Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 21 APRIL 2016 at 5:30 pm

P R E S E N T :

Councillor Chaplin (Chair)

Councillor Alfonso	Councillor Dr Chowdhury
Councillor Bhavsar	Councillor Singh Johal

Also In Attendance:

Councillor Osman	Assistant City Mayor Public Health
Richard Morris	Director of Corporate Affairs Leicester City Clinical Commissioning Group

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79. APOLOGIES FRO ABSENCE

Apologies for absence were received from Councillors Fonseca, Palmer and Sangster and Mr Surinder Sharma, Healthwatch.

80. DECLARATIONS OF INTEREST

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

81. MINUTES OF PREVIOUS MEETING

AGREED:

that the minutes of the meeting held on 10 March 2016 be approved as a correct record.

82. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in

accordance with the Council's procedures.

83. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

The Chair indicated that she had received the following questions submitted at late notice and would take them at her discretion at the meeting:-

CARE AND PLACEMENT OF ASPERGER PATIENTS ON BEAUMONT WARD, BRADGATE UNIT

The Chair invited Mr Bradly who had asked a question at the last meeting to give an update

Mr Bradly stated that the process was still on going and now enveloped in determining the appropriate legal status for his son's continued care. He had met with officers and had been put in touch with a number of groups. He had not yet received a copy of his son's assessment and care plan.

The Strategic Director of Adult Social Care stated he had met with Mr Bradly and to discuss the Transforming Care agenda and the Autism Strategy Guidance. Mr Bradly had also met with the lead Commissioner for Mental Health/Learning Services to feed his concerns into the commissioning process and it was hoped that Mr Bradly would also take part in various groups involved. The Director also stated that discussions had taken place with NHS colleagues involved in this case and discussions were ongoing to address to try and reach a consensus as to who should take responsibility for oversight of individual cases where there were a number of health care partners providing different elements of funding. Discussions were taking place with practitioners groups to clarify a process in these instances. It was recognised that there were some issues of miscommunication and a number of other minor factors which had contributed to an overall ongoing frustration with Mr Bradly's experience of the health care system.

The Chair was pleased that the issues had been considered by those involved in the treatment of patients with Asperger's and that Mr Bradly has shone a light on an area where change was required.

QUEENS ROAD MEDICAL CENTRE

The Chair asked whether Mr Shelley, who had asked questions at the last meeting, had been provided with contact details of those leading the discussion on federations. Richard Morris, Leicester City CCG, stated that a meeting had been arranged for 5 May 2016 for Mr Shelley to discuss the patients concerns with the 3 clinical leads. The Chair indicated that she would also be attending.

The Chair indicated that she had also received the following questions submitted at late notice and would take them at the meeting.

ANCHOR CENTRE

Mr Wayne Henderson asked the following questions:-

The final statement made by the chair at the meeting on 28th September 2015 stated “Members expressed support for the work of the Centre and felt that the situation should not have been allowed to reach its current state and, whilst they acknowledged the work currently being undertaken to find an alternative location for the Centre, they were dismayed that the current unsatisfactory situation had not been resolved”

1. It is now April 2016, and despite a joint successful bid which secured £267k in February for capital funding for the Anchor Centre/Recovery Hub - we are still no closer to securing or understanding where it will be acceptable to relocate to.

2. Can the council comment on the planning application for the current Anchor centre site on Dover Street? Has the land already been identified for sale or is it still available for the Recovery Hub?

The Assistant City Mayor, Public Health, stated that work was currently being undertaken to find suitable premises to meet the needs of the service. No formal decision had yet been made and the need to use the £267k within 12 months was fully understood.

The Assistant City Mayor also stated that he understood the planning application had been submitted by a member of the public and not the Council. He would look into the issue and report back to a future meeting.

It was noted that Anchor Centre was a standing item on the Commission’s Work Programme and further updates would be received at future meetings.

PRIMARY CARE SUMMIT

Katy Wheatley had asked for the following questions to be submitted but was unable to attend through illness:-

1. ‘What is the status of the Primary Care Summit which was supposed to be scheduled to happen in April, given that April is now nearly over? Has a date been set yet?'

2. 'Patient groups like PPGs and community groups such as Save My GP, which sprang from the Save Queen’s Road Medical Centre, are keen to be involved and members of the Save My GP group met with Rory Palmer and were assured that their group and others would be involved in some way. Could you elaborate on this please, and when they can expect to hear with regard to the summit?’

