best outcomes. Planned, urgent and crisis response will be delivered in this way for frail older people.

**Mental Health:** The mental health work-stream focusses on keeping people well and providing crisis support when needed and rehabilitation support to prevent re-occurrence. The focus on avoiding crisis will lead to the further development of the crisis house services and to improving the support that low need patients can receive from their GP. This will ideally reduce the number of admissions to acute hospital beds and as a result help the repatriation of out of area placements.

The focus on resilience and recovery will build on existing locality networks and create additional recovery colleges in City localities.

**Learning Disabilities:** Similarly to the Mental Health work-stream the focus of the Learning Disabilities work is on keeping people well and out of crisis situations. Additional out-reach services are being developed which will for some individuals reduce the need for in-patient care.

## 7. Conclusion

The BCT change programme encompasses a number of clinically led change projects that together will improve the overall quality of care for the people of Leicester City and the sustainability of the health and care system for LLR in total. Health and social care organisations across England presently face an unprecedented forecast increase in demand for health and social care services and a flat or reducing budget. This situation is the catalyst for the changes described in this paper and these will be discussed with the public during late 2015 and early 2016.



## Health and Wellbeing Scrutiny Commission Briefing Note

### Update on plans for Re-Procurement of Substance Misuse Services

- At its meeting of 6<sup>th</sup> August the Health and Well-Being Scrutiny commission received a paper updating members on the plans to re-procure substance misuse services, with new services required to be in place July 2016.
- This note provides an update on progress re the service design, and next steps for procurement.
- To support the service design process, a soft market testing exercise has been conducted to test the market in terms of the proposed service model. In addition a second stage consultation exercise has taken place.
- The soft market test ran 19 June – 10 July, and received 18 feedback submissions. All feedback received demonstrated interest and support for the proposed model.
- The second stage consultation closed on 16<sup>th</sup> August. The consultation included online and paper survey, alongside 12 focus groups with users, carers, LGBT community, and staff across affected services.
- There were 202 individual survey responses, 58% were from Leicester City Council.
- The online responses revealed a level of overall support for the proposals:
  - 61% either 'strongly agreed' with LLR wide access and 24% 'tended to agree'
  - 45% strongly agreed with combining adult and young people services and 27% tended to agree.
  - 41% strongly agreed with combining criminal justice and non-criminal justice and 28% 'tended to agree'
- There was a lesser degree of support for the overall question:
  - Overall 33% 'strongly agreed' and 38% 'tended to agree' with the proposals and 13% either 'strongly' disagreed' or 'tended to disagree'.

- Analysis of this suggests concern was due to the need for young people to be seen separately to adults; and lack of clarity over where and how the service will be delivered. This will be taken into account when drawing up the service specifications.
- The proposed model takes into account the feedback from the soft market test, and the consultation, and places evidenced based treatment interventions into one overall contract, to include:

Low threshold services for users and family/friends such as:

- Information, advice & guidance
- Harm reduction support including needle exchange services to prevent the spread of Blood borne viruses and Naloxone to prevent drug-related deaths
- Linkage to area wide mutual aid services

Structured services such as:

- Psycho-social treatment interventions e.g. motivational interviewing
- Pharmacological treatment services e.g. prescribing for opiate dependency
- Group based services and activities to promote recovery.
- Peer mentor development and support
- Interventions tailored to the needs of young people and young adults.
- Interventions through different points of the criminal justice system e.g. referrals from court
- In-reach to a range of different health and care settings such as hospitals.
- Support for families and carers.

Wider workforce support and partnership working

- Information, advice and consultancy on identifying and responding to substance misuse issues across the social care(adult and children's), health ,criminal justice and voluntary sector workforce
  - Partnership working with G.P's and Pharmacies e.g. on prescribing and needle exchange
- The approach provides opportunity to deliver efficiencies, with the existing 5 separate contracts being re-procured into 1 service.
  - To meet the timescales for procurement an invitation to tender will be issued 5<sup>th</sup> October.



Version 2

## Leicester City Council Scrutiny Review

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‘Development of Local Health Messages’  
Scoping document for completion by Members

September 2015

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## **Background to scrutiny reviews**

Determining the right topics for scrutiny reviews is the first step in making sure scrutiny provides benefits to the Council and the community.

