Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 15 JANUARY 2019 at 5:30 pm

P R E S E N T :

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

Councillor Dr Moore Councillor Pantling

Councillor Dr Sangster

In Attendance:

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

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60. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Chaplin, Councillor Cleaver and Mr Micheal Smith, Healthwatch.

Councillor Sangster arrived shortly after the meeting had started.

61. DECLARATIONS OF INTEREST

No declarations of interest were made.

62. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 29 November 2018 be approved as a correct record.

63. CHAIRS ANNOUNCEMENTS AND PROGRESS ON MATTERS CONSIDERED AT A PREVIOUS MEETING

The Chair stated that the Commission had twice requested that the Strategic Outline Case for the Children and Adolescents Mental Health Service (CAMHS) be brought to Scrutiny and she did not want this to be missed.

With reference to Haymarket Health, Members were reminded that they were welcome to visit the new service in the Haymarket Shopping Centre.

64. PETITIONS

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

65. 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.

66. DELIVERING THE GENERAL PRACTICE FORWARD VIEW IN LEICESTER CITY

A report on delivering the General Practice Forward View in Leicester was presented by Mr Richard Morris, Director of Operations and Corporate Affairs, Leicester City Clinical Commissioning Group (LCCCG) and Professor Farooqi, Chair and Diabetes Clinical Lead for LCCCG. Members heard about the pressure that General Practitioners (GPs) were under and that demand for their services in recent years had risen exponentially. Members heard that one of the biggest challenges faced was the Primary Care workforce; the CCG were trying hard to resolve this and were having discussions as to what else they could do.

During the ensuing discussion, comments made included the following:

- It was noted that other levels of practitioners were being offered at GP surgeries; for example, people could see nurses or pharmacists but there were issues around managing patients' expectations.

- The Commission had previously noted with concern the stress levels of GPs.

- Members heard that GPs were now being taxed on their pension fund once a certain level had been reached and therefore some were opting to retire early. Discussions were taking place on this issue, but it was a decision made by the Treasury.

- It was noted that practice receptionists were being trained to offer alternatives to a GP appointment and Members heard that a considerable amount of work was taking place to train staff so that they would know who to signpost patients to. Members stressed the importance of the way frontline staff dealt with members of the public.

- Further to Members' questions about Primary care networks, the meeting heard that the networks consisted of approximately three or four practices, mostly in a geographical area, which worked together. One practice might employ a medical professional to provide a specialist service which patients in other practices in the network could access if their own practice did not provide that service. The CCGs would still be the commissioner and have the responsibility to ensure the quality of service that was being delivered. People would still be registered with their own GP so if they had cause to complain, their complaint would most probably be submitted to their GP.

- In response to a suggestion that pharmacists should be more actively involved, in order the ease the pressure on GPs, Members heard that NHS England commissioned pharmacists, and therefore CCGs could not align pharmacists with GPs.

- In response to a concern raised about the Merlyn Vaz Centre, Mr Morris responded that the CCG had heard that walk-in patients had been turned away. He said that this should not have happened, and the CCG had held detailed and robust conversations with the centre. Since then the situation had improved.

- A Member asked whether any work was being carried out to change people's attitude to accept that they might not always need to see a doctor or a pharmacist. Professor Farooqi responded that he thought the situation was improving and people were becoming more resilient, but there was a need to give people the skills so that they could self-manage. NHS England were putting investment into this area in the recognition that more work was needed in this area, including the teaching of children about health issues. Work was also ongoing to help first time parents.

- Members heard that the Government were funding a scheme for on-line consultations and it was expected that this would be something that more GPs would be offering this year.

- A question was asked as to how the less well-off practices could be protected from having their healthier / younger patients being enticed away. It was noted that some patients used an on-line GP service and Mr Morris explained that people did not always realise that when they used an on-line GP service they were transferring their registration from their usual GP. On-line GPs would not generally provide all the services offered by a regular GP.

The Chair drew the discussion to a close and invited Members to note the report.

AGREED:

that the report be noted.

67. ACCESS TO GENERAL PRACTICE IN LEICESTER CITY.

Mr Richard Morris, Director of Operations and Corporate Affairs, Leicester City, Clinical Commissioning Group (LCCCG) presented a report relating to access to General Practice in Leicester City.

Members considered the report and the Chair invited comments and questions which included the following:

- It was noted that extended access to primary care services was enabled through the primary care hubs in the city and that funding for this extended service had been through a three-year investment via the General Practice Forward View. Members heard that there was an expectation that this type of service would need to continue beyond that three-year period with funding included in the baseline figure.