The Assistant City Mayor Public Health stated that the Deputy City Mayor had indicated that he would provide a written answer to Ms Wheatley.

SUBSTANCE MISUSE SERVICE

Mr Mark Gawthorpe expressed concerns that given the level of need in the city, and cost effective evidence for investment, as opposed to increases in long term costs to the city as a consequence of budget cuts (savings), he asked what was the justification for making the reduction in the budget for the service?

The Assistant City Mayor Public Health stated that there had been an unprecedented reduction in the public health grant from the government in recent times. However, the proposed savings to the Substance Misuse Service procurement were mainly through achieving reduced management and back office costs by having a combined Leicester Leicestershire and Rutland contract.

84. PUBLIC HEALTH PERFORMANCE REPORT

The Director of Health submitted a report that provided an overview of performance management in relation to public health in Leicester. The report focused on the delivery of local and national priorities. It was noted that 11 Public Health Measures indicators, 2 had worsened, 1 showed no changed and 8 were improving.

The Director of Public Heath referred to 2 indicators for childhood obesity and smoking cessation that had worsened. It was noted that childhood obesity was measured and the start and end of primary school and there were early signs of improvement of obesity levels in reception classes which may produce an improvement in obesity in year six in years to come. Work was continuing with nursery and primary schools to reduce childhood obesity.

In relation to smoking cessation, there had been fall in the number of users of the service both in the City and nationally. The increased use of e-cigarettes was having an impact on the number of people using services to help them to stop smoking. The Council was also involved in a national study to assess effectiveness of e-cigarettes to support people to stop smoking. This reflects national evidence from Public Health England that e-cigarettes are significantly less harmful to health than cigarettes.

There are still major health challenges in the City, with impacts on the need for a range of services including social care. People in the City have long term poorer health at an earlier age than compared to the national average, particularly men. This is due to high rates of conditions such as heart disease, diabetes and respiratory conditions.

Following Members questions and comments, the Director of Public Health stated that:-

a) Previous working conditions and practices of people working in foundries, mines or car mechanics could be a contributory factor in them developing poorer health in later life.

b) The sugar tax is aimed to free up resource for schools to develop programmes to increase physical activity and reduce levels of obesity.

c) It is not always easy to measure the impact of local interventions compared to wider societal changes in changing habits in relation to health. However, the performance of public health indicators can be compared to other similar areas, giving an indication of how effective local work has been. In some cases, including teenage pregnancy, the City has improved at a faster rate than other places, suggesting that local actions, such as improving access to contraception and RSE in schools has contributed to the substantial reduction over a long period of time.

d) Cancer screening programmes are delivered by GPs and other parts of the NHS, supported by national campaigns run by NHS England. These are important in terms of improving life expectancy and early detection of disease. Good quality primary care was important to improving people's general health and GPs and practice nurses played an important part in giving good advice and information to patients, identifying preventable disease early and starting patients on the correct treatment.

e) Health messaging was important to bring about changes in people's attitude towards taking responsibility for improving their own health and for addressing known health issues affecting the City and should be incorporated into the work of the Scrutiny Review on Health Messaging.

AGREED:

That the report be noted and that a further update report be submitted in 6 months or at such a time as the indicators are updated.

ACTION:

The Scrutiny Policy Officer add the item to the future Work Programme.

85. PUBLIC HEALTH BUDGET REPORT

The Director of Public Health submitted a report which briefed the Commission on budget savings proposed for 2016/17.

It was noted that:-

a) The reductions in the public health budget were a result of the government's decision to reduce the public health ring fenced grant for local authorities which was announced in the November 2015 spending review.

b) The public health budget was being reduced year on year nationally by 2.2% in 2016/17, 2.5% in 2017/18, 2.6% in 2018/19 and a further 2.6% in 2019/20. These reductions were in addition to the in-year subsequently announced in 2015/16.

c) The savings required were:-

Savings In-year	
2015/16	£1.6m
2016/17	£621k
2017/18	£695k

The spending review also announced that the ring-fenced elements of the public health grant would cease from 2018/19 onwards.

d) The scope for in-year savings was limited as 75%-80% of the public health budgets for 2015-2017 were already commissioned through contracts and the first break point in some of these contracts occurred in 2017/18.

e) The proposed savings had also been selected after considering the significant health issues affecting the city and evidence of the effectiveness and performance of the areas suggested for savings.

