Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 21 JUNE 2017 at 5:30 pm

P R E S E N T :

Councillor Cutkelvin (Chair)
Councillor Fonseca (Vice-Chair)

Councillor Cassidy	Councillor Corrall
Councillor Chaplin	Councillor Dempster

In Attendance:

Councillor Palmer – Deputy City Mayor

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Sangster, Karen Chouhan, Healthwatch Leicester and Richard Morris, Leicester City CCG.

2. DECLARATIONS OF INTEREST

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

3. MEMBERSHIP OF THE COMMISSION

The membership of the Commission for the municipal year 2017/18 appointed by the Annual Council meeting on 11 May 2017 was noted as follows:-

Councillor Cutkelvin– Chair
Councillor Fonseca – Vice-Chair
Councillor Cassidy
Councillor Chaplin
Councillor Corrall
Councillor Dempster
Councillor Sangster

1 unallocated Non-Grouped Place.

4. TERMS OF REFERENCE

The Terms of Reference of the Commission to be approved by the Annual Council at its meeting on 11 May 2017 were noted.

5. DATES OF COMMISSION MEETINGS

The dates for meetings of the Commission for the municipal year 2016/17 approved by the Annual Council meeting on 11 May 2017 were noted as follows:-

Wednesday 23 August 2017
Wednesday 4 October 2017
Wednesday 29 November 2017
Thursday 11 January 2018
Wednesday 7 March 2018

6. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 12 April 2017 be approved as a correct record.

7. CHAIR'S ANNOUNCEMENTS

The Chair reminded Members that a meeting of the Leicestershire, Leicester and Rutland Joint Health Committee would be held on 27 June 2017 to hear the views of patients and stakeholders in relation to the NHS England's proposals to cease commissioning Level 1 Congenital Heart Disease services from UHL. A formal submission on NHS England's Review of Congenital Heart Disease services would then be made after the meeting.

The Chair also announced that she would be attending a regional meeting of Health Scrutiny Chairs to hear the initial views of EMAS following the release of the CQC inspection report for the ambulance service. The Chair would report back to Commission members following the meeting.

8. PETITIONS

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

9. 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.

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The Chair indicated that she had received a question from a Member of the public outside the time limits allowed by the Constitution for it to printed on the agenda but had used her discretion to accept it as it related to the Lifestyle Services Review later on the agenda.

A question from Mr Johnson in the following terms:-

"In view of the multiple spending cuts having to be made by this council I want to ask why the "Quit Smoking" situation is still wasting £920,000 per annum 10yrs after the smoking ban was imposed? There is now absolutely no justification in wasting such an absurd amount of money in the face of the council cuts needing to be made when far more important matters need to be attended to".

Mr Johnson was unable to attend the meeting and had e-mailed supporting information to all Commission members prior to the meeting.

The Chair stated that the Director of Public Health had been requested to respond to Mr Johnson's question and the points made in Mr Johnson's submission may also be considered when the Lifestyle Services Review Report was considered later in the meeting.

10. LIFESTYLE SERVICES REVIEW

The Director of Public Health submitted a report on the current range of lifestyle services commissioned or provided by Public Health in the City. There was a national drive towards developing integrated lifestyle or wellness services and significant savings will also need to be made in the 2019/20 budget. Members were asked to comment upon the questions asked in paragraph 3.3 of the report regarding the future direction of lifestyle services and prevention priorities.

The Deputy City Mayor stated that the report was part of the early stages of engagement with stakeholders about the future shape of public health services in the city. The government had reduced the ring-fenced public health grant in recent years and the council therefore needed to review its public health services as it no longer had the resources to provide all the current services at existing levels. However, the Council still had responsibilities to secure better outcomes for the population. This provided a challenge to develop a model that provided better outcomes for residents in the city within the reduced resources available. There would be a series of workshops to canvass views of stakeholders and users in reviewing the future provision of lifestyle services.

Part of the challenge was to give every child a healthy start in life and prevent

them from developing bad habits which could affect their health in later life. Views were being sought on whether the service should be generic or focused supporting a small number of people to change. For example, weight management services, although effective, only reached a relatively small proportion of overweight or obese people and at a time of austerity it was being questioned whether the responsibility for reducing and maintaining a healthy weight should be the responsibility of government or should individuals take responsibility for their own health.

Members discussed the report and made the following comments:-

a) Given the current pressures on budgets it was important to promote joint working with NHS services and voluntary bodies to eliminate duplication of service provision and ensure resources throughout all health service providers were used effectively.

b) The use of outdoor gyms could be improved by having demonstrations of how to use the equipment. This could be provided initially by a pilot project. Some of the existing outdoor gyms did not have a natural footfall and consideration should be given to improving the use of these sites. Consideration should also be given to replacing the existing signs with larger ones and some people found difficulties in .

c) Further integration of public health services with other council services was essential in the future given the current pressures on financial resources. Promotion and consideration of health issues should be fundamental to all council services.

d) Consideration should be given to charging for public health education services to schools (food for life programme) and care homes etc although it was recognised that schools with the greatest levels of need may not take this up.

e) Mental health should be considered on par with physical health and there was little mention in the proposals for mental health initiatives. A person's mental health could impact upon levels of depression, being overweight, smoking and poor diet and it was therefore important to include mental health wellbeing in the overall strategy.

