Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: **THURSDAY, 29 OCTOBER 2015**
TIME: **5:30 pm**
PLACE: **Meeting Room G.02, 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

I unallocated Non-Group place.

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

G. J. Carey

For Monitoring Officer

Officer contacts:
Graham Carey (Democratic Support Officer):
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Kalvaran Sandhu (Scrutiny Policy Officer):
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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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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** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

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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 28 September 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. MESOTHELELIOMA **Appendix A (Page 1)**

To receive a briefing paper from the Mesothelioma UK Charitable Trust. Ghislaine Boyd, Business Development Manager for the Trust will present the report.

7. PATIENT HANDOVER PERFORMANCE **Appendix B (Page 7)**

To receive a presentation on recent delays in patient handovers from East Midlands Ambulance Service to University Hospitals of Leicester Trust.

The presentation contains a number of acronyms and the lesser known ones are explained below.

Page 8	HAT	Hear and Treat
Page 8	SAT	See and Treat
Page 10	PDSA	Plan, Do, Study, Act
Page 10	SRG	System Resilience Group
Page 10	UCB	Urgent Care Board
Page 10	HALO	Hospital Ambulance Liaison Officer
Page 10	ECP	Emergency Care Practitioners
Page 11	UCC	Urgent Care Centre
Page 11	LiA	Listen Into Action
Page 12	TDA	Trust Development Authority

8. ANCHOR CENTRE UPDATE **Appendix C (Page 15)**

To receive an update report on the plans to relocate the 'Wet Day Centre' (Anchor Centre).

9. HEALTH AND WELLBEING BOARD

The Deputy City Mayor to outline the current work of the Health and Wellbeing Board.

10. NHS 111 SERVICE

To receive an update on recent issues relating to capacity issues and staff shortages in relation to the operation of the NHS 111 Service, and to difficulties experienced by users of the service accessing translation services.

11. PUBLIC HEALTH PERFORMANCE **Appendix D (Page 19)**

To receive a report from the Director of Public Health giving an overview of performance management in relation to public health in Leicester.

12. HEALTH AND WELLBEING SURVEY UPDATE - HEALTHY EATING **Appendix E (Page 31)**

To receive a report from the Director of Public Health providing an update on the Health and Wellbeing Survey which was the subject of a presentation to the

last meeting of Commission.

The report also contains additional information on the Diet and Healthy Eating aspects of the survey as requested at the last meeting of the Commission.

13. HEALTH MESSAGING REVIEW

The Chair to provide a verbal update on the progress in relation to the Health Messaging Review being undertaken by the Commission.

14. PRIMARY CARE WORKFORCE - SCOPING DOCUMENT **Appendix F (Page 35)**

To receive the draft scoping report for the proposed scrutiny review on the 'Primary Care Workforce'.

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

15. WORK PROGRAMME **Appendix G (Page 41)**

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.

16. 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.

17. ITEMS FOR INFORMATION / NOTING ONLY **Appendix H (Page 43)**

a) <u>Reduction to Public Health Budget</u>

To note the attached letter that was sent on behalf of the Commission to the Secretary of State for Health following the Commission's previous discussion on the Government's proposal to reduce Public Health funding by £200m in 2015/16.

MESOTHELIOMA UK
CHARITABLE TRUST - 1126083

Report for: Health and Wellbeing Scrutiny Commission

Meeting Date: 29th October 2015

Subject: Mesothelioma UK Charitable Trust

From: Ghislaine Boyd, Business Development Manager, Mesothelioma UK Charitable Trust

Background

What is Mesothelioma?
Mesothelioma is a cancer of the lining of the lung or the abdomen caused by asbestos.

About asbestos
Brown and blue asbestos have not been imported into the UK since 1985 and white asbestos was banned in 1999.
It is the ability of asbestos to resist heat and fire that resulted in it being widely used in industry

Who is most likely to have been exposed
It is through their work that many people have been exposed.
This includes:
Carpenters, joiners, boiler, pipe and heating workers, shipbuilding/shipyard workers, Navy seamen, dockworkers, laggers, mechanics, plumbers and gasfitters, roofers, construction and demolition workers and of course people who worked in the manufacture of asbestos itself.

Is asbestos still present today
Asbestos is still present in buildings and equipment built or produced before the ban.
Asbestos is only a risk if you disturb or damage it and cause fibres to be released into the air. If you have been exposed to asbestos at any time you are potentially at risk although the majority of people who have been exposed do not suffer ill health as a result. There is no way of identifying who or why some people go on to suffer and others remain unaffected.

Incidence
In the UK about 2,500 people are diagnosed every year with mesothelioma and the UK has the highest incidence worldwide
Annually there are 30 new cases diagnosed with Mesothelioma within Leicestershire and Rutland.
University hospitals of Leicester sees a total of 150 new referrals annually as many are referred into the service from outside of Leicestershire.
Currently there is no cure but the mesothelioma medical community continually strives to find better treatments to help manage the disease.
Different treatments can be used to treat mesothelioma including surgery, chemotherapy and radiotherapy and now there are an increasing number of clinical trials to give better evidence for how best to treat the disease in the future.

The Charity
Mesothelioma UK was launched in 2004 with financial support from Macmillan Cancer Support - financial independence came in 2009 when the Mesothelioma UK Charitable Trust was launched

Mesothelioma UK Charitable Trust is a national charity, hosted by University Hospitals of Leicester, with the office based at Glenfield Hospital. There are five trustees.
The operational team comprises of:

- Director of Services / Nurse Consultant
- Business Development Manager
- Fundraising Manager
- Helpline Co-ordinator / PA
- Welfare / Benefits Adviser
- Administration Assistant
- Website Administrator

This equates to 4.9 WTE (whole time equivalent) paid staff.

The main aim is to provide support to those affected by mesothelioma by providing impartial, up-to-date information and advice, access to specialist advice through the free phone helpline, the website and printed patient information.

Specialist Nurses
When Mesothelioma UK started it aspired to establishing mesothelioma nursing services in key locations in the UK – it recognised that this was fundamental to improving access to specialist care and support for mesothelioma patients.
The 1st specialist nurse post was the Consultant Nurse / Director of Services - Liz Darlison - she secured the original funding and set up Mesothelioma UK.
We now have funding available for 12 specialist nurses.
Currently posts are funded at:

- Leicester
- Portsmouth
- London 1
- Bristol
- Oxford
- Cardiff - vacant
- Sheffield
- Manchester
- North-East
- Glasgow
- Cambridge – vacant
- London 2 – vacant new post

The charity funds 2 days per week of each post and each post-holder has local, regional and national mesothelioma specific responsibilities and this costs the charity around £22,000 per year for each nurse.
The ultimate aim is to fund a total of 18 specialist nurses in England, Scotland, Wales and Northern Ireland.
MUK are currently inviting expressions of interest from trusts to realise post holders for all 12 posts.

Benefits and Compensation
The charity works closely with the Leicestershire CAB and funds a national Mesothelioma welfare adviser for 3 days a week, the hours have recently been increased in line with increased activity. The adviser is able to provide expert advice and guidance, as well as assisting in the completion of forms.

Specialist Information
In conjunction with health professionals within other organisations, Mesothelioma UK has produced specialist information on all aspects of Mesothelioma. This includes information about the disease, treatment, diet, benefits and compensation.
We have also recently launched a patient information DVD, this is available as a disc and will soon be available to view on our website.
All information is free to patients, carers, general public, health professionals and health care providers.

Supporting Research
The charity will over the next 2 years fund mesothelioma research projects in conjunction with the British Lung Foundation, this will total £300,000 over the 2 year period.
The charity is also supporting transport costs for the MARS2 trial to facilitate recruitment to the trial, as many patients may have to travel outside their locality to access treatment

Events
Action Mesothelioma Day – this is held yearly in July at Leicester Cathedral and is a service of hope and reflection. Speakers are invited along with dignitaries from Leicestershire and also patients and carers. The service is followed by a tea and cake. The Mesothelioma UK team are all in attendance.

Patient Carer Day – annual event held in October at a location within the UK. This year's event was held in Stratford upon Avon. This year the day was fully sponsored.
The event aims to give mesothelioma patients, carers and relatives the chance to meet and share experiences with others, to give up-to-date, unbiased information about mesothelioma and to give patients, carers and relatives the chance to raise issues and ask questions.
Patients, relatives and friends can attend free of charge. The topics are wide ranging and include patient stories. The day is always well received

Fundraising
The current fundraising target is **£550,000** for the 2016/17 year and for a small specialist charity this is quite a task. Year on year MUK strives to achieve its aims and priorities and to provide services that are appropriate, useful and accessible.
The charity relies totally on donations which makes up 80% of our income, the remaining is through sponsorship.
Many people are kind enough to donate to the charity and others work hard to fundraise
Our fundraisers are fully supported by us and we can provide fundraising items in the form of a pack suited to the type of event e.g. running vests, t shirts, pins, trolley keys etc.

Local context
Glenfield Hospital is seen as a centre of excellence for the treatment of Mesothelioma. There exists a team of highly skilled surgeons and oncologists for delivery of treatments.

