



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 9 NOVEMBER 2016 at 5:30 pm

P R E S E N T :

Councillor Dempster (Chair)
Councillor Fonseca (Vice-Chair)

Councillor Cassidy
Councillor Chaplin

Councillor Cleaver
Councillor Sangster

In Attendance:

Councillor Palmer, Deputy City Mayor

Also Present:

Davis Henson
Richard Morris

Healthwatch Leicester
Director of Corporate Affairs, Leicester City Clinical
Commissioning Group

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39. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Unsworth.

40. DECLARATIONS OF INTEREST

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

41. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 7 September 2016 be approved as a correct record.

42. PETITIONS

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

43. 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.

44. CHAIR'S UPDATE ON ACTIONS FROM PREVIOUS MEETINGS

The Chair updated members on actions from previous meetings. It was noted that:-

- a) A letter had been drafted to the Secretary of State for Health in relation to Children's Congenital Heart Surgery following the recent Joint Health Scrutiny meeting with Leicestershire County Council and Rutland County Council.
- b) The CQC were making a follow up to the Leicestershire Partnership Trust in the following week and the Chair suggested the Commission should receive an update report to the January meeting.

ACTION:

The Scrutiny Support Manager to amend the Work Programme.

45. SUSTAINABILITY AND TRANSFORMATION PLAN - UPDATE

The Commission received an update on the Sustainability and Transformation Plan (STP) from the Toby Sanders, Senior Responsible Officer on behalf of the Leicester City Clinical Commissioning Group. Sarah Prema, Director of Strategy and Planning, Leicester City CCG and Sarah Smith, BCT/STP Communications Lead, Leicester City CCG also attended the meeting for this item.

In addition to the contents of the update which had been circulated with the agenda it was also noted that:-

- a) The latest draft STP had been submitted to NHS England on 31 October and feedback was awaited later in the week.
- b) The System Leadership Team (SLT) would meet for the first time the following week and would be asked to determine the publication of the

draft STP which was likely to be at the end of November. A series of meetings would then be required with the various CCG Boards and then through public consultation to allow feedback from the Health and Wellbeing Boards, Scrutiny Commissions and stakeholders and the public. The feedback would then be considered before further consultation took place on any re-configuration of services which required it.

In response to comments made by Members the Senior Responsible Officer stated:-

- a) Contracts for services issued in December were operational contracts that are normally issued in March each year. The contracts issued in December would introduce the changes needed for operational services in the short term to support the STP process, and it was expected that these contracts would be refined in the later years of the STP as it evolved. Such contracts would be required to enable the LPT Community Nursing Teams to work with the social care teams to deliver the integrated community teams within the STP.
- b) There were still some drafting changes to be made to the STP and it should be in a finalised form by the end of November.
- c) Comments made by Members of the Commission on the previous BCT had been taken into account in drafting the STP.

Members made the following comments:-

- a) That the other local authorities had published the STP for their area in advance of the approval from NHS England.
- b) The public also need to know how they can be included in the consultation process.

Healthwatch Leicester stated that they were meeting with the Senior Responsible Officer to discuss the consultation process so that it was clear, simple and the public easily understood what was being asked of them.

The Deputy City Mayor stated that he shared Members' frustration that the STP had not been published for consultation and had already made his views known to the Senior Responsible Officer. However, he also appreciated the constraints placed upon the CCGs by NHS England in the STP process. Whilst he would prefer the STP to enter into the public domain in a planned and measured way by the CCGs, he had indicated that he would publish the draft STP if its publication was delayed beyond the end of November.

The Deputy City Mayor also indicated that he and the Chair would need to discuss the governance arrangements of the STP to ensure that there was a co-ordinated approach to the STP process.

AGREED:

- 1) That the Senior Responsible Officer be thanked for the update.
- 2) That the Commission meet after the STP is published to consider its implications for the health and wellbeing of people in the City.
- 3) That the Deputy City Mayor and the Chair of the Commission discuss the relative roles of the Commission and the Health and Wellbeing Board in relation to the governance arrangements for the STP.

ACTION:

The Scrutiny Support Manager and the Democratic Support Officer to make arrangements for the Commission to consider the STP when it is published for consultation.

The Chair and the Deputy City Mayor discuss the governance arrangements for the STP.

46. CQC REVIEW OF SERVICES FOR LOOKED AFTER CHILDREN AND SAFEGUARDING

The Leicester City Clinical Commissioning Group submitted a report on the implementation of an Action Plan following the inspection carried out by the Care Quality Commission in February 2016.

The report of the inspection had been published by the Care Quality Commission in August 2016 and at the following link:-

<http://www.cqc.org.uk/sites/default/files/20160805-CLAS-Leicester-City-final.pdf>

Adrian Spanswick, Consultant /Designated Safeguarding Nurse, and Chris West, Director of Nursing and Quality attended the meeting for this item.

It was noted that:-

- a) A detailed action plan was developed following the CQC inspection and the Leicester City CCG and the Leicester Safeguarding Children Board (LSCB) were monitoring its implementation and progress with an oversight from NHS England.
- b) The LSCB would monitor the progress on each recommendation from all the relevant organisations involved on a quarterly basis.
- c) Agreement had been reached with colleagues in the 2 CCGs in Leicestershire to pool an allocation of non-recurrent funding to

undertake a full review of the looked after service. It was felt that there were still some areas where communication within the system could be improved and the external review as expected to identify these areas.

