Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 23 AUGUST 2018 at 5:30 pm

P R E S E N T :

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

Councillor Chaplin
Councillor Cleaver
Councillor Dr Moore
Councillor Pantling

Councillor Dr Sangster

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

Also Present:
Councillor Inderjit Gugnani

* * * * * * * *

16. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bajaj, Shelton and Westley, Members of the Heritage, Culture, Leisure and Sport Scrutiny Commission who had been invited to participate in the consideration of Agenda Item 7: Integrated Lifestyle Services Review – Final Proposals.

17. DECLARATIONS OF INTEREST

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

18. MINUTES OF PREVIOUS MEETING

The Chair announced that she had asked for some amendments to the minutes of the previous meeting held 5 July 2018, and therefore these would be brought

back to the next meeting for approval.

19. CHAIR'S STATEMENT IN RELATION TO THE PROPOSED MOVE OF THE INTENSIVE CARE UNIT FROM THE GENERAL HOSPITAL

The Chair read out a statement in relation to the proposals to move the Intensive Care Unit (ICU) from the Leicester General Hospital (LGH) to either the Leicester Royal Infirmary (LRI) or the Glenfield Hospital. The Chair thanked everyone for coming out to support the protest against the proposal and said that campaigners had clearly demonstrated the level of interest and strength of feeling.

The Chair provided a background to the situation and made the following points:

- An announcement was made in the Leicester Mercury on 25 July 2018 regarding the University Hospital of Leicester's intention to move a number of ICU beds to the LRI or Glenfield and the intention was to do so without any formal consultation. It was understandable that people had interpreted this as an attempt to close the LGH by stealth.

- While Scrutiny had a good relationship with the local NHS partners; the fact remained that there had been a significant lack of information in the public domain regarding the Sustainable Transformation Plans (STPs) and plans to reconfigure the University Hospitals of Leicester.

- The Chair did not feel that it was a coincidence that today the STP's Next Step document had been published. She understood that it had been at the printers for a number if weeks but it appeared that it had been pushed through ahead of this meeting now taking place.

- The discussion to move the ICU beds was last held in public scrutiny in Leicester in March 2015 when senior NHS officers brought a paper to the Health and Wellbeing Scrutiny Commission. At that time the commission heard a compelling case for immediate closure for intensive care beds at the LGH which was based on clinical evidence that the current way of operation over three sites was unsustainable and unsafe.

- The Chair asked people to note for the sake of clarity, that scrutiny did not approve the decision as it was not scrutiny's role to approve or grant permission.

- At that time, scrutiny was assured that the proposal was not associated with delivering the Better Care Together Programme but was concerned with continuing to provide a service.

- The Chair stated that the facts surrounding the announcement were as follows:

    1. There was a lack of information regarding the draft STP

and Next Steps documents, with delays of over 12 month.
2. There was an inconsistency in delivering the information.
3. There were ongoing accusations about the lack of transparency – the Chair added that the public needed to be better informed.
4. The timeline was constantly slipping.
5. To date, there had been no assurances that a full consultation would go ahead or what this might look like.

The Chair said that she had met with senior NHS officers and explained how Scrutiny would respond to the concerns expressed because of the announcement. She believed that it was a serious oversight by the NHS in failing to recognise the significance of the announcement and the resulting public opinion. The Chair believed that the debate regarding the issue around consultation should be held in public with all scrutiny members present. She had therefore requested that a full report be brought to the next meeting of the Leicestershire, Leicester and Rutland (LLR) Joint Health and Wellbeing Scrutiny Commission to be held on 4 September 2018. The item would be taken as Any Other Urgent Business. The meeting was asked to note that the Joint LLR was the only Scrutiny Committee that could insist on receiving such evidence and information regarding the STP and was therefore the correct body to hear this evidence.

The Chair concluded by saying that the STP was a weighty document and as concrete proposals came forward, the public needed to be informed early enough to make informed decisions. However, in her experience, the public were being told too little too late. The NHS needed to recognise that with the level of change they were embarking on, they needed to engage the public earlier and in a more meaningful way. The Chair gave her assurance that the proposal to move the Level 3 Intensive Care and the proposals in the STP would be robustly scrutinised.