This scoping template will assist in planning the review by defining the purpose, methodology and resources needed. It should be completed by the Member proposing the review, in liaison with the lead Director and the Scrutiny Manager. Scrutiny Officers can provide support and assistance with this.

In order to be effective, every scrutiny review must be properly project managed to ensure it achieves its aims and delivers measurable outcomes. To achieve this, it is essential that the scope of the review is well defined at the outset. This way the review is less likely to get side-tracked or become overambitious in what it hopes to tackle. The Commission's objectives should, therefore, be as SMART (Specific, Measurable, Achievable, Realistic & Time-bound) as possible.

The scoping document is also a good tool for communicating what the review is about, who is involved and how it will be undertaken to all partners and interested stakeholders.

The form also includes a section on public and media interest in the review which should be completed in conjunction with the Council's Communications Team. This will allow the Commission to be properly prepared for any media interest and to plan the release of any press statements.

Scrutiny reviews will be supported by a Scrutiny Officer.

### **Evaluation**

Reviewing changes that have been made as a result of a scrutiny review is the most common way of assessing the effectiveness. Any scrutiny review should consider whether an on-going monitoring role for the Commission is appropriate in relation to the topic under review.

**For further information please contact the Scrutiny Team on 0116 4546340**

To be completed by the Member proposing the review		
1.	<b>Title of the proposed scrutiny review</b>	Development of Local Health Messages
2.	<b>Proposed by</b>	Councillor Lucy Chaplin, Chair, Health and Wellbeing Scrutiny Commission
3.	<b>Rationale</b> Why do you want to undertake this review?	The commission had an initial report from the Public Health Department on this, which recognised the need to explore this in greater detail.  With a greater national focus on preventative measures to relieve the pressure on the health system, health messaging is an important means to get people to be more active about thinking about their health, and therefore it is important to ensure we are getting this right at a local level.
4.	<b>Purpose and aims of the review</b> What question(s) do you want to answer and what do you want to achieve? (Outcomes?)	The commission aims to establish if we have an adequate method of communicating health messages to those that we need to target.  It is hoped the following outcomes will be established: <ul style="list-style-type: none"> <li>• An understanding of the modes of communication that currently exist and what they say.</li> <li>• An understanding of how they are funded.</li> <li>• Identifying who we need to target and how.</li> <li>• Consideration of good practice with a view to improve.</li> <li>• Make recommendations to help a plan that can be adopted locally.</li> <li>• How successful they are.</li> </ul>
5.	<b>Links with corporate aims / priorities</b> How does the review link to corporate aims and priorities?  <a href="http://citymayor.leicester.gov.uk/delivery-plan-2014-15/">http://citymayor.leicester.gov.uk/delivery-plan-2014-15/</a>	The City Mayor's Delivery Plan has a section specifically to promote 'A Healthy and Active City'.  The aims within this include reducing health inequality and promoting good public health which will be linked to the outcomes of this review.
6.	<b>Scope</b> Set out what is included in the scope of the review and what is not. For example which services it does and does not cover.	Public Health Services, this list is not exhaustive: <ul style="list-style-type: none"> <li>• Dental Services</li> <li>• Health Checks</li> <li>• Drugs and Alcohol</li> <li>• Teenage Pregnancy</li> <li>• Sexual Health</li> <li>• Pharmacy Services – when they can help</li> <li>• Obesity</li> </ul>

Develop a draft Project Plan to incorporate sections seven to twelve of this form