Following Members' questions on the suggested proposals for budget reductions the Assistant City Mayor Public Health and the Director of Public Heath commented that:-

a) <u>Cease Support for weight management in pregnancy service</u>
The service which was originally jointy funded by the CCG and Public Health was reviewed in 2015/16 and found that the service was used by a very small number of women and the completion rates were low. Support and advice was provided by community midwives as a routine part of their care and through 'Bumps to Babies'; a universal antenatal service provided through children's centres.

b) <u>Drugs and Alcohol</u>
Savings of £1.4m could be achieved in 2016/17 following the retendering of a combined drugs and alcohol service across Leicester Leicestershire and Rutland. The savings would be achieved through economies of scale, reduced management and back office costs. The purpose of the combined contact was intended to deliver services at a lower cost without affecting the impact of the

front line service.

c) Alcohol Brief Interventions Advice

Savings could now be achieved as the NHS Heathcheck initiative was now well established and GPs were covering the advice through the routine screening of patients in the programme.

d) Staffing Review

Savings identified for the staffing review would be developed and would be the subject of separate EIA and consultation.

The Chair referred to savings in services affecting smoking cessation and healthchecks and asked whether such services could easily be re-introduced in the future if performance reduced or future research indicated that e-cigarettes were not preferable to stop smoking services.

The Director of Public Health commented that with the removal of ring-fenced budgets more and more future decisions on health initiatives would need to be taken in the context of overall budgetary pressure facing the Council. Work was being undertaken to ensure that as much intervention and treatment for public health was incorporated into core NHS services and that services were focused in areas of the City with poor health. Both Public Health and NHS services faced the challenge of ensuring maximum benefits were received from reducing budgets. When service budgets were reduced it would be essential to monitor the impact of services to see if there were any negative impacts on health or reduced performance.

The Assistant City Mayor Public Health commented that public health was facing unprecedented reductions in funding and that he was working closely with other parts of the council to ensure that the maximum benefits to health were achieved from all services. Savings were being sought from removing duplication wherever possible and achieving best value whilst prioritising and protecting front line services whenever possible. It should also be recognised that a number of contracts which had transferred to the Council were still in their transition phase.

Members also made the following comments:-

a) It was important for children to understand and be taught how to cook healthy food as this could have significant benefits in the future. It was recognised that this had been raised before and it was hoped that this could be captured within the work on health messaging.

b) Where savings were being identified for services arising from duplication with other providers or where they were being provided by GPs or elsewhere in the health economy: then this should be clearly stated.

c) There were concerns about the impact of some of the proposed reductions on LGBT communities and women especially in relation to sexual health checks.

d) The EIA when fully completed in the future should be shared with the Commission.

e) The important role of the Assistant City Mayor and the City Mayor in making future decisions on health priorities when ring-fenced budgets were removed should be fully recognised and it was important to understand the value of individual services when making such decisions.

In response to the comments made by Members, the Director of Public Health commented that there were no proposals to reduce sexual health and contraceptive services this year. Screening programmes such as cervical cancer screening were funded separately by NHS England. Health visitors and school nurses also promoted healthy eating and reinforced health messaging on obesity etc and 0-19 Children's Services would be central to achieving health benefits in the future.

AGREED:

That the report be received and noted and that the comments made by Members be considered by the Assistant City Mayor Public Health and the City Mayor when taking future budget decisions.

86. UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST - QUALITY ACCOUNTS

The University Hospitals of Leicester NHS Trust's submitted a draft Quality Accounts for 2015/16. Sharon Hotson, Director of Clinical Quality and Julie Smith, Chief Nurse attended the meeting to present the draft Quality Accounts and invited the Commission to review the Quality Accounts and provide feedback by Tuesday 10th May which would be included in the final draft of the Quality Accounts to be presented to the Trust Board in June.

The Quality Accounts were produced annually to a prescribed format and they were subject to a statutory requirement to be shared with a number of stakeholders including the Commission.

The successes for 2015/16 included:-

a) Achieving the three Quality Commitment priorities from the 2014/15 Quality Accounts:-
   - Reducing preventable mortality and having a Hospital Level Mortality Indicator ≤ 100.
   - Reducing the risk of error and adverse incidents by 5%.
   - Improve patients' and their carers' experience of care achieving a Friends and Family Score of 97%.

b) Having only 1 case of MRSA in the last 14 months.