Councillor Chaplin commented that when the issue was previously discussed at scrutiny in March 2015, Members had been told that there was an urgent need to move the ICU from the LGH, but that ICU was still currently operational. The comments made at scrutiny in 2015 might have been different if Members had known that the issue was not urgent after all. The Chair agreed and stated that she had made that point with the NHS directors.

20. PETITIONS

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

21. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Chair explained that three questions had been received from Mr Robert Ball, Mr Stephen Score and Mr Peter Worrall and had been included in the agenda. The questions related to the plans to move the Intensive Care Unit

from the Leicester General Hospital to the Leicester Royal Infirmary and the Glenfield Hospitals. At the invitation of the Chair, the questions were read out as follows:

Mr Robert Ball:

Moving the Intensive Care Unit from the Leicester General Hospital to the LRI

University Hospital Leicester (UHL) presented a case to the Scrutiny Commission stating that the intensive care unit (ICU) needed to be closed down at the Leicester General Hospital and moved to the Leicester Royal Infirmary and Glenfield Hospital. Because this was considered an urgent matter with closure required within months for reasons of patient safety, the scrutiny commission at the time approved the move without public consultation.

Clearly, however, closure was not urgent nor required in 2015 as the ICU at the General Hospital continues in place. As its governing body's approval of the full business case indicates (Ref 1), UHL appear to be assuming they can proceed three years later (commencement of construction by October 2018) with no public consultation, despite the fact that this represents a major change in service delivery.

This is a question for the Health and Wellbeing Scrutiny Commission: what action will the scrutiny commission be taking to ensure this does not occur?

The effective closure of ICU at LGH will require the removal of other services, making the long-promised STP consultation on the three to two strategy virtually a meaningless exercise.

Mr Stephen Score:

University hospitals of Leicester want to close the General as an acute hospital and concentrate their services onto two sites only (the Royal Infirmary and the Glenfield). However, there has been no public consultation on this. Despite that, they are planning to move ITU out of the General, which will make it very difficult to keep other services there. Effectively they are moving from three to two hospitals by stealth and without public consultation. Will the Scrutiny Commission ensure consultation happens?

Mr Peter Worrall:

It's my understanding the Scrutiny Committee approved the closure of intensive care at the General Hospital in 2015 without formal public consultation because it was informed by University Hospitals of Leicester that the matter was urgent and needed to be dealt with swiftly for patient safety reasons. As ITU still functions at the General can we assume that formal consultation will now be required? And furthermore will the Scrutiny Committee make clear whether it ***wishes*** *to see proper consultation now take place?*

The Chair expressed her thanks for the questions and stated that they would

be referred to the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee where the issue would be discussed.

22. INTEGRATED LIFESTYLE SERVICES REVIEW - FINAL PROPOSALS

The Director of Public Health submitted a report that presented a final proposal for a new model of delivery for lifestyle services in Leicester City. Jo Atkinson, Consultant in Public Health delivered a power point presentation on the final proposals, a copy of which is attached to the back of these minutes.

The Chair thanked officers for the report stating that the information presented was more detailed than in the previous report and it provided better understanding. The Equality Impact Assessment was also much improved. Members considered the report and during the ensuing discussion, a number of points were made including the following:

- Councillor Cleaver expressed a little disappointment that the review did not promote gardening in general or include information about the initiatives taking place in Eyres Monsell and the Featherstone Orchard which promoted gardening and healthy eating with the added benefit of saving money.

- A suggestion was made that funding could be sought from the Lottery or Ward Community Budget to help those people who would have to pay for support to promote a healthy lifestyle after their initial 12- week (free) period had lapsed.

- Reference was made to conversations with people currently volunteering who were concerned about a lack of support. It was acknowledged that volunteering could be exhausting. The consultant acknowledged that volunteering was an on-going issue and that consideration was being given to appointing a Volunteer Co-ordinator, which would be a paid position to train and support volunteers. They were aware that in some areas of Leicester, it was very difficult to recruit volunteers.

- Concerns were expressed that there was too much reliance on volunteers and the Deputy City Mayor responded that volunteering was an element of the new model. However, if it was not possible to recruit the volunteers the programme would continue.

- The meeting heard that there were 16 volunteers leading walks and it was hoped to increase this to 25. It was also hoped to recruit volunteers to help people access gyms.

- Reference was made to walking groups led by volunteers and a concern was raised as to how those walking groups and services would be delivered in areas where there were busy roads or no accessible or convenient areas to walk. A Member stressed the need to give consideration as to how to help people safely get to those parks or suitable areas.