- d) Generally there had not been any issues in the CQC report which were not already known but the report had provided an opportunity to reflect upon some issues. For example in 2010 LPT had downgraded training for adult mental health from level 3 to level 2. Following the CQC report this had now been raised to level 3 again.
- d) Improvements had been made in undertaking initial health assessments within 28 days through improved arrangements between the health and local authority teams involved. There were still delays in carrying out assessments for looked after children who lived out of the area as this was dependent upon the assessments being carried out by the local health teams in the area where the children lived. This was a national issue and it would be raised with NHS England at a meeting with the LCSB the following day.
- e) It was envisaged that significant improvements would be made in the new year as a result of improved partnership working and having a designated DR and nurse to carry out the assessments.

The Chair commented that a number of the issues raised by the CQC report had been known for some time and she would welcome the monitoring report showing the progress made against all 59 recommendations and not those highlighted in the current report.

AGREED:

That the update report be received and that the Commission receive a further report in March on the progress made against the action plan shown by a RAG rating.

ACTION:

The Scrutiny Support Manager to add the issue to the Work Programme.

47. MEDICINES AND SELF CARE

The Commission received an update report from the Leicester City Clinical Commission Group on the review of prescribing of paracetamol, other over the counter medicines and Gluten Free Foods, which was discussed at the last meeting of the Commission. (Minute No.34 refers).

Dr Paul Danaher GP and Lesley Gant, Head of Medicines Optimisation, Leicester City Clinical Commissioning Group attended the meeting for this item.

The report detailed the responses that had been received to the survey conducted in June/July. 2,355 responses had been received and 16% of these were from the City. Healthwatch had concluded that there were no distinct differences from respondents living in the City, Leicestershire or Rutland. The responses supported establishing guidance to prescribers in reducing prescribing paracetamol for patients with self-limiting conditions such as viral illnesses and encouraging patients to increase the level of self-care for self-limiting illnesses. The proposals would not include patients that required paracetamol as part of a regular pain management treatment or for long term conditions. It was also proposed to reduce the number of gluten free products that can be prescribed to patients to 8 units per month of read and flour mix.

The report also outlined the initiatives that would be introduced to support the proposals. It was intended to achieve a position statement for all 3 CCGs by mid-November.

Members raised the following concerns:-

- a) That vulnerable people may not be able to self-medicate safely.
- b) That there are people who cannot afford to purchase medicines or gluten free products themselves.
- c) Health messaging and guidance to GPs may not be effective.
- d) That the proposals could increase attendance at A&E and emergency Care Centres.
- e) It was unclear how GPs would determine who would be eligible for paracetamol on prescription and those who would not.
- f) That the exercise was still considered to be unnecessary if GPs were encouraged to be more rigorous and sensible in not prescribing paracetamol for self-limiting viral infections.

AGREED:

That the update report be received and that the Commission receive a further report on the position statement to be agreed by the 3 CCGs and the details of any health messaging that is issued in relation to this issue.

ACTION:

The Scrutiny Support Manager to add the issue to the Work Programme.

48. PUBLIC HEALTH PERFORMANCE

The Director of Public Health submitted a report presenting an overview of performance within the Division of Public Health and in relation to public health issues in Leicester, based on the Public Health Performance Review Group meeting on 19 September 2016.

The Director outlined the key areas of success. In all 9 measures had improved against the baseline in the 'Closing the Gap' strategy with 1 showing no change and 3 performance measures had worsened from the baseline. These were Childhood obesity, smoking cessation and self-reported well-being for people with a high anxiety score. Further data had been received since the report was published to show that the City was improving at the 'reception' and early years which was against the national trend but was still increasing in the later years including 'year 6' which was in line with the national trend.

The Director commented that it was difficult to identify the reasons for the deterioration in the performance of self-reported well-being. The number of suicides had fallen marginally but this still involved small numbers.

The Deputy City Mayor confirmed that the performance on the Closing the Gap Strategy had regularly been reported to the Health and Wellbeing Board and was used to inform decision on service provision. Difficult decisions would be required in the future to challenge service delivery as the current activity could not be sustained in the future due to diminishing levels resources which would need to be directed to obtaining the best health outcomes for the City.

In response to a Member's comment, the Deputy City Mayor stated that the Council supported diverse initiatives to encourage people to take part in physical exercise, ranging from promoting 20 mpg zones which had an impact on encouraging people to walk and cycle, a designated officer work closely with the Ramblers Association to increase levels of walking and the Council supported a number of schemes to encourage gardening and projects to grow food.

Members welcomed the report and thanked the Deputy City Mayor for his work in promoting initiatives and supporting people to improve their health.

AGREED:

That the report be received and that the improvements in the measures above the baseline performance levels at the start of the strategy be welcomed and that the Commission fully supports the Deputy City Mayor in initiatives to improve the health and wellbeing of people living in the City.

49. WORK PROGRAMME

The Scrutiny Support Manager submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2016/17.

AGREED:

That the Work Programme be noted.

50. CLOSE OF MEETING

The meeting closed at 8.20 pm.