



Leicester  
City Council

## **MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION**

**DATE: WEDNESDAY, 23 AUGUST 2017**  
**TIME: 5:30 pm**  
**PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles  
Street, Leicester, LE1 1FZ**

### **Members of the Commission**

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

Councillors Chaplin, Corral, Dempster, Myers and Sangster.

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

For Monitoring Officer

#### **Officer contacts:**

**Graham Carey (Democratic Support Officer):**

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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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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](mailto: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. CHANGE OF MEMBERSHIP OF THE COMMISSION**

The Monitoring Officer to report that Councillor Myers has been appointed to the Commission in place of Councillor Cassidy.

#### **4. MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 21 June 2017 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/ieListMeetings.aspx?CId=737&Year=0>

#### **5. PETITIONS**

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

#### **6. CHAIR'S ANNOUNCEMENTS**

#### **7. 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.

**8. SEXUAL HEALTH AND HIV PREVENTION: SERVICE REVIEW** **Appendix A  
(Pages 1 - 18)**

The Director of Public Health submits a briefing report on Sexual Health Services and HIV Prevention: Service Review.

**9. SETTINGS OF CARE POLICY**

To receive a verbal progress report from the Strategic Director Adult Social Care on progress with the proposed new policy.

**10. GENERAL PRACTICE FORWARD VIEW** **Appendix B  
(Pages 19 - 24)**

The Leicester City Clinical Commissioning Group (CCG) to submit a report providing an update on the development and delivery of the CCG's Primary Care Strategy and how it links with the General Practice Forward View delivery across the Sustainability and Transformation Planning footprint of Leicester, Leicestershire and Rutland.

**11. WORK PROGRAMME** **Appendix C  
(Pages 25 - 28)**

The Chair submits a document that outlines the Health and Wellbeing Scrutiny Commission's Work Programme for 2017/18. The Commission is asked to consider the Programme and make comments and/or amendments as it considers necessary.

**12. ANY OTHER URGENT BUSINESS**

# Appendix A

Health and Wellbeing Scrutiny Commission

23 August 2017

Title: **Sexual Health & HIV  
prevention: service review**

Lead Director: Ruth Tennant



## Useful information

Ward(s) affected: All Wards

Report authors: Liz Rodrigo Public Health Lead Commissioner

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Report version number: v2

## 1. Introduction

The aim of this paper is to provide members of the Leicester Health and Wellbeing Scrutiny Commission with an overview of City Council's Sexual Health services and a summary analysis of local need for these services.

A spending review of these services is currently underway with proposals being considered by the Executive this summer. This will be brought back to Scrutiny later this year, following public consultation.

## 2. Background and context

Under the Health and Social Care Act 2012, upper tier local authorities assumed statutory responsibility for the provision of open access sexual health services.

The purpose of these services is to control infection, prevent outbreaks and to reduce unwanted pregnancies. These services have to be open access: this means that someone from Leicester can use a service anywhere in the country, paid for by the city council or equally our local service can be used by a non-Leicester resident with their own local authority paying for the costs of their treatment.

Local authorities are responsible for commissioning the following;

Contraceptive services including;

- Provision of long acting reversible contraception (LARC).
- Emergency hormonal contraception (EHC) (free for women under 25) from community pharmacies
- Condoms including the C card scheme

Sexually transmitted infection (STI) testing and treatment services, including chlamydia screening

HIV prevention & testing (although HIV treatment is the responsibility of NHS England)

Specialist Services including;

- Young people's services and support for RSE in schools & colleges
- Teenage pregnancy services
- Education and training of the wider workforce

- Co-ordination of relationships and sex education (RSE) in secondary schools and colleges

### **3. Sexual Health Needs in Leicester**

Leicester, like many young urban areas, has relatively high rates of acute sexually transmitted infections (STIs), a high rate of HIV diagnoses and a rate of under 18 conceptions above the national average<sup>1</sup>.

Good sexual health is not evenly distributed in society with some groups more likely to experience poor sexual health. There is a relationship between sexual ill health, poverty, social exclusion as well as a disproportionate burden of HIV infection amongst gay and bisexual men and some Black and Minority Ethnic (BME) groups. Many of these factors contribute to the high level of sexual health need in Leicester including deprivation and social inequality along with a relatively young and ethnically diverse population.

Many people with STIs, which includes HIV, are unaware that they have the infection and may remain undiagnosed for many years. This not only impacts on their own health and wellbeing, but increases the risk of onward transmission to others. Unplanned pregnancy, termination of pregnancy and teenage conception can have long term emotional, health and social consequences for the individual and their family and a societal cost.

