Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: **THURSDAY, 5 DECEMBER 2019**

TIME: **5:30 pm**

PLACE: **Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

Members of the Commission

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

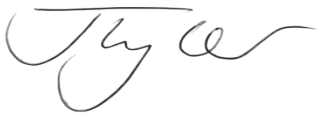
Councillors Aldred, Chamund, March, Dr Sangster and Westley

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:
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Tel: 0116 454 6359, e-mail: Jason.Tyler@leicester.gov.uk
Kalvaran Sandhu (Scrutiny Policy Officer):
Tel: 0116 454 6344, e-mail: Kalvaran.Sandhul@leicester.gov.uk)
Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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Further information

If you have any queries about any of the above or the business to be discussed, please contact:
Jason Tyler**,** Democratic Support on (0116) 454 6359 or email **jason.tyler@leicester.gov.uk**
or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

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USEFUL ACRONYMS RELATING TO
HEALTH AND WELLBEING SCRUTINY COMMISSION

Acronym	Meaning
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
BCT	Better Care Together
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
LCCCG	Leicester City Clinical Commissioning Group
ELCCG	East Leicestershire Clinical Commissioning Group
WLCCG	West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DAFNE	Diabetes Adjusted Food and Nutrition Education
DES	Directly Enhanced Service
DMIRS	Digital Minor Illness Referral Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View

HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWLL	Healthwatch Leicester and Leicestershire
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PCT	Primary Care Trust
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
TASL	Thames Ambulance Services Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

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. MINUTES OF PREVIOUS MEETING **Appendix A (Pages 1 - 10)**

The minutes of the meeting held on 10 October 2019 are attached and the Commission will be asked to confirm them as a correct record.

4. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT THE PREVIOUS MEETING

To receive updates on the any matters that were considered at the previous meeting of the Commission.

5. CHAIR'S ANNOUNCEMENTS

The Chair will provide updates on any issues concerning the remit of the Health and Wellbeing Scrutiny Commission.

6. PETITIONS

The Monitoring Officer to report on the receipt of any petitions.

7. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case.

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8. 0-19 CHILDREN'S OFFER **Appendix B (Pages 11 - 16)**

The Director of Public Health submits a report, which provides an update and information on the 0–19 Healthy Child Programme.

9. ALL-AGE MENTAL HEALTH TRANSFORMATION PROGRAMME

Gordon King and John Edwards (Leicester Partnership NHS Trust) will give a presentation concerning the all-age mental health programme.

10. STRATEGIC OUTLINE CASE FOR THE REBUILD OF THE BRADGATE UNIT

Gordon King (Leicester Partnership NHS Trust) will give a presentation concerning the strategic rebuild of the Bradgate Unit.

11. PUBLIC HEALTH CONTRIBUTION TO SPACE STANDARDS **Appendix C (Pages 17 - 22)**

The Director of Public Health submits a report, which provides a view on factors that make for healthier homes and neighbourhoods and the specific role of residential space standards.

12. PRESCRIBING - UPDATE ON THIRD PARTY ORDERING OF REPEAT PRESCRIPTIONS **Appendix D (Pages 23 - 26)**

The Leicester City CCG submits a briefing paper concerning medicines optimisation and third party ordering of repeat prescriptions.

13. WORK PROGRAMME **Appendix E (Pages 27 - 28)**

The Commission's Work Programme for 2019/20 is submitted for information and comment.

14. ANY OTHER URGENT BUSINESS

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Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 10 OCTOBER 2019 at 5:30 pm

P R E S E N T :

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

Councillor Aldred
Councillor Chamund
Councillor March
Councillor Westley

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

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28. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Sangster.

29. DECLARATIONS OF INTEREST

There were no Declarations Interest.

30. CHAIR'S ANNOUNCEMENTS

The Chair reported that he had no specific announcements as current issues were covered in the subsequent agenda items.

31. MINUTES OF PREVIOUS MEETING

AGREED:

that the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 29 August 2019 be confirmed as a correct record, subject to noting an amendment to the name of the Healthwatch representative on the LPT Board as Mark Falmer.

32. PROGRESS ON ACTIONS AGREED AT THE PREVIOUS MEETING

The Scrutiny Policy Officer confirmed that Commission members were being asked to form a small 'Task and Finish Group' to consider the parking problems being experienced by Community Services providers.

It was noted that other ongoing issues and items had been included on the Work Programme.

33. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that four questions had been submitted in accordance with the Council's procedures.

Three questions were received by Mr Robert Ball, and one question was received from Ms Sally Ruane.

The Chair indicated that the questions would be taken in the order they were received. He invited the first questioner, Mr Robert Ball to put his questions to the Commission:

Mr Robert Ball:

Question 1

(The government has announced that Leicester Hospitals NHS Trust will receive an investment of £450m to fund a massive development programme. Therefore, local NHS leaders no longer have a case for refusing to allow the public to see their detailed plans).

Against the background above:

1. "Will University Hospitals Leicester please clarify the timescale for consultation on the hospital reconfiguration and building programme?"

A written response by means of a copy of a recent press release was provided as follows:

"John Adler, Chief Executive of Leicester's Hospitals said: "We are ecstatic to hear that we will benefit from major national capital funding to invest in our local hospitals. This will allow us to fulfil our ambition of creating the local hospitals that our patients and staff deserve and can be proud of".

"This money will allow us to realise a major programme of investment to transform our hospitals and improve the way that we deliver care. The £450m allocated to us will allow us to create:

- A new Maternity Hospital and dedicated Children's Hospital at the Royal Infirmary
- Two 'super' intensive care units with 100 beds in total, almost double the current number
- A major planned care Treatment Centre at the Glenfield Hospital
- Modernised wards, operating theatres and imaging facilities, and
- Additional car parking

Karamjit Singh, Chairman of Leicester's Hospitals, said: "On behalf of our Trust Board, I would like to say how pleased we are that the need for major investment in our hospitals has been recognised. This success is testament to the hard work of all those involved in developing our plans and to the fantastic support we have had from local stakeholders. I also appreciate the recent visit the Secretary of State for Health, Matt Hancock, made to Leicester in order to see for himself the reasons why we needed this investment."