<p><b>7.</b></p>	<p><b>Methodology</b> Describe the methods you will use to undertake the review.</p> <p>How will you undertake the review, what evidence will need to be gathered from members, officers and key stakeholders, including partners and external organisations and experts?</p>	<p>The commission would like to identify the following:</p> <ul style="list-style-type: none"> <li>• Who do we need to reach locally?</li> <li>• What do we want the messages to say?</li> <li>• Where and when do we want to say it?</li> <li>• How do we want to say it?</li> <li>• How do we measure the effectiveness of the messages?</li> <li>• Is there any good practice that we can learn from?</li> </ul>
	<p><b>Witnesses</b> Set out who you want to gather evidence from and how you will plan to do this</p>	<p>Potential witnesses may include:</p> <ul style="list-style-type: none"> <li>• Assistant City Mayor Public Health</li> <li>• Relevant Council Officers</li> <li>• Relevant Health Partners (CCG, etc)</li> <li>• Officers from other areas in the Country (Best practice)</li> <li>• Available research on health messages.</li> </ul>
<p><b>8.</b></p>	<p><b>Timescales</b> How long is the review expected to take to complete?</p>	<p><b>September</b> Scoping document to be agreed at 28<sup>th</sup> September meeting.</p> <p><b>October - February</b></p> <ul style="list-style-type: none"> <li>• Explore best practice and consider making visits.</li> <li>• Consider latest research papers</li> <li>• Task Group meetings.</li> <li>• Draft findings and conclusions to be established.</li> </ul> <p><b>March</b> The final review report to be agreed at 10<sup>th</sup> March meeting.</p>
	<p>Proposed start date</p>	<p>October 2015</p>
	<p>Proposed completion date</p>	<p>March 2016</p>
<p><b>9.</b></p>	<p><b>Resources / staffing requirements</b> Scrutiny reviews are facilitated by Scrutiny Officers and it is important to estimate the amount of their time, in weeks, that will be required in order to manage the review Project Plan effectively.</p>	<p>It is expected the Scrutiny Officer will support the whole review process by capturing information at the meetings, facilitating the people to give evidence and writing the initial draft of the review report based on the findings from the review.</p>

	Do you anticipate any further resources will be required e.g. site visits or independent technical advice? If so, please provide details.	There may be site visits to areas that are identified as best practice.
<b>10.</b>	<b>Review recommendations and findings</b>  To whom will the recommendations be addressed? E.g. Executive / External Partner?	It is likely the review will offer recommendations to the Council's Executive and may include some recommendations to Health Partner's such as the CCG.
<b>11.</b>	<b>Likely publicity arising from the review</b> - Is this topic likely to be of high interest to the media? Please explain.	It is hoped that this review will raise media interest.
<b>12.</b>	<b>Publicising the review and its findings and recommendations</b> How will these be published / advertised?	There will be a review report which will be published as part of the commission's papers.
<b>13.</b>	<b>How will this review add value to policy development or service improvement?</b>	It is hoped the outcomes of the review will determine an adequate plan for communicating health messaging in the city. This can then be considered as part of the executives proposals for future service development in Public Health.
<b>To be completed by the Executive Lead</b>		
<b>14.</b>	<b>Executive Lead's Comments</b>  The Executive Lead is responsible for the portfolio so it is important to seek and understand their views and ensure they are engaged in the process so that Scrutiny's recommendations can be taken on board where appropriate.	We need to use campaigns to get health messages out to local people: this review will provide us with useful intelligence to do this and we therefore welcome it.
<b>To be completed by the Divisional Lead Director</b>		

15.	<b>Divisional Comments</b>  Scrutiny's role is to influence others to take action and it is important that Scrutiny Commissions seek and understand the views of the Divisional Director.	Effective use of health messaging is a key way we can support people to make changes to their health and lifestyles. This means making best use of available technology including social media. We have been developing new approaches to conveying health messages we hope that this review will further support this by helping to identify best practice and draw in evidence which will allow local media campaigns to be used to maximum effect.
16.	<b>Are there any potential risks to undertaking this scrutiny review?</b>  E.g. are there any similar reviews being undertaken, on-going work or changes in policy which would supersede the need for this review?	No
17.	<b>Are you able to assist with the proposed review? If not please explain why.</b> In terms of agreement / supporting documentation / resource availability?	Yes, via the communications lead for public health.
	<b>Name</b>	<u>Ruth Tennant</u>
	<b>Role</b>	<u>Director of Public Health</u>
	<b>Date</b>	<u>9<sup>th</sup> September 2015</u>
<b>To be completed by the Scrutiny Support Manager</b>		
18.	<b>Will the proposed scrutiny review / timescales negatively impact on other work within the Scrutiny Team?</b> (Conflicts with other work commitments)	With the review taking place over a number of months it will allow sufficient time to gather information in relation to this review without impacting on other areas of work.
	<b>Do you have available staffing resources to facilitate this scrutiny review? If not, please provide details.</b>	The review can be adequately support by the Scrutiny Team.
	<b>Name</b>	Kalvaran Sandhu, Scrutiny Support Manager
	<b>Date</b>	25 <sup>th</sup> August 2015

Version 2

## Leicester City Council Scrutiny Review

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‘Leicestershire Partnership NHS Trust – Quality monitoring  
following the Care Quality Commission Inspection’

Scoping document for completion by Members

September 2015

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## **Background to scrutiny reviews**

Determining the right topics for scrutiny reviews is the first step in making sure scrutiny provides benefits to the Council and the community.