A detailed needs assessment of sexual health need in the city has been carried out so that we can assess whether changes need to be made to better meet this need. This uses local data collected by our services which is then collated nationally, allowing us to compare the picture in Leicester with national rates. The needs assessment is available on request but the key findings of this are:

#### **Teenage pregnancy**

Leicester has a higher than average rate of under 18 conceptions. The rate locally has fallen in the last 15 years by some 50%. A partnership strategy has been implemented in Leicester over the last 10 years to support the reduction in under 18 conceptions. This has included an increased effort in improving education in schools along with information on access to contraception and sexual health services

There were 153 conceptions in 15-17 year olds in Leicester in 2015 a rate of 26.2 per 1000. This is a fall of 59.4 % since the data collection started in 1998 when there were 365 conceptions (a rate of 64.6 per 1000). In 2015 there was a small rise in the rate and in the previous two years a slowing in the rate of reduction. This is being closely monitored.

Reducing rates of teenage pregnancy in the city are likely to be due to a range of factors but access to appropriate relationship and sex education and increased knowledge of, and access to, appropriate contraception services are key to maintaining the reductions that have been seen since the late 1990s.

#### **Access to contraception**

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<sup>1</sup> Source: *Public Health England, Sexual and Reproductive Health Profiles, 2016*

The number of women using the most effective forms of contraception (LARC methods which have the best success rates as they are not dependent on people remembering to use them) is a key measure of the effectiveness of local service: areas with high LARC rates also tend to have lower rates of unwanted pregnancy and lower teenage pregnancy rates. The overall rate of provision in Leicester is low at 32 per 1000 women aged 15-44 compared to 53 per 1000 women aged 15-44 nationally. The number of GPs offering this service has also been falling as a result of other pressures on primary care and a lack of trained GP to take this work on. Tackling this locally needs to continue to be an important priority.

### **Sexually transmitted infections**

Sexually transmitted infections include chlamydia, genital warts, syphilis and gonorrhoea. Syphilis and gonorrhoea are serious infections that if left undiagnosed can cause multiple organ problems. Nationally and locally we have seen a rise in both of these infections and this is also the picture in Leicester.

Chlamydia is the most common STI particularly among the 15-24 age group.

The local chlamydia screening programme is part of the national screening programme and provides opportunistic screening for sexually active young people (age 15 – 24). It is delivered in a variety of settings across the city including further education colleges and universities.

In 2015 21.6% of young people aged between 15 and 24 were screened slightly lower than the national average of 22.5%. The most recently reported diagnosis rate in Leicester is 2190 per 100,000 (higher than the national average rate of 1887 per 100,000) Leicester is ranked 54 out of 326 local authorities with 1 being the highest.

The rate of new diagnoses of STIs (excluding Chlamydia) in Leicester is 881.4 per 100,000 (2976 infections) compared to 767.6 per 100,000 in England. This ranks Leicester 112 out of 326 local authorities, with rank 1 being the worst, for diagnosis of new STIs.

### **HIV**

Leicester is the 5<sup>th</sup> highest prevalent area for HIV outside London. In 2016 832 people living in Leicester had an HIV diagnosis, this is a rate of 3.82 per 1000 people and is a rise compared to 2012 when there were 757 people living with HIV in Leicester; a rate of 3.6 per 1000. This is nationally defined as a high prevalence area. In Leicester 80% of people acquired their HIV heterosexually: most of these cases will have been acquired abroad by people who previously lived in countries where HIV is very common. 61% of people living with HIV in Leicester are of black African ethnicity and 12.7% are men who have sex with men (MSM). Although the total number of HIV cases has risen, the number of newly diagnosed cases per year has begun to slow.

It is important that individuals who become infected with HIV know their diagnosis as soon as possible to allow early access to treatment. . Early treatment is very effective and extends the individuals life. It is also effective in reducing the likelihood of transmission to others.



#### **4. The city's sexual health services**

The city council is responsible for a number of sexual health services designed to meet this need. The total cost of these services is currently £4.1 million and the service has a savings target of £800k by 2019/20. These services are due to be recommissioned later this year:

##### **Integrated Sexual Health Services**

This service provides all types of contraception and sexually transmitted infection (STI) testing and treatment. It also includes services for young people under 25 including chlamydia screening programme and the C card (condom provision scheme). The service is provided at two hubs (St Peters Health Centre and Loughborough) and spokes (where there is a lower level of service provision) around Leicester and Leicestershire. The young people's services are provided in FE colleges, the universities and community settings.

Last year, there were 40,000 attendances at the services by Leicester residents, 15,000 for STI testing/ treatment appointments, 15,200 for contraception appointments. The balance was for other sexual health related services.

As well as providing contraception and STI testing and treatment, the service also provides training for a wide range of staff ranging from clinical staff such as school nursing, to teachers and schools who need a basic level of training to carry out Relationship and Sex Education in schools and colleges. In 2016 the service worked with 10 secondary schools and 2 FE colleges.

The service also carries out outreach work with particularly high risk groups including sex workers.

The contract for these services is provided by Staffordshire and Stoke on Trent NHS Partnership Trust (SSOTP) and is a joint contract with was tendered jointly with Leicestershire and Rutland County Councils.

##### **Contraception in GPs and pharmacists.**

The local authority also pays for some sexual health services provided by GPs and pharmacists:

- Provision of Long Acting Reversible Contraception (LARC) from GPs. These forms of contraception are highly effective and are offered at some GP practices in the city. 800 women use this service, which provides an alternative venue to the main integrated sexual health service, each year.
- Provision of Emergency Hormonal Contraception (EHC) ('Morning after pill') free to women under the age of 25 years. This is available from pharmacies across Leicester. There were 2390 'morning after pill' consultations in 2016.