- A Member expressed a hope that home visits by GPs would continue and officers explained that each practice organised its own home visits. However, the number of home visits had decreased as generally patients could get to the surgeries and there were no longer the resources available to carry out the volume of home visits that had taken place in the past. There was a need to manage expectations. The Chair agreed and stated that the pressure on the NHS was such that those home visits of past years were no longer viable.

- A concern was raised that the Emergency Department was being disproportionately used by Eastern Europeans who had not had an opportunity to register with a GP. Mr Morris commented that this was also an issue with students who might be slow to register or parents with young children. It was noted also that people tended to go to the primary care hubs or the Emergency Department if they were more conveniently located than their own GP

The Chair drew the discussion to a close and invited Members to note the report.

AGREED:

that the report be noted.

68. DIABETES IN LEICESTER

The Commission received a report and a power-point presentation on Diabetes in Leicester, from Ivan Browne, Acting Director of Public Health. This was followed by a report from the Leicester City Clinical Commissioning Group (LCCCG) which set out how the LCCCG were addressing the diabetes challenge and pro-actively managing the health of people living with diabetes.

Members heard that diabetes was not a minor condition but one that could lead to significant morbidity and early mortality. It was estimated that there were 940k people in England with undiagnosed diabetes. Approximately 90% of people with diagnosed diabetes were Type 2 which was the preventable form of diabetes. Members also heard that diagnosed diabetes prevalence in Leicester was significantly higher than in England as a whole. Preventative work and interventions around diabetes was a significant area of work, and in addition, a considerable amount of work was taking place to ensure that diabetes was well managed. The LCCCG were investing in their primary care workforce and funding was being given to GPs to provide a diabetes service.

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

- Concerns were raised that an obese child could become an obese adult and develop Type 2 diabetes and it was questioned what preventative work took place in schools. The Deputy City Mayor with responsibility for the Environment, Public Health and Health Integration explained that preventative work was a partnership issue, but a considerable amount of work was taking place in schools and as part of this they were trying to encourage children to walk or run a daily mile.

  Professor Farooqi, Chair and Diabetes Clinical Lead, LCCCG commented that a national plan was needed but the concerns regarding obesity and subsequent health issues were starting to be recognised and for example the sugar tax had now been introduced.

- A member questioned whether work stress was a contributory factor towards Type 2 diabetes and Members head that stress might not directly be a cause of diabetes but could impact on a person's lifestyle which might subsequently lead to diabetes.

- Members heard that Leicester was the first City in the UK to be part of an international programme called 'Cities Changing Diabetes'. This initiative looked at the health challenges and issues that might arise from living in cities, and what cities could do to help. The Deputy City Mayor commented that he was proud that Leicester had been chosen to be part of this global programme.

- Members also heard that Leicester would be the first City in the UK to establish a Diabetes Village. This was an international initiative where different competencies relating to treating people with diabetes, would be brought together under one roof. Work was currently being undertaken to establish a suitable location.

- Concerns were expressed that fresh food as part of a healthy eating regime could be expensive and children might not want to eat what was being offered. The Acting Director of Public Health acknowledged that healthy eating was an issue, when as an alternative, people could buy takeaway

food that was inexpensive but unhealthy. Schools were trying to re-educate children to understand where food came from and what healthy food looked like. This had to be achieved in a way that the food promoted would be something that people would enjoy as well as being healthy. However, it was a challenge to combat the power of advertising.

- A Member asked what specific activities were being provided for women and heard that the Council offered activities that were not necessarily gender specific, but a lot of work, for example, was being undertaken to encourage women into cycling.

- In response to a question, the meeting heard that Spirit Healthcare provided a programme for people newly diagnosed with diabetes and approximately 1500 people went through the programme every year. Work was being undertaken to make the programme more appealing to young people. The programme was being offered in different languages and there was also a programme aimed for women who were thinking about becoming pregnant.

- A Member praised the work being undertaken by both Public Health and the LCCCG. She said that she had visited two schools in Eyres Monsell at lunchtime where both schools were promoting healthy eating which the children loved.

- In response to a question, the commission heard that the LCCCG aimed for all GPs to provide an enhanced diabetes service within the next year. This would mean that patients would have their diabetes managed by GPs, rather than the hospital, where all the risk factors such as blood pressure and cholesterol would be monitored. Practices would be trained to deliver that enhanced service which had been shown to result in better outcomes for the patient as well as being more accessible.