Questions 2 & 3:

(University Hospitals of Leicester (UHL) was not successful in getting funding, at this stage - to allow the plan to reorganise hospital services which will involve closing down the General as an acute hospital and moving a range of services from the General and Glenfield to the Leicester Royal Infirmary.

With no funding it's not clear how acute reconfiguration of UHL will proceed. However, any new hospital development need to take into account the UK face a climate emergency and NHS organisations need to take far-ranging action to cut the harmful impact of their activity on the environment.

The NHS is a very large organisation and its activities from travel (5% of vehicles on the road are on NHS related journey's), energy use in buildings and procurement are responsible for 6.3% of England's total carbon emissions, and 5% of total air pollution. This has direct consequences for health and health spending. Increased temperature due to the global climate crisis will lead to morbidity and mortality, for the young and the old. This is urgent and we need to act now).

Against the background above:

2. "When will UHL declared a climate emergency, like the NHS in Greater Manchester - committing to far-ranging action to slash carbon emissions and avert predicted heat-related illness and disease?"

3. "When will UHL develop and agree a plan that will show how the NHS will meet its obligations under the Climate Change Act to achieve net zero carbon emissions by 2050?"

The Chair thanked Mr Ball for his questions.

Mr Darryn Kerr (Estates and Buildings Manager, UHL Trust) responded and indicate that the trust were very aware of the climate change implications and advised that the short and longer term ambitions to reduce emissions we are on target, in accordance with the Sustainable Development Management Plan (2017). The Commission was advised that newer technologies were being utilised alongside the use of renewable energies.

In response to a question, it was noted that although the ambitions seemed impressive, the need for further scrutiny of the sustainability plan by this Commission would be required at the meeting convened on 2 April 2020. The conflict of the ambition against the affordability of the plan was also questioned and details of the financial impact would be included in the future report.

In response to the specific element of Mr Ball's first question, Mr Adler referred to the timescales of the building reconfiguration since announcement of the funding.

Mr Adler confirmed that redevelopment proposals were being taken forward immediately, in capital terms. It was reported and recognised that the announcement was in contrast to previous statements made by the Trust. Reference was made to former investment proposals including the 'pathway' scheme in this regard.

A proposal to convene a meeting of the joint Scrutiny Committee had been made and the secretariat of the County Council had commenced canvassing for a suitable date. It was considered essential as part of the process that a pre-consultation stage would be progressed, with indication of early thoughts on the redevelopment being submitted to the joint committee.

A full business case and public consultation would follow. It was noted that this did not preclude any advice being submitted at an early stage. The Trust's dilemma of having firm proposals to consult on, against the need to consult before firm proposals were agreed was recognised.

Mr Adler reported that some areas of the overall pan would not require formal consultation and that a fast-track approach would be undertaken in these cases.

The Chair invited Mr Ball to respond. Mr Ball advised that the plan was likely to be lengthy and the time allowed for responses did not seem adequate. Also, he expressed concern that some areas had been identified as not requiring scrutiny and could be agreed through a fast-track process.

The Chair advised that the questions on how the public and other authorities were to be consulted and how they could become fully engaged in the process required further clarification. The need for full and proper consultation and the principles of the 'Better Care Together' initiative were noted as a reminder of the importance of early engagement.

In response, Mr Adler suggested that there should not be any unnecessary delay with the consultation process and indicated that there would be around three months to respond. He accepted that the documentation was large, but also stated that criticism could equally be submitted if important details were left out of the consultation materials. In terms of bed numbers it was confirmed that since the funding announcement, a further review would take place and it was expected that there would not be a proposal to reduce beds allowing the current levels to be maintained. It was also reported that there was an expected increase in intensive care capacity from 55 beds to approximately 100 beds.

The improved engagement with front-line staff in considering the design of new facilities was also highlighted.

Mr Adler reassured the Commission that the fast-track procedure was not in place to avoid scrutiny and the need to demonstrate transparency in the process was known and recognised.

In response to further questions, the importance of contract compliance and monitoring of contractors was emphasised. It was confirmed that measures to safeguard the budget and expenditure periodically would be addressed in due course. The importance of social value principles being met through the procurement process was highlighted, together with the BREEAM energy efficiency expectations of the new and refurbished buildings.

In terms of the likely timeframe in announcing further details, it was expected that this would be authorised towards the end of November 2019. The detailed business case would then be prepared and it was confirmed that only the expected content would be available in December for the joint scrutiny committee, when arrangements for that meeting were agreed. It was also noted that if some works were expected to be agreed in January 2020, there would be very little opportunity to influence the redevelopment scheme.

Mr Adler confirmed that the business case approvals would follow established protocols and he advised that scrutiny would be fully involved in the process.

The Chair suggested that the statutory role of the joint committee should be revisited to ensure that the process was being correctly followed.

At this point in the meeting, the Chair referred to the Briefing Note circulated by the Trust I respect of the future of properties at Hospital Close and at Jarrom Street. The Briefing Note had ben accepted as ‘Other Urgent Business’ and would be considered later in the agenda.

In terms of the capital receipt expected, Mr Adler responded to a question from the Chair. He indicated that although the although the Trust was expected to obtain the highest capital receipt for any disposal of property, this could be balanced buy a social housing venture. It was suggested that discussions could be held with the City Council to promote such a scheme at Hospital Close.

In respect of Jarrom Street, it was confirmed that the space standards were below the minimum expectations for the units. The concerns had been noted by the Trust and it was accepted that in some instances the units were used for short periods of stay, rather than as full time residential.