- In response to a question about staffing and volunteers, the meeting heard

that consultations had taken place with the unions, staff, service users and focus groups. The Director of Public Health added that volunteers were not a substitute for paid staff, but would help to expand what was being delivered.

- In response to a question relating to the proposed savings targets, Councillor Clarke, the Deputy City Mayor with responsibility for Environment, Public Health and Health Integration stated that they were as confident as they could be that the savings target could be achieved without compromising health.

- The Deputy City Mayor was asked whether the Information Technology staff in the council had the capacity to deliver the proposed digital services. The Deputy City Mayor responded that the council might procure this or develop their own digital service and this was something that the Commission may wish to look at. He was however as confident as he could be that this could be achieved.

- A Member commented that she hoped that the telephone system for people receiving counselling by telephone would work better than the council telephone system.

- A Member questioned whether there was a contingency fund to help people on low incomes who would not be able to pay for support after the initial 12 weeks when support was free. The Deputy City Mayor responded that ideally, the improved lifestyle would enable people to work longer hours so they would be able to afford the scheme, but aside from that, there were some wonderful parks to be enjoyed and outdoor gyms that were free to use. The Chair expressed concerns that there were some cultural reasons or barriers to prevent people from using outdoor or indoor gyms and it was agreed to ask the Executive as to how they could support people with those barriers.

- In relation to smoking cessation strategies, a Member asked whether there was a way to monitor whether people managed to stop smoking permanently. The meeting heard that it was not possible to monitor whether people stopped smoking for good, but it was known whether a person had stopped after a few weeks as this would be shown from the results of a carbon dioxide monitor. It was acknowledged that it was very difficult to stop smoking and that some people would lapse. E cigarettes were offered and it was likely that this would continue.

- In response to a question as to how referrals from certain communities could be encouraged, Members heard that this was down to marketing and there was the capacity to go into those communities to encourage referrals.

The Chair drew the discussion to a close stating that she would raise a question at a meeting of the Overview Select Committee regarding the availability of a contingency fund to support those people who had barriers to using gyms.

AGREED:

that the Health and Wellbeing Scrutiny Commission

1) Recognise the importance of the public health restructured investment;
2) Welcome the use of volunteers but have questions regarding the sustainability of the scheme and consistency across the city;

3) Believe that better use could be made of the outdoor gyms;

4) Request that the Executive look at the possibility of setting up a contingency fund for those people with barriers to using gyms or who can not afford to carry on after the initial 12-week free period.

5) Request that the Executive explore the use of social media to promote services and the use of volunteers; and

6) Ask that the effectiveness of 1-1 and digital support be investigated.

Councillor Dr Sangster left the meeting during the discussion of this item. Councillor Gugnani, invitee from the Heritage, Culture, Leisure and Sport Scrutiny Commission, left the meeting after the conclusion of this item.

23. LEICESTER CITY, LEICESTERSHIRE AND RUTLAND URGENT AND EMERGENCY CARE RESILIENCE PLANNING FOR WINTER 2018/19

The Commission received a report on ongoing work to prepare for the 2018/19 winter period across the Leicester City, Leicestershire and Rutland (LLR) Urgent and Emergency Care system. The report was presented by Mike Ryan, Director of Urgent Care (LLR Clinical Commissioning Groups (CCGs) and Sue Lock, Accountable Officer (Leicester City CCG). Members were asked to note that a more detailed report with an outline plan would be brought to the Health and Wellbeing Board at their meeting in September. The Chair asked for the winter care plan be brought to the Commission before the start of the winter period and for the more detailed report that was going to the Board, be brought for noting, to the next meeting of the Health and Wellbeing Scrutiny Commission.

Members considered the report and during the ensuring discussion, comments and questions were raised which included the following:

- The Chair noted that at a previous meeting of the Health and Wellbeing Board when the Winter Care Plan was considered, Sue Lock had stressed the importance of communication. The Chair asked how effective communication could be ensured this time.

- It was noted that in relation to delayed transfers of care, the number of cases

in the city were down and the improving situation was welcomed. Members heard however, that there were still many patients who could be discharged earlier and a lot of work was taking place to make further improvements. Members heard that information on the work being undertaken to facilitate an earlier discharge, could be included in the next report. Comments were made that it was also important to discuss patients' expectations because their experience often plummeted where expectations were not achieved.