The Chair drew the discussion to a close and said that the Commission would like to hear more about the Diabetes Village at a future meeting. Officers were thanked for the reports and the work that was being carried out.

AGREED:

that the reports and presentation be noted.

Councillor Sangster left the meeting during the discussion on this item of business.

69. DRAFT REVENUE BUDGET 2019/20 (PUBLIC HEALTH BUDGET)

At the request of a Member, the Chair announced that this item of business would be brought forward on the agenda and would be considered ahead of the Turning Point Performance Report.

The Director of Finance submitted a report which set out the City Mayor's proposed budget for 2019/20 to 2021/22 and the Commission was recommended to consider and comment on the Public Health element of the

budget.

The Deputy City Mayor with responsibility for the Environment, Public Health and Health Integration introduced the report and gave credit to the former Director of Public Health Ruth Tennant who had managed to deliver the service during her tenure, despite severe funding cuts.

The Deputy City Mayor added that the Public Health department was expecting to contribute towards the Spending Review 4 Programme, with a key area being a review of services provided to children and young people age 0-19 years. It was noted that Public Health was not an isolated service but impacted on many other services that the Council provided and scrutiny of the 0-19 review by the Health and Wellbeing Scrutiny Commission would be welcomed.

A Member noted that a one -off corporate contingency of £1.4m had been created in 2019/20 to manage the significant pressures that would arise during the year and she questioned whether this sum would be sufficient. Members heard that the budget included use of the corporate managed reserves, ear marked departmental reserves and that the contingency fund was in addition to the already utilised use of reserves. However, it was acknowledged that use of reserves was a 'one-off' solution to budget balancing as there would be no more money to put back into reserves when that money was spent unless identified from other savings or funding sources.

A Member referred to the cost pressures as detailed in section 7.15 of the report including an estimated £570k because of a national pay award for NHS staff working in services commissioned by the Council. The Acting Director of Public Health said that the Council commissioned several services and if a NHS pay award affected staff in those services, the Council may be expected to find the extra funding to meet that shortfall.

The Chair commented that Scrutiny Members would be pleased that one of the recommendations of the Draft Revenue Budget was to emphasise the need for outstanding spending reviews to be delivered on time *after appropriate scrutiny.*

AGREED:

that the Draft Revenue Budget 2019/ 20 (Public Health element) be noted and Members' comments be forwarded to the meeting of the Overview Select Committee on 7 February 2019, prior to Council on 20 February 2019.

70. TURNING POINT - PERFORMANCE REPORT

Ivan Browne, Acting Director of Public Health submitted a report that provided an update on the performance of Turning Point, an organisation contracted the deliver the integrated substance misuses service. Mark Aspey, Lead Commissioner presented the report and explained that the contract with Turning Point, was being closely monitored and was almost at the half way stage. Mr Aspey said that they were currently awaiting a CQC report following

a recent inspection.

Members considered the report and the Chair said that Turning Point provided a very important service and she suggested that it would be useful for Members to visit their premises. The Chair added that she would like to see the CQC report.

During the ensuing discussion; comments and queries raised included the following:

- Concerns were expressed that the estimated unmet need for adults in treatment by substance for Leicester, against the national comparison was high.

- Further concerns were raised at the low numbers of children and young people with substance misuse issues who were in treatment, because benchmarking suggested that the number should be higher. Members heard that although the numbers of young people in treatment were lower than hoped, the numbers had increased during November and December due to the targeting of by Turning Point of young people who had been temporarily excluded from school. It was noted that the target of 80 young people in treatment had been met. It was also noted that there were relatively high numbers of young people being temporarily excluded from school due to substance misuse issues and comments were made that there needed to be a better way to connect with those young people. Officers said that schools were under considerable pressure and they wanted Turning Point to make themselves more available to them.

- A Member expressed some surprise at what she said was a lack of social services involvement in referrals. Mr Aspey responded they wanted to see more referrals for young people who were in care, as the number of those referrals was lower than expected.

The Chair drew the discussion to a conclusion and requested that a further report be brought back to the Commission in six months' time, to provide an update on how the work was progressing and to show whether Turning Point were engaging with more children and young people. The Chair also said that a site visit might reassure Members about some of the issues and concerns raised.

AGREED:

that the report be noted, and a further report be brought to the Commission in approximately six months' time.

71. WORK PROGRAMME

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

AGREED:

that the Health and Wellbeing Scrutiny Commission Work programme be noted.

72. CLOSE OF MEETING

The meeting closed at 8.13 pm.