f) It could be beneficial to provide free step counters etc as an incentive for people to take part in healthier lifestyles.

g) Currently patients admitted to hospital could only have the use of nicotine patches by prescription and many patients relapsed when they left hospital. It was felt that nicotine patches in hospital should be provided free in line with other forms of pain relief.

h) Swimming pools and leisure centres should consider providing 'quiet sessions' for people suffering from conditions such as autism and dementia, where excessive noise can make them more anxious.

i) Letters issued by the provider in relation to the Healthy Lifestyle Hub should include a reference to the patient's local GP to avoid the impression that the patients are being canvassed for a private health care. Currently it was felt that many patients treated the letters as junk mail and disregarded them.

j) There should be references to 'diet' and not 'obesity' in lifestyle documents as this was felt to be more meaningful to everyone.

h) Details of the workshops should be made available to Members and the Commission invited to attend.

In response to Members comments it was noted that:-

a) Although the mental health budget was separate to the public health lifestyle budget, proposals were being developed which would integrate mental health services within the public lifestyle programme.

b) Charging could be explored but introducing charges could reduce the level of engagement with the private sector and it could reduce the incentive for people to take part in the initiatives.

c) The possibility of introducing a summer outdoor gym programme involving structured sessions would be considered.

d) The data and statistics listed in the report provided a headline overview. These were supported by more detailed analysis which could be provided to Members if necessary.

e) There would be a specific workshop for all councillors.

The Chair thanked the Deputy City Mayor and officers for the report and asked that details of the workshops being organised as part of the engagement on the review of Lifestyle services be made available to members.

AGREED:-

That the report be received and that a further reports be submitted to the Commission in the future providing feedback on the workshops sessions and options for the future of the service at a later date.

11. INFANT MORTALITY IN LEICESTER

The Director of Public Health submitted a briefing report providing an introduction to Infant Mortality in Leicester and it also summarised the actions being taken to reduce level of infant mortality in Leicester.

The Director of Public Health referred to a recent article in the Leicester

Mercury which had been based upon the latest set of infant mortality rates for Leicester that gave the impression that there had been a large increase in the level of infant mortality. The numbers involved were relatively small so small changes in the numbers could cause big fluctuations. The Council analysed the results for infant mortality and averaged it out over a number of years to give more statistical stability for monitoring purposes. Comparisons were also carried out with other comparable profiled local authorities.

Factors affecting infant mortality were:

- Maternal age including those over 40 years old and those with teenage pregnancies.
- Smoking during pregnancy.
- Maternal obesity.
- Domestic violence.
- Breast feeding and immunisations.
- Congenital abnormalities, although these are relatively small in numbers.
- Poverty and deprivation.
- Housing and overcrowding.
- Education programmes with NHS midwives and local organisations.

The Deputy City Mayor commented that many actions identified in the report to improve the infant mortality rates, such as breastfeeding and smoking cessation, also had other benefits for health in later life. It was also recognised that the strategy should also include fathers and the wider family members, as issues such as passive smoking were also an important risk factor.

Members made the following comments:-

a) Education programmes should also be aimed at women who were intending to become pregnant. It should include advice on the potential effects of factors such as maternal weight, smoking during pregnancy, the importance of diet and the home environment upon the unborn child and its subsequent early life, which could also lead to long term health issues. More detail was needed to explain why a low birth weight was detrimental to a new born and why it could have implications for later life.

b) There was also benefit in encouraging women to take a pregnancy test as early as possible and to enrol for ante natal clinics as soon as possible after becoming pregnant.

c) It was considered that not having the same midwife for ante natal appointments could account for reduced engagement.

d) The advice provided should also recognise that not all pregnancies were planned and should address all the options available to women should they not wish to continue with the pregnancy.

e) Poor quality housing was noted as a risk factor for infant mortality and it was questioned whether pregnancy was taken into consideration when making housing allocations.

The Deputy City Mayor thanked members for their comments and indicated that Members' suggestions would be considered as the strategy was progressed. He indicated that there was a balance to be struck between raising awareness, managing risks and potentially frightening people by providing too much information.

The Chair felt that figures for maternal obesity could easily be captured and should be provided and that there should be references to the impact that mental health and chaotic lifestyles issues could have in relation to infant mortality rates.

AGREED:

That the report be noted and that the Commission receive the Action Plan behind the strategy at a future meeting.

12. WORK PROGRAMME

The Chair submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2017/18.

The Chair referred to the four elements of the STP to be considered at future meetings and indicated that she had asked for the STP primary care item to be brought forward on the work programme as it was not dependent upon capital funding.

It was noted that it would be appropriate for the report on the progress made in relation to the Anchor Recovery Hub to be submitted in the new year.

The Chair also asked that a snapshot of the spending reviews that were progress be considered alongside the work programme at each meeting.

A member requested that a report on the elective surgery process be added to the work programme to indicate why there had been an increase in the number of operations being canceled and rescheduled.

A member requested that a report on Council staff absences and the policies that were in place to support staff should be added to the work programme. The Chair commented that she would raise this issue at the next meeting of the Overview Select Committee as this was within their remit.

AGREED:

That the work programme be updated to reflect the comments made by Members.

13. CLOSE OF MEETING

The meeting closed at 8.05 pm.