##### **Voluntary sector services**

Although the main integrated sexual health services provides a good level of coverage within the city, there are also a number of services paid for by the City Council which are provided by the voluntary sector. This specifically supports groups who may not access the main service and where the information in our local needs assessment shows a need for more targeted work. These services – which are due to be reviewed later this year – are provided

by LASS (support for people living with HIV and also people of African heritage) and TRADE (sexual health promotion, outreach and HIV testing for men who have sex with men).

## **5. Progress and issues**

A review of our local sexual health services has shown the following:

- The main integrated sexual health service is heavily used and there is high demand for this service. The service offers a mix of on-line booked appointments and walk-in sessions and there have been high waiting times for some services. St Peters Health Centre, where the service is currently based is a high rental cost facility. There have also been some complaints from staff and residents about the location specifically about parking and perceptions of safety at night.
- There are reducing numbers of GPs and nurses willing and able to provide LARC contraception services in practices although this service is valued by patients. We are working closely with GPs to ensure that there is sufficient provision in the community and that there is an ongoing training programme for GPs and practice nurses to provide this.
- There have been some changes in the demographics of people who are newly diagnosed with HIV or other STIs and we will need to review these services to ensure that their focus remains on this prevention work.

## **6. Proposals for the future**

Sexual health services across the country are embracing new technologies, this includes texting results to people, residents taking tests themselves at home, posting them to a lab and receiving results by text, the use of vending machines for repeat services such as collection of condoms. It is proposed that all of these methods and an increase in online booking facilities are incorporated into the procurement of the services from 2019. This will be subject to public consultation starting in September 2017.

Proposals for achieving savings within sexual health services are under development but will focus on a number of key areas:

- Greater use of digital services requiring less face-to-face time
- Moving to more cost effective accommodation, subject to an appropriate city centre location being identified.
- Reviewing voluntary sector service to ensure that they are value for money and provided to the population most at need of sexual health promotion and HIV prevention.

Work is underway to re-procure the main integrated sexual health services with Leicestershire County Council and Rutland County Council. As part of this process we will be undertaking public consultation this will include gathering views on greater availability of digital and online services. This is due to start in Autumn this year, after final proposals have been agreed with the Executive.

### Financial implications

The services in this paper are currently part of a spending review with a savings target of £800k. Detailed proposals and the associated financial implications will form part of proposals to be submitted to the Executive.

### Legal implications

The re-procurement of the ISHS should be in accordance with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015. Similar to the existing ISHS arrangement, this has been delivered whereby a joint procurement process had been undertaken but separate service contracts entered into by respective authorities which allows for greater autonomy whilst seeking to achieve scales of economy. Any collaborative task involving a joint procurement with other external bodies will require a Collaborative Agreement. Legal and Procurement to be engaged to assist with this.

A consultation exercise will need to be undertaken because there is a reduction in funding and remodelling leading to reduction in service provision and there is a potential impact on service users. Detailed legal advice should be sought on the specific remit of the consultation and the specific consultation materials however in summary:

The client department must ensure that the consultation process is meaningful, fair and proportionate to the potential impact of the proposal. The result of any consultation must be taken in to consideration in the decision making process in a transparent way and with the responses being detailed within the report before a decision is taken.

In respect of any savings to be realised under existing contracts, this should be done in consultation with the Contract Manager with input from Legal were required. Any amends to existing Contract may require consultation under the ISHS partnership agreement.

In respect of accommodation savings this will also need to form part of the delivery model and further legal and commercial advice will be provided once the options are crystallised. TUPE and Property advice may need to be sought.

**Mannah Begum, Solicitor, (Commercial)**

**Legal Services, ext. 37-142**

### Climate Change and Carbon Reduction implications

No Climate Change Implications

## Equalities Implications

Sexual health is an important and wide-ranging area of public health, having the correct sexual health interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk.

The council's Public Sector Equality Duty (PSED) as set out in the Equality Act 2010 requires decision makers to be aware of and take account of the impact of its proposals on those likely to be affected.

The introduction of self-management facilities which provides some services more efficiently will have a positive impact for service users from across all protected characteristics.

The consultation process needs to be meaningful, fair and proportionate to the potential impact of the proposal.

An Equality Impact Assessment of this proposal is being undertaken and will be presented as part of proposals to be submitted to the Executive.

Surinder Singh

Equalities Officer

Tel 37 4148

# Sexual health in Leicester

The need and key  
recommendations

*The core elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.*

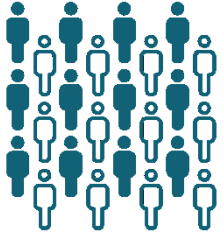


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# Department of Health

- Reduce inequalities and improve sexual health outcomes
- Build an open and honest culture where everyone is able to make informed and responsible choices about relationships and sex.
- Recognise that sexual ill health can affect all parts of society, often when it is least expected.