- Concerns were raised that the report referred to effective communication breaking down as the winter pressures increased, though previously Members had been told that communication was good.

- A Member referred to the flu jab and questioned whether a more pro-active approach could be undertaken to encourage people to have the flu jab earlier rather than later.

- The introduction of the 'Red Bag scheme' was noted and a request was made that this should include both the regular and emergency medication.

- A Member asked for the CCG to ensure that patients who needed assessments for an ongoing medical condition, would be able to attend a different clinic if it was not possible to have that assessment at their usual clinic. There was concern that medication would be withheld if they could not have an assessment. The meeting heard that practice nurses were trained to carry out certain assessments and most people with a chronic condition would have an Advanced Care Plan as GPs could not be available 365 days of the year. There was also a system for obtaining repeat prescriptions. The Director of Urgent Care said he would want to know if medication was being held because no appointments were available. Members also heard that investment was being made in the Primary Care Hubs and there was capacity there; they would be able to help in such circumstances.

- A Member referred to the situation where operations had been cancelled due to emergency surgery and comments were made that this was not just an issue in the winter as operations were cancelled at other times of the year. A request was made for further information on this issue.

- Mention was made of the 'message in a bottle scheme' whereby a person's care plan and list of medication was placed in a bottle and could be easily located by the emergency and social services, where they saw a 'message in a bottle' sticker. The Chair said that she would bring this to the attention of the ward councillors.

The Chair drew the discussion to a close and Members agreed the following recommendations.

AGREED:

that:

1) The Winter Care Plan be brought to the Health and Wellbeing

Scrutiny Commission before the commencement of the winter period;

2) The detailed report on the Winter Care Plan due to be taken to the Health and Wellbeing Board in September be included, for noting, in the agenda for the next meeting of the Health and Wellbeing Scrutiny Commission;

3) A report on emergency surgery cases and their impact on planned surgery, be brought to a future meeting of the commission;

4) That a report on Delayed Transfers of Care (DTOC) be brought to a future meeting of the commission to provide a full understanding of the related issues;

5) That a report on the Winter Care Plan to be brought back to the Commission after the winter period to include the lessons learned; and

6) That it be recognised that improvements can be made to improve the take-up of flu jabs.

24. PROPOSED CHANGES TO THE PRESCRIBING OF MEDICINES FOR MINOR AILMENTS

Lesley Gant, Head of Medicines Optimisation (Leicester City CCG) and Sarah Prema, Director of Strategy and Planning (Leicester City CCG) presented a report that related to the proposed changes to the prescribing of medicines for minor ailments.

The Chair asked that the Executive be given full sight of the consultation that had taken place and stated that the proposals had implications for children and people within adult social care.

During the ensuing discussion, comments and questions were raised which included the following:

- A Member stressed the need to talk to those patients where their ability to manage their own care was considered to be compromised because of their medical, mental health or wellbeing or significant social vulnerability.

- It was questioned as to how people in poverty, or significant social vulnerability would be identified, and whether an Equality Impact Assessment had been carried out.

- The Head of Medicines Optimisation explained that the proposals were about informing patients and helping them to manage their own ailments. The Chair responded that while she thought there was general

support for a scheme to help people self-care, there were people in real poverty. Some products such as head lice treatments were expensive and cheaper treatments were not effective. The Chair asked for details as to how people in a certain socio-economic group could be supported. The Head of Medicines Optimisation explained that issues relating to headlice and the treatment of thread worms had already been identified and it was acknowledged that such issues affected a child's confidence and social interaction.

- A concern was raised that while the proposals were supported in principle, people might have a condition whereby they needed to see a doctor but did not make an appointment.

The Chair drew the discussion to a close with the recommendation that the report with an Equality Impact Assessment be sent to the Executive so that they were aware of the consultation. The Chair added that there was a need to consider those patients with barriers to treatment, for example those in certain social economic groups.

AGREED:

that the Health and Wellbeing Scrutiny Commission recommend that the report with an Equality Impact Assessment be sent to the Executive.

25. REVISED JOINT HEALTH AND WELLBEING STRATEGY

The Director of Public Health submitted the Revised Joint Health and Wellbeing Strategy. Ivan Browne, Consultant in Public Health introduced the report and referred to the Action Plan to support the strategy.

