Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: **WEDNESDAY, 9 NOVEMBER 2016**
TIME: **5:30 pm**
PLACE: **Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

Members of the Commission

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

Councillors Cassidy, Chaplin, Cleaver, Sangster and Unsworth

I unallocated Non-Group place.

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

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

G. J. Carey

For Monitoring Officer

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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

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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 7 September 2016 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. CHAIR'S UPDATE ON ACTIONS FROM PREVIOUS MEETINGS

The Chair to update members on actions from previous meetings.

7. SUSTAINABILITY AND TRANSFORMATION PLAN - UPDATE **Appendix A (Pages 1 - 6)**

To receive an update on the Sustainability and Transformation Plan provided by the Senior Responsible Officer on behalf of the Leicester City Clinical Commissioning Group.

8. CQC REVIEW OF SERVICES FOR LOOKED AFTER CHILDREN AND SAFEGUARDING **Appendix B (Pages 7 - 10)**

To receive a report from the Leicester City Clinical Commissioning Group 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 was published by the Care Quality Commission in August 2016 and can be found at the following link:-

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

9. MEDICINES AND SELF CARE **Appendix C (Pages 11 - 18)**

To receive 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)

10. PUBLIC HEALTH PERFORMANCE **Appendix D (Pages 19 - 34)**

The Director of Public Health submits 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.

11. WORK PROGRAMME **Appendix E (Pages 35 - 44)**

The Scrutiny Policy Officer submits a document that outlines the Health and Wellbeing Scrutiny Commission's Work Programme for 2016/17. The Commission is asked to consider the Programme and make comments and/or amendments as it considers necessary.

A previously agreed scoping document on the Health Messaging Review, which is being reconvened and led by Cllr Lucy Chaplin, is attached at Appendix E-1as a reminder to the commission of the aims and objectives of the review.

12. ANY OTHER URGENT BUSINESS

'It's about our life, our health, our care, our family and our community'

Better care together
Leicester, Leicestershire & Rutland health and social care

Leicester, Leicestershire and Rutland's **Sustainability & Transformation Plan (STP)**

UPDATE

Toby Sanders, STP Lead
Leicester City Council
Health and Wellbeing Scrutiny Commission
9 November 2016

Appendix A

Rutland County Council · Leicester City Council · Leicestershire County Council · NHS

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Leicester, Leicestershire & Rutland health and social care

LLR STP big issues

- We've reviewed our 'triple aim' gaps, current work programmes and experience of system change through BCT over recent years as well as national best practice/evidence (e.g. Vanguards)

- From this, we have five strands that we need to focus on:

1. **Service Configuration to ensure clinical and financial sustainability**
2. **Redesign Pathways to deliver improved outcomes for patients and deliver core access and quality**
3. **Operational Efficiencies**
4. **Getting the enablers right to create the conditions for success**

…plus on-going pathway redesign through existing BCT Workstreams

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What's included in the STP plan

The five elements	What's included
1. New models of care focused on prevention, moderating demand growth	place based integrated teams, a new model for primary care, planned care, an integrated urgent care offer.
2. Service configuration to ensure clinical and financial sustainability	(subject to consultation), acute reconfiguration, consolidating maternity provision onto one site, community hospitals reconfiguration.
3. Redesign pathways to deliver improved outcomes for patients and deliver core access and quality	long term conditions, improving wellbeing, increase prevention, self-care and harnessing community assets, further work to improve cancer; mental health and learning disabilities.
4. Operational efficiencies	reduce variation and waste, provide more efficient interventions and support financial sustainability - the Carter recommendations; provider cost improvement plans, medicines optimisation and back office efficiencies.
5. Getting the enablers right	to create the conditions of success –including workforce; IM&T; estates; workforce, engagement and health and social care commissioning integration

Rutland County Council
Leicester City Council
Leicestershire County Council
NHS

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What will be different for patients

- Patients will have more of their care provided in the community by integrated teams with the GP practice as the foundation of care.
- Patients will only go to acute hospitals when they are acutely ill or for a planned procedure that cannot be done in a community setting.
- Patients will have the skills and confidence to take responsibility for their own health and wellbeing.
- More people will be encouraged to lead healthy lifestyles to prevent the onset of long term conditions.
- Screening and early detection programmes will enable more people to be diagnosed early to enable improved management of disease and to reduce burden.
- Professionals will have access to a shared record to improve the quality and outcome of patient care.
- GPs will increasingly use their skills to support the most complex patients and routine care will be delivered by other professionals.
- General Practice will be increasingly working in networks to improve resilience and capacity.
- The system will be in financial balance, be achieving its performance targets and operate as “one system”.
- Delivery of RTT, A&E, Ambulance, Cancer, mental health targets. We will also reduce out of area placements.
- Services delivered from fit for purposes premises.

Rutland County Council
Leicester City Council
Leicestershire County Council
NHS

Recent update

- Submitted the next draft of the STP in October
- Continued engagement process whilst awaiting feedback
- Feedback due on our submission from NHS England in the next couple of weeks.

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Next steps

- Once the final version is approved by NHS England, a date for publication will be agreed and the document will be published, along with a public facing summary
- Full LLR STP also made public through Boards in Nov/Dec (following NHSE assurance)
- Transition to strengthened governance and delivery arrangements from Nov
- Translate into 2 year Operational Plans & provider contracts by end December
- Anticipate NHSE approval to initiate formal public consultation on some elements in early 2017

Rutland County Council
Leicester City Council
Leicestershire County Council
NHS

NHS
Leicester City
Clinical Commissioning Group

BRIEFING FOR HEALTH AND WELLBEING SCRUTINY COMMITTEE

9 NOVEMBER 2016

LOOKED AFTER CHILDREN AND SAFEGUARDING CQC REVIEW: ACTION PLAN

Authors: Chris West (Director of Nursing and Quality) and Adrian Spanswick (Consultant /Designated Safeguarding Nurse)

Introduction

The Care Quality Commission (CQC) undertook a review of health services for Looked After Children and Safeguarding provision in Leicester City between 8th and 12th February 2016. The CQC review involved services commissioned by both Leicester City Clinical Commissioning Group (CCG) and Leicester City Council; the review followed the child's journey.

The CQC published their report on 5th August 2016. The CQC report does not offer any rating, but does make recommendations (in total 59) for improvements in health organisations involved in the review. Where areas for improvement relate to services provided by the NHS, but commissioned by the local authority, the CQC sent a separate letter for the attention of the local public health team.

A detailed action plan to address the recommendations in the CQC report has been developed and agreed with local partners involved in the review. Supplementary areas of concern brought to the attention of public health within Leicester City Council are not included in the CCG coordinated action plan. The action plan was submitted to the CQC on 3rd September 2016.

The implementation of the agreed action plan is being monitored by Leicester City CCG and Leicester Safeguarding Children Board (LSCB), with oversight provided by NHS England. Progress against each recommendation will be received from relevant organisations in accordance with a quarterly reporting schedule.

The evidence will be scrutinised by the CCG and a first formal report will be made available to the CCG Governing Body in January 2017. It will then be shared with the LSCB.

Implementation of Action Plan

The CQC Action Plan is divided into 11 sections, as outlined in the CQC report, with actions attributable to the following organisations:

- Leicester City CCG (CCG)
- NHS England
- Leicester City Local Authority
- Leicestershire Partnership Trust (LPT)
- University Hospitals of Leicester NHS Trust (UHL)
- SSAFA – Soldiers, Sailors & Airmen Families Associations
- Leicester Recovery Partnership
- Staffordshire and Stoke on Trent NHS Partnership Trust

Leicester City CCG is currently working with partner organisations to collate evidence of the progress relating to each recommendation. This will involve a confirm and challenge from the CCG that has commenced and will continue through November 2016 in order to report to the Governing Body in January 2017.

The following are examples of actions taken as of 27th October 2016.

Leicester City CCG has completed the following;

- Included information and guidance on the Child Sexual Exploitation (CSE) risk assessment tool into GP level 3 safeguarding training.
- In partnership with NHS England has agreed with UHL that within the new build for the Emergency Department there will be a designated 'place of safety' for children and young people in Leicester as defined for detention under the Mental Health Act section 135/136as.
- A prompt has been included in the general practice registration process for children so that social work involvement is identified at the time of registration.
- The full details and relationships of any adults attending a GP consultation with a child (which is vital to establish limits of parental responsibility and it's inter relationship with consent to treatment) has been included into the new GP Safeguarding Assurance Tool, which should be launched by the end of 2016/2017.

UHL has reported the following;

- Capacity issues within the safeguarding nursing and midwifery teams have now been resolved and vacancies filled.
- The introduction and use of a prompt (sticker) in all unscheduled care settings that they manage.
- A new liaison form developed, to be cascaded to all unscheduled care settings.

- Safeguarding supervision for midwives is in the Trust policy and provision and effectiveness is being audited.
- Safeguarding concerns for neonates are now escalated to safeguarding managers to expedite social care responses to find safe and appropriate placements so to reduce delayed discharges.
- Safeguarding training for midwives will now include a Female Genital Mutilation (FGM) risk assessment.
- The maternity service is seeking to ensure opportunities to explore domestic abuse with pregnant women is not missed; women are asked regularly throughout their ante natal period about domestic abuse and seeing women on their own for at least one of their antenatal appointments being implemented.
- Information sharing by the police to health services in regards to domestic abuse is being addressed at an inter-agency working group established to improve the domestic abuse care pathway. The group is led by the police with full engagement from the CCG Safeguarding Team, LPT and UHL.