In conclusion, the Chair asked that the expressed desire of the Commission that the business case be released as soon as possible be noted by the Trust, and that it be issued as a consultation document and not as an approved programme or design.

The Chair then invited the second questioner, Ms Sally Ruane to put her question to the Commission:

Ms Sally Ruane:

"The Leicester, Leicestershire and Rutland Draft Long Term Plan has been sent to NHSEI but as yet there has been no public engagement on the draft itself. We anticipate that it will be returned for development. How will the Scrutiny Commission scrutinise the draft Plan before it is finalised and what public engagement will you expect to be undertaken?"

A written response was received by Mr Richard Morris (CCG) an read by the Chair, as follows:

The NHS Long Term Plan was published in January 2019. It sets out a vision for developing a new service model fit for the 21st Century. Following publication, existing Sustainability and Transformation Partnerships (STPs) - such as Better Care Together in Leicester, Leicestershire and Rutland - have been asked to develop and implement their own response. We are required to produce a five-year strategic plan outlining what we will do at a local level to deliver upon the national commitments.

In Leicester, Leicestershire and Rutland we are not creating this local response from scratch. Rather, we see it as an evolution of existing plans which have been published and engaged upon widely over the course of recent years. Indeed, many of the NHS Long Term Plan priorities are consistent with those of Better Care Together and our collective ambitions which we have previously set out in both 2016 and again in 2018.

Ensuring that the views of the public are properly considered is important in helping us to develop our local plans. This is why we have, as part of the process, reviewed the understanding and insight that has been gathered from patients and the public through ongoing engagement and involvement over the course of recent years. As part of this process we have thematically examined 74 existing local reports, produced by NHS bodies and other local organisations, which represents feedback from approximately 13,500 local people - including staff, patients and carers – and which is directly linked to the themes of our local response. Much of this work dates from within the last 2-3 years and provides a rich understanding of what people want from local NHS services now and in the future.

These findings have been combined with specific feedback gained through bespoke engagement activities undertaken by Healthwatch Leicester and Leicestershire and Healthwatch Rutland during the Spring of this year. This was as part of a national exercise, commissioned by NHS England, to engage with the public on the Long Term Plan and provide local views that would help inform the development of our local response.

In total more than 600 pieces of feedback were received and considered from this Healthwatch work, which alongside the insights from the 74 local reports and 13,500 pieces of feedback identified above, have been intrinsic in developing the local plan.

The draft plan is currently going through internal and external governance processes and it is expected that the document will be published prior to Christmas – after which patients and the public will have the opportunity to comment upon its contents. Alongside the plan, once published, will be a separate summary document that draws together the main themes from the analysis of patient and public involvement undertaken to date and how this has been used to inform the plan's development. It will also identify priority areas for future engagement.

As a system we remain committed to continuously involving people in the co-design and co-production of the services and care they receive. This will be undertaken during the lifetime of the five-year plan, particularly where specific developments are planned, prior to implementation.

The Chair invited Ms Ruane to comment.

Ms Ruane referred to the earlier debate concerning the redevelopment plans of the hospital and stated that the plans will only work if services in the community were adequate and in place, to absorb the expected demand on them.

Mr John Adler responded by saying that consultation would coincide with the redevelopment plans and suggested that the timing of the issues was welcomed, as it gave an opportunity to execute the aspects of the longer term plan. He advised that the process would be carried out in the public domain and that influence on the transformation pans would be obtainable.

AGREED:

That the Questions and their responses be noted.

34. PETITIONS

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

35. LEICESTER, LEICESTERSHIRE AND RUTLAND URGENT AND EMERGENCY CARE - TRANSFORMATION PLAN

Yasmin Sidyot (Acting Director UEC) submitted the Leicester, Leicestershire and Rutland (LLR) Urgent and Emergency Care Transformation plan and gave a presentation to outline the key points. She advised that the content of the presentation had originally been collated for the purposes of regulators.

It was noted that the vision was to create a health and care system that provided responsive, accessible person-central services as close to home as possible. In order to meet important and significant targets and deliver safe, high-quality, cost effective care for patients in LLR, local health and social care partners and agreed the Transformation Plan. This set out the plans to deliver the vision for urgent and emergency care and the priorities had been set out into the following key work programme areas:

- Integrated Urgent Care
- Ambulance
- Urgent Treatment Centres
- Hospitals
- Reduction in length of stay
- Digital

The separate aspects affecting each of these key programme areas were described.

The Commission noted the findings and the methods involved in the formation of the plan. Concern was expressed at the lack of available GP Surgery consultations, arising from complaints from constituents, which had led to an increase in visits to emergency or urgent treatment centres.

The work undertaken to increase access to GPs was reported and accepted and it was noted that another emergency area facility may be proposed in the city based on known data. The lack of suitable access to GPs was recognised as a national problem.

The rapid decline in care home provision was also noted and the need to maintain high standards of care were explained. In terms of assessment, it was clarified that qualified social workers as well as nurses were involved in the process.

The effect on the vulnerable and elderly by the move to digital solutions was raised, together with patient transport changes. The work undertaken to minimise disruption and upset was discussed and it was noted that the move to digital was not intended to completely replace other services, but that those who could use digital solutions were being encouraged to do so.

In response to a question concerning the disagreement with EMAS in regard to ambulance handover processes, the situation was clarified and it was noted that assurance that sufficient practices and safeguarding were in place had since been given.

The need to ensure that mental health investment was in line with funding of physical health services was emphasised and noted.

In conclusion, it was noted that without tackling the GP access issue, visits to A&E and Urgent Treatment Centres would continue, with the ambition for another centre in the city being welcomed.

AGREED:

That the position be noted and a further report be submitted in due course as an update.