This scoping template will assist in planning the review by defining the purpose, methodology and resources needed. It should be completed by the Member proposing the review, in liaison with the lead Director and the Scrutiny Manager. Scrutiny Officers can provide support and assistance with this.

In order to be effective, every scrutiny review must be properly project managed to ensure it achieves its aims and delivers measurable outcomes. To achieve this, it is essential that the scope of the review is well defined at the outset. This way the review is less likely to get side-tracked or become overambitious in what it hopes to tackle. The Commission's objectives should, therefore, be as SMART (Specific, Measurable, Achievable, Realistic & Time-bound) as possible.

The scoping document is also a good tool for communicating what the review is about, who is involved and how it will be undertaken to all partners and interested stakeholders.

The form also includes a section on public and media interest in the review which should be completed in conjunction with the Council's Communications Team. This will allow the Commission to be properly prepared for any media interest and to plan the release of any press statements.

Scrutiny reviews will be supported by a Scrutiny Officer.

### **Evaluation**

Reviewing changes that have been made as a result of a scrutiny review is the most common way of assessing the effectiveness. Any scrutiny review should consider whether an on-going monitoring role for the Commission is appropriate in relation to the topic under review.

**For further information please contact the Scrutiny Team on 0116 4546340**



To be completed by the Member proposing the review		
1.	<b>Title of the proposed scrutiny review</b>	Leicestershire Partnership NHS Trust (LPT) – Quality monitoring following the Care Quality Commission (CQC) Inspection
2.	<b>Proposed by</b>	Councillor Lucy Chaplin, Chair, Health and Wellbeing Scrutiny Commission  Councillor Deborah Sangster (to chair review) Member, Health and Wellbeing Scrutiny Commission
3.	<b>Rationale</b> Why do you want to undertake this review?	The commission considered the CQC report following their inspection of the LPT and heard that they were rated as requiring improvement. The commission also heard that this rating was given to them in their previous inspection too.  With the LPT supporting some of the most vulnerable people it is important that we have good services, particularly where the ratings were not as good in the inspection. Therefore it is important for the commission to monitor the progress of LPT to try and achieve these improvements.
4.	<b>Purpose and aims of the review</b> What question(s) do you want to answer and what do you want to achieve? (Outcomes?)	The commission wants to seek assurances that the LPT are making the necessary improvements to ensure their services are not putting vulnerable people at risk.  It is hoped the following outcomes will be established: <ul style="list-style-type: none"> <li>• Establish key areas that require improvement.</li> <li>• Understand why these areas need to improve and how the LPT intend to achieve this.</li> <li>• Monitor the progress of this improvement.</li> <li>• Be assured that the necessary improvements are being made.</li> </ul>
5.	<b>Links with corporate aims / priorities</b> How does the review link to corporate aims and priorities?  <a href="http://citymayor.leicester.gov.uk/delivery-plan-2014-15/">http://citymayor.leicester.gov.uk/delivery-plan-2014-15/</a>	The City Mayor's Delivery Plan has a section specifically to promote 'A Healthy and Active City'.  The aims within this include reducing health inequality and promoting good public health which will be linked to the outcomes of this review.
6.	<b>Scope</b> Set out what is included in the scope of the review and what is not. For example which services it does and does not cover.	Leicestershire Partnership Trust Clinical Commissioning Group (CCG)

Develop a draft Project Plan to incorporate sections seven to twelve of this form