LPT has not been able to share examples and actions that have been completed as their internal report is subject to the Trust internal scrutiny and assurance processes first, but will be available for January.

The CQC required assurance to ensure that staffs in general are aware of and compliant with their responsibilities to share appropriate information and fulfil statutory requirements to safeguard children and young people.

- LPT is in the process of strengthening their standard operating procedures, whilst UHL and the CCG can already provide assurance that this is covered within Information Governance Training.
- SSAFA has provided assurance that all staff receive full training in this area and that all safeguarding referrals are quality assured.

Another key area was that access to the children's mental health crisis team for young people presenting in unscheduled care settings requires improvement. This has been taken forward by the *Better Care Together* work stream and will form part of the new service specification for CAMHS (Child and Adolescent Mental health Services).

Recommendations for the Leicester Recovery Partnership have been taken forward by Turning Point as the new service provider, which has reviewed all the recommendations relating to the service and is doing the following;

- Developing a joint protocol focused on the children's safeguarding pathway with social care, health visitors and school nurses.
- Future training will include risk assessment of the impact of parental substance misuse on children in the family.

- Introduced enhanced supervision process as part of a supervision protocol, complex case review process for children and young people affected by their parents/carers substance misuse.
- Flagging vulnerable children known to them.

Staffordshire and Stoke on Trent NHS Partnership Trust were referenced in the recommendations and report that they have reviewed their procedures. They state confidently they can demonstrate child safeguarding supervision is offered routinely and is embedded in practice with decisions and actions recorded in the client records. Assurance evidence is being sought.

Conclusion

The CCG has worked with local partners to develop and agree a detailed action plan in response to the CQC review findings and organisations have responded by undertaking some immediate actions. The focus is now on the more complex and far reaching actions which will be completed by March 2017.

The response to this CQC review and the completion of this action plan contributes to the wider improvement journey of safeguarding services for children in Leicester City and we expect to be able to demonstrate the impact of these changes in 2017.

HEALTH AND WELLBEING SCRUTINY COMMISSION

9 NOVEMBER 2016

REPORT OF THE LEICESTER CITY CLINICAL COMMISSIONING GROUP

Review of prescribing of paracetamol, other over the counter medicines and Gluten Free Foods

Purpose of report

1. To provide a more in-depth report of the Healthwatch engagement for these areas of prescribing and to summarise the conclusions and draft proposals considered by the CCGs across Leicester Leicestershire and Rutland in order to promote patients self care in minor illnesses and patients requiring gluten free diets.

Policy Framework and Previous Decisions

2. There are several cross-Leicester, Leicestershire and Rutland (LLR) committees that provide guidance on prescribing medicines for all prescribers, including GPs (pharmacists, nurses, dieticians and other healthcare professional can become a prescriber). Membership of the two main committees includes pharmacists, GPs, consultants, Public health consultants and patient representatives. The members of these groups are trained in critical appraisal and make decisions about medicines based on evidence and efficacy.

3. The LLR electronic Formulary provides prescribers, including GPs, with guidance on evidence based cost effective medicines for most conditions so as to provide consistency of care across the area. This includes formulary choice and information on where products should not be used because they are not cost effective or do not have evidence of efficacy.

4. Current prescribing of gluten free foods in Leicestershire is outlined in the LMSG guidance which reflects the recommendations of the Coeliac Society and the British Dietetic Society. However, around 40% of CCGs have moved away from this guidance and have either ceased prescribing altogether or reduced choice and unit price.

Background

5. Demand for NHS services and treatments is increasing, meaning the gap between demand and funding over the next 5 years amounts to £30 billion nationally.

6. To support the delivery of the local Sustainability Transformation Plan it is essential to review prescribing guidance to support the most cost effective allocation of NHS resources within the local healthcare systems.

7. It is essential that patients are treated in the most appropriate setting of care ranging from self-care to emergency care. This means doing things where they *should* happen rather than where they *could* happen.

8. CCGs have a responsibility to provide a reasonable level of care for all patients but must also work within the financial resources allocated to them. To address this, the LLR Medicines Optimisation Committee has considered whether certain treatments should not be prescribed for one or more of the following reasons:

   a. Remedies for self-care are available to buy from community pharmacists where patients could use the community pharmacists as the first port of call for common ailments.
   b. Food products are readily available to buy in supermarkets.
   c. There is a lack of evidence of clinical effectiveness.
   d. Non-NHS items such as anti-malaria treatments, travel vaccines.
   e. Dental preparations - which should be prescribed by a dentist.

9. These considerations may lead to a change to what patients have been able to access historically, and it was proposed in the first instance to consider whether paracetamol and gluten free foods should remain available on prescription.

10. To understand the potential impact that this proposal would have on patients in Leicester, Leicestershire and Rutland, a survey in partnership with respective HealthWatch organisations was completed and was led by West Leicestershire CCG on behalf of all three CCGs.

11. The Survey was circulated by Healthwatch Leicestershire, as well as Healthwatch Rutland and Healthwatch Leicester City, and opened on the 17th June 2016 and closed on the 17th July 2016.The final report was available in late August and additional information requests were added to the report in September.

12. The survey was promoted to a broad range of audiences through media and press releases, targeted emails, website promotion, mailshots to specialist networks and cascading through GP practices by various stakeholders. In total 821 surveys were completed, with 2,355 qualitative comments offered. This has provided valuable insight into the opinions and concerns and what matters most to the population around prescribing of paracetamol and other over the counter (OTC) medicines and also gluten free foods to inform the CCGs with their decision making.

13. A breakdown shows that responses were received from across the LLR area:

Leicestershire (2CCGs)	558 (73%)
Leicester City(1CCG)	126 (16%)
Rutland	46 (6%)
Out of area	35 (5%)
Did not answer	56

14. Healthwatch (HW) concluded that there were no distinct differences from respondents living in Leicester City, Leicestershire or Rutland.

15. It is acknowledged that there were fewer responses in the Leicester City area. However, it should be noted that the qualitative comments from the survey for each CCG were very similar in theme and that the amount of responses received is high when compared to many other engagement exercises.

Summary of responses

Paracetamol for self-limiting illnesses

16. The NHS spent approximately £1.5 million pounds on prescribing paracetamol to patients in Leicester, Leicestershire and Rutland in 2015/16. Some of the prescriptions were for people with conditions which could have got better on their own without paracetamol. This includes conditions such as sore throats and colds. In some cases paracetamol taken for these conditions can extend the length of the condition as it works against the immune system, affecting body temperature to fight infection.

17. The proposal tested through the Healthwatch engagement survey was that the three CCGs in LLR establish guidance to support prescribers, including GPs, in reducing prescribing paracetamol for patients with self-limiting conditions (such as a viral illness), and to encouraged patients to increase the level of self-care for self limiting illnesses.

18. The proposal and guidance would not include patients who currently require paracetamol as part of regular pain management treatment or for long term conditions.

Feedback received

19. Respondents were asked *"Are you currently or have you ever been in receipt of paracetamol on prescription?"* Over a quarter of respondents (26% - 193) currently receive or have previously been in receipt of paracetamol on prescription. 74% (551) respondents have never received paracetamol on prescription. 76 respondents did not answer this question.

20. The overwhelming majority of respondents answered that they would be affected either "not at all" or "only a little" by the proposed change. 7% of respondents answered that buying paracetamol tablets or in liquid form would affect them a lot.

21. In total 171 qualitative responses were provided to the questions concerning paracetamol. The following themes regarding the impact on patients, or their concerns, emerged from these comments:
    - concerns regarding cost;
    - access to shops;
    - restrictions applying to the quantities which can be purchased at any one time meaning individuals are unable to buy products in quantities sufficient to meet their needs;
    - some respondents were concerned that they would be unable to buy paracetamol of the same quality and strength that they receive on prescription.

22. Other responses highlighted a need for clarification regarding the scope of any change, with those with long-term chronic pain or other long term conditions requiring paracetamol expressing concern that the change may impact on their treatment. N.B., this patient group is excluded from the proposals.

Review of feedback and next steps

23. Based on this feedback the LLR CCGs reviewed the points raised by the survey. Actions arising from this include:

- Address the need to clarify who would be affected by any change. The original proposal did not include patients who need regular paracetamol 4-6 hourly as part of their chronic pain management; however many comments were received about this issue.
- Provide clarity regarding the fact that those taking higher strength medication containing paracetamol (such as co-codamol 30/500) and currently only available on prescription would not be included in the scope of any potential change.
- Look at relative costs of OTC preparations concerned whilst balancing what is reasonable use of NHS funds and also moving the self-care agenda forward in an equitable way across the entire population, while considering the impact on those with low and fixed incomes.
- Work with local community pharmacies to address concerns regarding the ability to access the quantities required, and to ensure that patients can readily purchase from their community pharmacy larger volumes (96) of paracetamol if necessary.
- Consider access issues, including the impact on those in rural or isolated communities and those who are housebound and who may not have easy access to shops and pharmacies.
- Work with local community pharmacies to stock value for money preparations.
- Ensure that there is a caveat for GPs to prescribe if clinically urgent and patient unable to access own supply, or buy in a timely fashion i.e. prescriber decision at point of consultation.
- Support GPs to apply a consistent approach to prescribing to ensure consistency across LLR but which also supports clinical judgement regarding exceptional individual circumstances.
- Self-care campaign to encourage public to take responsibility for self –care of minor ailments, including buying a recommended supply of medicines to keep in their medicines cabinet.
- Information to dispel myths regarding quality of OTC medicines and emphasising that OTC are of the same quality as those currently provided on prescription.
- Consider further communication with schools and nurseries regarding the requirements for administration of oral paracetamol to children, to address concerns raised via the survey that this would not happen without prescription.