*Ensuring access to appropriate sexual health information, interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk.*



Many people with sexually transmitted infections (STIs) are unaware and may remain undiagnosed for many years. This increases the risk of onward transmission in the general population.

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Unintended pregnancies, terminations and teenage conceptions can lead to many long term emotional, health and social consequences



Sexual dysfunction can affect self-esteem leading to relationship problems.

Commissioning sexual health services is the responsibility of three main commissioners.



Comprehensive, open  
access sexual health  
services that include:

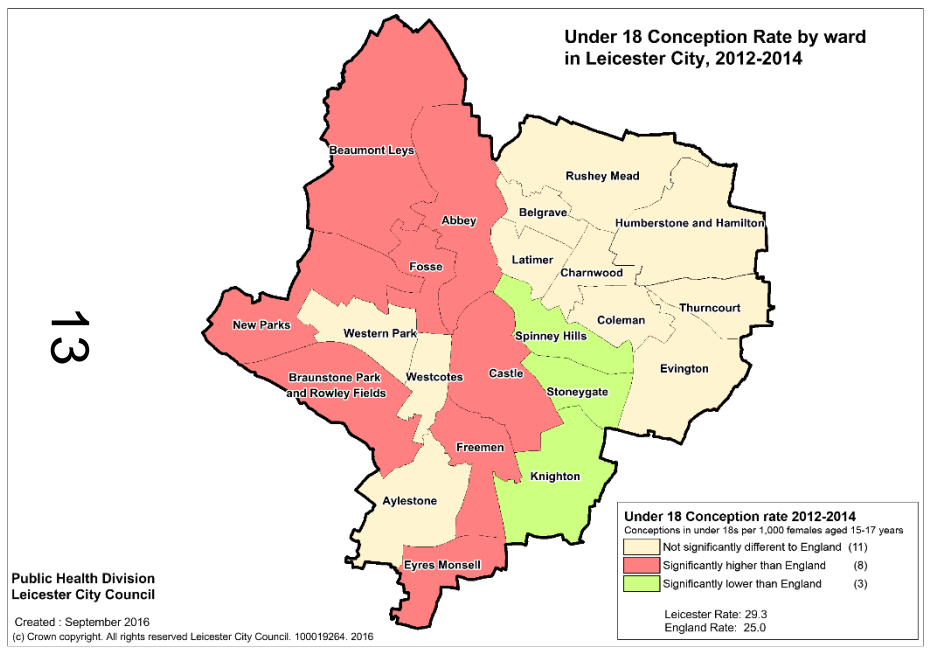
Contraceptive services  
STI testing and treatment  
HIV testing  
Chlamydia screening  
Counselling  
Specialist services

Abortion services  
Sterilisation  
Vasectomy  
Non-sexual health elements  
Gynaecology.

Contraception (GP led)  
HIV treatment and care  
Testing and treatment of  
STIs Prison sexual health  
services Sexual assault  
referral centres  
Cervical screening.

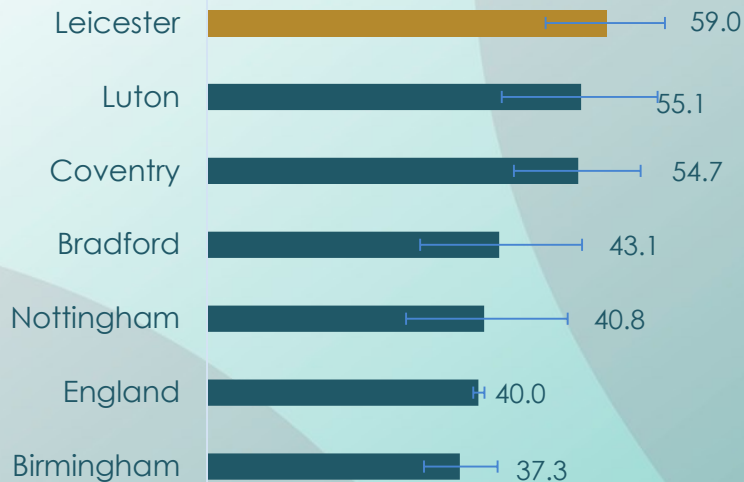


Leicester's population include the young, ethnically diverse, and deprived. This demographic profile contributes to the high level of sexual health need.