Particular challenges during the year remained the emergency pathway and in

particular meeting the 4 hour emergency care access standard. Although internal and external reporting was showing an improving picture in relation to compliance with SEPSIS 6 Care Bundle there was still more challenges to achieve all three performance indicators for SEPSIS.

Following questions from Members, it was noted that:-

a) The nationally defined pathway for the early identification of SEPSIS had been implemented within the clinical teams. Additional training had been put in place for identifying SEPSIS and meeting the national standards. The process involved identifying patients with SEPSIS and carrying out 6 interventions within 60 minutes of arrival at hospital. Each case was reviewed the following day to assess whether the process had been followed and whether the patient had suffered if the 60 minute target was exceeded. The Trust was working closely with EMAS to determine if they could be involved in the process and help to improve performance.

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b) The hospital was in the middle of the table of NHS Trusts for the performance in relation to the 4 hour emergency care access standard. UHL performance was 87.8% against the national target of 95%. The number of patients attending the emergency department was still increasing and approximately 750-850 patients were attending daily. The opening of the new emergency floor would have a significant impact upon performance but other factors such as bed capacity, discharges and patient flows through the hospital could still be limiting factors. There were ongoing discussions with GPs to reduce the number of patents attending emergency department where their condition could be safely treated through other healthcare services. Patients were 'triaged' on arrival at the emergency department to ensure that those patients requiring urgent treatment were seen first. Patients waiting for treatment were monitored regularly and their priority would change should their condition deteriorate.

c) The CRAB system was an alternative system to one that was already in use and following a pilot trial it had been decided not to proceed with implementing CRAB and to retain the existing system.

d) The Acute Kidney Injury (AKI) performance target had not been met as the national advice had changed during the year. The 90% threshold was not achieved and the AKI would continue within the Commissioning and Innovation payment framework (CQUIN) for 2016/17.

Members made the following observations on the draft Quality Accounts:-

a) The rigid format of the Quality Accounts template can be unhelpful at times as it statements can appear more alarming that they are in reality to non-medical persons. Parts of the Accounts could be less dense with less narrative.

b) More could be made of what the Trust did with feedback received through complaints to improve services.

c) There should be a more detailed explanation of CRAB to add clarity as to why it was not being continued.

AGREED:

That the Chair submit the Commission's comments to the Trust together with any additional comments from Members submitted to the Chair after the meeting.

ACTION:

That Members submit any further comments to the Chair prior to the Chair responding formally with the Commission's comments on the Quality Accounts.

87. EAST MIDLANDS AMBULANCE SERVICE NHS TRUST - QUALITY ACCOUNTS

EMAS submitted their draft Quality Account 2015/16 and the Commission's comments were requested. Paul Benton, Deputy Director of Quality and Gulnaz Katchi, Community Engagement Officer, EMAS attended the meeting to outline the performance in 2015/16 and to identify the strategic priorities for 2016/17.

Members received a presentation that had been circulated with the agenda. During the presentation it was noted that significant progress had been made on the priorities for 2015/16 which were identified in last year's Quality Accounts. Five priorities had been identified for 2016/17 involving:-

- Cardiac arrest – return of spontaneous circulation (ROSC) and survival outcomes.
- SEPSIS
- Identify common themes all maternity related incidents and reduce patient related incidents.
- Explore alternative pathways and to develop the pathways in the Trust and in each commissioning area.
- To work collaboratively with local commissioners and relevant stakeholders to implement the agreed priorities within the mental health action group.

It was noted that SEPSIS presented a challenge as its symptoms mimic those of other health issues.

In response to a question from the Chair on the recent suggestion in the press

that EMAS may merge with WMAS, the Deputy Director of Quality stated that it was premature to suggest such a merger and the Trust Development Agency currently had no desire for this to happen. All ambulance trusts were facing financial difficulties and any amalgamation could worsen this as it would be 5-7 years before any financial benefits were likely to be achieved. It was better for trusts to remain as they were and to be adequately funded for the demands being placed upon them. If the two trusts merged it would create a trust responsible for providing a service over 7,000 sq miles which was felt to be too large an area.