Gluten Free (GF) foods

24. Currently the NHS in Leicester, Leicestershire and Rutland provide £700,000 worth of gluten-free food on prescriptions each year. In 2014, the NHS bill for gluten-free foods provided on prescription nationally was £26.8 million. The majority of this was for bread and flour.

25. The proposal tested via the survey was that the three CCGs in LLR County and Rutland either completely or partially stop the prescribing of gluten free products.

Feedback received

26. 762 patients responded to the survey on gluten free foods. The survey sought to understand whether respondents had an underlying medical condition where gluten free foods were particularly relevant.

What condition do respondents have?

I have Coeliac Disease (CD)	458 (60%)
I have Dermatitis Herpetiformis (DH)	40 (5%)
I am the parent/ guardian of a child with CD	95 (12%)
I am the carer of an adult with CD	20 (3%)
I do not have CD or DH	210 (28%)

27. Nearly two thirds of respondents (64%) said they were currently in receipt of gluten free foods on prescription. The most common products prescribed were reported as follows:
    - Bread (n=445);
    - Flour (n=334);
    - Pasta (n=328);
    - Pizza (n=150); and
    - Cereals (n=150).

28. The majority (60%) of this cohort of respondents said they would be affected a lot if gluten free foods were no longer made available to them on prescription, 15% would be affected a little and 25% not at all.

29. The survey sought to understand the nature of any impact on individuals, were gluten free products to be removed from prescription. The feedback provided identified the following key themes and issues:
    - Gluten free food is more expensive than non-gluten free equivalents, and any change may disproportionately affect those on low or fixed incomes, particular where more than one member of the household requires a gluten free diet.
    - There is a perception that gluten free products provided on prescription are of better quality than those available in high street stores and supermarkets.
    - Labelling on gluten free products in supermarkets is inadequate.
    - Gluten free products on prescription contain additional nutritional additives.
    - Concerns regarding accessibility, including the impact on those in rural or isolated communities, and those who are housebound, and who may not have easy access to shops which stock gluten free foods.
    - Concerns that individuals would not be able to access products if they were not stocked by pharmacies.
    - A sense that for those with coeliac disease gluten free products are a form of treatment and should be prescribed.

30. The survey also invited views as to how the NHS could further support those with coeliac disease. Responses provided included:

    - The provision of better dietary advice and support for newly diagnosed patients.
    - Medical check-ups with a specialist.
    - Availability of gluten free meals/ snacks in hospitals.
    - Improved availability of gluten free foods in local shops.
    - Only prescribe staple foods.
    - Pre-paid card system to buy gluten free foods from supermarkets and shops.

Review of feedback and next steps:

31. In taking work forward to respond to these comments and develop recommendations regarding the future availability of gluten free products on prescription, the CCGs:

    - Looked at the relative costs and accessibility of gluten free foods so that patients on low incomes are not unreasonably affected whilst balancing what is appropriate use of NHS funds.
    - Considered suggestions made to improve management of coeliac disease that are within the control of CCGs.
    - Considered the extent to which any changes made would apply (for example, would restrictions apply to all food stuffs or should we seek to maintain a limited range of gluten free products on prescription).
    - Worked with other organisations who could improve dietary management of patients with Coeliac disease.
    - Worked with dietitians and patient groups (such as the Coeliac Society) to understand how to make information and advice, including that on diet and access to alternative foods, more readily available to patients at the point of diagnosis and during on-going reviews.

Resource Implications

32. As part of the development of recommendations regarding any changes to prescribing guidance the potential financial savings offered against the potential impact on patients will be considered.

Timetable for Decisions

33. We are seeking to achieve a position statement across all the LLR CCGs by Mid November 2016.

Conclusions from engagement

34. The survey and engagement process has provided valuable insight into the potential impact of the two proposals tested on individual patients and carers within the LLR area. In seeking to move forward and develop recommendations for consideration by each of the three CCGs we will act on the feedback, particularly that which has raised concerns of accessibility or affordability, where there may be a disproportionate effect on individuals on low or fixed incomes or those who live in certain locations. These considerations will be addressed via an Equalities Impact Assessment to ensure all effects are identified and mitigating actions agreed.

35. These considerations will support a balanced assessment of the impact of any change on individuals or specific patient groups as well as supporting on-going work to ensure an equitable allocation of resources to health services across LLR.

36. Draft proposals and guidance have been developed and support is being sought from stakeholder organisations. As with all prescribing guidance and formulary recommendations the decision to prescribe is the healthcare professional's decision.

Proposals and guidance for consideration following the engagement exercise.

37. Neither proposal is a complete removal of access to paracetamol, OTC remedies or gluten free foods from prescription.

Paracetamol and other over the counter products

38. Proposed guidance will include the following:

- Patients should purchase paracetamol for use in short term, self-limiting illnesses wherever possible.
- Patients who use large volumes of paracetamol 4-6 hourly for the management of chronic pain and long term conditions will continue to receive paracetamol on prescription.
- Paracetamol combination products (e.g. co-codamol) are not included.
- OTC medications with clinical evidence of clinical benefit are not included.
- OTC products with low clinical evidence of clinical benefit are included and prescribers will be advised not to prescribe on prescriptions. This includes antifungal nail paint, cold sore treatments (topical), cough and cold remedies, infantile colic, lutein and antioxidant vitamins, omega 3 fatty acids and other fish oils and rubefacients. A formulary review for these has been completed and approved through formulary review processes.
- Dental preps recommended by dentists, such as fluoride tablets, toothpastes and mouthwashes, should be purchased OTC or prescribed by the dentist. It is inappropriate to ask a GP to take clinical responsibility for this prescribing**.**
- A prescriber has the final decision on prescribing and consideration will be allowed for low and fixed income patients in respect to this guidance
- A programme to promote and inform patients of how to care for themselves will be developed.

Gluten free food

39. It is proposed to reduce of the number of units of gluten free Products that can be prescribed for patients with a diagnosis of Coeliac Disease and Dermatitis Herpetiformis to 8 units per month of bread and flour mix.

40. The following points have contributed to this proposal

- The 8 units is based on Coeliac UK recommendations for bread/ flour allowance. It is however reasonable that those who require a gluten free diet should purchase some gluten free foods themselves, e.g. pasta, pizza bases, cakes, breakfast cereals etc.
- Maintaining an allowance of bread and flour on prescription will help patients maintain a gluten free diet as it will subsidise the increased cost of gluten free food and mitigate for those patients who struggle to access supermarkets.
- The range of gluten free bread and flour mix which is suggested to be prescribed will be capped to the low-mid range value (current range of all is £1.30-£.70 per 400g loaf) and to manufacturers who do not charge excessive delivery charges (4 loaves with a delivery charge of £150). Consideration of those breads and flour mixes most frequently requested has been considered within this to provide a structured choice.
- Prescribing of pasta and pizza bases, cereals and crisp breads are not recommended as these foods are available from supermarkets at a similar cost to

their gluten containing equivalents and therefore the patient is not unfairly disadvantaged by having to purchase these foods.

- Prescribing is not recommended for items considered to be luxury foods, such as gluten free cakes and biscuits. This supports the national campaign for healthy eating.
- Usually, most people have reasonable access to supermarkets and so accessing foods is not a problem. For those who do struggle to access a supermarket that sells GF food, use of freezers, internet shopping, buying non-perishable items such as pasta and cereal in bulk, can be deployed by individuals or their carers to mitigate access problems.
- For the purposes of using health resources such as GP time appropriately, patients will be able to change the food items on prescription once every quarter. GP practices may wish to utilise repeat dispensing for this purpose.
- The pathway and provision for coeliac care is being reviewed to include accurate diagnosis and appropriate follow up and dietetic support for newly diagnosed and existing patients.
- Prescribers will be reminded that for the prescribing of gluten free to be permitted the patent must have a diagnosis confirmed by biopsy as per NICE guidance not just through a positive blood test.

Officer to contact

Dr Paul Danaher – Prescribing Lead GP PJ.Danaher@gp-c82005.nhs.uk.

Lesley Gant Head of Medicines Optimisation 01162951158
Lesley.gant@leicestercityccg.nhs.uk.

Appendix D

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Health and Wellbeing Scrutiny Commission

Public Health Performance

Date: 9th November 2016

Lead Director: Ruth Tennant

Leicester City Council

Useful information

- Ward(s) affected: All
- Report author: Rod Moore
- Author contact details: 454 2034
- Report version: 2

1. Summary

1.1 This report presents 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.

2. Recommendations

2.1 The Health and Wellbeing Scrutiny Commission are recommended to note the content of this report.

3. Background

3.1 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', 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, strategy or aspiration to which the public health division contributes (e.g. Manifesto commitments).

3.2 Governance arrangements for public health therefore reflect the diversity of organisations, issues and delivery mechanisms involved and the requirements for political and clinical leadership, accountability and transparency, including the following.

- The Health and Well-being Board
- Leicester City Joint Integrated Commissioning Board
- The City Mayor and his Executive, with a designated Lead Member for public health
- Better Care Together Partnership Board
- LLR Health Protection Review Meeting
- Individual partner and provider governance arrangements.
- Local authority scrutiny arrangements
- Strategy groups and plans established around particular issues(e.g., oral health, suicide prevention, Food Plan, breast feeding, alcohol harm, tobacco control, mental health)

3.3 In addition to the governance provided as part of the above arrangements, the Division itself has monitored performance and addressed performance issues through its Public Health Performance Review Group (PRG), which was established in 2014, and reports to the DMT. The PRG meets quarterly and considers reports on performance in a number of key areas. The agenda for this meeting has evolved and now covers the following areas

- Contract performance: the oversight and performance of existing contracts with service providers.
- In-house services: services delivered from within the City Council
- Procurement: progress against service reviews and procurement processes to meet the divisions service and finance requirements
- Clinical governance: assurance re safety and effectiveness of commissioned clinical services.
- Equality Impact Assessment monitoring
- Measures related to the overarching Health and Wellbeing Strategy and corporate domain.