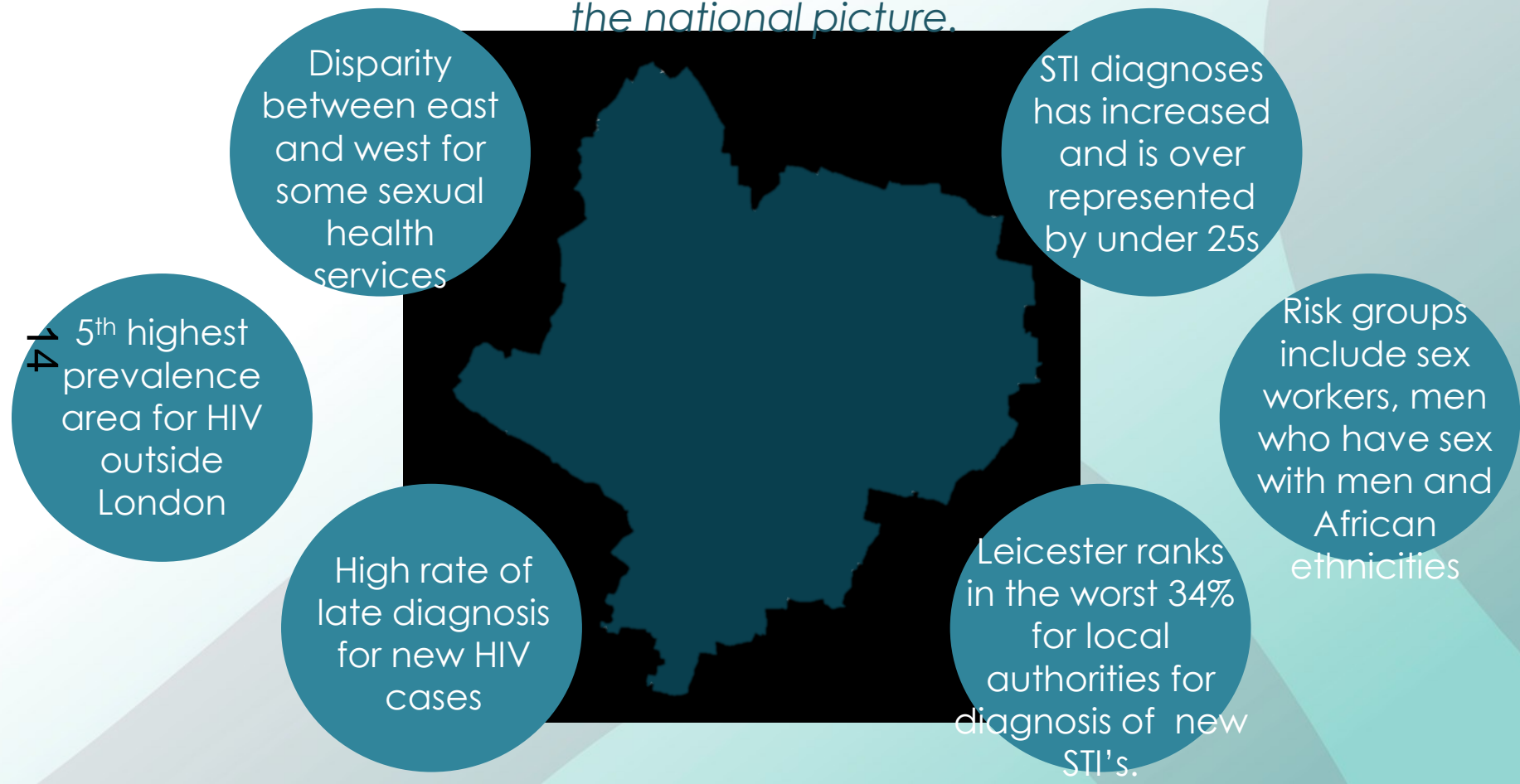
The Under 18 conception rate is significantly higher than England in many areas of the West and North West.

### HIV late diagnosis by peer comparator



Leicester reports a significantly higher percentage of new HIV cases being diagnosed late compared to England.

*Like many other urban areas, Leicester continues to be an area with significant sexual ill health as evidenced by high rates of acute STIs and HIV compared to the national picture.*

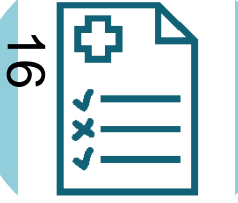




*Summary recommendations should be considered by the three commissioners .*



Investigate reason for fall in LARC in primary care and develop media campaign promoting this method of contraception.



Embed chlamydia screening in services such as Termination of Pregnancy (TOP), Gynaecology and midwifery.

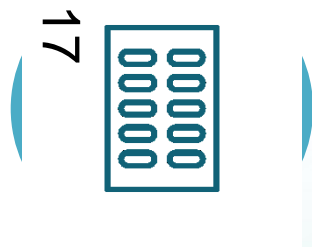


Map Relationship and Sexual Education (RSE) provision against new recommendations to identify gaps in provision.

*The needs assessment identifies recommendations for potential future sexual health issues and new developments in service delivery.*



Emerging STIs such as Zika virus, Hepapptitis A should be appropriately prevented, tested for and treated.



Develop a clear response to provision of PreP.



Internet developments, vending machines and other technological developments should be implemented .

The full set of recommendations and commissioners can be seen in the following table.