Patients living locally have direct access to these services; Glenfield hospital also receives referrals from outside Leicestershire both for treatment and those seeking a second opinion.

Any patient attending locally has direct access to the expertise of the Leicester based Mesothelioma Nurse Specialist as well having all the information available at the clinic. They are also able to have face to face contact with the Mesothelioma UK team as required

Locally patients and carers are able to have face to face consultations with the benefits / welfare adviser, this may also include home or ward visits as required.
The benefits and compensation system can be very daunting for both patients and carers, especially after the shock of diagnosis, having someone who can guide them through this is invaluable.

Local support – rather than having a support group a monthly luncheon club is run jointly by Mesothelioma UK and University Hospitals of Leicester lung specialist nurses. The group includes both Mesothelioma and lung cancer patients and their carers.
It provides a social setting where they can meet others with same or similar diagnosis and share their cancer journey. There is a specialist nurse available to deal with any clinical issues if necessary.
The “base” for this group is Greenacres Restaurant, The Sidings, Leicester.

The feedback from all is always very positive and locations have included:

- Rutland water
- Houses of Lords
- Skegness
- Leicester Steam Railway
- Santa Special at Christmas
- Archery Class
- Garden Centres
- Mount St Bernard Abbey

The day includes lunch and most events are free to all attendees. Occasionally if a coach is required for longer distance venues then a small charge may be made to cover travel costs.

There are quarterly meetings held at the “base”, speakers are invited to discuss varying topics, these maybe medical or non-medical. Topics are those requested by attendees. We have hosted a Thoracic Surgeon, a Pain Specialist a Dietician, an Oncologist, a Trials Nurse, Alternative Therapists, and anybody we feel can enhance and help the patient journey.

Patients and carers have expressed they feel more supported and less isolated by meeting others in the same situation, it makes them feel normal again and, that their disease is no different to others, who are managing long term conditions such as diabetes. They say it also helps them to feel more confident to talk in a social setting rather than clinical and they leave feeling positive, motivated and inspired by having shared their experience.
By taking part in the social activities that MELU facilitate, does empower them to realise they can actually do more than they think they can.

The group is currently supported by University Hospitals of Leicester Charitable funds, the attendees also periodically fund raise to support the activities and raffles are held to boost funds

Contact Details

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University Hospitals of Leicester NHS
NHS Trust

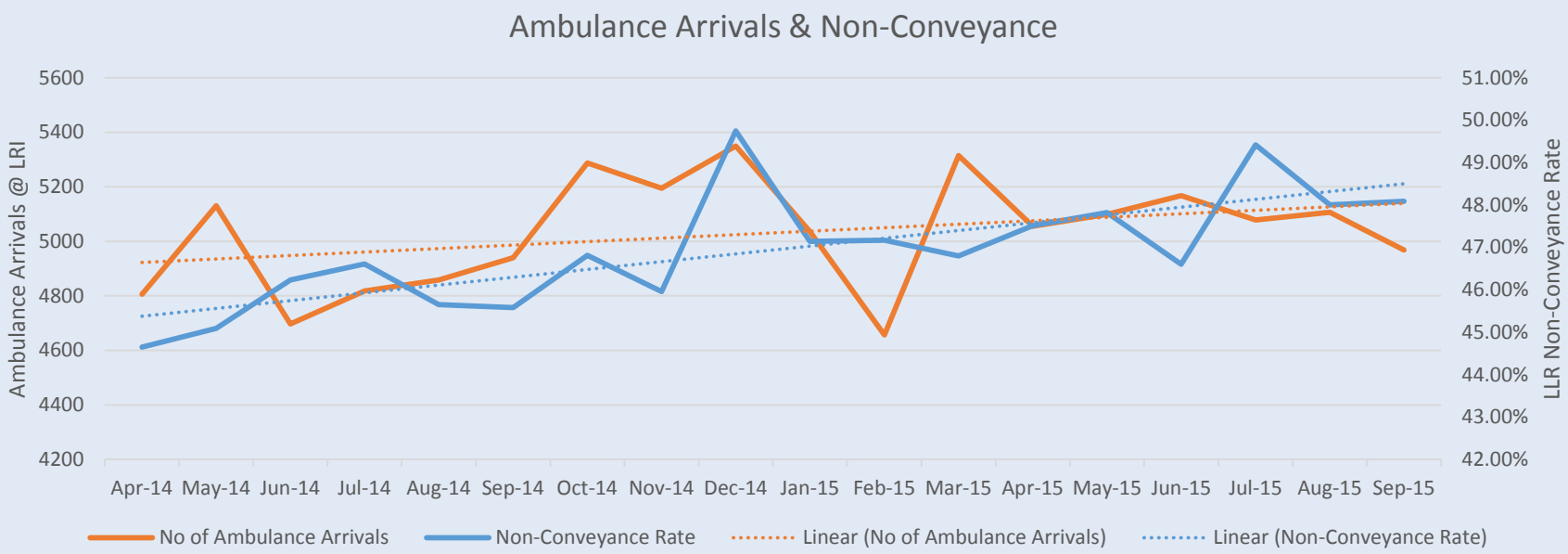
East Midlands Ambulance Service NHS
NHS Trust

Health and Wellbeing Scrutiny Commission

Appendix B

Setting the Scene

- Increasing demand across urgent and emergency care system
- Increase in both non-conveyance rate by EMAS and arrivals at hospital, non-conveyance rate assisting to stem increase in arrivals (managing extra demand through HAT / SAT activity)

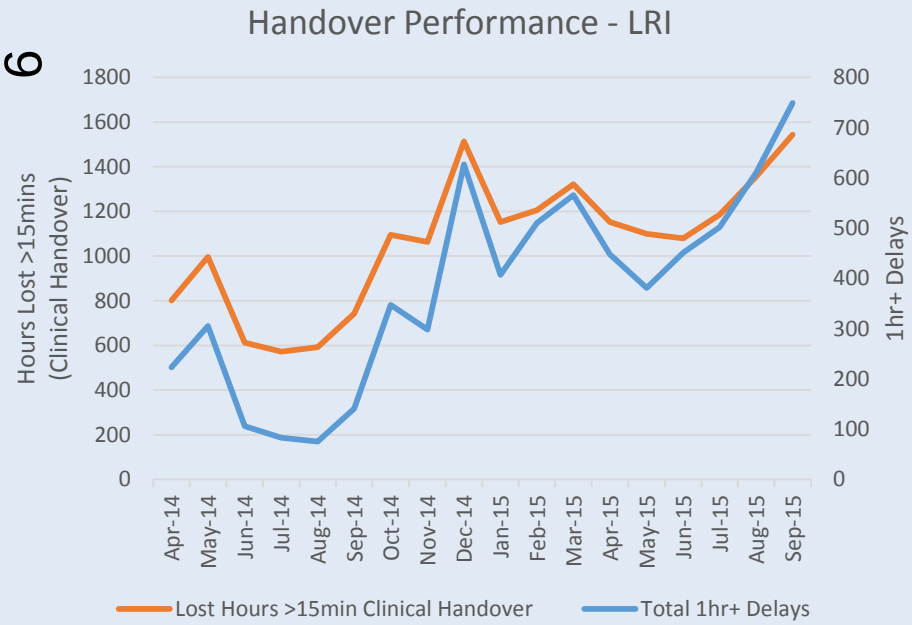


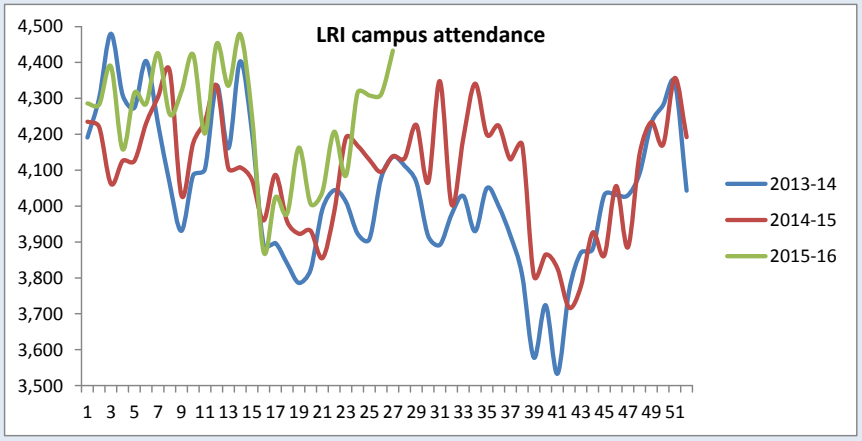
East Midlands Ambulance Service NHS Trust

University Hospitals of Leicester NHS Trust

Historic LRI ED Handover Performance

- Increase in both Lost Hours >15 mins and 1hr+ delays
- September 2015 hours lost and 1hr+ delays both exceeded December 14
- Set against a backdrop of unprecedented increased LRI ED attendances