4. Performance Summary

4.2 Measures from the overarching Health and Wellbeing Strategy and Public Health Outcomes Framework provide a helpful snapshot of overall public health performance. The latest data from the public health measures in the strategy is contained in table 1. and appendix A. Table 1 is a basket of key indicators which may be further developed in the light of the forthcoming new Health and Wellbeing Strategy and in the light of surveillance of the Public Health Outcomes Framework. The table shows that on a range of key indicators overall steady progress is being made, including (in appendix A) on smoking cessation where Leicester is maintaining a stronger performance than either its peer comparators or nationally, in the face of a widespread fall in the numbers of smokers using smoking cessation services.

5. Budget

5.1 Table 2 provides a summary of the public health funded programmes in 2016/17. This covers the brief rationale in health need in Leicester, the cost and the main outputs/impacts. Annual budgets are set through the usual budget processes of the Council, and are subject to the usual council processes of review. It should be noted that all lifestyle services are currently being formally reviewed as part of the Division's organisational review. Key budget lines are as follows:

Service Description	2016/17 Budget Ceilings
Sexual Health	4,390,600
NHS Health Checks	521,000
Children 0-19 (including Oral Health)	10,367,50
Smoking & Tobacco	972,000
Substance Misuse	327,000
Lifestyle Services (excl. smoking)	1,623,200
Health Protection	55,000
Public Mental Health	234,000

5.2 Some public health activities are mandatory, and some we are expected to report nationally and overall monitored against the Public Health Outcomes Framework.

5.3 In addition to the above the Division's Performance Review Group considers progress of services against specifications and targets as indicated in sections 5, 6 and 7 below.

Table 1: Public health measures related to the overarching Health and Wellbeing Strategy and key indicators from the Public Health Outcomes Framework			
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	2014 – 25.4	↑
Reduce obesity in children under 11 (bring down levels of obesity to 2000 levels, by 2020)	Reception 2010/11 - 10.6%	Reception 2014/15 – 10.5%	↔
	Year 6 2010/11 - 20.6%	Year 6 2014/15 - 22.1%	↓
Proportion of five year old children free from dental decay	2011/12 – 47%	2014/15 - 55%	↑
Number of people having NHS Checks	2011/12 – 8,238	2015/16 – 10,580	↑
Smoking cessation: number of 4 week quitters	2011/12 - 2806	2015/16 - 1920	↓
Reduce smoking prevalence	2010 – 26.0%	2015 – 21.4%	↑
Adults participating in at least 30 mins of physical activity per week	2010/11 – 27.8%	2015/16 – 31.3%	↑
Alcohol-related harm – narrow definition	2011/12 – 719.1	2014/15 – 704.9	↑
Self-reported well-being - people with a high anxiety score	2011/12 – 41.99%	2014/15 – 45.4%	↓
Suicide and unintentional harm (mortality rate per 100,000)	2010-2012 – 10.5	2012-2014 – 9.7	↑

Direction of travel against baselines in the strategy – All measures		
↑	Performance has improved from the baseline in the strategy	9
↔	Performance is the same / very similar to the baseline in the strategy	1
↓	Performance has worsened from the baseline in the strategy	2
↔	No data has been published since the baseline, or there are data quality issues	0

Table 2: Summary of Public Health funded programmes			
Service	**Need**	**Cost 16/17**	**Outputs/impact**
GP based health check of 40 -74 year olds to assess risk of heart disease, stroke, diabetes, kidney disease, dementia.	High rate of avoidable disease in under 75s in city. Mandated.	£521k	44,514 people have received a check in last 5 years Highest coverage in country Local impact: 1,288 taken up weight loss programme 670 prescribed statins 122 diagnosed with diabetes 278 diagnosed with chronic kidney disease 330 referred to stop smoking services (plus other referrals into wider range of lifestyle services including Lifestyle Hub, Health Trainers Smoking etc.)
Stop Smoking	21% smoking prevalence	£972k	1920 smokers quit each year £348 per quit 4.6% fall in prevalence since 2012
Lifestyle Hub/ Health Trainers (geographically targeted)	34% of adults physically inactive 55% adults are obese/ overweight	£300k (£100BCF)	5,000 referrals each year from GPs. 80% take up services (see below). 900 people see health trainers, 50% achieve goals
Active Lifestyle (exercise on referral)	As above – service focus on high risk only	£145k	3,400 referrals per year from GPs.
Weight management -Universal (BMI>30) -BME -Long-term conditions	As above – service focus on medium to high risk only	£329k	1000 clients each year across three service. 1 in 4 clinically-significant weight loss.

Food for Life/ food growing schemes	22% of children obese at age 11	£120k	43 schools enrolled. Enrolled schools twice as likely to meet 5 a day targets & have increased uptake of school meals.
Probation health trainers (Inclusion Health)		£75k	560 people referred through criminal justice system. 66% complete personal health plan (drug use, smoking etc)
Open Access Sexual Health & contraception (mandated) inc General Practice and Pharmacy. Includes RSE support to schools	High local rate of STIs, linked to city age profile	£3.779m	40,000 attendances per year. 18,400 contraception appointments (inc Emergency Hormonal Contraception appointments) 15,000 STI testing/ treatment appointments STI rates
HIV prevention & outreach testing in high-risk groups	High prevalence area with high late diagnosis rate	£300k	262 tests undertaken PA. 258 counselling sessions
0-19 Healthy Child Programme (health visiting & school nursing)	Mandated (0-5)	£10.3 million	19,000 mandated contacts (under 1) Mandated development checks on 74% of 2 year olds. Higher than average / improving breast-feeding / immunisation/ unintended injury rates. Improvements needed in school readiness.
Oral health programme	Highest rates of tooth decay in country.	£94k + external grant funding	8% improvement in dental decay since start of programme.

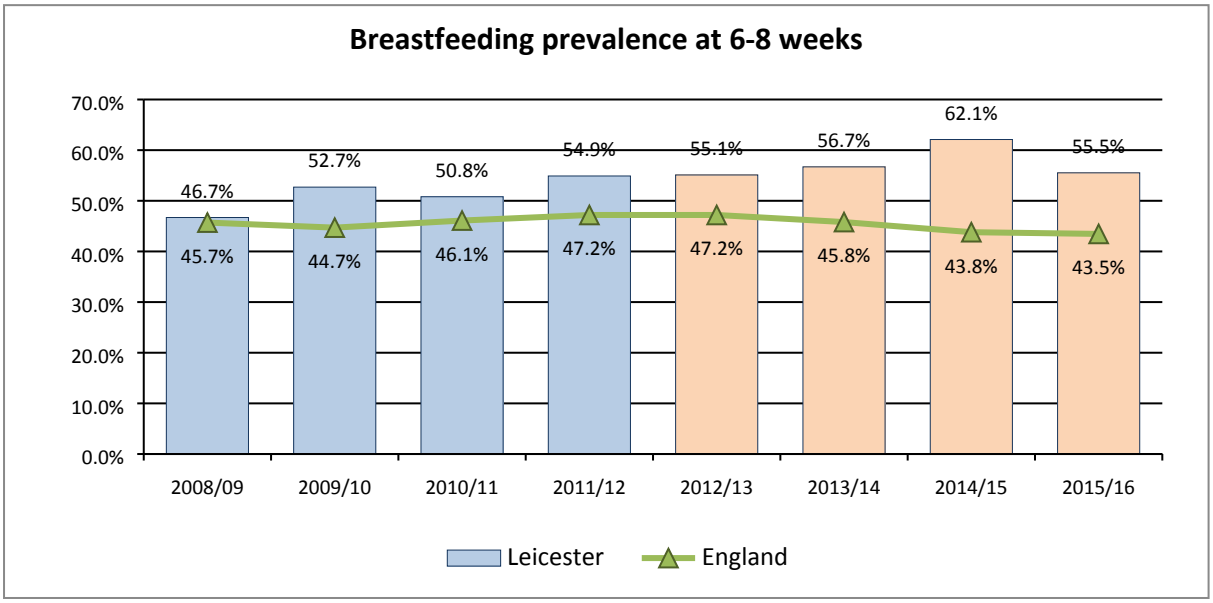
Sexual and Domestic Violence Prevention	Two domestic violence homicides in Leicester each year. 700 reports of domestic violence made to the Police in Leicester every month. Estimated that Serious sexual assaults per year in Leicester to be as high as 595 and the total number of sexual assaults 3,173.	£75K to pooled budget	Jan – March 2016 1158 helpline calls received from city residents 275 city cases opened - 34 children identified within these families 32 perpetrators referred to the perpetrators interventions contract
Suicide awareness training	After many years of being higher than the national average the suicide rate in the city is now similar to the national average. (current level 8.7 per 100,000 compared to 11.2 per 100,000 in 2008-10) Financial cost of 1 suicide to the local community is £1.67 million (not including personal impact on people bereaved or affected	£35k	12 sessions annually with 300 people per year receiving training. Attendees from across the Leicester community, significantly raising awareness of stigma linked to suicide. Pre-course assessment and post-course evaluations show positive outcomes in terms of knowledge of risk and initial response to suicide. People feel empowered to talk about suicide in difficult circumstances.
Workplace health promotion initiatives	Mental ill health is now the leading cause of absence from work with 91 million working days lost per year	£10k	Mental wellbeing initiatives have included mindfulness training, diabetes testing (130 staff) wellbeing events (500 staff per year attend events), physical activity challenges (265 staff signed up to workplace challenge 130 staff attended physical activity events, 20 staff signed up to beginners running club), training of workplace health and wellbeing champions (40 champions trained and delivering workplace health and wellbeing initiatives)
Workplace Mental Health Champions	In the UK a total of 91 million days are lost to mental health problems every year and nearly half of all long-term sickness absences are caused by a mental health problem	£20 k	Work in progress