36. UPDATE ON MANIFESTO COMMITMENTS

The Assistant City Mayor (Health), Councillor Dempster, presented a report of the Director of Public Health, which provided an overview of the manifesto pledges relevant to the Commission.

In respect of the proposals to ensure the availability of free sanitary items, it was suggested that a trial project be established to ensure that the accessibility to products was available at a wider number of Council and other public buildings.

In respect of the proposals concerning access to leisure services, the removal of 'pay per sessions' was expressed as a concern.

It was reported that many elderly and vulnerable people that enjoyed the benefit of the facilities may become excluded. It was considered that these users would not be able to access private facilities and the 'public ownership and access' of leisure centres should be maintained.

A progress report was requested.

AGREED:

1) That the nine health and wellbeing areas be noted;

2) That the focus of the work being undertaken be noted, and a follow up report be submitted to the meeting of the Commission to be held on 2 April 2020; and

3) That the follow up report include further information and options concerning the charging policies at Council owned Leisure Centres, and other associated facilities.

37. WORK PROGRAMME

The Health and Wellbeing Scrutiny Commission's Work Programme for 2019/20 was submitted for information and comment.

It was noted that the next meeting of the Commission would focus on Mental Health issues.

It was advised that specific comments on the programme could be forwarded separately to the Scrutiny Policy Officer.

AGREED: That the Work Programme be noted.

38. ANY OTHER URGENT BUSINESS

(i) UHL TRUST BRIEFING PAPER

The Chair referred to the Briefing paper submitted by the UHL, relating to Hospital Close and Jarrom Street, which he had accepted as Urgent Business.

The detail of the briefing note had been discussed during item 6 Questions (Minute item 33).

39. CLOSE OF MEETING

The meeting closed at 8.32 pm.

Appendix B

Details of the 0-19HCP offer in Leicester City

Date of Commission meeting: 5th December 2019

Lead Director: Ivan Browne

Useful Information:

- Ward(s) affected: All
- Report author: Clare Mills, Children's Commissioner
- Author contact details clare.mills@leicester.gov.uk Tel 374617
- Date of Exec meeting TBC

1. Summary

The 0-19 Healthy Child Programme:

- Is commissioned by Public Health, on behalf of Leicester City Council.
- Is based on a national specification, shaped by local need.
- Is an early intervention and prevention programme that is offered to every family with children and young people aged between 0-19 years living in Leicester city.
- Offers evidence-based developmental reviews, information and interventions to support the healthy development of children and young people.
- Provides support to children and young people in a confidential, visible, engaging and accessible way.
- Identifies levels of need and those who need more help will be provided with additional, evidence-based support, appropriate to their needs.

0-19HCP is the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. The specification for the service commissioned in Leicester is developed from a combination of the national specification, national and local data, and an understanding of local need.

The 0-19 Healthy Child Programme (0-19HCP) is known locally as Healthy Together and is delivered by the Families, Young People's and Children's (FYPC) Division of Leicestershire Partnership NHS Trust (LPT), who also deliver across Leicestershire and Rutland.

Healthy Together is a high performing service with national performance data showing that the service delivers above the England average for Health Visiting metrics.

This paper provides an overview of what the service offers.

2. Recommendation(s) to scrutiny

Scrutiny are asked to note the information contained within this paper.

3. Supporting Information

Context
Giving every child the best start in life is crucial to improving health outcomes and reducing health inequalities across the life course and is recognised as a fundamental action in helping our population live healthy, happy lives and supporting individuals to fulfil their potential. It is a key theme of the Leicester City Health and Wellbeing strategy.

The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. Early years have a lifelong effect on health and wellbeing, educational achievement and economic status. 0-19HCP is the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. In Leicester, comprises of mandated, and non-mandated, contacts, a digital offer, evidence-based interventions for children and young people and safeguarding.

Leicester Context
Leicester City has a young population and a higher birth rate than the national average. Children's health is improving in a number of areas but remains significantly worse than the national average in a large number of areas. The links between deprivation and short and long term health outcomes for children are well documented and 41% of Leicester's population aged 0-15 years live within the 20% most deprived areas nationally.

Numbers of children who are overweight and obese is a significant concern in the city with too many children being at risk of the health consequences associated with excess weight and too many children becoming at increased risk as the move through childhood. One in ten 5 year olds in the city is overweight or obese with this rising to almost one in four by the age of 11. Oral health is an area where targeted efforts have led to real improvements but still remains a topic of real concern with high rates of poor oral health across the city. Emotional and mental good health is recognised by children and young people as a health priority across Leicester. Whilst rates of hospital admissions for a mental health issue are similar to the national average it is recognised that there is a need to increase the emphasis on intervening early and promoting resilience and timely action.

Healthy Together Leicester City Offer
Healthy Together has been provided by FYPC since 1st July 2017. Despite a backdrop of reducing budgets, FYPC are considered an Excellent Provider by LCC contracts team as they have been able to successfully deliver against all mandated bar one (an aspirational target that they missed by 1%) and rank high against national comparators and above the England average (ONS).

The High Impact Areas that Healthy Together prioritise across 0-19 are:

- Emotional health and wellbeing and building resilience, self-esteem and confidence
- Transition to parenthood
- Maternal mental health
- Breastfeeding

- Healthy weight, healthy nutrition and oral health
- Managing minor illness and accident prevention
- Health, wellbeing and development of child age 2
- Support to be ready for school
- Addressing risky behaviour
- Supporting vulnerable families
- Maximising learning and achievement

Healthy Together includes:

- **Public Health Nurses** delivering the universal **Health Visiting** service, including 5 mandated contracts, evidence-based packages of care, CONI (care of next infant), a digital offer and safeguarding. Caseloads in the City are currently higher than the recommended 250 per Public Health Nurse and the number of Public Health Nurses (Health Visitors) is back to almost per call to action levels. Each Health Visitor sees about 20 Children a week. About 80% of their caseloads is universal (meaning they are only seen at the 5 mandated contacts) and 20% require more targeted interventions, including safeguarding. Healthy Together consistently deliver above the national average on the national metrics.