<p><b>7.</b></p>	<p><b>Methodology</b> Describe the methods you will use to undertake the review.</p> <p>How will you undertake the review, what evidence will need to be gathered from members, officers and key stakeholders, including partners and external organisations and experts?</p>	<p>The commission would like to identify the following:</p> <ul style="list-style-type: none"> <li>• Which areas require improvement?</li> <li>• How are they going to improve it?</li> <li>• Are the necessary improvements being put in place?</li> <li>• What does success look like?</li> <li>• How will improvements be sustained?</li> </ul> <p>The commission will identify the indicators that they wish to look at then assess the progress of improvement to each in task group meetings.</p>
	<p><b>Witnesses</b> Set out who you want to gather evidence from and how you will plan to do this</p>	<p>Potential witnesses may include:</p> <ul style="list-style-type: none"> <li>• Relevant Council Officers</li> <li>• Relevant Health Partners (LPT, CCG, etc)</li> </ul>
<p><b>8.</b></p>	<p><b>Timescales</b> How long is the review expected to take to complete?</p>	<p><b>September</b> Scoping document to be agreed at 28<sup>th</sup> September meeting.</p> <p><b>October – December</b></p> <ul style="list-style-type: none"> <li>• Revisit the CQC report and identify key areas to look at.</li> <li>• Task Group meetings.</li> <li>• Draft findings and conclusions to be established.</li> </ul> <p><b>January</b> The final review report to be agreed at 14<sup>th</sup> January meeting.</p>
	<p>Proposed start date</p>	<p>September/October 2015</p>
	<p>Proposed completion date</p>	<p>January 2016</p>
<p><b>9.</b></p>	<p><b>Resources / staffing requirements</b> Scrutiny reviews are facilitated by Scrutiny Officers and it is important to estimate the amount of their time, in weeks, that will be required in order to manage the review Project Plan effectively.</p>	<p>It is expected the Scrutiny Officer will support the whole review process by capturing information at the meetings, facilitating the people to give evidence and writing the initial draft of the review report based on the findings from the review.</p>
	<p>Do you anticipate any further resources will be required e.g. site visits or independent technical advice? If so, please provide details.</p>	<p>May look to speak to a CQC representative to support the review.</p>

10.	<p><b>Review recommendations and findings</b></p> <p>To whom will the recommendations be addressed? E.g. Executive / External Partner?</p>	<p>It is likely the review will offer recommendations to the LPT and may include some recommendations to the CCG.</p>
11.	<p><b>Likely publicity arising from the review</b> - Is this topic likely to be of high interest to the media? Please explain.</p>	<p>This area has had local media interest following the CQC's report and therefore may again spark interest. It is not expected that the review will have high media interest.</p>
12.	<p><b>Publicising the review and its findings and recommendations</b></p> <p>How will these be published / advertised?</p>	<p>There will be a review report which will be published as part of the commission's papers.</p>
13.	<p><b>How will this review add value to policy development or service improvement?</b></p>	<p>It is hoped the outcomes of the review will ensure that the LPT's services are not putting vulnerable people at risk and that services are improving and to ensure they meet the CQC requirements.</p>
<b>To be completed by the Executive Lead</b>		
14.	<p><b>Executive Lead's Comments</b></p> <p>The Executive Lead is responsible for the portfolio so it is important to seek and understand their views and ensure they are engaged in the process so that Scrutiny's recommendations can be taken on board where appropriate.</p>	<p>As lead member for Public Health, I am keen that all services funded through the ring-fenced grant are of a high quality and are subject to effective and appropriate scrutiny. I therefore welcome this as an important way supporting quality improvement locally.</p>
<b>To be completed by the Divisional Lead Director</b>		
15.	<p><b>Divisional Comments</b></p> <p>Scrutiny's role is to influence others to take action and it is important that Scrutiny Commissions seek and understand the views of the Divisional Director.</p>	<p>A range of community services are commissioned from LPT through the public health ring-fenced budget. The quality of these is monitored through existing contract review mechanisms. The CQC report and subsequent follow-up is an important part of this.</p>