No.	Recommendation	Leicester City Council	Clinical Commissioning Group	NHS England area team
1.	Ensure commissioning of sexual health services for people identified as high risk, specifically MSM,BME especially African Heritage, Sex workers and vulnerable young people.	√		
2.	Ensure that geographical differences in conceptions under 18 are taken into consideration when developing services.	√	√	
3.	Commission services to increase early testing and diagnoses of HIV including annual report of all services to indicate trends or service need.	√	√	
4.	There should be an ongoing review of HIV testing, new diagnoses to inform an annual report which identifies gaps and opportunities for early diagnosis and prevention.	√	√	
5.	Continue to embed chlamydia, screening in services eg TOP, Gynaecology and midwifery	√	√	
6.	Ensure TOP service compliant with National TOP service specification and delivers post TOP LARC and self referral service and tests for chlamydia and HIV.		√	
7.	Map RSE provision against new recommendations to identify gaps in provision.	√		
8.	Internet developments, vending machines and other technological developments should be implemented .	√		
9..	Investigate reason for fall in LARC in primary care and develop media campaign promoting this method of contraception.	√		
10	Develop clear pathway to mental health service for some psychosexual health patients.		√	
11	Emerging STIs such as Zika virus, Hepatitis A should be appropriately prevented, tested for and treated.	√		
12.	Develop a clear response to provision to PREP.	√		√

## LEICESTER CITY CLINICAL COMMISSIONING GROUP

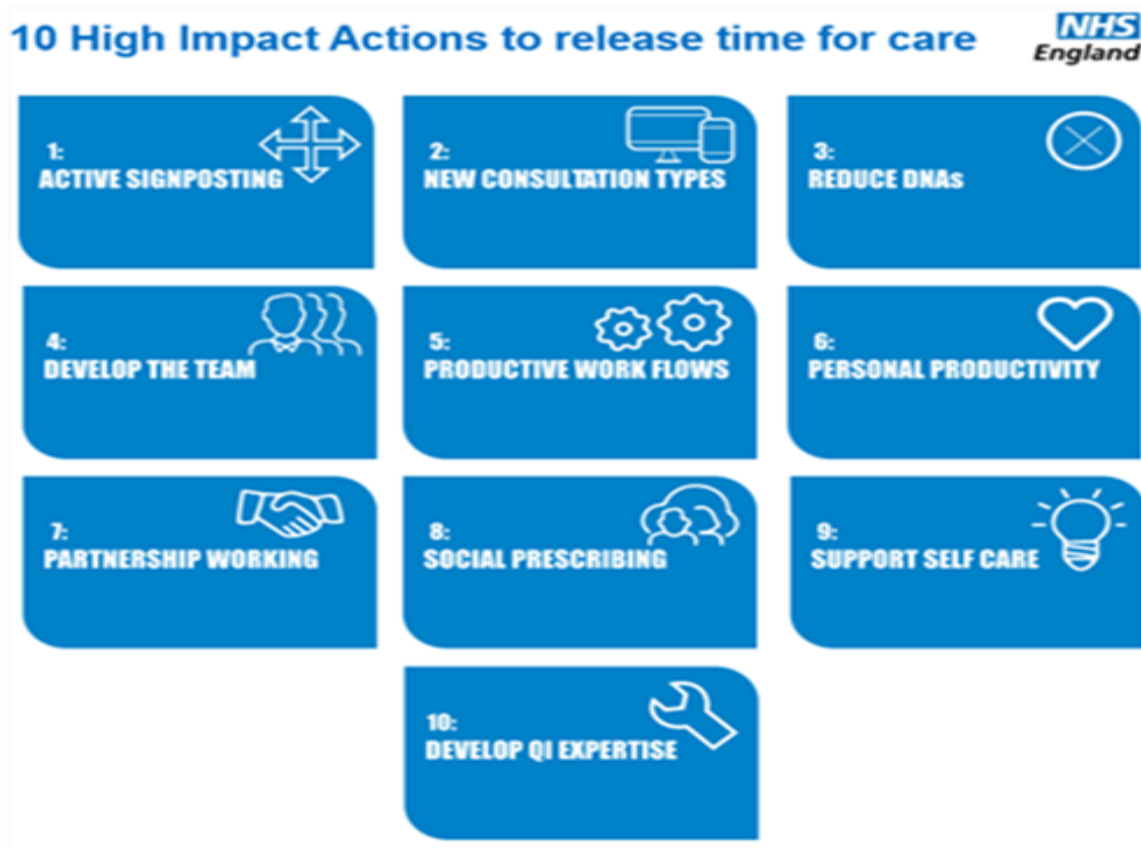
### An update on delivering the Leicester City CCG Primary Care Strategy

#### Introduction

1. The purpose of this paper is to provide an update on the development and delivery of the Leicester City CCG Primary Care Strategy and how it links with the General Practice Forward View (GPFV) delivery across the Sustainability and Transformation Planning (STP) footprint of Leicester, Leicestershire and Rutland (LLR). The paper will focus on reporting against delivery of key milestones for Q1 and Q2 , and describe some of the links between national and local approaches to supporting and sustaining primary care in Leicester City.