Actions Taken To Date

- Strategic Actions
  - Rapid Handover Protocol
  - Review of processes and streamlining of communications between LRI & EMAS Crews
  - Engagement with Unipart during July 2015, with PDSA approach for 8 weeks in Oct/Nov/Dec
  - Focus on Handovers at SRG and UCB in LLR
  - Greater focus on Pathfinder and Non-Conveyance in EMAS (managing demand)
  - Increased HAT activity in EMAS
  - Implementation of new Handover Screen data capture for greater information accuracy

- Tactical Actions
  - Dynamic HALO deployment during flash points
  - Gold Escalation to request increased flow
  - Support of outflow to assist flow
  - Tactical support to LRI ED from EMAS ECP staff

Further Planned Actions

- Assess potential access and support to EMAS from new GP evening and weekend slots (potential for greater non-conveyance)
- Assess impact of UCC changes & support to EMAS / impact to Pathfinder
- Complete final data alignment of new handover screens
- Assess options for future 'surge' support from EMAS and other partners (ie ECP support, etc)
- Investigating suitable live information sharing and predictive analytics in preparation for winter, including early warning systems
- Combined work on greater management of GP Urgent flow
- Both UHL and EMAS LiA leads to be included in Unipart work and joint team approach

Unipart – Background

- EMAS started to re-assess our change approach earlier this year as part of our overall transformation
  - Recognising that a standardised methodology based on a lean approach would help
  - Wanting to build on the work undertaken through Listening into Action to deliver changes through staff participation
- Applied for the TDA development partner and reached the final shortlist but were not selected
- Led us to consider an area of the business consistently challenging for us
- Initial engagement with Unipart was followed by their spending five days at UHL and EMAS, meeting with staff, running initial process mapping exercises and gathering data
- Outputs of the scoping exercise are contained in the Unipart report and proposal

Unipart – Observations and Opportunities

High Level Observations:

- **Team** are committed and want to provide a great service to patients
- **Silo working** between two organisations and team approach is needed
- **Non-standard** ways of ambulance crews presenting themselves at the hospital
- **Same problems** occurring every day with **lack of capacity** in the teams to solve them
- Management of **capacity and demand** is variable
- **Lack of trust in data,** leading to rework and wasted effort
- **Operational management variable** until process gets stressed and HALO arrives
- **Paper based system** primarily used versus digital
- Post handover of patient, **time Crews left site was variable**

High Level Opportunities:

1. **Understand** in detail end to end processes to encourage **more alignment and reduce silo working**
2. **Simplify** and **standardise handover process**
3. **Creation of clear and visible** daily **KPIs** so team understand performance and can **track issues**
4. **Train teams** in visual management and problem solving to start **solving problems at their own level every day**
5. **Introduce standard** processes to **reduce variation** in decision making

Unipart – Key Points to Consider

- View from both EMAS and UHL that there is not the capability or capacity in either organisation to run this kind of project with existing resource
- External facilitation and a data driven approach will support joint working and help break down barriers
- The project will supplement other initiatives e.g. effect of Lakeside in November, planned joint LiA event and work around better use of data
- The scope of the work should be clear and re-iterated to be the 'front door' at UHL
- There will be clear guidance to Unipart on the parameters and constraints within which they can work - including a distinction between 'recommendations', scope for further development and process changes they can implement in eight weeks
- Are there other areas to avoid or focus on based on the current proposal?

Appendix C

Health and Wellbeing Scrutiny Commission Briefing

Anchor Centre update

Lead directors: Tracie Rees/ Ruth Tennant

Ward(s) affected:	Castle
Report author:	Julie O'Boyle Consultant in Public Health
	Kate Galoppi Head of Commissioning Adult Social Care
Report Presented by:	Councillor Abdul Osman
Author contact details:	Julie.oboyle@leicester.gov.uk

1.0 Purpose of Briefing

To update the Health and Wellbeing Scrutiny Commission on steps being taken to ensure that the wet day centre remains open over the winter period.

2.0 Update

At the previous scrutiny commission meeting (September 28th 2015) the physical condition of the anchor centre was discussed. It was noted that there are a number of issues which, if not rectified, could result in the service closing over the winter months.

The following issues were identified;

Inadequate heating of the building
Safety of the hot water supply (particularly the showers),
Poor lighting in some areas
Building security (issues with the front door)

Following the scrutiny meeting officers met with the provider. It was noted that the issues identified had been recorded at the annual health and safety inspection and that remedial work had already commenced. It was also noted that the provider had not been fully aware of the processes in place to alert LCC of issues with the building.

As of 16th October 2015 the current situation with regard to the necessary remedial works is as follows;

The heating system is old and can be temperamental however heating is now regulated and LCC maintenance can be contacted to rectify when needed

Lighting is now sufficient

There is adequate electrical supply in the PC room and PAT testing has been carried out in September 2015.

Doors are now secure

The building has received pest proofing and there is currently no evidence of vermin

activity

There remains an issue with the shower which does not have thermostatic control. An order has been raised for a contractor to either repair or replace the shower to ensure it meets relevant standards.

In addition to these immediate issues there are problems with roof leaks crumbling plaster work, lack of ventilation to the kitchen etc. The provider has agreed that, pending a long term accommodation solution, it does not make economic sense to address these issues at this point in time. If however alternative accommodation is not secured in the new year these additional works will be required.

We continue to work to identify a long term accommodation solution for the wet day centre and a detailed option appraisal is currently being undertaken by officers.

19/10/2015

Details of Scrutiny

Appendix D

Health and Wellbeing Scrutiny Commission

Public Health Performance

Date: 29th October 2015

Lead Director: Ruth Tennant

Useful information

- Ward(s) affected: All
- Report author: Rod Moore / Adam Archer
- Author contact details: 454 2034 / 454 4133
- Report version: 1

1. Summary

1.1 This report presents an overview of performance management in relation to public health in Leicester. The report focuses on delivery of local and national priorities. The local priorities are expressed in the key plans and strategies for public health in the city and wider plans and strategies to which public health makes a significant contribution. National priorities are captured in the national performance framework for public health, the 'Public Health Outcomes Framework' (PHOF). The report includes a summary of current performance against these plans and strategies and the PHOF.

2. Recommendations

2.1 The Health and Wellbeing Scrutiny Commission are recommended to note the contents of this report and advise on future performance reports

3. Report

3.1 <u>Delivery of public health strategic priorities.</u>

Public health, like other public service priorities, are invariably, but not exclusively, captured in a range of plans and strategies. Such documents will usually identify the overall purpose of the plan or strategy , define the priorities for action, identify and quantify the difference delivery of the plan or strategy is intended to make, set out the activity that will be undertaken to deliver these 'outcomes' and identify the investment or resource that will be put behind delivery of the plan or strategy.

Plans and strategies relating to public health in Leicester range from the overarching strategy to improve health and wellbeing in the population; 'Closing the Gap: Leicester's Health and Wellbeing Strategy' (which is in the process of refresh), through to detailed plans to address specific issues. In some cases a plan or strategy will be owned and driven by the council's public health division, in others it might be a joint plan or strategy with named partners, or indeed it could be a broader plan or strategy to which the public health division contributes.

Progress on the delivery of plans and strategies, usually described as 'performance' will be reported to and considered by any one or more of the governance arrangements reflecting the ownership of the plan in question - for example the Health and Wellbeing Board maintains oversight of the Health and Wellbeing Strategy. Internally, monitoring of performance and responding to performance issues is undertaken through the Public Health Performance Review Group which meets quarterly

The following list sets out those key plans and strategies relating to public health and Leicester that are performance managed locally and form the scope of this report. A summary of measures from the Health and Wellbeing Strategy is shown below, with further analysis and extracts of current performance data from other plans provided in appendices 1a and 1b.

- Closing the Gap: Leicester's Health and Wellbeing Strategy
- Better Care Together: 5 Year Strategic Plan
- City Mayor's Delivery Plan (up to 31.3.15)

- Leicester Sports Partnership Trust Plan for Physical Education, Sport and Physical Activity
- Leicester's Alcohol harm reduction strategy
- Oral Health Promotion Strategy
- Suicide Prevention Strategy
- Inter-agency Domestic Violence Strategy
- Leicester, Leicestershire and Rutland Mental Health Strategy
- Leicester Food Plan
- Breast Feeding Strategy
- Tobacco Control Action Plan

3.2 The Public Health Outcome Framework.

The Public Health Outcomes Framework (PHOF), "Healthy lives, healthy people: Improving outcomes and supporting transparency" sets out a national vision for public health, desired outcomes and the indicators that will help understand how well public health is being improved and protected.

The framework concentrates on two high-level outcomes; *Increased healthy life expectancy* and *Reduced differences in life expectancy and healthy life expectancy between communities*, to be achieved across the public health system. It groups further indicators into four 'domains' that cover the full spectrum of public health: *Improving the wider determinants of health; health improvement; health protection; and, Healthcare public health and preventing premature mortality*

The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life. The PHOF is complimentary to outcome frameworks the NHS and Adult Social Care. The PHOF is primarily a set of indicators and, beyond the high level outcomes noted above, priority amongst these indicators is a local matter. The PHOF is also valuable for surveillance purposes. A summary of Leicester's latest position on the PHOF is shown below, with more detail provided in Appendix 2.