- **Public Health Nurses** delivering the universal **School Nursing** offer, including evidence-based packages of care, a free confidential text service, a universal digital health contact in year 9, administration and delivery of the mandated National Child Measurement Programme (NCMP) and safeguarding. The School Nursing service is universally available to all children, but not all children need to use the service (unlike Health visiting with its 5 mandated contacts). School Nurses are Public Health Nurses who deliver baseline health assessments to all children they see, and from this they develop an appropriate package of evidence based care following protocols laid out in the Standard operating guidance (SOG). School Nurses do not run the sick bay, are not responsible to giving out sanitary products and are not nit nurses. Each Secondary School, and its feeder Primary Schools have Public Health Nurse (School Nurse) responsible for delivering the service in their Schools. Public Health Nurses (School Nurses) have a case load of about 500 children across the whole service, many of these cases are complex and involve safeguarding. About 20% of contacts are about Mental health and Wellbeing. Each Public Health Nurse has contact with about 20 Children per day.

- Public Health Nurses delivering **Early Start**, an intensive, evidence-based service supporting first time pregnant women with a range of additional vulnerabilities including current or childhood trauma and loss, being a young mum, mental or physical health problems, substance misuse, learning difficulties and complex social situations. Support is offered from early pregnancy to the child's 2nd birthday. Evidence based practice is used to support bonding and attachment, promote healthier relationships, support child development, and increase parental knowledge and skills and increase safer choices. Due to the complex nature of this work, caseloads are small – about 25 families per Public Health Nurse.

- The **Specialist Infant Feeding team** is made up of Public Health Nurses, who offer Breastfeeding specialist support for women struggling to feed

successfully. In addition there is **volunteer lead peer support** either in a group, one to one or via Whatsapp. The volunteer lead support is delivered by Leicester Mammas.

- **Oral health promotion** including brief interventions at all mandated contacts and the co-ordination and distribution of 'Healthy Teeth Happy Smiles' resources including toothpaste, tooth brushes, free-flow cups and supporting literature.

- Development and co-ordination of a **Healthy Settings Programme** for Early Years settings such as nursery's, with the aim of to imbed healthy eating into their core offer.

- Co-ordination and distribution of free **Healthy Start** vitamins for pregnant women and mothers and children up to the age of 4 who receive certain benefits, and promotion of the Healthy Start Vouchers to all eligible families.

- Child Weight Management Service **(FLiC)** offering physical activity and nutritional support and guidance to families to help them achieve and maintain a healthy weight. Places are mostly filled through automatic opt-in after NCMP but families can self-refer too. The whole family is invited to attend a six week course. The children will do a physical activity session with a trainer whilst the parents have a session with the dieticians. In the second half of the session the parents and children are together to focus on nutrition and usually have a go at making a healthy snack together.

Commissioning 0-19 HCP

School Nursing has been the responsibility of LCC since April 2013, and Health Visiting since October 2015. The current contract began on 1st July 2017 and is due to expire 30 June 2021, though LCC are seeking a contract extension till 31st March 2022.

Before coming into LCC, School Nursing and Health Visiting were commissioned separately at a combined cost of £10,367,500 p/a. The current budget is a 20% reduction, at £8,165,000.

4. Financial, legal and other implications

4.1 Financial implications

There are no direct financial implications arising from this report.

Rohit Rughani, Principal Accountant, Ext 37 4003

4.2 Legal implications

The report is to note the existing service provision with no forward action proposed within this report, therefore there are no direct legal implications arisings. There is mention of a contract extension being sought for which legal advice is being sought.

4.3. Climate Change implications

There are no significant climate change implications associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

4.4 Equality Impact Assessment

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

The Healthy Child Programme is a universal programme that aims to ensure that every child gets the good start they need to lay the foundations of a healthy life by developing improvements in health and wellbeing. It is an early intervention and prevention programme that is offered to every family with children and young people aged between 0-19 years living in Leicester city.

There are likely to be positive effects for children from earlier identification of development needs, but the main benefits are likely to be over the lifetime of the child. Preventing and addressing problems in maternity and childhood lays the groundwork for a healthy and well life and can help stop poor health being passed down generations, reduce inequalities and improve infant, maternal and child health.

Surinder Singh Equalities Officer Tel 37 4148

Appendix C

Health and Residential Space Standards

For consideration by: Health and Wellbeing Scrutiny Commission

Date: 5 December 2019

Lead director: Ivan Browne

Useful information

- Ward(s) All
- Report author: Sandie Harwood, Programme Manager: Healthy Places
- Author contact details: sandie.harwood@leicester.gov.uk

1. Purpose of report

- To provide a view on factors that make for healthier homes and neighbourhoods and the specific role of residential space standards on this.
- To provide details of collaboration between the Public Health and Planning departments, in respect to residential space standards.

2. Report Summary *(to highlight key info /issues)*

2.1 Public health seeks to highlight that the built and natural environments we develop and live in can significantly influence a person's ability to adopt and maintain healthy behaviours. Therefore, policy and practice related to these environments should be carefully considered for their potential impacts on local patterns of health and health inequalities.[i]

2.2 Some of the UK's most pressing health challenges, such as, obesity, mental ill health, premature morbidity and mortality, can all be influenced by the quality of the built and natural environment we are exposed to[ii].