#### Context

2. For background the GPFV was launched in April 2016 by NHS England with the aim to stabilise and transform General Practice, and included practical and funded actions against five key areas;
  - Investment
  - Workforce
  - Workload
  - Infrastructure
  - Care redesign.
3. One of the key elements of the GPFV is the 'Releasing Time for Patients' programme, which included support for practices to accelerate change either within individual practices or across groups or federations of practices. The main components of this programme are:
  - Innovation spread – to support introducing the 10 High Impact Actions
  - Service redesign – to support practices to release capacity and improve patient care
  - Capability building- investment and support to build leadership capability in practices.
4. The diagram below shows the 10 high impact actions. Through work with their local CCGs, practices are asked to decide which of the 10 high impact actions will have the most benefit for them, and to consider how to implement their choice. In some cases practices have grouped together to explore implementing one or more of the actions. Some of the 10 high impact actions are linked to other areas of work detailed in Table one below.



### **Sustainability and Transformation Planning and local delivery of the GPFV**

5. At the same time as publication of the GPFV, the CCG had started to develop its own Primary Care Strategy. It became obvious during the development of the CCG strategy that there were some links with this strategy and the wider piece of work across Leicester, Leicestershire and Rutland to deliver the GPFV through the STP. As part of this work the STP produced a plan called a Blueprint for General Practice. City and countywide aspirations were aligned in this document. The ambitions contained in the document have been formed into an implementation plan.
6. Table one describes the areas of the plan which have been delivered or are in scope to be delivered during Q1 and Q2 of 2017.

### **Details of Q1 and Q2 delivery milestones**

7. The delivery of key workstreams for the first 6 months are detailed below:



Table one

Deliverable (National)	Action	Milestone	Comment
50% of the public have access to weekend and evening GP appointments by March 2018 and 100% by March 2019	Integrated primary care service that offers up to 45 minutes/1000 patients of GP services	Met	Primary care access hubs running across 3 sites in the city (Saffron Health, Westcotes Surgery and Brandon St) offer this to 100% of patients, a fourth hub at Merlyn Vaz offering an enhanced urgent care service commences 1 <sup>st</sup> October 2017 following a recent reprocurement. Currently utilisation of hub appointments remains at around 90-95%, with some under utilisation at saffron and across all sites on Sunday afternoons.
	Clinical Triage HUB to enhance NHS 111 service	Met	The clinical navigation hub is operational. During Q1 the hub triaged 8,992 cases in April, 8,574 in May and 7,590 in June. Of those approximately 13% were signposted to a GP or hub, 8.5% to ED and 7.5% to ambulance or 999.
	An integrated home visiting service available 24/7 for patients with urgent or complex needs	Met	Home visiting service available across LLR. In April 3,102 home visits were undertaken across LLR, 3,013 in May and 2,847 in June (942, 1087, and 1181 in-hours respectively). Of these approximately 40% were city

			patients – with around 11.5% of all cases requiring onward referral to an acute setting.
Increase the number of clinical pharmacists working in GP practices to over 900 (nationally) by March 2018 and over 1300 by March 2019	Complete bids for funding as part of wave 1 and 2 national pilots	Met	LCCCG have wave 1 pilots sites within 9 practices in the city to deliver clinical pharmacist services (6.5 wte in wave 1) and a further 1 wte linked to wave 1, but part of wave 2 pilots
Estates and Technology Transformation Fund	Business case completion for GP premises investment (3 practices in total across LCCCG) and 1 bid for LLR wide technology investment	Partially met	2 bids are undergoing a due diligence process leading to final sign off of funds, 1 bid is undergoing business case approval, and the 4 <sup>th</sup> bid relates to technology funding
Use of funding incentives – including for extra staff and premises- to support the process of practices working together	This is delivered through Health Needs Neighbourhoods in LCCCG.	Met	Funding provided to practices to support at scale working across federations or groups of practices, to support resilience of general practice
<b>Deliverable (National)</b>	<b>Action</b>	<b>Milestone</b>	<b>Comment</b>
Workforce support for active signposting and correspondence management to support 10 high impact changes	To support and upskill practice staff and release GP time	Met	GP practices have been invited to submit expressions of interest to be involved in training to meet this aim
Transferring care safely	Clinical integration group in place across LLR Development of new common reporting pathways for operational and quality concerns	In scope to be delivered during Q2	Transferring Care Safely Guidebook co-designed with stakeholders across LLR - Transferring Care Safely Task & Finish Group - addresses key areas such as - medication, investigations, referrals at final draft stage. GP concerns

			pathways being re-designed across UHL and LPT. Engagement plan being co-developed for communication of re-designed pathways and guidebook.
10 High impact actions	Support launch event and rollout of supported cohorts (reducing workload and improving productivity)	In scope to be delivered during Q2	Focus on reducing workload as detailed above, and delivering the 2 <sup>nd</sup> wave of productive general practice programme as part of 10 high impact actions. Events for active signposting delivered in February and July '17.
Linking three clinical workstreams for complex, non-complex and planned care within the STP GP programme board to assess, analyse and model joint working, new models of care	Develop toolkit for general practice to support delivering sustainable models of care	In scope to be delivered during Q2	Toolkit describes a range of options for GP practices to consider when deciding whether to work at scale, and models examples for practices to explore and implement

Deliverable (National)	Action	Milestone	Comment
Communication and engagement plan and vision	To formulate and agree a single vision and stakeholder communication and engagement plan	In scope to be delivered in Q2	To include plans to communicate with internal and external stakeholders
Transformation and models of funding	Agree, align and distribute funding to support further transformation in General Practice	Met	£1.50/ head (£582k) distributes to GP practices to support working at scales models and develop GP federations to become at scale provider

## Details of Q3 and Q4 delivery milestones

8. Whilst this paper has dealt with key milestones for the first two quarters of this financial year, there are key deliverables which extend into Q3 and Q4. These are detailed below, and give the Commission details of the focus for the latter half of this financial year and into 2018/19.