16.	<p><b>Are there any potential risks to undertaking this scrutiny review?</b></p> <p>E.g. are there any similar reviews being undertaken, on-going work or changes in policy which would supersede the need for this review?</p>	No
17.	<p><b>Are you able to assist with the proposed review? If not please explain why.</b></p> <p>In terms of agreement / supporting documentation / resource availability?</p>	Able to provide advice to Scrutiny Team on review.
	<b>Name</b>	<u>Ruth Tennant</u>
	<b>Role</b>	<u>Director of Public Health</u>
	<b>Date</b>	<u>9<sup>th</sup> September 2015</u>
<b>To be completed by the Scrutiny Support Manager</b>		
18.	<p><b>Will the proposed scrutiny review / timescales negatively impact on other work within the Scrutiny Team?</b></p> <p>(Conflicts with other work commitments)</p>	This review may require some intensive support to ensure that the commission can adequately scrutinise the LPT targets. Whilst it is anticipated that there will no adverse impact on the scrutiny team's work, it must be anticipated that there may need to be some prioritising of work done during the time of this review.
	<p><b>Do you have available staffing resources to facilitate this scrutiny review? If not, please provide details.</b></p>	The review can be adequately support by the Scrutiny Team as per my comments above.
	<b>Name</b>	Kalvaran Sandhu, Scrutiny Support Manager
	<b>Date</b>	25 <sup>th</sup> August 2015

## Health and Wellbeing Scrutiny Commission

### Work Programme 2015 – 2016

Meeting Date	Topic	Actions Arising	Progress
6 Aug 2015	<ul style="list-style-type: none"> <li>1) Healthwatch briefing</li> <li>2) Reduction in Public Health budget and impact on service delivery</li> <li>3) LPT – CQC Quality Report</li> <li>4) Scrutiny Review of LGBT communities – Consider issues raised in the review</li> <li>5) Update on Anchor Centre</li> <li>6) Substance Misuse Services – re-procurement</li> <li>7) Local Health Messages</li> </ul>	<ul style="list-style-type: none"> <li>2) Organise a further meeting to look at the budget once the cuts are known (maybe joint with ASC) and write a letter to Secretary of State.</li> <li>3) A review to be done to look at the LPT improvement plan.</li> <li>4) Mental/sexual health issues relating to LGBT to be added to the work prog.</li> <li>5) Further report on the proposals for the future venue of the wet day centre to come back.</li> <li>6) Further report on the outcome of the consultation and future proposals re substance misuse to come to the next meeting.</li> <li>7) Scoping document for a review to be completed.</li> </ul>	
28 Sep 2015	<ul style="list-style-type: none"> <li>1) Fosse Arts Presentation</li> <li>2) Better Care Together Consultation</li> <li>3) Health and Wellbeing Survey</li> <li>4) Update on Substance Misuse Review incl. decision on Wet Day Centre</li> <li>5) Health Messaging – Scoping Document</li> <li>6) LPT Quality Monitoring following CQC report – Scoping Document</li> </ul>		
29 Oct 2015	<ul style="list-style-type: none"> <li>1) Mesothelioma Presentation</li> <li>2) Better Care Together – Update</li> <li>3) Performance Reporting</li> <li>4) Primary Care Workforce Planning e.g. GP surgeries - Briefing and Scoping Document</li> </ul>		
14 Jan 2016			
10 Mar 2016			
5 May 2016			

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Appendix E

## Forward Plan Items

Topic	Detail	Proposed Date
Better Care Together	Regular updates on progress to the plan <i>(to invite Adult Social Care members)</i>	
Dementia, Dental Care, Diabetes, GPs, Obesity, Smoking, and substance Misuse	Progress to individual strategies/services	
Health and Wellbeing Board	Protocol between scrutiny and the board and update on work of the board.	Standing item
Health and Wellbeing of staff	Monitoring of sick days and support services	
Health Visitors and School Nurses	Understanding of the transfer of services to the Council	
Mental Health Services for Black British Men	Review progress to recommendations made by scrutiny	
Mental Health and Sexual Health of the LGBT Community	Continue to understand and monitor the issues that impact on LGBT community	
Substance Misuse Review, including Anchor Centre issue	Standing item to receive regular updates on progress made.	Standing item
Performance Reporting	Regular performance reports to relevant indicators	
Reduction in Public Health budget	Impact on service delivery and the commission to be consulted on the proposals to achieve the in-year savings.	
Primary Care Workforce Planning	Briefing report and a draft scope for review proposal	29 <sup>th</sup> October 2015
Air Quality Action Plan – the health impacts	Joint meeting with Ec Dev Scrutiny Commission	17 <sup>th</sup> September 2015