2.3 Housing, specifically, is a foundational determinant of health across the life course. To support health, it needs to be designed and constructed in a manner that helps people to live independently, safely and well. Unsuitable or 'unhealthy' housing is known to have serious long-term effects on physical and mental health and wellbeing.[iii] These risk are particularly associated with cold and hazardous homes, those that don't meet the households needs (where the home is overcrowded or inaccessible) or a home that doesn't provide a sense of security.[iv] In 2017 it is estimated that the effects of unsuitable homes cost the English NHS at least £1.4bn per year and wider society over £18.6bn.

2.4 The adverse health effects associated with a lack of space, overcrowding, damp and cold, are linked to a range of conditions and diseases in children and adults, including respiratory conditions, tuberculosis, meningitis and poor mental wellbeing and social cohesion.

2.5 Public health considers that the adoption of residential space standards, amenities and facilities can help to protect and promote the health and wellbeing of residents of Leicester City through the prevention of ill health across the life course.

2.6 Leicester's Joint Health and Wellbeing Strategy 2019-2024[v] recognises the wider environment-oriented factors and subsequently has 'Place' as one of its five key themes for health improvement. This strategy clearly acknowledges that some of the

shaping of the 'healthy' built and natural environment needs to be supported by Planning policy and practice.

2.7 Locally, public health has advocated for an increased focus on the health and wellbeing-related outcomes from Planning policy and activity through:

- An extensive response to the 2nd Stage Local Plan Public Consultation, which included a review of the evidence of the health impacts of housing
    - This calls for heed to be taken in the development or alteration of housing serving groups where risks to health and wellbeing from poorer housing are greater. These groups include children, and their families; people with long-term conditions, mental health issues and/or learning disabilities; people recovering from ill health, older people, people who spend a lot of time at home such as carers, low-income households, and people who experience multiple inequalities (inclusion health groups)
- Collaboration with Planning on the recent *Corporate Guidance - Achieving Well Designed Homes: Residential Space Standards, Amenities and Facilities* (August 2019), around:
    - a short section detailing the negative health impacts of limited and poorly designed residential space, amenities and facilities and the positive health and wellbeing gains from a built and natural environment that is sensitive to the needs of the population
    - an appendix offering basic Health Impact Assessment (HIA)[1] guidance for developers, in collaboration with Planning colleagues.

2.8 In 2015, the Government issued the Nationally Described Space Standards (NDSS) around the nature and size of residential accommodation. For these to be adopted, a local authority must prove local need for such, unless locally developed space standards are included in the existing Local Plan, which is not the case for Leicester.

2.9 Leicester is looking to fulfil the series of tests which allow for NDSS adoption. A Corporate Working Group has therefore developed guidance - *Corporate Guidance - Achieving Well Designed Homes: Residential Space Standards, Amenities and Facilities* (August 2019) in response to 'concerns…about the amount of residential development that has been completed recently in Leicester which includes small units (i.e. below the Nationally Described Space Standards- NDSS), with unsatisfactory levels of residential amenity and the consequential health and social impacts on both individuals and on the character of parts of the city'.

[1] The most widely used definition for HIA is that from the European Centre for Health Policy (1999) Gothenburg Consensus:

> 'A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population'.

However, as the practice of HIA evolves, other definitions are being offered and the following definition emphasises the critical nature of collaboration and the multiple understandings of health and wellbeing, based on the varying viewing points, including the power of the participants and evidence-creators:
'...a process through which evidence (of different kinds), interests, values and meanings are brought into dialogue between relevant stakeholders (politicians, professionals and citizens) in order imaginatively to understand and anticipate the effects of change on health and health inequalities in a given population'

2.10 Developers are ‘encourage[d] to use the NDSS in proposals, and [reassured that] through application of this Guidance the Council will receive NDSS compliant developments positively’.

2.11 Space standards are particularly important for Affordable Housing, as this is usually let at full occupancy. The Council’s ‘Housing Division leads by example on this issue: [with] all new council homes built since 2010 have been built to the council’s former “Space Standards for Affordable Housing” and all new proposed new build council homes will be built to NDSS’.

2.12 The application of space standards makes for a better home environment as they tend to lower tenancy turnover, which is more likely to render health and wellbeing benefits through ‘more settled neighbourhoods, a greater sense of belonging and less anti-social behaviour’.

2.13 In addition to the application of space standards, The Housing Health and Safety Rating System is a requirement of the Housing Act 2004 and is ‘a method for local authorities to assess housing conditions. The key principle of the system is that a dwelling, including the structure, outbuildings, amenity space, means of access etc. should provide a safe and healthy environment for the occupants and any visitors.’ This is another Planning vehicle that can be used too support the health and wellbeing of our population.

2.14 Building regulations also encompass powers to ensure ‘the health, safety and well-being of the public’.

2.15 When the Council sells land and property for residential development, any bids received are required to meet Council ‘expectations towards residential amenity’ and adherence to adopted local planning, housing, health and wellbeing policy. The degree of compliance in these areas would typically inform the final decision-making process.

2.16 Therefore while pursuing adoption of the NDSS is positive, it should be recognised as but one available Planning lever to support and protect health and wellbeing. Multiple health and wellbeing protective and supportive measures exist in the current Local Plan and more have been proposed in the forthcoming draft Local Plan.

3. Recommendations

3.1 Scrutiny members are asked to:

- Note the efforts being made to gather evidence to support NDSS adoption
- Note that other health and wellbeing-protective measures are entrenched within this Guidance and in the draft Local Plan, for residential developments.

4. Financial, Legal and other implications

There are no direct financial implications arising from this report.

Rohit Rughani, Principal Accountant, Ext. 37 4003

Legal implications

There are no direct legal implications arising from this report at this time.

Mannah Begum, Principal Solicitor, Commercial and Contracts Legal, Ext 1423.

Climate Change and Carbon Reduction implications

There are no direct climate change implications associated with this paper. However, housing is a vital area to address in tackling the climate emergency, as it is responsible for a third of the city's overall carbon emissions, and there are many links between healthy and sustainable housing, such as the need for sufficient daylighting and good insulation.