3.3 Performance Summary

Measures from the overarching Health and Wellbeing Strategy and the Public Health Outcomes Framework provide a helpful snapshot of overall public health performance.

Closing the Gap: Leicester's Health and Wellbeing Strategy

Direction of travel against baselines in the strategy – All measures		
↑	Performance has improved from the baseline in the strategy	14
↔	Performance is the same / very similar to the baseline in the strategy	4
↓	Performance has worsened from the baseline in the strategy	5
↔	No data has been published since the baseline, or there are data quality issues	2

Public Health Measures			
Measure	Baseline	Latest	DoT
Breastfeeding at 6-8 weeks	2011/12 – 54.9%	2014/15 – 62.1%	
Smoking in pregnancy	2011/12 – 12.7%	2014/15 – 11.8%	
Conception rate in under 18 year old girls (per 1000)	2011 – 30.0	2013 – 29.7	
Reduce obesity in children under 11 (bring down levels of overweight and obesity to 2000 levels, by 2020)	Reception 2010/11 - 10.6%	Reception 2013/14 – 10.6%	
	Year 6 2010/11 - 20.6%	Year 6 2013/14 - 21.1%	
Number of people having NHS Checks	2011/12 – 8,238	2014/15 – 13,967	
Smoking cessation: 4 week quit rates	2011/12 – 2,806	2014/15 – 2,008	
Reduce smoking prevalence	2010 – 26.0%	2015 – 21.4%	
Adults participating in recommended levels of physical activity	2010/11 – 27.8%	2014/15 – 34.7%	
Alcohol-related harm	2011/12 – 719.1	2014/15 – 708.3	
Self-reported well-being - people with a high anxiety score	2011/12 – 41.99%	2014/15 – 45.4%	

Public Health Outcomes Framework

Leicester compared to England Average	Measures	Direction of Travel	Measures
Significantly better	24	Improved	55
Significantly worse	52	Worsened	55
Same / very similar	65	No change	3
Not available	1	Not available	29

3.4. Summary of appendices:

Appendix 1a Closing the Gap: Leicester's Health and Wellbeing Strategy

Appendix 1b Performance against other key plans and strategies

Appendix 2 The Public Health Outcomes Framework

Appendix 1a

Health and Wellbeing Strategy: Priorities and Performance Measures

The Joint Health and Wellbeing strategy aims to reduce health inequalities, delivering against the five strategic priorities:

- Improving outcomes for children and young people
- Reducing premature mortality
- Supporting independence for older people, people with dementia, long term conditions and carers
- Improving mental health and emotional resilience
- Addressing the wider determinants of health through effective use of resources, partnership and community working

Progress in delivery of the strategy is monitored by rating actions identified in the strategy and, reporting on the performance indicators set out in Annex 2 of the strategy. The ratings for action are as follows:

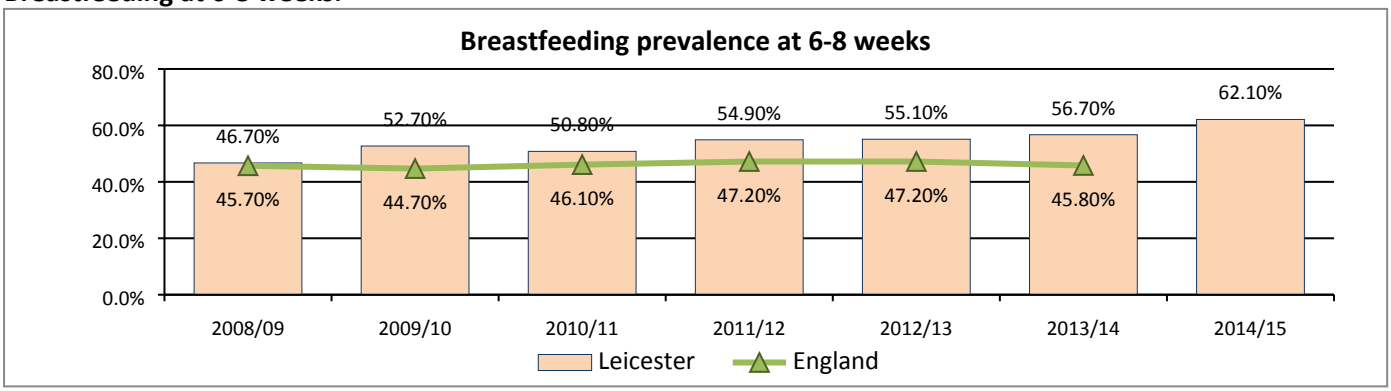
Red	Action is at serious risk of not being delivered.
Amber	Some risk that actions may not be delivered but this risk will be managed.
Green	Good progress is being made and there are no significant problems.

Activity in Public Health is expected to impact positively on many of these overarching priorities and the outcomes which sit beneath them. Those which public health may be expected to impact upon are summarised below and also shown are some of the key performance indicators used to monitor progress.

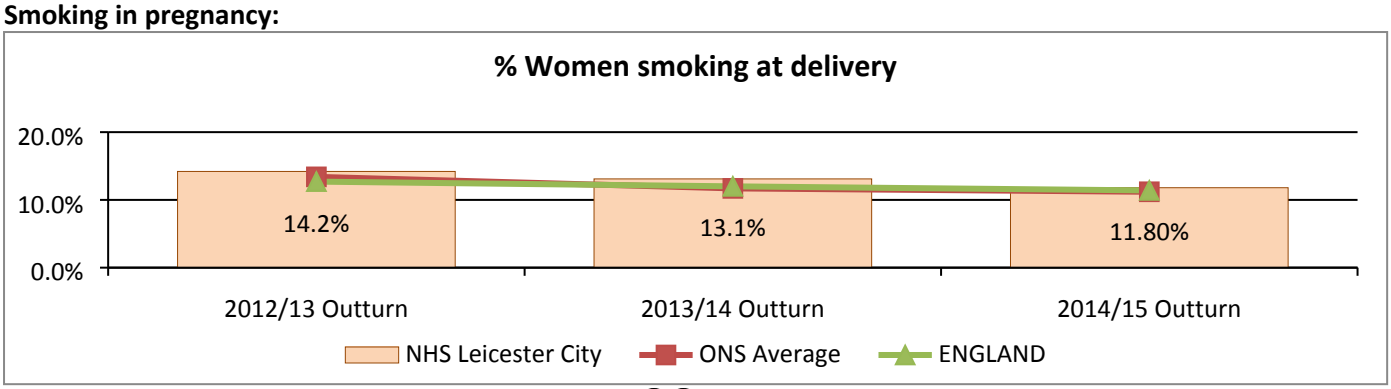
Strategic Priority 1: Improve outcomes for children and young people

Strategic Priority	Outcome	RAG Rating
Improving outcomes for children and young people	1.1 Reduce Infant Mortality	Amber
	1.2 Reduce Teenage Pregnancy	Amber
	1.3 Improve readiness for school at age five	Amber
	1.4 Promote healthy weight and lifestyles in children and young people	Green

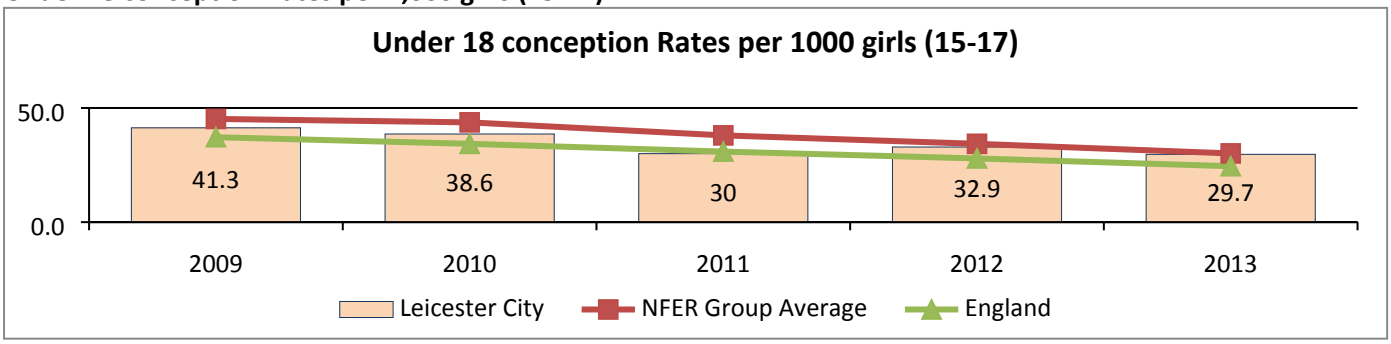
Breastfeeding at 6-8 weeks:



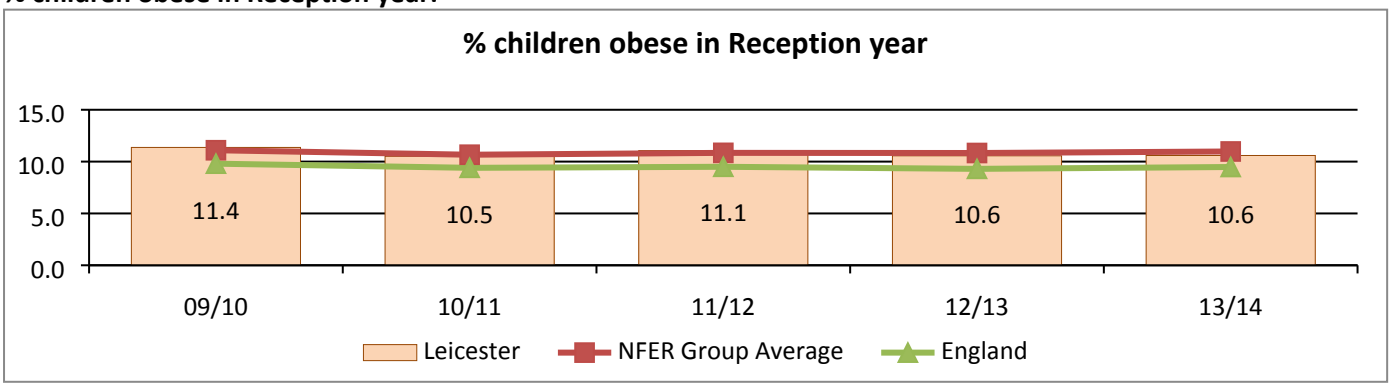
Smoking in pregnancy:



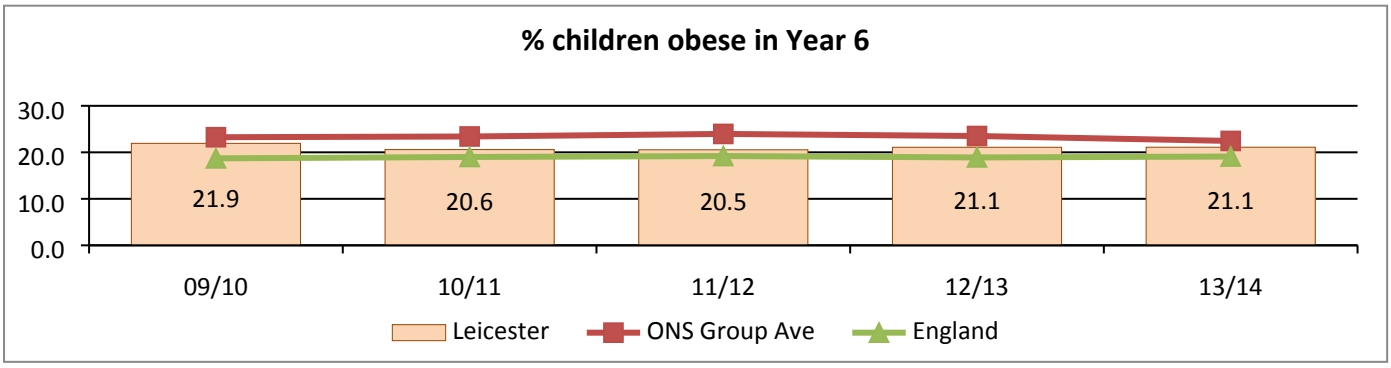
Under 18 conception Rates per 1,000 girls (15-17):



% children obese in Reception year:



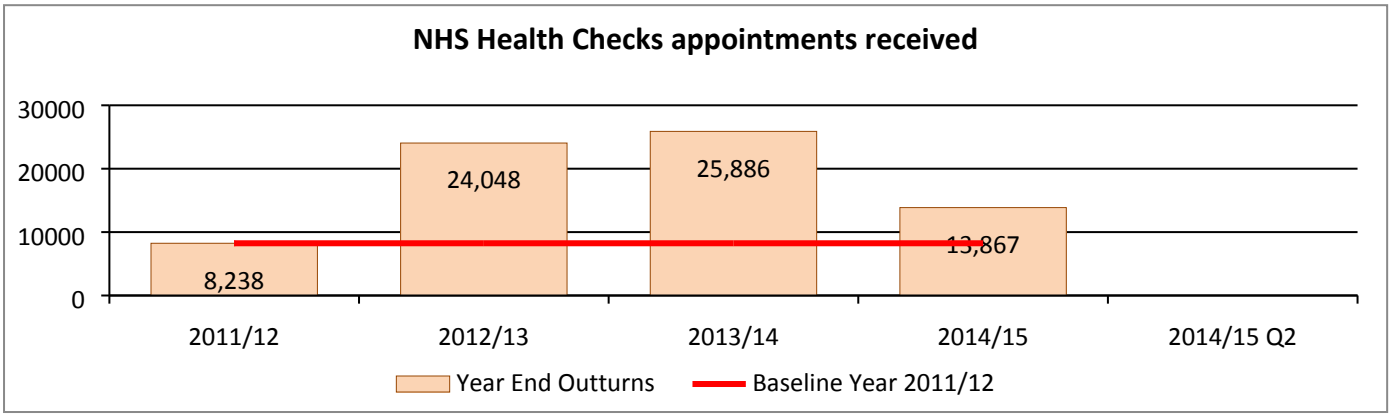
% children obese in Year 6:



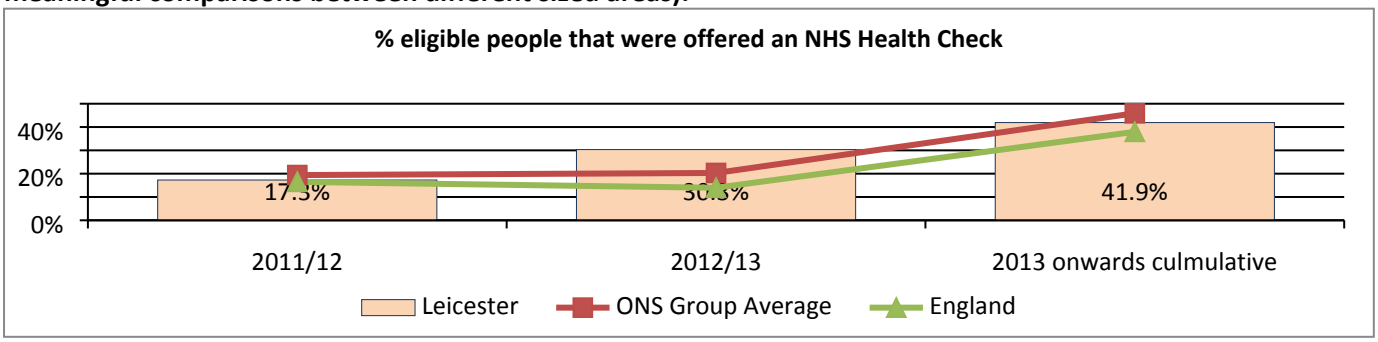
Priority 2: Reduce premature mortality

Strategic Priority	Outcome	RAG Rating
Reducing premature mortality	2.1 Reduce smoking and tobacco use	Amber
	2.2 Increase physical activity and healthy weight	Green
	2.3 Reduce Harmful Alcohol Consumption	Green

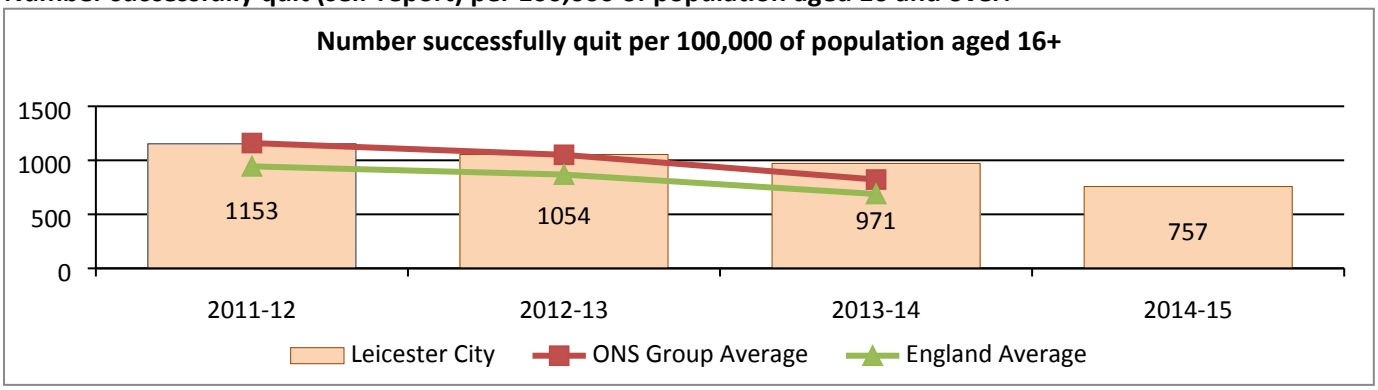
Number of people having NHS Checks:



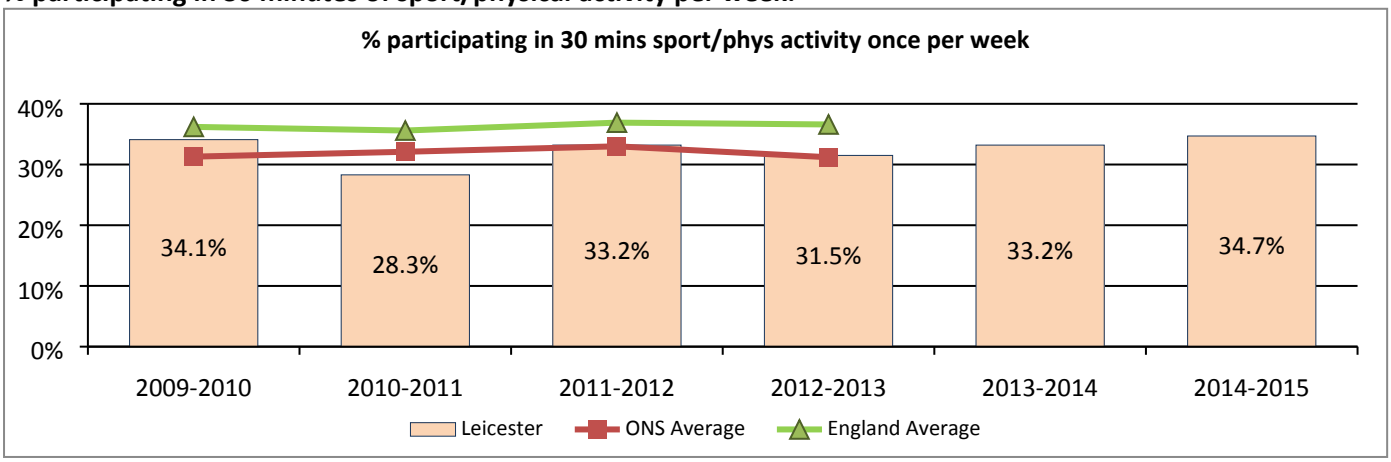
Proxy measure: % eligible people that were offered a NHS Health Check (used because it enables meaningful comparisons between different sized areas):



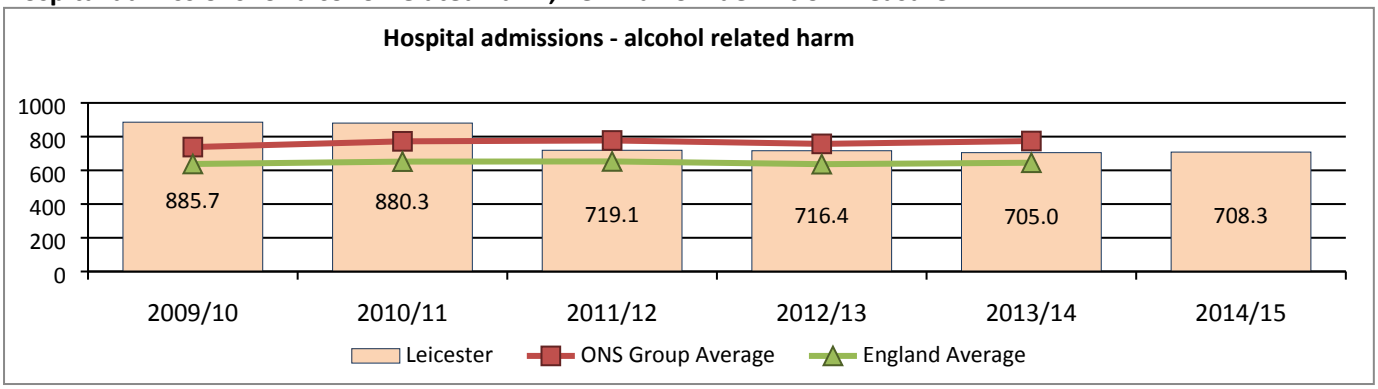
Number successfully quit (self-report) per 100,000 of population aged 16 and over:



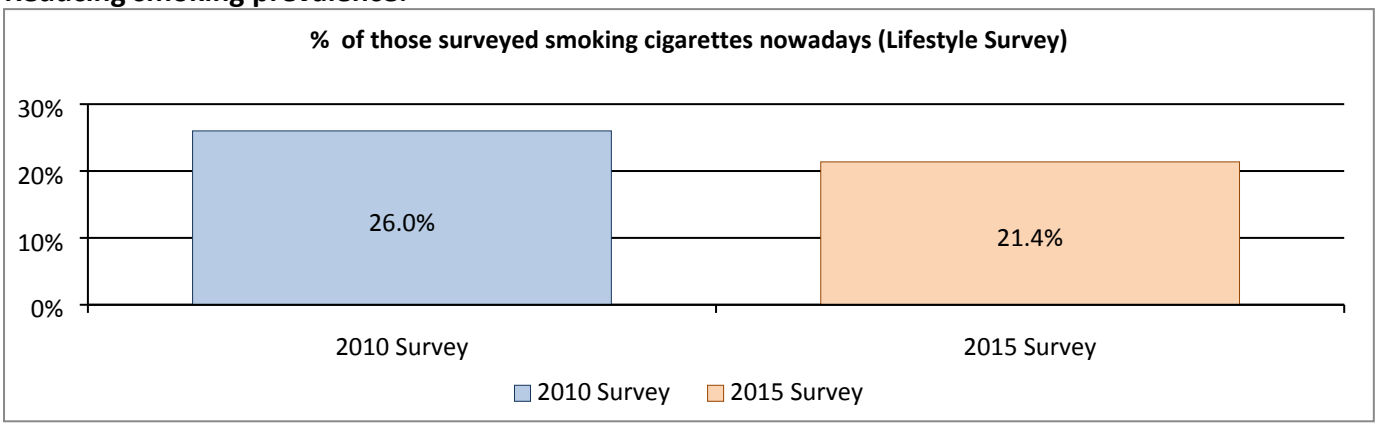
% participating in 30 minutes of sport/physical activity per week:



Hospital admissions for alcohol related harm, new narrow definition measure:



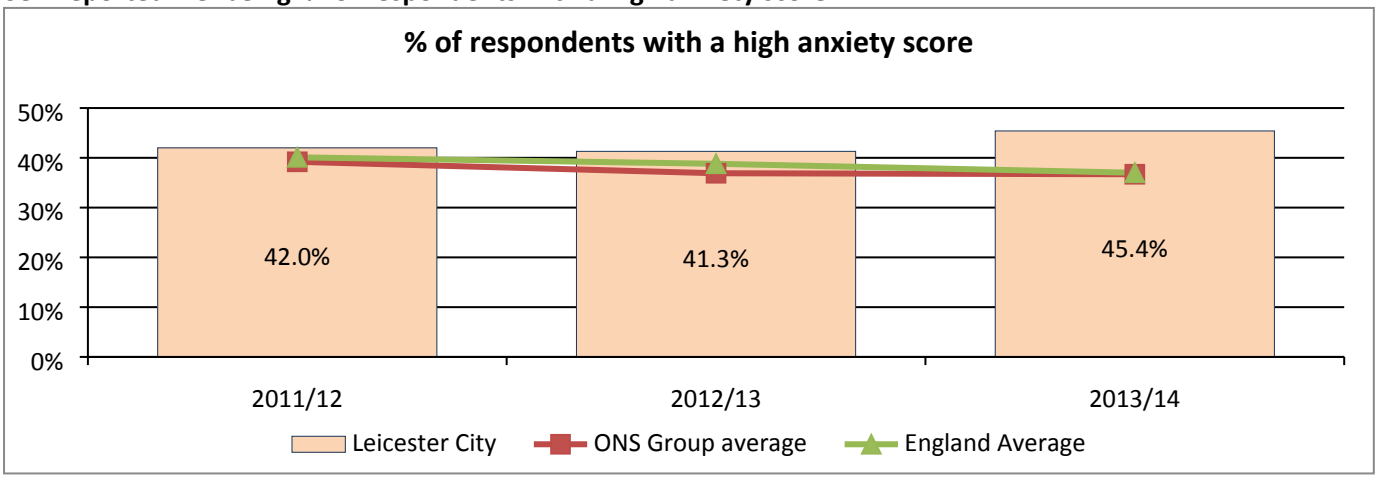
Reducing smoking prevalence:



Priority 4: Improve mental health and emotional resilience

Strategic Priority	Outcome	RAG Rating
Improve mental health and emotional resilience	4.1 Promote the emotional wellbeing of children and young people	Amber
	4.2 Address common mental health problems in adults and mitigate the risks of mental health problems in groups who are particularly vulnerable.	Green

Self-reported wellbeing: % of respondents with a high anxiety score:



Appendix 1b

Selected measures from other key plans and strategies

 Performance has improved from the baseline position	 Performance is similar to the baseline position	 Performance has worsened from the baseline position	 No data has been published since the baseline or there are data quality issues