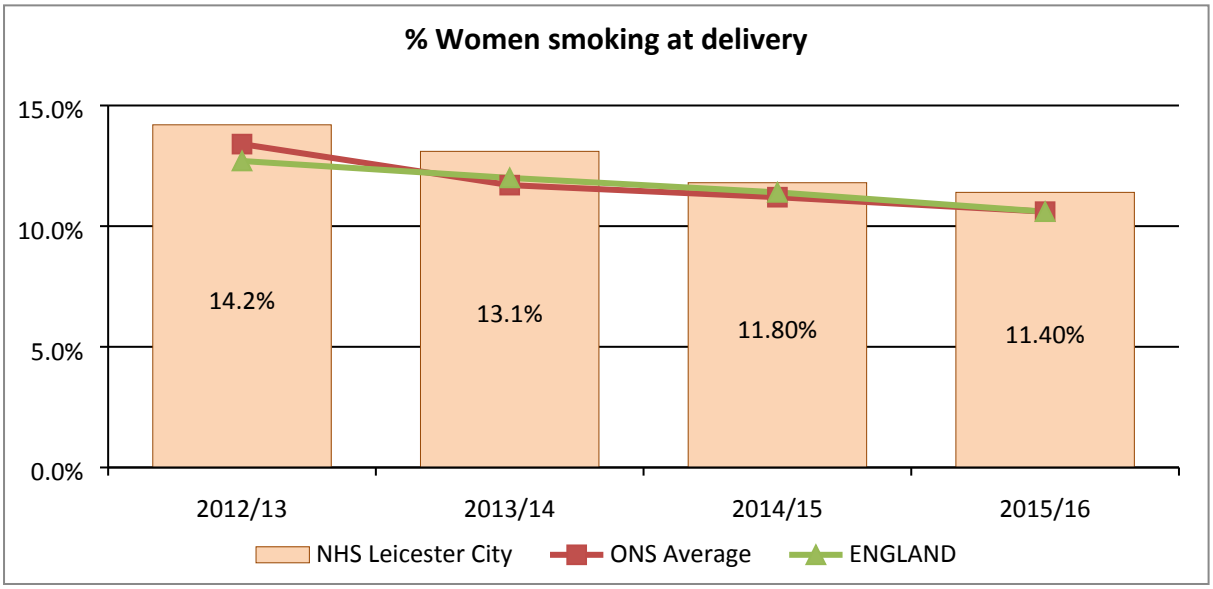
On line Counselling (11-19 year olds)	Developing initiatives in early help for young people with mental health problems	£20k	Service commissioned in partnership with Leicestershire County Council and the 3 local CCGs. Young people from Leicester are the most frequent users of the service -110 new registrations Q1 2016/17.
Mental Health First Aid	Raising awareness and partnership to influence the different settings that have an impact on mental wellbeing. Without MHFA the sole focus will be on treatment of mental disorder, which will not reduce the individual, social and economic burden of mental illness.	£27k	Partnership between LCC, Leicestershire county Council and Office of Police and Crime Commissioner to train trainers and deliver mental health first aid training. 200 people across the Police, Fire Service local authorities and district councils have completed intensive training programme including 25 attendees from Leicester City Council 88 LCC staff trained in Mental Health awareness since July 2016
Specialist Inpatient detoxification (co-commissioned with Leicestershire and Rutland).	For a small number of clients with complex needs community based detoxification is not clinically safe. This client group require specialist inpatient services. Deaths from alcohol related liver failure has doubled in the UK since 1980	£277k	Information is currently awaited and will be reported at the meeting.

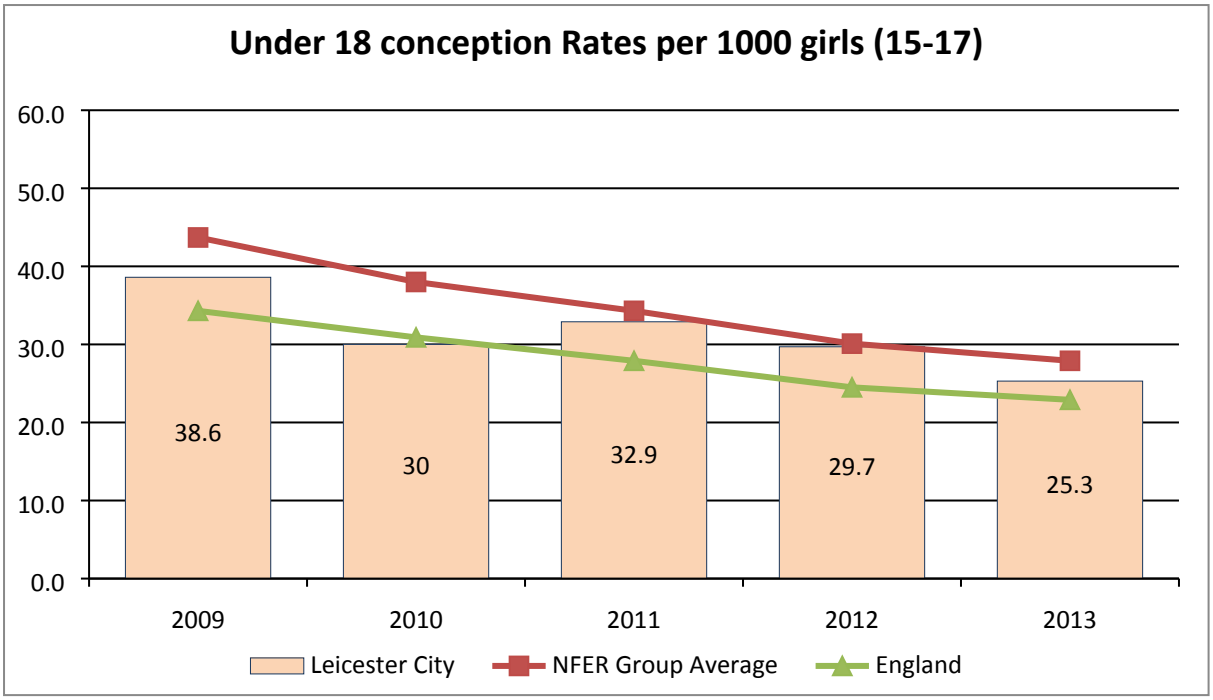
8. Conclusion

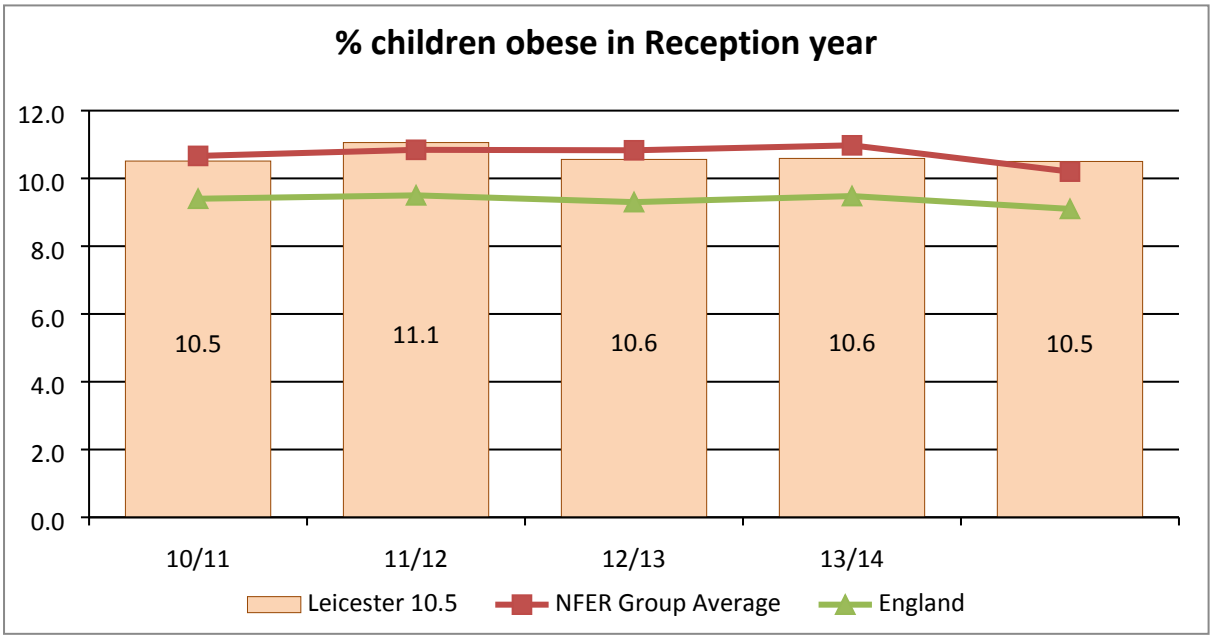
8.2 This report has provided information on the performance of the Division of Public Health with regard to key indicators related to the Health and Wellbeing Strategy and the Public Health Outcomes Framework. It has also provided a summary of the rationale, costs and outputs of key funded programmes.