Table two

<b>Deliverable (National)</b>	<b>Action</b>	<b>Milestone</b>	<b>Comment</b>
800 mental health therapists in place in primary care by March 2018 and 1500 by March 2019 (nationally)	Increase number of trainee places for psychological therapists, including developing recruitment and retention plans	For delivery through Q3 and Q4 and Q3 2018/19	Links to workforce and resilience capability workstreams
Modelling delivery of complex/non-complex patient pathways	Testing pathways to support patient receiving the best care in right place	For delivery/completion in Q4	Link to new models of care workstream
On-line consultations and single platform linked computer systems	Development of online consultation systems	For delivery/completion during Q3 and Q4	Links to infrastructure and making best use of clinicians time
Increase and support use locally of clinical pharmacists	Ensure bids are placed when national pilots are announced	For delivery completion during Q4	Links to making best use of clinicians time and workforce workstreams
Estates and Technology Funding	Support business case development for scheme cohorts (premises)	For delivery and completion during Q3 and Q4 (2018/19)	Links to infrastructure workstream

## Health and Wellbeing Scrutiny Commission

### Work Programme 2017 – 2018

Meeting Date	Topic	Actions arising	Progress
21 <sup>st</sup> Jun 17	1. Lifestyle Services Review 2. Infant Mortality Rates		
23 <sup>rd</sup> Aug 17	1. Sexual Health Review 2. Settings of Care Policy – Verbal Update 3. STP – Primary Care		
4 <sup>th</sup> Oct 17	1. STP – Mental Health 2. Drugs & Alcohol Reconfiguration of Services – CQC inspection report 3. Services for Lower Back Pain 4. Accident & Emergency Services at UHL – progress report on new facilities and phase 2 5. EMAS – Handovers with LRI		
29 <sup>th</sup> Nov 17	1. Oral Health Update 2. Settings of Care Policy 3. Repeat Prescriptions and Pharmacies		
11 <sup>th</sup> Jan 18	1. Lifestyle Services Review – Update 2. STP – Acute Hospital Sites 3. STP – Maternity Services		
7 <sup>th</sup> Mar 18	1. Anchor recovery hub – Update on how it is progressing following a move to the new site		

## Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee

Meeting Date	Topic	Actions arising	Progress
29 <sup>th</sup> Sep 16	1) NHS England's Proposals for Congenital Heart Disease Services at UHL NHS Trust 2) UHL NHS Trust's View on NHS England's Proposals for Congenital Heart Disease Services 3) Other Viewpoints on NHS England's Proposals	Contact NHS England to inform them that the committee would like the review process to be stopped but if it is to go ahead then they will need to attend another joint meeting once the consultation is announced.	
14 <sup>th</sup> Dec 16	1) Sustainability and Transformation Plan	All three council scrutiny committees agreed to consider elements of the STP separately based on local concerns. Another joint meeting will convene when each council has had separate consideration.	
14 <sup>th</sup> Mar 17	1) NHS England's Proposals for Congenital Heart Disease Services at UHL NHS Trust	It was agreed to have a further meeting of the committee before the consultation ends to hear views from Members of the public and other stakeholders.	
27 <sup>th</sup> Jun 17	1) NHS England's Proposals for Congenital Heart Disease Services at UHL NHS Trust		

## Forward Plan Items

Topic	Detail	Proposed Date
Dementia, Dental Care, Diabetes, GPs, Obesity, Smoking, COPD and Substance Misuse	Progress to individual strategies/services	
Patient experience of the system	Work with Healthwatch to gain an understanding of how patients feel about health services	
Public Health Performance Report	Annual/Six monthly?	
CQC Inspection of LPT including CAMHS – Joint with CYPS Scrutiny	Update since the last meeting and an updated action plan to improve performance	Oct/Nov 2017
CQC Review of Health Services for LAC and Safeguarding – Joint with CYPS Scrutiny	Updated action plan and indicators that suggest the current performance.	Oct/Nov 2017
Children Young People Joint Strategic Needs Assessment (JSNA) – Joint with CYPS Scrutiny		Oct/Nov 2017
CCG Annual Report		
LPT Annual Report		
Air Quality Action Plan	Update to be considered jointly with EDTT Scrutiny	Oct 2017
Impacts of Brexit on staffing in NHS	What has the immediate impact been? What will continue to happen when we exit the EU? What contingencies are being put in place? Where will the biggest impacts be?	

