



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 11 JANUARY 2018 at 5:30 pm

P R E S E N T :

Councillor Cutkelvin (Chair)

Councillor Chaplin
Councillor Osman

Councillor Corral
Councillor Waddington

In Attendance:

Councillor Clarke, Deputy City Mayor with responsibility for Environment, Public Health and Health Integration

Also Present:

Sylvia Reid – Interim Chair, Healthwatch

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52. WELCOME AND INTRODUCTIONS

The Chair welcomed Sylvia Reid, Interim Chair of Healthwatch to the meeting and introductions were given.

53. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Fonseca and Sangster.

54. DECLARATIONS OF INTEREST

No declarations of interest were made.

55. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 29 November 2017 be approved as

a correct record.

56. CHAIR'S ANNOUNCEMENTS AND UPDATE ON PROGRESS ON MATTERS CONSIDERED AT PREVIOUS MEETINGS

The Chair provided an update on actions from the previous meeting held 29 November 2017:

- A written response from the Leicester City Clinical Commissioning Group (CCG) had been sent to Sally Ruane in relation to her question regarding the Settings of Care Policy.
- A further update on the Care Quality Commission (CQC) Inspection of the Leicestershire Partnership NHS Trust to include information on agency staffing and estate investment had been added to the Commission's work programme for March 2018.
- Chris West, the Director of Nursing and Quality, NHS Leicester City CCG, had raised at the Collaborative Commissioning Board, the Scrutiny Commission's preference that the Settings of Care threshold remained at 25% and this had been acknowledged. A letter to the CCG requesting that the threshold remained at 25% had been written and would be sent shortly.
- Lesley Gant, the Head of Medicines Optimisation, Leicester City CCG had been asked to share the CCG's recommendations to the NHS England following the engagement exercise on community needs and pharmacy locations. The results of the engagement had now been received and the recommendation was being developed.
- Further to the Deputy City Mayor's offer for Commission Members to visit the site for the new sexual health clinic, the Chair stated that details of a proposed site in the Haymarket Shopping Centre been mentioned in the media. Some Members expressed concerns as to the suitability of a sexual health clinic being located in the shopping centre, and the Deputy City Mayor responded that the particular site in question had been chosen through a vigorous process, from over 30 possible sites. The location within the centre was deemed to be discreet and because it was so discreet it was considered to be unsuitable for retail. The planning application had not yet been verified and was not properly in the planning system. It was not known whether it would meet the criteria for a committee decision, but if it did, it was possible that it would be brought to the Planning and Development Control Committee by the end of February. A Member commented that she would like a meeting to consider the site to be held in public. The Chair responded that she would be happy to have a public debate but the issue was time sensitive and she did not wish to hinder the planning process. It was intended to consider the issue at a Task Group or briefing and the Chair said she had asked for a report to be brought to that meeting.
- The decision on the Congenital Heart Disease Services in the Glenfield Hospital had been announced on 30 November 2017, the day after the

previous meeting of the Health and Wellbeing Scrutiny Commission. The Chair stated that she understood that the targets set by NHS England were achievable and proportionate. A meeting of the Leicester, Leicestershire and Rutland Health Scrutiny Commission had been arranged for January 2018 to discuss the decision, but had to be cancelled because of the snow. This joint meeting would be rescheduled to consider this issue and the Sustainability Transformation Plan.

- The City Mayor with the Police and other agencies, had participated in a Homelessness Question and Answer time on twitter. From the debate that took place, the Chair said that it appeared that there was a lack of understanding as what services the Council offered.

57. PETITIONS

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

58. 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.

59. REPORT ON THE CARE QUALITY COMMISSION (CQC) INSPECTION OF GP PRACTICES

The Director of Operations and Corporate Affairs, Leicester City Clinical Commissioning Group (CCG) presented a report on the Care Quality Commission's Inspection of GP Practices. He commented that overall, he believed that the results were positive and that Leicester performed well when compared with GP practices in the county areas with similar demographics.