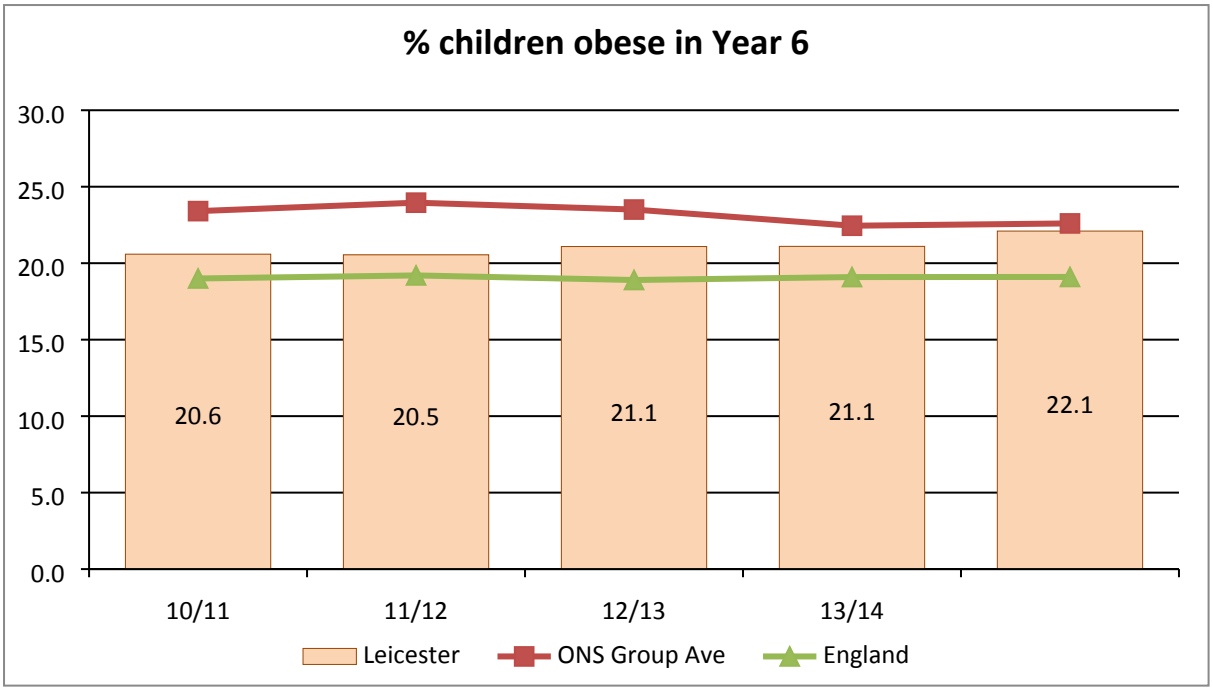
Appendix A: Health and Wellbeing Performance measures