Plan	Performance Measure	Baseline Data	Position at Sept 2015	DoT	Benchmark Group	Rank position
Leicester Sports Partnership Trust Plan for Physical Education, Sport and Physical Activity	150 minutes of moderate intensity physical activity as reported by the active people survey (APS) on behalf of DoH.	47%	47%		ONS	3/7
Alcohol harm reduction strategy	% Successfully exiting alcohol treatment and not re-presenting	27.3% 2013/14	33.3%		ONS	TBC
Oral Health Promotion Strategy	Amount of dental decay % of five year olds with dental decay experience	53.3%	53.3%		ONS	11/11
	Severity of dental decay: Average number of decayed, missing and filled teeth per child	3.88 dmft	3.88 dmft		ONS	11/11
	Dental decay at age 3: Amount of dental decay % of three year olds with dental decay experience	34%	34%		ONS	11/11
Suicide prevention strategy	Mortality rates from Suicide and injury undetermined (per 100,000 pop, Direct standardised rate)	9.1	8.0 is latest in average for 2011/13		ONS	5/7
	Prescription rates for anti-depressants (Items per 1000 population)	912 per 1000	912 per 1000		ONS	6/10
	Secondary mental health hospital discharges: number discharged from hospital receiving a follow up within 7 days	72.7%	63.6%		ONS	5/10
Other regularly reported performance measures	Number of people referred to the exercise referral scheme 2013/14 – 2,050	2107	2965 14/15 798 in Q1		None	Local Measure
	Unlawful supply of alcohol and tobacco: Advice visits Number of inspections and test purchases % of non-compliances detected No. of formal actions taken against supplier	149 0 16% 0	112 41 29% 8		None	Local Measure

Appendix 2

Public Health Outcomes Framework

The Public Health Outcomes Framework - Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

The 2 high level outcomes are:

- **Increased healthy life expectancy**
- **Reduced differences in life expectancy and healthy life expectancy between communities**

The domains are:

1: Improving the wider determinants of health
Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities
2: Health improvement
Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
3: Health Protection
Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities
4: Healthcare: public health and preventing premature mortality
Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

The outcomes and indicators are collated by Public Health England and published via a data tool for Local Authorities at: http://www.phoutcomes.info/.

PHOF Outcomes for Leicester City (May 2015)

Indicators that are significantly better than the national rate include:

- Killed and serious injuries on roads
- NHS Health checks carried out
- levels of hospital admissions for injuries in children
- levels of hospital admissions for injuries from falls in over 65s
- Childhood immunisations

Indicators that are significantly worse than the national rate include:

- Life expectancy at birth and aged 65, healthy life expectancy and gap in life expectancy
- Children in poverty, school readiness and tooth decay in 5 year olds
- 16-18 year olds not in education, employment or training
- Violent crime and re-offending levels
- Homelessness, fuel poverty, social isolation and utilisation of outdoor space for exercise/health,
- Low birthweight rates, breastfeeding initiation, smoking in pregnancy, under 18 conception rates
- Levels of overweight in 4-5 and 10-11 year olds
- Levels of adult inactivity, smoking prevalence, completion of drug treatments, alcohol-related hospital admissions
- Breast and cervical cancer screening rates, chlamydia screening rates, flu vaccinations, late HIV presentations, TB incidence
- Infant mortality, premature mortality from cardiovascular diseases, liver disease, respiratory disease and serious mental illness
- Health related quality of life for older people

Indicators showing improvement include:

- Healthy life expectancy at birth for females, life expectancy at birth for males and females
- Children in poverty, school readiness, pupil absence, 16-18 year olds not in education, employment or training
- Adults with a LD living in stable accommodation
- Hospital admissions for violence
- Re-offending levels
- Homelessness
- Low birthweight rates, breastfeeding at 6-8 weeks, smoking in pregnancy, teenage conception rates
- Emotional well-being of looked-after-children, hospital admissions for injuries in children
- Recorded levels of diabetes, alcohol-related hospital admissions, breast cancer screening coverage, levels of hospital admissions for falls in over 65s
- Chlamydia screening and detection, childhood immunisations, flu vaccinations in over 65s, late HIV presentation, TB incidence
- Premature mortality from cancer, respiratory disease, serious mental illness and suicides
- Emergency hospital re-admissions within 30 days of discharge, preventable sight loss, quality of life for older people and hip fractures

Indicators showing deterioration include:

- Healthy life expectancy at birth for males
- Slope index of inequality in life expectancy
- Adults with a learning disability living in stable accommodation and gap in employment rates between adults in contact with secondary mental health services and overall employment rate
- Sickness absence of employees, killed/seriously injured casualties, domestic abuse, violent crime and reoffending
- Fuel poverty and utilisation of outdoor space for exercise/health
- Breastfeeding initiation, excess weight in 4-5 and 10-11 year olds and hospital admissions for injuries in children
- Adult physical activity levels, smoking prevalence and completion of drug treatment plans
- Cervical screening rates, diabetic retinopathy screening rates
- Self-reported wellbeing
- Fall injuries in over 65s
- Children's vaccination coverage,
- Premature mortality from CVD, liver disease and serious mental illness
- Mortality from communicable disease
- Preventable sight loss , hip fractures in over 65s, excess winter deaths

Appendix E

Leicester City Council

Health and Wellbeing Scrutiny Commission
29th October 2015

Leicester Health and Wellbeing Survey 2015: update

1. Introduction

Following on from the initial presentation of the main results of the Leicester Health and Wellbeing Survey 2015 at the Scrutiny Commission's meeting on 28 September this report provides further information regarding healthy eating, as requested, and regarding publication and follow up to the survey.

2. Publication

The final report on the findings of the survey is now available and a copy accompanies this update. It is now available on the city council website at http://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-and-information/leicester-health-and-wellbeing-survey-2015. It is planned to add further documents at the above web address, including a frequently asked questions (FAQ) sheet and the full anonymised data-set, in excel and SPSS, and guidance notes - to support open data, transparency and encourage further analyses and use of this data set by local universities and other bodies (including voluntary organisations) and individuals able to undertake such analysis.

3. Dissemination

In addition to the presentations made and the media coverage so far further dissemination is being planned aimed at increasing awareness, understanding and use of the survey results. These include Publication of ward profiles as part of the Joint Strategic Needs Assessment. This will be after January 2016.

- Development session for councillors;
- Themed sessions within the city council and with partners to ensure that the information contained in the survey is a corporate resource relevant to the wider determinants of health;
- Presentation to ward meetings (after publication of ward profiles) – including exploring suggestion made at the Scrutiny Commission regarding possible link to ward level budgets and grants.

4. Further work

Further analyses will be undertaken by public health analysts as part of the Joint Strategic Needs Assessment Programme and the data will inform any recommendations made.

The data will also inform messaging to the public on particular health and wellbeing issues (e.g., smoking, alcohol use, physical activity) undertaken by the council or partners.

Further qualitative work is currently being undertaken by Ipsos MORI with the carers in the sample who have indicated that the person they are caring for may need to find alternative accommodation within the next five years. It is intended that this will give insight in to carer's needs and perceptions.

A summary of the relevance of the survey to equality impact assessments is currently being prepared. This will signpost issues for consideration within the areas of work of the council and partners.

5. Healthy eating

The Commission requested further information regarding the Diet and Healthy Eating aspects of the survey and the summary below provides this. Please note that the summary makes reference to slides in the full report of the survey. A brief description of background and methodology is provided in slides 3-6 and the demographic profile provided in slides 87-89.

Fruit and vegetable intake

- The key question that the survey asked on diet was about daily fruit and vegetable intake.
- Only 1 in 5 (20%) respondents say they eat '5 a day', which is down from the proportion who reported doing so in the 2010 Leicester Lifestyle Survey (23%).
- There are key differences by age, gender, and ethnicity (see slide 25 in pack) – with younger people, men and BME residents less likely than the city average to consume 5 a day.
- Those who have a long term sickness or disability are also less likely than the average to eat 5 potions of fruit and vegetables a day.
- Amongst those who are likely to get 5 or more portions of fruit and vegetables a day are residents who engage in 150 minutes or more of exercise a day (24%) and ex-smokers (25%).
- Around 6% report that they do not eat *any* fruit or vegetables. Respondents living in Humberstone and Hamilton and Beaumont Leys wards were significantly more likely *not* to eat any fruit or vegetables on an average day (see slide 99 in pack). Those living in North Evington, Thurncourt, Evington and Troon wards were the significantly less likely that the city average to report that they did not eat any fruit or vegetables.

Preparing meals from basic ingredients

- Despite this apparent fall in fruit and vegetable intake since 2010, 86% of people say they prepare meals from basic ingredients at least once a week, with 3 in 5 (62%) saying they do this 5 or more times a week (see slide 26 in pack).
- Those less likely to cook meals from scratch at least once a week are young people – potentially because they are still living at home and someone else would do the cooking or are students, and men – which perhaps shows the persistence of difference in gender roles in some households.
- Also less likely to cook meals from basic ingredients at least once a week are Asian residents and those with long term sickness or disabilities.

- Whilst overall 86% reported that they prepared meals for themselves and their family from basic ingredients at least once a week, with 24% doing so 5 or more times a week. 9% said that they never do so.
- Belgrave, Stoneygate, Wycliffe and Humberstone & Hamilton wards were the wards with significantly higher rates of never preparing a meal from basic ingredients. Knighton and Castle wards reported significantly lower rates of never cooking a meal from scratch (see slide 100 in pack).

Takeaway food

- Close to and 2 in 5 residents eat takeaway food at least once a week, almost one in 10 younger residents aged 16-34 do so (9%) (see slide 27 in pack).