Members heard that where improvement was needed, the CCG provided help and support and carried out practice visits. There were also mechanisms to monitor performance and information from all practices was looked at. The CCG also carried out desk top reviews and more formal reviews where appropriate but individual practice performance was managed by NHS England. The meeting heard that information from the CQC reports and intelligence received was used in making commissioning decisions.

The Director explained that the CCG were reassured that good service was being provided for patients but they were not complacent. They were aware of the frustrations experienced by patients when they could not get an appointment when they wanted; but feedback demonstrated that patients were satisfied with their experience when being seen.

The Chair commended the overall results of the inspections, noting that many

of the practices had improved from their first inspection. It was noted that seven of the practices were rated as requiring improvement but the meeting heard that none of those seven had been given a CQC Improvement Notice.

A member welcomed the positive report but questioned whether it was good practice for GPs to be given advance notice of a forthcoming CQC Inspection. The meeting heard that the CQC needed to know that the relevant people would be present (and not on annual leave for example) when they came, but unannounced inspections also took place.

In response to a question about complaints, the Director explained that complaints were more appropriately submitted to NHS England, however the CCG used such information to obtain an informed view as to how the practice was running.

The Director was asked if the CCG were able to distinguish between the problems arising from the lack of resources and the issues that arose from poor management. Problems relating to waiting times for appointments were cited. The Director responded that there were obvious indicators where there was poor administration, but with the shortage of GPs and nurses, many surgeries were under considerable pressure which impacted on waiting times. The CCG had created four hubs around the city to alleviate some of the pressure and in addition, the CCG would be going abroad to recruit more GPs. The Director added that in Leicester there was an inequality of funding and the CCG had been trying to eradicate that level of inequality. If, for example there was insufficient clinical time, they would look to see why and whether the practice was being given the appropriate level of funding.

A Member questioned what might happen if a GP became ill and the Director explained that one of the requirements of their contract was that there should be a Business Continuity Plan so that if for example the I.T. systems failed or a GP became ill, the continuity of care to the patients would be ensured.

A Member questioned how governance issues were monitored and the Director explained that there was a team of people managing contracts to ensure that performance was appropriate. They made recommendations on best practice and put forward examples to enable best practice to be shared.

A Member asked about figures for the resident population and the number of people who had registered for a GP practice. The Director responded that the resident population was approximately 390,000 compared to the registered population of approximately 400,000. The figure for the registered population was higher because some people from the county, opted to register with a city GP.

A Member commented that there was a high percentage of sole GPs and a lack of female GPs which impacted on women patients. The Director explained that GPs tended to be male, over 50s and mostly Asian. The CCG gave an emphasis in recruiting to mirror the city's population and in addition to the international recruitment campaign, they were also working with the university

to encourage more graduates to remain in Leicester. They were looking at a new workforce model for graduates to spend some sessions in GP surgeries and some in secondary care alongside opportunities for continuing professional development.

The Chair drew the discussion to a close and stated that she would like the Commission to receive an update at a future meeting, on the workforce strategy and international recruitment.

AGREED:

- 1) that the report be noted; and
- 2) that the Commission receive an update at a future meeting, on the CCG's workforce strategy and international recruitment.

60. TURNING POINT CARE QUALITY COMMISSION (CQC) REPORT

The Director of Public Health submitted a report that provided the Health and Wellbeing Scrutiny Commission with an update on the Care Quality Commission's (CQC) inspection of Turning Point. The Commission heard that the contract which brought together six different services was large and complex and Turning Point was used by a vast range of people of all ages and backgrounds.

The Group Manager for Contracts and Assurance provided an overview of the CQC's findings and explained that Turning Point had a real desire to ensure that the service they provided was safe, effective and of the best possible quality.

The CQC inspection in June 2017 had identified the mobilisation of the service as outstanding. Their report had praised aspects of the service but had also found areas of concern. Turning Point had resolved those areas of concern and the CQC had confirmed that those concerns had been met. A further CQC inspection was expected in 2018.