The trust received approximately 2,000 calls from people dialling 999 and from other healthcare professional requesting urgent transport requests. There had been 53 'serious' patient safety incidents in the year which required investigation which allowed the trust to analyse what happened and to put in place actions to reduce the occurrence in the future. Some of these incidents result from 'human error' and an example of such an instance was described in the Quality Accounts.

In response to a Member's question the Deputy Director of Quality stated that the trusts were fined for not achieving performance targets and the trust had been penalised for delays in patient hand-over times at hospitals. The trust could in turn fine acute hospitals for these delays but preferred instead to work closely with the acute hospitals to improve the situation.

The Chair commented that Members recognised that some of the issues faced by the Trust were not within their control but were dependent on the performance of acute hospital trusts, demands placed upon the by the public, the support and work of GPs etc in the primary care sector, and discharge process from hospitals.

Members welcomed the priorities identified for 2016/17 and recognised that the Trust could not prevent some of the issues happening in the first place, such as SEPSIS. They also felt that the Quality Accounts were more lay friendly to people with no medical knowledge. Members also welcomed the views expressed that a merger with WMAS was not considered to be appropriate at the present time.

AGREED:

That the Chair submit the Commission's comments to the Trust together with any additional comments from Members submitted to the Chair after the meeting.

ACTION:

That Members submit any further comments to the Chair prior to the Chair responding formally with the Commission's comments on the Quality Accounts.

88. COMMISSIONING OF A DIABETES STRUCTURED PATIENT EDUCATION PROGRAMME

The Leicester City Clinical Commissioning Group submitted a report on the procurement of a Diabetes Structured Patient Education programme for Leicester, Leicestershire and Rutland. Hannah Hutchinson, Senior Strategy and Implementation Manager, LCCCG attended the meeting and outlined the proposal to the Commission.

It was noted that the existing education programme known as DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) had been provided by the University Hospitals of Leicester NHS Trust (UHL) and the Leicester Diabetes Centre. The contract was due to expire of 1 April 2016.

The Competition and Procurement Committee had previously agreed in June 2015, after a 12 week patient engagement process, to offer the new service to the market through the open procurement process. A GP, nurse, patient representatives and commissioning officers from all three CCGs were involved in preparing the specification for the new tender. Following the procurement process, Spirit Healthcare was identified as the preferred provider. Spirit Healthcare will be meeting with Leicester City CCG's clinical lead and GP diabetes mentors on a quarterly basis to discuss any operational changes that may be needed to the course or to discuss issues raised by patients. There will also be monthly Contract Performance Review meetings for the first three months which will then become quarterly.

The new course, EMPOWER, provided better benefits to patients and was more flexible its operation. Some of the benefits were:-

- Offering courses with Gujarati speaking personnel. There were also options for interpreters to be available for other languages if necessary.
- The courses would be tailored to address different dietary preferences in different communities and to take account of different faiths and religions, particularly when fasting.
- Booklets had been translated into the top 10 languages prevalent in the City and information had been put on the GPs information services so details could be printed off for patients.
- The information was also available in braille.
- The course was flexible to be delivered at a time that suited the patient and could be split over two days if required.
- The courses could be provided at a number of community based venues.
- There was a 24/7 telephone number and helpline for patients.
- The course would also be available to patients with a HbA1c of over 8 where the GP felt the patient would benefit from participating on the course.

- Spirit Healthcare would also follow up patients at 6 and 12 months following completion of the initial programme.
- The course was available to the patient and a carer of their choice.

Spirit Healthcare had received 86 referrals to date and had three courses planned for late April and May.

Members made the following comments:-

a) Diabetes patients were susceptible to extensive bruising from comparatively minor injuries and it was felt this should be included in the education programme.

b) It was equally important for family members and work place colleagues to have an understanding of the diabetes in order that they could recognise symptoms of a hypoglycaemic reaction and understand what steps to take.

The Senior Strategy and Implementation Manager stated that she would feedback on Members' comments to see if they could be included in the education programme.

The Director of Corporate Affairs also stated that Spirit Healthcare had considerable experience in delivering these courses had scored highly during the procurement process on delivery and patient confidence.

AGREED:

1) That the report be received and that Members comments be fed back to the CCG.

2) That a further report be submitted to the Commission on the performance of the contract in the future.

ACTION:

That the Scrutiny Policy Officer add the item to the future Work Programme.