Aidan Davis, Sustainability Officer, Ext 37 2284

Equalities implications

Under the Equality Act 2010, public authorities have statutory duties, including the Public Sector Equality Duty (PSED) which means that, in carrying out their functions they have to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Whilst there are no direct equality implications arising from this report, the adoption of the Nationally Described Space Standards (NDSS) should lead to improved outcomes for people from across a number of protected characteristics and should help towards advancing equality of opportunity and fostering good relations by having housing designed to support people to live independently, safely and well.

Sukhi Biring, Equalities Officer, 454 4175

6. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

7. Is this a "key decision"?

No

References

[i] Select Committee on National Policy for the Built Environment, Building better places. 2016. Report of Session 2015-16 - HL Paper 100
https://publications.parliament.uk/pa/ld201516/ldselect/ldbuilt/100/10006.htm#_idTextAnchor045

[ii] Select Committee on National Policy for the Built Environment, Building better places. 2016. Report of Session 2015-16 - HL Paper 100
https://publications.parliament.uk/pa/ld201516/ldselect/ldbuilt/100/10006.htm#_idTextAnchor045

[iii] Shelter, *The impact of housing problems on mental health* (2017)
[iv] Public Health England, *Improving health through the home* (2017)
[v] Leicester City Council. 2019. The Joi8nt Health and Wellbeing Strategy 2019-2024
https://www.leicester.gov.uk/media/185984/joint-health-and-wellbeing-strategy-2019-2024.pdf

NHS
Leicester City
Clinical Commissioning Group

MEDICINES OPTIMISATION – THIRD PARTY ORDERING OF REPEAT PRESCRIPTIONS

Introduction to medicines optimisation

1. The CCG has a team of experienced Clinical Pharmacists and Pharmacy Technicians that lead the Medicines Optimisation Agenda (also supporting GP practices to do so). This team looks at the value that medicines deliver, making sure they are clinically effective and cost efficient, and safeguards the best use of the prescribing budget for the CCG which is approximately £52 million per annum.

2. Medicines optimisation is defined as 'a person‑centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'. Medicines optimisation applies to people who may or may not take their medicines effectively.

3. The aim of the Medicines Optimisation agenda at national, regional and local level is to help patients to:
   - improve their outcomes;
   - take their medicines correctly;
   - avoid taking unnecessary medicines;
   - reduce wastage of medicines;
   - Improve medicines safety.

4. This is important because:
   - One quarter of the population has a long-term condition;
   - One quarter of people over 60 have two or more long-term conditions;
   - With an ageing population, the use of multiple medicines (known as polypharmacy) is increasing;
   - Between 30 and 50% of all medicines prescribed for long-term conditions are not taken as intended.

Third party ordering and repeat prescription processes

5. Prescribing is the most common patient-level intervention in the NHS and is the second highest area of NHS spending, after staffing costs.

6. Repeat prescriptions (ongoing prescriptions for long-term conditions) make up approximately 60-75% of all prescriptions written by GPs, and account for approximately 80% of primary care prescribing costs. The majority of prescriptions are dispensed by community pharmacies, with a small number dispensed by dispensing appliance contractors, usually for stoma and incontinence products.

7. Managed repeat prescriptions services are where community pharmacies (or appliance contractors) request repeat medication from the GP surgery on behalf of the patient, with the patient's consent. Such services are offered by most, if not all, community pharmacies and appliance contractors. In this model the pharmacy or contractor orders

medications on behalf of the patient. This is commonly referred to as “third-party” ordering and should be managed in line with strict standard operating procedures (SOPs). Requests should only be made for those medicines that the patient has indicated are currently required. There should not be blanket requesting of all items that sit on a patients repeat as these may not be required and can lead to over-ordering and serious wastage. Each request should only be made with the explicit consent of the patient.

8. This service is not provided as part the Community Pharmacy Contractual Framework and therefore is not offered by all pharmacy contractors, nor is it funded nationally or supported by any national guidance. However it is the commercial and financial interest of pharmacies to offer such a service.

9. Appropriately managed and robust repeat ordering systems can offer benefits to patients, carers, practices and the NHS as a whole. Such services improve patient convenience and reduce confusion for patients and ensure that they do not run out of medication whilst GP practices are closed. This prevents unplanned hospital admission or visits to hospital A&E departments seeking repeat medication, or even patients putting themselves at risk by not taking their medication. Such services also allow GP practices and pharmacies to streamline their workforce and resources.

10. However poorly managed repeat prescribing practices can lead to significant medicines waste, medicines hoarding and poor patient outcomes. It can also lead to unsatisfactory working relationships between community pharmacies/appliance contractors and GP practices.

11. Failure to follow strict process occurs when patients are not consulted to ensure only medication that is actually required is ordered. This poses a number of risks, including:

    - Inaccurate GP records, as these records indicate that the medications are being prescribed on a monthly basis with the assumption that they are being taken or used. If this is not the case this can lead to escalation of treatment, which may pose greater medication risks.

    - Significant waste. The most expensive medication is the one that is not taken. The ordering and dispensing of medication that patients do not require not only causes a significant medication waste (it has been estimated that prescription items worth around £300 million are wasted each year in primary care) but also poses the risk of medication hoarding, being accessible to children, or being diverted/sold to others who have not been prescribed that medication.

    - Repeat medication should be requested using the right hand side of script (known as the repeat slip), which details the current list of repeat items held on the GP clinical system.

    - Some pharmacies are now moving away from this process and are using their own pharmacy systems to produce a repeat list. The danger of this system is that they are using their own records (as opposed to the official repeat list on the right hand side held by the GP practice). This can lead to inappropriate requests and additional risk of patients being prescribed and taking medication that they are no longer meant to be taking. In a recent example from one of our GP practices a pharmacy made a request using their own system and requested a controlled drug item that had been discontinued more than 6 months previously.