The Group Manager explained that the Council had a Quality Assurance Framework and would carry out monitoring visits. Any non-compliance issues identified would be included in an action plan with recommendations for improvement.

The Chair thanked officers for the report and expressed some concerns that the young person's centre on Granby Street looked 'tired' and questioned whether there was any planned investment for improvements there. The Chair added that it was important that people with problems, such as mental health issues believed that they mattered. The Director responded that Turning Point had carried out some work there and they wanted to see what feedback was received from the young people who used the centre.

A Member reported that she had heard that potential service users were being turned away from Granby Street and she questioned whether people knew that

the service there was for young people, as the main hub for adults was located on Eldon Street. It was questioned whether more could be done to raise awareness on this issue, including clearer signing and the Chair stated that she would take this as a recommendation from the Commission.

Members heard that there had been a reduction in the number of people, including young people obtaining treatment. The Director of Public Health stated that there was a robust action plan in place to increase referrals into the service from routes such as the youth offending team and children's social care and that Turning Point was also doing staff briefings and outreach to increase referrals into the service..

A Member asked how the Council could be confident that the monitoring systems were robust. The Director of Adult Social Care responded that the department acted as the contract monitoring agent for Public Health in terms of process and procedure, but overall accountability for the contract remained with Public Health. He further stated that there was a robust focus in the contract monitoring process used by the department on health and safety and that specific Health and Safety Advisors were utilised to support this focus.

A Member expressed concerns that there appeared to be service failures in a large number of areas and questioned whether the service was effective as it had been before the six contracts were brought into one. She commented that it was good that there was contract monitoring but questioned whether this was the best way forward. The Director of Public Health responded that while the bringing together of contracts was partially about making services more cost effective, it was also with the intention to put in better pathways. For example, before there had been issues relating to transition with young people who were moving from Children's Services into Adult Services, but Turning Point had been able to improve the links between these services. The Deputy City Mayor added that this was only the second year of the contract and prior to this there had been a churn of services which had led to instability.

The Chair commented that important points had been raised in the report and debate and she felt that there was room for some improvement. In mental health, there had been much discussion about the need for the service to be joined up rather than fragmented and while there were some concerns over the performance data, she felt that there were also clear opportunities as well. The Director of Public Health commented that while they wanted more people to use the service, there were elements of the service, including the management of people with opioid issues, which were working well. If the service was failing, it would have been identified as such. The Chair added that she hoped that the next performance report would show an improvement.

AGREED:

that:

- 1) the Commission recommend signposting at the centre on Granby Street and for staff to direct service users to the correct centre if Granby Street was not appropriate; and

- 2) the Commission request that a further report with performance data be brought to a future meeting of the Commission.

Councillors Chaplin and Osman left the meeting towards the end of the consideration of this item of business in order to attend another meeting.

61. UPDATE ON THE ANCHOR RECOVERY HUB

The Director of Public Health delivered a presentation providing an update on the Anchor Recovery Hub; a copy of which is attached. Members heard that the hub provided a discreet service for people with deeply entrenched drinking problems. The Director of Public Health's update included the following points:

- The Anchor Centre that had been located on Dover Street was no longer fit for purpose. A successful bid had been made to Public Health England to jointly fund the new hub, with additional capital funding from Leicester City Council for the new hub, situated on Hill Street.
- The hub was intended to give hope to service users and to help them take steps to get back on track with their lives.
- The hub had previously been used by the Drugs and Alcohol Service but had remained unused for a number of years.
- The kitchen facilities at the hub were such that it was hoped that service users would be able to gain a qualification in food handling.
- Service users would be able to drink in a controlled way, but as a condition of attending the centre, they would also have to take part in structured activities.
- The providers had a good track record for their outreach work and for bringing people into use the service.
- It was expected that the hub would go live in about 4-6 weeks' time.
- The management of people using the service would be tightly controlled.