89. NHS 111 - UPDATE REPORT

The Leicester City Clinical Commissioning Group submitted a report on the outcome of the investigation into Derbyshire Health United (DHU) the provider of the NHS 111 service in Leicestershire, Derbyshire, Nottinghamshire and Northamptonshire. The Commission had previously considered this item at its meeting on 29 October 2015 (Minute No. 41 refers).

The Director of Corporate Affairs, Leicester City Clinical Commissioning Group stated that the allegations made by a former employee of Derbyshire Health

United (DHU) had been taken seriously and had been thoroughly investigated by North Derbyshire CCG and overseen by NHS England. The investigation had found that there were no serious causes for concern in relation to patient safety but had made a number of recommendation to improve procedural, methodology and operational matters. The review had been wide ranging and had identified areas where DHU had performed well and where performance could be more robust, as well as identifying areas where the CCG could improve the management of the contract with DHU. An action plan had been produced and shared with all stakeholders. This would be implemented during the next three months.

Members welcomed the report and its findings and the measures being taken to strengthen the service.

AGREED:

That the report be received and the proposed improvements to strengthen the service and the contract management be welcomed.

90. ARRIVA PATIENT TRANSFERS

The Leicester City Clinical Commissioning Group submitted an update report on the Non-Emergency Patient Transport Service currently provided by Arriva Transport Services. The Director of Corporate Affairs stated that the CCG had now decided not to exercise the option to extend the contract with Arriva in June 2017. Having reviewed the contract and its operation as reported previously to the Commission, the CCG had decided to start the re-procurement process and expected the contract to be in place by July 2017.

The contract was now being redesigned to ensure that it meets the needs of the local health economy. A Task and Finish Group had been established to produce a new specification for the contract and the process would involve incorporating the views of regular users of the service.

Following questions from Members it was noted that:-

a) West Leicestershire CCG were the lead CCG for the contract and already had a number of patient networks in place and they were also looking at how they could involve as many people as possible in shaping the revised specification of the contract.

b) It was envisaged that the revised specification for the contract would be available for September 2016.

c) There had been some issues with the current contract that were outside of Arriva's control and these would be considered as part of the new contract specification. Also, discussions were still ongoing with Arriva to improve other aspects of the current contract and Arriva were actively engaging in his process.

d) It was accepted that many providers of the service nationally had found meeting the performance targets challenging.

e) It was not known how many potential providers may submit tenders for the new contract. Arriva would be eligible to bid for the new contract when it was re-procured.

AGREED:

That the update on the re-procurement process and patient involvement be welcomed and that a further report be submitted when the revised contract specification has been agreed.

ACTION:

That the Scrutiny Policy Officer add the item to the future Work Programme.

91. PRIMARY CARE WORKFORCE SCRUTINY REVIEW

The Chair provided an update on the review. The Chair had met with Dr Peter Miller, Chief Executive of Leicester Partnership NHS Trust and Chair the Local Education Training Council and his comments had now been incorporated into the report. It was noted that Dr Miller had only been Chair of the Local Education Training Council and had recognised that the focus had traditionally been on acute care and workplace training than the primary care sector. With the development of Better Care Together the focus had moved to primary care. The Chair hoped that planning for the primary care workforce would have more strategic oversight through the work of the Health and Wellbeing Board and through the involvement of Adult Social Care.

AGREED:

That the progress of the review report be noted and the final report be submitted to the Executive and NHS partners as well as NHS England.

ACTION:

That the Scrutiny Policy Officer arrange for the final report to be submitted to the Executive and the NHS partners and NHS England.

92. WORK PROGRAMME

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

AGREED:

That the Work Programme be noted and that Non-Emergency Patient Transport Service and the CQC Report on the University Hospitals of Leicester NHS Trust be added to the Work Programme.

ACTION:

That the Scrutiny Policy Officer add the items to the future Work Programme.

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

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

a) Substance Misuse Services

It was noted that the contract for Leicester, Leicestershire and Rutland had been awarded to Turning Point.

b) LPT Scrutiny Review

The review had been completed and the draft report would be forwarded to Members. Members were asked to submit any comments on the draft report to Chair, so that the report could be finalised.

c) Health Messaging Scrutiny Review

The Chair stated that the review's progress had been delayed to ensure the Primary Care Workforce Review had been completed. She hoped to continue with the review in the next municipal year.

94. CLOSE OF MEETING

The Chair thanked Members for their work on behalf of the Commission during the year.

The meeting closed at 8.35 pm.