- Inappropriate requests for antibiotics also occur, which causes increased workload for GP practices and leads to the inappropriate use of antibiotics - conflicting with the local and national drive on this matter.

12. In response to this issue, locally, the CCG has reviewed the whole process of repeat prescription ordering as well as the management and patient self-care around repeat medication and long-term conditions. The CCG has put forward to practices a number of recommended actions, which culminates in changes to third party ordering of prescriptions. The actions are as follows:

    - Practices will be encouraged to undertake a review of current processes of repeat prescription management. This involves general housekeeping to ensure current systems are safe, appropriate and follow national and local best practice.

    - Practices are encouraged to further promote and support the use of online services for patients to order their repeat medication, where they are able to do so, and provide patient training to facilitate this.

    - Support greater use of electronic transfer of prescriptions (EPS) and Electronic Repeat Dispensing (eRD) (batch prescriptions for consistent repeat orders). This means that patients and/or a third party do not need to order medications monthly as a prescription will be authorised for a set time period and number of repeats. Guidance on supporting the above initiatives has been provided to practices.

    - The final stage of this process would be a carefully managed implementation programme to reduce patient reliance on third party ordering across Leicester City, taking account of learning from areas where this has already being implemented.

13. Safe and effective management of repeat prescriptions by all parties involved is crucial to keep patients safe and well informed about their medication. This includes the prescriber, the dispenser and the patient.

14. Encouraging patients to manage their own repeat medication, where they are able to do so, is demonstrated to increase their knowledge and ownership of their medicines and their condition. It also allows for the identification of vulnerable patients that may require access to support with prescriptions from community pharmacy appliance contractors or their GP practice.

15. Areas that have implemented a reduction of third party ordering have demonstrated considerable reduction in unwarranted prescribing expenditure because the patient only orders what they actually need. Patients can continue to use paper-based repeat prescriptions or online ordering and electronic transfer of prescriptions.

16. A proposal for implementing the four elements of a repeat ordering process was presented to the CCG in January 2019, with a further in July 2019 to detail the approach for third party ordering. Implementation is due to commence from 30th September 2019.

17. This built upon engagement with patients, general practices and pharmacies to understand their views in relation to current processes and the proposals. Of the patient engagement, which garnered 169 responses, approximately 75% of patients said that they already order their own repeat prescriptions. Of those that didn't, many acknowledged that they often receive too much medication because they are not specifically asked what they need, or there are items on the repeat list that they no longer require.

18. Patients said that if changes were to take place in regards to third-party prescribing 63% wanted to be able to order repeat medications from their practice through the internet, 18% by phone and 10% by hand delivery to the practice. This feedback has been taken into account as part of the implementation, with practices encouraged to ensure that provision is in place for each of these methods.

19. A number of actions are now being taken to support practices with implementation. These include:

    - A communications campaign including updates to CCG website, social media accounts, messages displayed via GP practice TV screens, and traditional media.
    - Full dialogue with, and advance notice to, the Local Pharmaceutical Committee to ensure that all community pharmacy and other third party providers are aware of scheme.
    - Support to member practices to help identify vulnerable patients who will still require help with ordering their prescriptions.

20. The CCG will provide support from 30th September and practices will be able to implement the initiative within their own timelines between October 2019 and March 2020. This support includes access to CCG pharmacists to ensure safe and effective implementation in accordance with the above timeframe, working in partnership with community pharmacies and appliance contractors that serve their practice population.

21. Implementation of the scheme, and any adverse impact, will be kept under review by the CCG.

Health and Wellbeing Scrutiny Commission

Work Programme 2019 – 2020

Meeting Date	Topic	Actions arising	Progress
4th Jul 19	1. Merlyn Vaz Health and Social Care Centre 2. Primary Care Networks 3. NHS Long Term Plan 4. Public Health Overview		
29th Aug 19	1. Primary Care Strategy 2. Community Health Services Redesign 3. Leicestershire Partnership NHS Trust		
10th Oct 19	1. LCC Update on Manifesto Commitments 2. UHL new developments following funding announcement 3. CCG report on LLR Urgent & Emergency Care Transformation Plan 2019/20 4. Hospital Close and Jarrom Street re: future plans and health workers accommodation		
5th Dec 19	1. 0-19 Children's Offer 2. All-age Mental Health Transformation Programme 3. Strategic Outline Case for the Rebuild of the Bradgate Unit 4. Public Health Contribution to Minimum Space Standards 5. Prescribing Update		

Appendix E

Meeting Date	Topic	Actions arising	Progress
30th Jan 20	1. Council's Budget 2. Strategic Outline Case for the Rebuild of the Bradgate Unit 3. UHL Priorities 2020/21 4. Maternity Services 5. Public health & council's food plan 6. NHS local plan for Leicester - proposals 7. CCG Merger Plans – Feedback from Stakeholders	More detailed report once the case has been approved	
2nd Apr 20	1. Strategic Business Case for the Rebuild of the Bradgate Unit 2. Childhood Obesity		

Forward Plan Items

Topic	Detail	Proposed Date
Young People's Council's Mental Heath Report	Discussions to be had with the YPC about the best way to bring this to scrutiny.	
Childhood Obesity	To be included on the work programme once Public Health Data has been released.	April 2020
Public health & council's food plan	Commission to receive a report	January 2020
NHS local plan for Leicester - proposals	To arrange members briefing tbc	January 2020
Council's Local Plan	Commission to be updated on progress re: key areas relating to health scrutiny	
JOINT SCRUTINY WORK	10th September 2019 – Joint Scrutiny of 'Better Care Fund (BCF) Annual Report' including work with NHS and Over 85s. Health scrutiny members invited to attend Adult Social Care Scrutiny Commission meeting.	