A Member questioned whether support was provided to families and the Director explained that there was no direct support to families; many of the service users were single. The service was very much focussed on helping people to get their lives back on track. The Chair added that people using the service tended to be on the acute end of need.

AGREED:

that the update be noted.

62. PUBLIC HEALTH PERFORMANCE REPORT

The Director of Public Health submitted a report that brought together information on key dimensions of Public Health performance in the second quarter of 2017/18.

A request was made for future reports to include more geographical analysis. The Chair agreed and requested that the Commission received more data in future.

The Director explained that the Public Health division provided or commissioned approximately 25 services and the report set out how those services were performing.

Members heard that there had been significant changes to the Healthy Child Programme as a result of it becoming the responsibility of Leicester City Council. The programme had seen an improvement in the number of babies being seen in their first few weeks; improvements in breast feeding and 71 schools in the City had signed up for the Healthy Eating Programme.

Councillor Waddington left the meeting at this point. The Chair announced that the meeting had become inquorate but agreed that it would continue in order for Members to ask questions and comment on the report.

A Member expressed concerns that he found the report difficult to read. It was agreed that future versions would be simplified.

It was noted that the Substance Misuse Services at Woodlands Detox Unit had been rag-rated as Red, with the report indicating that there was a lower level of need than had been anticipated. The Chair questioned whether this was because the service was based in Nottingham instead of Leicester. The Director responded that the Detox service was very specialised and there had been a reduction in the number of trusts that were providing the service. There were no services running closer to the City.

It was questioned whether there was any monitoring or encouragement given to staff in care homes to have a flu vaccination. The Director explained that a few months ago, the Council wrote to front line staff to encourage them to make use of free flu vaccinations. The Council had held free in-house clinics for front line staff and the Leicestershire Partnership Trust and University Hospitals Leicester made a considerable effort to encourage staff to receive their vaccinations.

It was noted that many of the amber and red flag ratings were similar to those in the county and the Director explained that Leicester worked closely on Public Health issues with their county counterparts and good practice was shared.

A question was asked about funding and the meeting heard that each Local Authority received an allocation from the Department of Health. The allocation formula was complicated but partly calculated on population, need and

historical funding. Members heard that Leicester as a City had been historically underfunded.

The Chair stated that she welcomed the report and looked forward to a further report in six months' time. Officers were asked to include information on geographical areas and comparator data.

63. DRAFT REVENUE BUDGET 2018/19

The Chair stated that as the meeting was inquorate, the Commission could not make any recommendations or agree the Draft Revenue Budget, but could ask questions.

The Chair referred to Spending Review Four and asked for further details. The Director of Public Health stated that in the Health and Wellbeing Division, there were currently on-going reviews for the sexual health services and for the lifestyle services. Spending Review Four would apply across the whole of the City Council. The Director of Adult Social Care explained that the main budget pressures for the Council arose from demand in Adult Social Care and Children's Services. The Government were carrying out a review in Adult Social Care and it could be seen that their focus was on older people and the NHS rather than on the wider social care issues including adult mental health and learning disabilities.

The Director of Public Health added that it was not possible to talk about public health services in isolation from other services: reductions in preventative services had an impact on other Adult Social Care and Children's Services.

64. WORK PROGRAMME

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

The Chair requested that the Work Programme be amended to include an update on the Winter Care Plan. The Chair also suggested that Members may also wish to consider issues around surgery postponement.

65. CLOSE OF MEETING

The meeting closed at 8.00pm

5 Hill Street

Update for Health Scrutiny
11/1/2018

Update

- Renovation of 5 Hill Street now complete
- Jointly funded by Council & Public Health England
- Contract for new service awarded to Inclusion Healthcare, in partnership with Dear Albert
- Facilities offer:
 - Dedicated kitchen – can be used for training
 - Clinical facilities – will be used by other agencies including Turning Point
 - Activity area
 - Controlled/ supervised drinking area
 - CCTV onto street
 - Staff outreach into local community