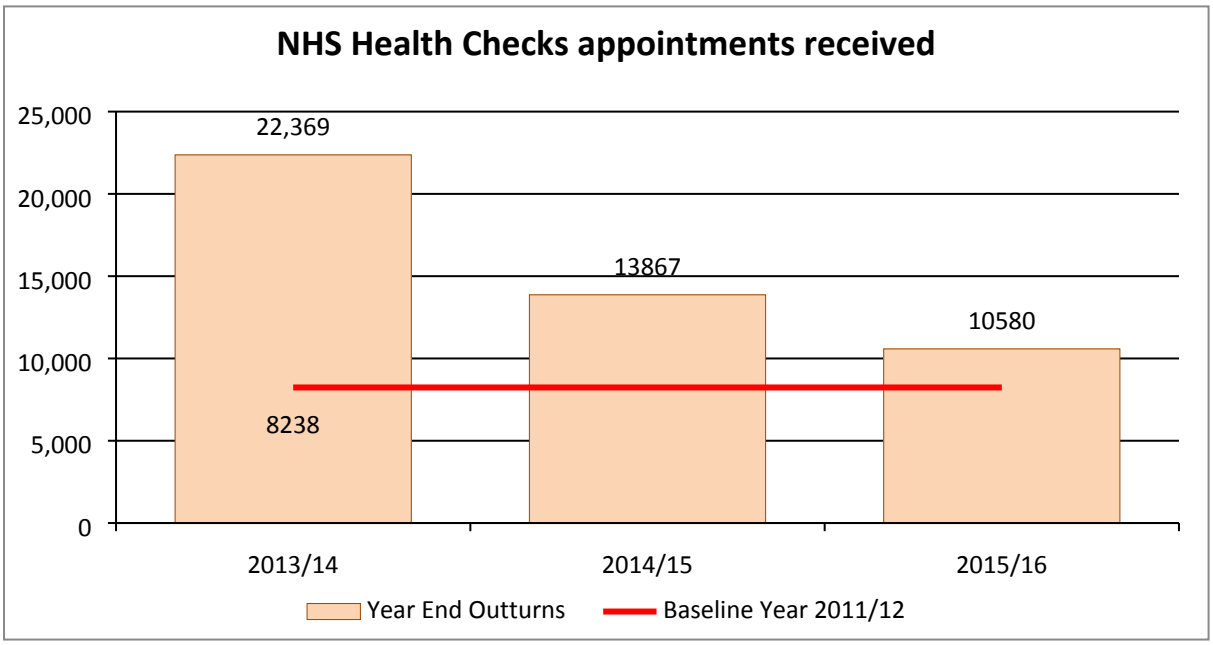


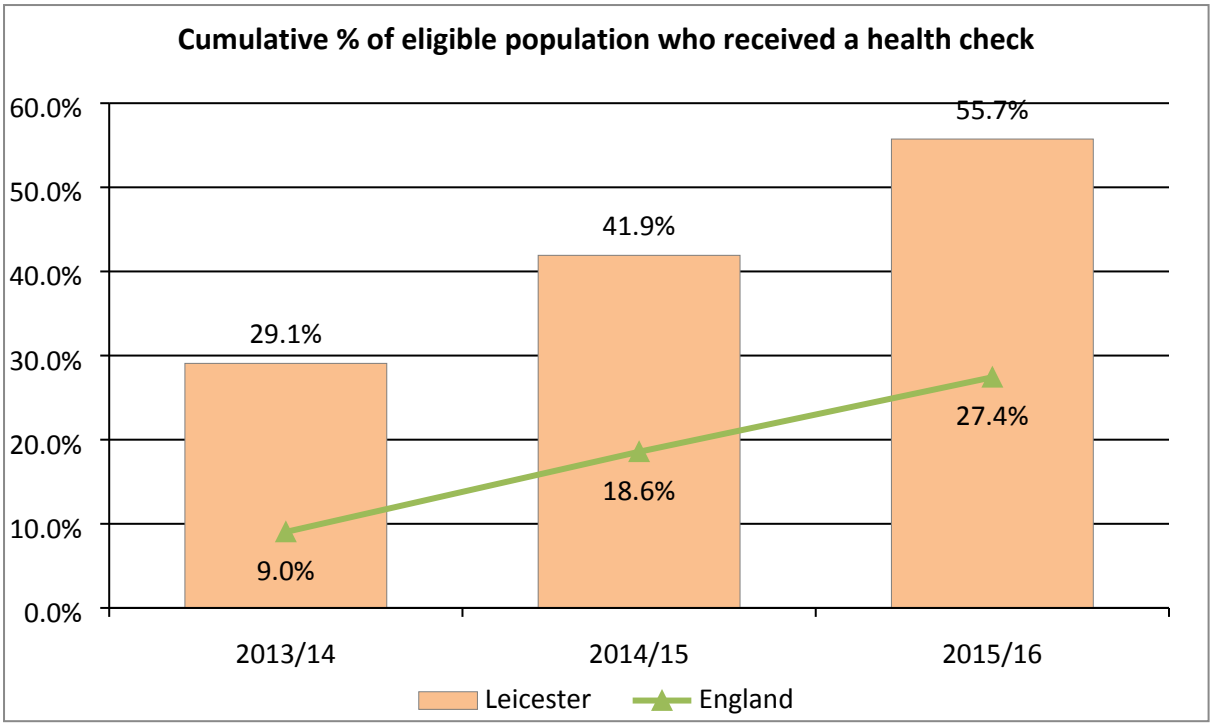


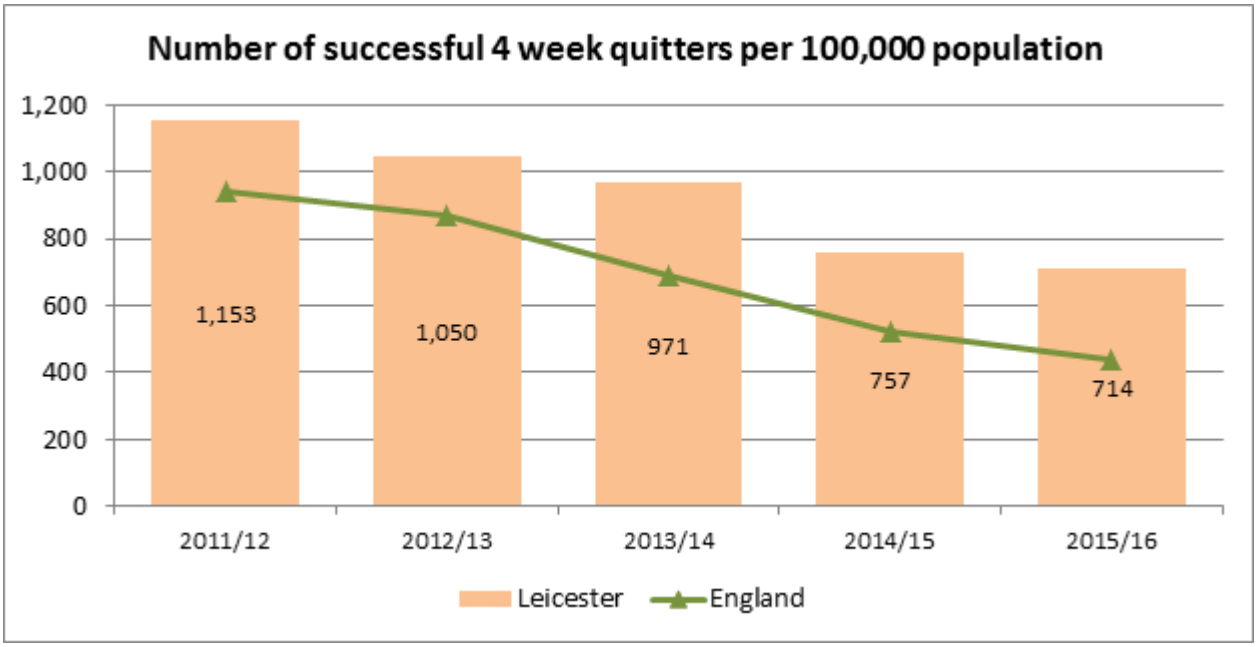

Under 18 conception Rates per 1000 girls (15-17)
60.0
50.0
40.0
30.0
20.0
10.0
0.0
38.6
30
32.9
29.7
25.3
2009
2010
2011
2012
2013
Leicester City
NFER Group Average
England

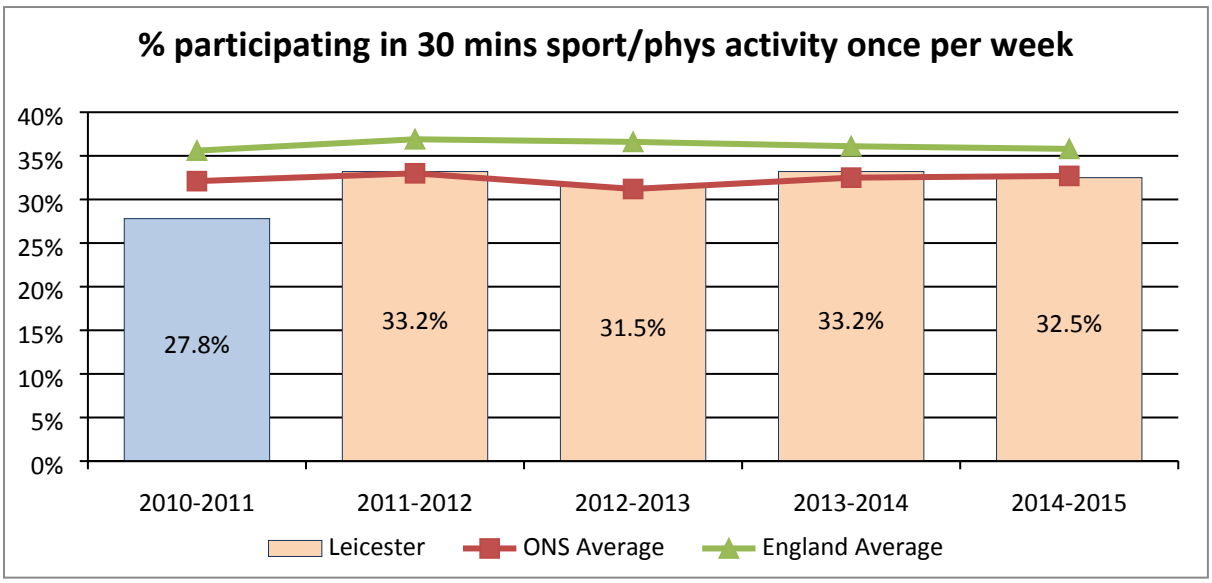

% children obese in Reception year
12.0
10.0
8.0
6.0
4.0
2.0
0.0
10.5
11.1
10.6
10.6
10.5
10/11
11/12
12/13
13/14
Leicester 10.5
NFER Group Average
England

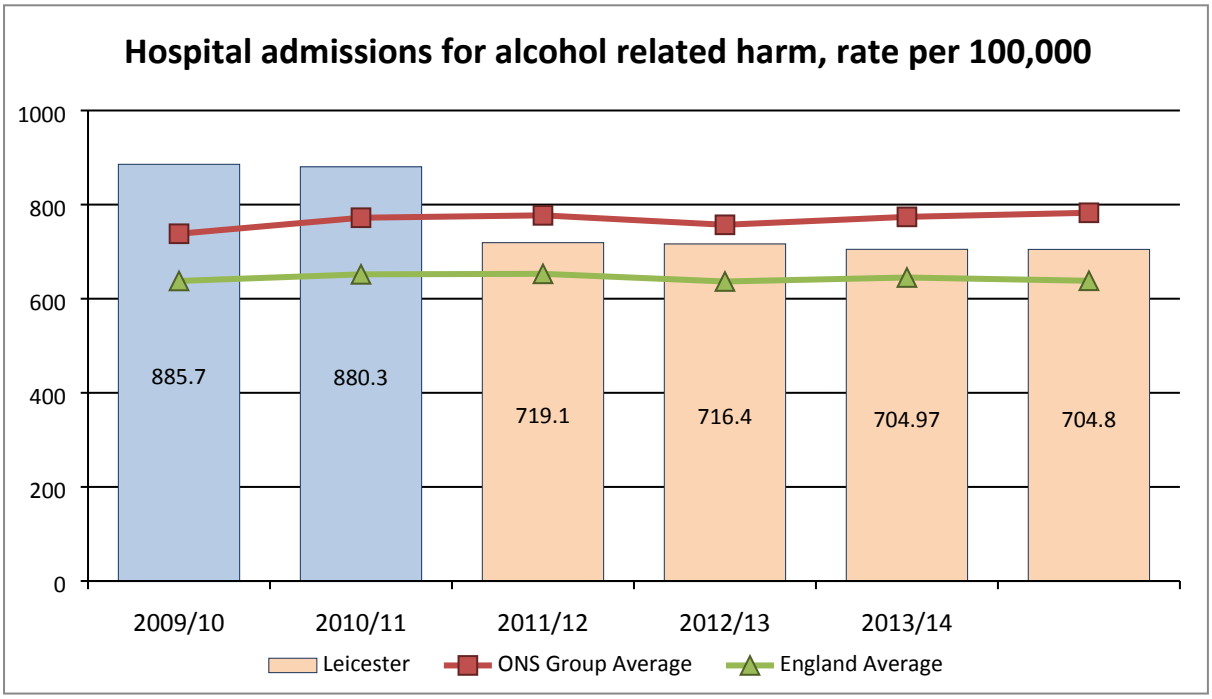

% children obese in Year 6
30.0
25.0
20.0
15.0
10.0
5.0
0.0
20.6
20.5
21.1
21.1
22.1
10/11
11/12
12/13
13/14
Leicester
ONS Group Ave
England

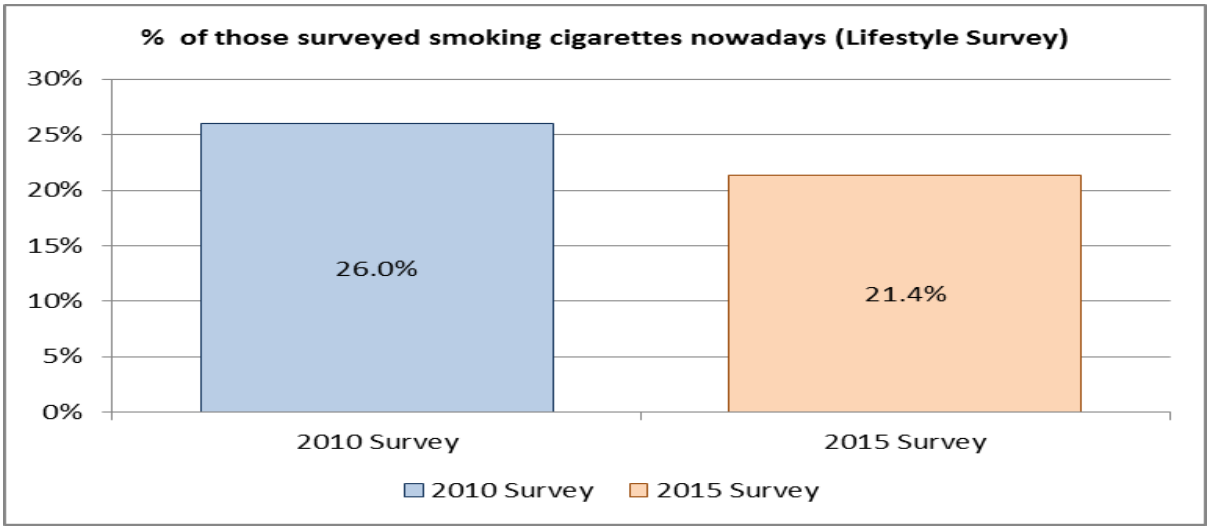

NHS Health Checks appointments received
25,000
20,000
15,000
10,000
5,000
0
22,369
13867
10580
8238
2013/14
2014/15
2015/16
Year End Outturns
Baseline Year 2011/12