Members considered the report and raised comments and queries which included the following:

- The strategy was welcomed but a concern was raised that people sometimes experienced stress and illness because of their job, bad management or poor working conditions. A Member commented that she would have liked to see more emphasis on this in the report. The Consultant in Public Health explained that they had been working with the Highcross and looking at mental health at work. He said that there was a need to change the culture as people were often unwilling to admit that they had mental health issues. The Member responded that there was a need to talk to the managers as the emphasis should not be on the person who was ill but on those who were managing their staff.

- It was noted that the Joint Health and Wellbeing Strategy was a statutory duty of the Health and Wellbeing Board. In response to a question, Members heard that local businesses were not represented on the Board, although efforts were being made to change that. The work however that was being undertaken with the Highcross was critical.

- A Member referred to the ambitions set out in the strategy, one of which was to ensure decent homes for everyone. She said there were some very sad situations in the city and she expressed concerns as to whether this was achievable.

- Views were expressed that the Revised Joint Strategy should be discussed with other Councillors as it was a significant document that cut across everything the council delivered. The Chair suggested that the findings of the consultation should be brought to the Overview Select Committee.

- The Chair said that the strategy referred to a grass roots approach working with individuals and community groups, and expressed concerns that with pressure of those community groups, there was a limit as to what they could provide.

AGREED:

that the findings following the consultation on the Revised Joint Health and Wellbeing Strategy, be brought to the Health and Wellbeing Scrutiny Commission and the Overview Select Committee as appropriate.

26. INTEGRATED SEXUAL HEALTH SERVICES

The Director of Public Health delivered a verbal update on the Integrated Sexual Health Services in the Haymarket Centre. Members heard that work in the building was progressing well. A design competition had been held with students from the De Montfort University and the winning entry chosen.

The Chair commented that officers had picked up the comments and concerns previously raised relating to the design and layout of the entrance to the centre and were in regular discussions around other developments in the Haymarket.

AGREED:

that the Health and Wellbeing Scrutiny Commission note the update.

27. ITEMS FOR INFORMATION / NOTING ONLY

Members were referred to the items for noting and the following comments were made:

Letter regarding the relocation of the Child and Adolescent Mental Health (CAMHS) in patient facility

Councillor Chaplin expressed her reluctance to support the relocation of the in-patient facility without discussing the issue first, as numerous concerns had been expressed in the past.

The Chair responded that a Joint Health and Wellbeing / Children, Young People and Schools / Adult Social Care Scrutiny Commission had been scheduled and she would be happy to discuss the issue with Councillor Chaplin

before that meeting, and have a report on the issue. The Chair added however that she as reluctant to delay the process.

The Chair recommended that the Commission submitted a letter of support in principle for the re-location of the CAMHS unit, prior to the issue being discussed in more detail.

AGREED:

that the Health and Wellbeing Scrutiny Commission submit a letter to support in principle the re-location of CAMHS, prior to the issue being discussed in more detail.

Renal Dialysis Services

A Member asked whether the report related to the re-location of the Renal Services to the Leicester Royal Infirmary. Richard Morris, the Director of Operations and Corporate Affairs, Leicester City Clinical Commissioning Group responded that he was unsure but would find out.

Update Report on Oral Health

It was noted that it had previously been stated that a letter was going to be sent to schools to encourage them to participate in the oral health scheme. The Director of Public Health was asked to ascertain whether the letter had been sent.

28. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2018/19.

The Commission's work programme was noted.

29. CONTINUATION OF CHAIR'S ANNOUNCEMENTS AND UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

The Chair continued with the update on progress with matters considered at a previous meeting;

Leicester Royal Infirmary Signage

A review of the signage, including internal signage, external car parking and highway signage had previously been requested and an update on this would be brought to a future meeting.

Bursaries for nurses

A letter was being drafted to support the provision of bursaries for nurses. This would be sent to the Secretary of State for Health.

Site visit to the LRI Emergency Department

Suitable dates were being checked and details would be circulated as soon as possible.

Leicester City Clinical Commissioning Group (CCG)

The CCG had responded to questions raised at the previous meeting and the responses had been circulated to Members.