Barriers to healthy eating

- Amongst those who say they want to eat more healthily in the next 6 months lack of will power is thought to be the largest barrier (by 17%) (see slide 28 in pack).
- Other factors include the price of healthy food (15%) and having time to prepare it (15%).
- There are differences amongst different groups (see slide 28) Younger respondents (aged 16 – 34) are more likely to mention lack of time and not liking healthy food. Those aged 65+ are more likely to mention lack of will power and health/disability problems.
- Muslim resident and Sikh residents in particular are more likely to mention friends/family pressures.
- Those in work are more likely to mention will power/time while those who are unemployed are more likely to mention price/affordability issues.

Association with other risk activities

- As in many areas of the surveys results there are associations between risk factors and attitudes and behaviour. Those reporting that they eat 2 or less portions of fruit and vegetables on an average day where significantly more likely to be current smokers, to allow smoking in the home, to take less than 150 minutes of exercise a week, to have taken an illegal drug in the last year, always mostly run out of money by the end of the month and to report poor mental wellbeing (see slide 94 in pack).

Rod Moore
Consultant in Public Health
15 October 2015

Scrutiny

Leicester City Council

Scrutiny Review

‘Primary Care Workforce’

Scoping document for completion by Members

October 2015

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.	**Title of the proposed scrutiny review**	Primary Care Workforce
2.	**Proposed by**	Councillor Lucy Chaplin, Chair, Health and Wellbeing Scrutiny Commission
3.	**Rationale** Why do you want to undertake this review?	With reports stating that a third of GPs in the UK plan to retire in the next five years it is important to consider what the impact will be at a local level and how it can be addressed. It has also been reported that there is a shortage of practice nurses. It has also come to commission's attention that the city's universities have exceptional facilities and courses for medical students and great nursing colleges, yet we have an issue in retaining these students in the city. The commission is keen to understand why this is the case and what the plans are to find solutions to this. Given the importance of having a strong primary care workforce to deliver Better Care Together, sustaining the workforce is vital.
4.	**Purpose and aims of the review** What question(s) do you want to answer and what do you want to achieve? (Outcomes?)	The commission aims to establish what the current situation in the city is with regards to primary care workforce and how it may look in the future. It is hoped the following outcomes will be established: • An understanding of what the issues are with the primary care workforce for the future. • An understanding of why medical students are not staying in the city once they have qualified. • An understanding of training relating to practice nurses. • Identifying how the universities and health services can work together to address issues. • Consider what future models may look like for primary care workforce planning. • Make recommendations to help achieve a plan that can be adopted locally.
5.	**Links with corporate aims / priorities** How does the review link to corporate aims and priorities? http://citymayor.leicester.gov.uk/delivery-plan-2014-15/	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.	**Scope** 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.	The review will take evidence from universities and health partners on the relationship between these agencies to retain students and ensure sustainability in the workforce. The review will also want to identify what the current situation is and whether local solutions can be found. The focus of the review will particularly look at GP's and practice nurses.
Develop a draft Project Plan to incorporate sections seven to twelve of this form		
7.	**Methodology** Describe the methods you will use to undertake the review. 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?	The commission would like to identify the following: • What is the current situation in the city? • What partnerships are currently in place between the universities and Health Services? • How can the city retain medical students? • What are the current plans to ensure a sustainable primary care workforce? • Is there anything else that can be done to support health services and universities?
	Witnesses Set out who you want to gather evidence from and how you will plan to do this	Potential witnesses may include: • Local universities • Local Nursing Colleges • Relevant Health Partners (CCG, LPT etc) • Adult Skills and Learning, LCC • Public Health Team • Executive Leads for Public Health and Jobs and Skills • Also happy to take written representation from members of the public.
8.	**Timescales** How long is the review expected to take to complete?	**October** Scoping document to be agreed at 29th October meeting. **November - February** • Take evidence from partners • Task Group meetings. • Draft findings and conclusions to be established. **March** The final review report to be agreed at 10th March meeting.
	Proposed start date	October 2015
	Proposed completion date	March 2016

9.	**Resources / staffing requirements** 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.	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.
	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.
10.	**Review recommendations and findings** 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.
11.	**Likely publicity arising from the review -** Is this topic likely to be of high interest to the media? Please explain.	It is hoped that this review will raise media interest.
12.	**Publicising the review and its findings and recommendations** How will these be published / advertised?	There will be a review report which will be published as part of the commission's papers.
13.	**How will this review add value to policy development or service improvement?**	It is hoped the outcomes of the review will support Health partners to determine an adequate plan for retaining medical students in the city and ensuring sustainability of the city's primary care workforce.
To be completed by the Executive Lead		
14.	**Executive Lead's Comments** 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.	

To be completed by the Divisional Lead Director		
15.	**Divisional Comments** 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.	
16.	**Are there any potential risks to undertaking this scrutiny review?** E.g. are there any similar reviews being undertaken, on-going work or changes in policy which would supersede the need for this review?	
17.	**Are you able to assist with the proposed review? If not please explain why.** In terms of agreement / supporting documentation / resource availability?	
	Name	
	Role	
	Date	
To be completed by the Scrutiny Support Manager		
18.	**Will the proposed scrutiny review / timescales negatively impact on other work within the Scrutiny Team?** (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.
	Do you have available staffing resources to facilitate this scrutiny review? If not, please provide details.	The review can be adequately support by the Scrutiny Team.
	Name	Kalvaran Sandhu, Scrutiny Support Manager
	Date	16th October 2015

Health and Wellbeing Scrutiny Commission

Work Programme 2015 – 2016

Meeting Date	Topic	Actions Arising	Progress
6 Aug 2015	1) Healthwatch briefing 2) Reduction in Public Health budget and impact on service delivery 3) LPT – CQC Quality Report 4) Scrutiny Review of LGBT communities – Consider issues raised in the review 5) Update on Anchor Centre 6) Substance Misuse Services – re-procurement 7) Local Health Messages	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. 3) A review to be done to look at the LPT improvement plan. 4) Mental/sexual health issues relating to LGBT to be added to the work prog. 5) Further report on the proposals for the future venue of the wet day centre to come back. 6) Further report on the outcome of the consultation and future proposals re substance misuse to come to the next meeting. 7) Scoping document for a review to be completed.	2) Letter sent 3) Scoping doc at next mtg – 28/9 4) Added to work prog 5) Added to next mtg – 28/9 6) Added to next mtg – 28/9 7) Scoping doc at next mtg – 28/9
28 Sep 2015	1) Fosse Arts Presentation 2) Better Care Together Consultation 3) Health and Wellbeing Survey 4) Update on Substance Misuse Review incl. decision on Wet Day Centre 5) Health Messaging – Scoping Document 6) LPT Quality Monitoring following CQC report – Scoping Document	2) Private briefing to be arranged. Report on consultation to come back to commission 3) Add information on people having 5 fruit a day for a future meeting 4) Report back to a future meeting on the decision of the site.	2) Briefing to be arranged 3) Added to next mtg – 28/9 4) Update at next mtg – 29/9
29 Oct 2015	1) Mesothelioma 2) Ambulance Handovers to LRI 3) Anchor Centre – Update 4) Health and Wellbeing Board – Update 5) NHS 111 Service 6) Performance Reporting 7) Healthy Eating 8) Health Messaging Review – Update 9) Primary Care Workforce Planning e.g. GP surgeries - Briefing and Scoping Document		

Meeting Date	Topic	Actions Arising	Progress
14 Jan 2016			
10 Mar 2016			
5 May 2016			

Forward Plan Items

Topic	Detail	Proposed Date
Better Care Together	Regular updates on progress to the plan	
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	Standing item
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	29th October 2015
Air Quality Action Plan – the health impacts	Joint meeting with Ec Dev Scrutiny Commission	17th September 2015

Please ask for: Kalvaran Sandhu
Email: Kalvaran.sandhu@leicester.gov.uk
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Date: 28th September 2015

Leicester City Council

The Right Hon Jeremy Hunt MP
Secretary of State
Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

Dear Secretary of State,

Re: Cuts to Public Health Grants

The Leicester City Council Health and Wellbeing Scrutiny Commission is writing to express concerns about the announcement of £200m funding cuts in public health grants and the impact this will have locally.

The scrutiny commission monitors the work of the Council's Public Health Team and the projects that they work on. Whilst public health now sits in the council, much of the work is still supporting and working with the NHS. To say that the Government is protecting NHS spending and then cutting the public health grants seems very poorly thought out.

Many Public Health services are frontline. There will inevitably be a direct impact on the public that use these services. These are the same users, who without these services, will go on to access health and social care services later, with greater cost implications. This could be prevented by ensuring access to the services we offer through public health.

The reduction in the inequality of life expectancy in Leicester compared to the national average has 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.

We hope that our concerns are given serious consideration and acted upon as we are referring to preventative measures on the frontline, where investment now will prevent the need for greater investment in the future.

Yours sincerely

Councillor Lucy Chaplin
Chair, Health and Wellbeing Scrutiny Commission

Councillor Luis Fonseca
Vice Chair, Health and Wellbeing Scrutiny Commission