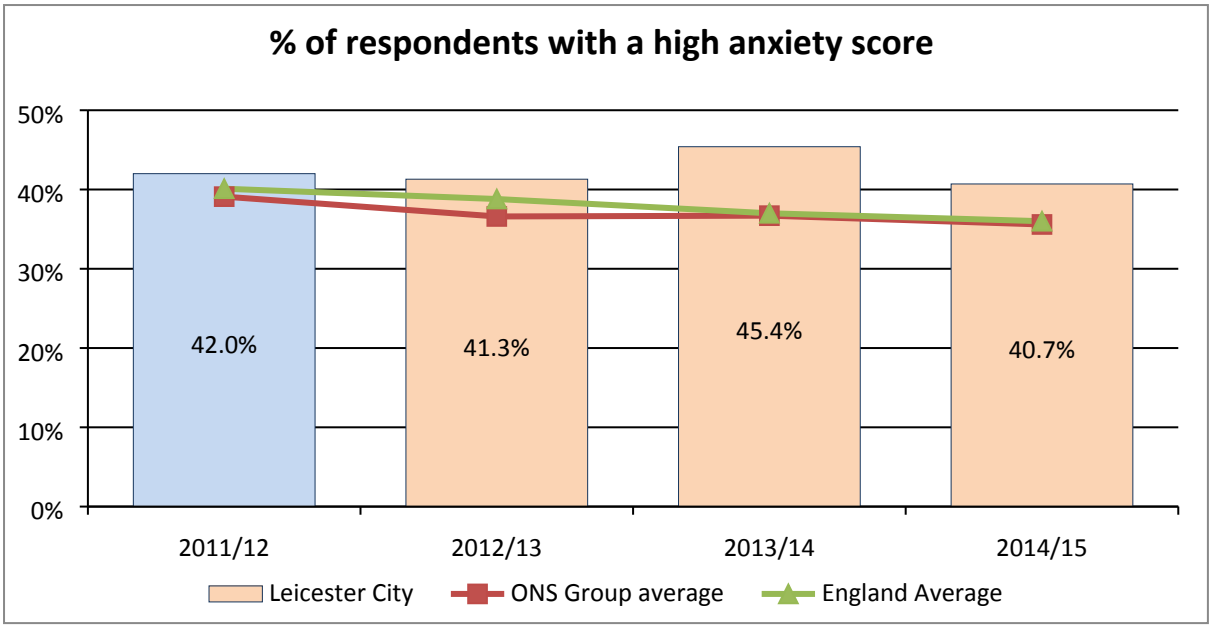

Cumulative % of eligible population who received a health check
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
29.1%
41.9%
55.7%
9.0%
18.6%
27.4%
2013/14
2014/15
2015/16
Leicester
England


Number of successful 4 week quitters per 100,000 population
1,200
1,000
800
600
400
200
0
1,153
1,050
971
757
714
2011/12
2012/13
2013/14
2014/15
2015/16
Leicester
England


% participating in 30 mins sport/phys activity once per week
40%
35%
30%
25%
20%
15%
10%
5%
0%
27.8%
33.2%
31.5%
33.2%
32.5%
2010-2011
2011-2012
2012-2013
2013-2014
2014-2015
Leicester
ONS Average
England Average


Hospital admissions for alcohol related harm, rate per 100,000
1000
800
600
400
200
0
885.7
880.3
719.1
716.4
704.97
704.8
2009/10
2010/11
2011/12
2012/13
2013/14
Leicester
ONS Group Average
England Average


% of those surveyed smoking cigarettes nowadays (Lifestyle Survey)
30%
25%
20%
15%
10%
5%
0%
26.0%
21.4%
2010 Survey
2015 Survey
2010 Survey
2015 Survey


% of respondents with a high anxiety score
50%
40%
30%
20%
10%
0%
42.0%
41.3%
45.4%
40.7%
2011/12
2012/13
2013/14
2014/15
Leicester City
ONS Group average
England Average

Health and Wellbeing Scrutiny Commission

Work Programme 2016 – 2017

Meeting Date	Topic	Actions arising	Progress
25th May 2016	1) Health profile: Overview of the city 2) Better Care Together: overview presentation 3) CAMHS 4) Anchor Recovery Hub Update	1) Health and Wellbeing Survey 2015 to be circulated to new members of the commission. 2) Chair to discuss issues of the delay relating to BCT with the Deputy City Mayor. 3) Information on a permanent site for CAMHS and on the relationship of the service with other agencies and the proposed direction of travel to be provided.	1) Completed
30th June 2016	1) CQC inspection of University Hospitals of Leicester NHS Trust 2) Sustainability and Transformation Plans 3) Medicines and Self Care 4) Anchor Recovery Hub Update 5) LPT Scrutiny Review Report – Final Draft 6) CAMHS – Scoping document	1) Further information requested. 2) Report back at the next meeting to clarify the position re STPs and BCT including info on the costs of plans, what's being done and when, what's already happened, what do they actually mean in practice and is there any twin-tracking happening. 3) Report back at the next meeting. 4) Deputy CM to update commission members.	
7th September 2016	1) Medicines and Self Care – verbal update 2) Anchor Recovery Hub – Update by chair 3) Oral Health briefing	Anchor hub decision delayed	
9th November 2016	1) Sustainability and Transformation Plan Update 2) CQC Review of Health Services for LAC and Safeguarding 3) Review of prescribing of paracetamol, other over the counter medicines and Gluten Free Foods 4) Public Health Performance Update		

4th January 2017	1) CQC inspection of LPT Mental Health Services (watching brief) 2) CQC review of inspection of LRI Emergency Department 3) 0-19 services Commissioning (Childhood obesity, oral health, school nurses, health visitors, etc) – Verbal Update 4) Integrated Lifestyle Services review		
8th March 2017	1) Oral Health Update		

Forward Plan Items

Topic	Detail	Proposed Date
Anchor recovery hub	Further consultation on site for hub following late developments on Abbey Street proposal	
CCG commissioning plans		
CQC inspection of Mental Health services provided by Leicestershire Partnership NHS Trust	Inspection takes place in week starting 14th November 2016. Report in mid-2017?	
Commissioning of a diabetes structured patient education programme	To be programmed (mins of 21.04.16 refer)	
Dementia, Dental Care, Diabetes, GPs, Obesity, Smoking, COPD and Substance Misuse	Progress to individual strategies/services	
EMAS CQC report	Review the report and actions taken by EMAS	Meeting in Nottingham – July 2016
Health and Wellbeing of staff	Monitoring of sick days and support services	
Maternity Care Services	Update	
Mental Health and Sexual Health of the LGBT Community	Continue to understand and monitor the issues that impact on LGBT community	
Mental health system / Crisis Concordat	How it works locally and what we get out of it – what is the PH investment?	
Outdoor Gyms	Possible / proposed new ones and info wanted on how training to use them is provided	
Patient experience of the system	Work with Healthwatch to gain an understanding of how patients feel about health services	
Public Mental Health budget line	To be programmed: arising from budget briefing 25.05.16	
Services at St Peters Health Centre		

Scrutiny

Leicester City Council

Scrutiny Review

‘Development of Local Health Messages’

Scoping document for completion by Members

September 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**	Development of Local Health Messages
2.	**Proposed by**	Councillor Lucy Chaplin, Chair, Health and Wellbeing Scrutiny Commission
3.	**Rationale** Why do you want to undertake this review?	The commission had an initial report from the Public Health Department on this, which recognised the need to explore this in greater detail. With a greater national focus on preventative measures to relieve the pressure on the health system, health messaging is an important means to get people to be more active about thinking about their health, and therefore it is important to ensure we are getting this right at a local level.
4.	**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 if we have an adequate method of communicating health messages to those that we need to target. It is hoped the following outcomes will be established: • An understanding of the modes of communication that currently exist and what they say. • An understanding of how they are funded. • Identifying who we need to target and how. • Consideration of good practice with a view to improve. • Make recommendations to help a plan that can be adopted locally. • How successful they are.
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.	Public Health Services, this list is not exhaustive: • Dental Services • Health Checks • Drugs and Alcohol • Teenage Pregnancy • Sexual Health • Pharmacy Services – when they can help • Obesity

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: • Who do we need to reach locally? • What do we want the messages to say? • Where and when do we want to say it? • How do we want to say it? • How do we measure the effectiveness of the messages? • Is there any good practice that we can learn from?
	Witnesses Set out who you want to gather evidence from and how you will plan to do this	Potential witnesses may include: • Assistant City Mayor Public Health • Relevant Council Officers • Relevant Health Partners (CCG, etc) • Officers from other areas in the Country (Best practice) • Available research on health messages.
8.	**Timescales** How long is the review expected to take to complete?	**September** Scoping document to be agreed at 28th September meeting. **October - February** • Explore best practice and consider making visits. • Consider latest research papers • 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 determine an adequate plan for communicating health messaging in the city. This can then be considered as part of the executives proposals for future service development in Public Health.
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.	We need to use campaigns to get health messages out to local people: this review will provide us with useful intelligence to do this and we therefore welcome it. Cllr Osman
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.	Effective use of health messaging is a key way we can support people to make changes to their health and lifestyles. This means making best use of available technology including social media. We have been developing new approaches to conveying health messages we hope that this review will further support this by helping to identify best practice and draw in evidence which will allow local media campaigns to be used to maximum effect.

16.	**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?	No
17.	**Are you able to assist with the proposed review? If not please explain why.** In terms of agreement / supporting documentation / resource availability?	Yes, via the communications lead for public health.
	Name	Ruth Tennant
	Role	Director of Public Health
	Date	9th September 2015

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	25th August 2015