30. CLOSE OF MEETING

The meeting closed at 9.00 pm

Integrated Lifestyles Services Proposal

Jo Atkinson – Consultant in Public Health
Ryan Swiers – Speciality Public Health Registrar

The need for redesigned lifestyles services are driven by savings targets and the desire to offer Leicester residents a more integrated service.

Spending on adult lifestyle services (obesity, smoking, diet and physical activity) was £2.2 million in 2015/16 and the proposals here see that reduce to £865,000 by 2019/20.

It is recognised that residents want to 'tell their story' once, services will be integrated and designed to be more effective for people who have multiple lifestyle issues.

New services will be better targeted according to need, will be community based but shift to a 'digital by default' model with a reduction in 1:1 programmes.

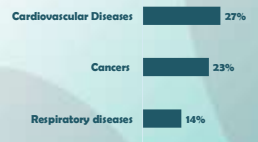
Significantly lower life and healthy life expectancy in Leicester shows a continued need for lifestyle services in the city.

Smoking & Alcohol **Sedentary lives** **Unhealthy food**

These poor lifestyle choices are linked to cardiovascular disease, cancers, respiratory diseases and other ill health.

Life expectancy differs across the city and is linked to inequality and deprivation.

Main causes of death account for 2 out of every 3 deaths in Leicester



What people die of has remained similar in Leicester for a number of years.

These conditions are responsible for the majority of deaths in under 75 year olds

Current Lifestyle Services

Service	Need	Cost	Local uptake & impact
Smoking cessation	21% smoking prevalence	£972k	c.1,500 smokers quit each year with the service, including 175 pregnant women. Overall quit rate of 54% (higher than national rate and comparators) Decline in numbers largely as a result of e-cigarettes. Service focuses on 1-1 support.
Healthy lifestyles hub	31% of adults physically inactive *(higher than national rate)* 55% adults obese or overweight (20% obese)	Up to £300k (+£100k NHS)	c. 5000 referrals each year from GPs 80% referred to at least one lifestyle service
Health trainer service			c. 900 clients per year set a personal health plan. 80% of clients fully or partially achieve their health plan
Active lifestyle scheme (exercise referral)	31% of adults physically inactive (higher amongst those with long-term conditions)	£175k	c. 2,700 attend programme/ yr
Weight management – targeted BME/ long-term conditions	See above	Up to £229k (payment per case)	c. 450 clients per year complete programmes. 1 in 4 achieve and maintain clinically significant weight loss (5%) up to at least 12 months.

The proposed new model will integrate services to promote and support healthy behaviours. The following 5 themes summarise the new service.

Targeted approach	Increased digital capacity	Group based activity	Community based	Supporting volunteers
To those in greatest need and least capacity to self help	Embracing the 'digital by default' approach to benefit most residents	A shift from intensive 1-1 support to more group/ peer based activities	More use of community centres, outdoor gyms and park/ local walks	Emphasis on developing community activators to support elements of the service.

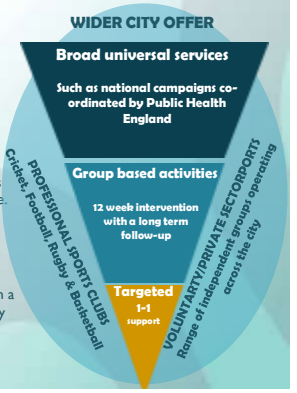
A single point of access to healthy lifestyle services will operate via a online/phone based hub.

Referrals to the hub will be accepted from partners such as GPs.

Self-referrals will also be accepted.

The hub team aim to understand the individuals needs and direct them to an appropriate service.

Group based and 1-1 support will last up to 12 weeks and following this clients can continue on a subsidised paid service or other free community scheme.



This approach is based on the best evidence following engagement with Public Health England and other local authority colleagues.

https://www.nhs.uk/oneyou/#S2uMIxTe88cX0E6v.97

Consultation

- 171 responses plus 5 targeted focus groups
- Support for a shift to integrated lifestyle services with a single booking function
- Support for retaining some specialist staff within this model
- Support for volunteers to be involved in services, as long as sufficient training and support is in place
- Support for greater use of digital services to be developed as long as face to face help continues to be available for people who need it most.

In summary

Change within lifestyle services is he financial challenge to meet the financial challenges. Risks exist but overall changes can also help deliver more holistic services and produce good health outcomes across the city.

Integration is the right move and we can provide an effective and efficient service which takes account of the input of public consultation.