



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 30 JANUARY 2020 at 5:30 pm

P R E S E N T :

Councillor Kitterick (Chair)

Councillor Aldred
Councillor Chamund
Councillor March

In Attendance:

Councillor Clarke, Deputy City Mayor - Environment and Transportation
Councillor Dempster, Assistant City Mayor - Health

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54. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Fonseca (Vice Chair), Dr Sangster and Westley, and from Micheal Smith (Healthwatch).

55. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

56. MINUTES OF PREVIOUS MEETING

AGREED:

that the minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 5 December 2019 be confirmed as a correct record.

57. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

Councillor March commented that she had not yet been updated concerning the continuity of health visitors and related issues in that service as requested at the previous meeting.

58. PETITIONS

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

59. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that a question had been received, in accordance with the Council's procedures.

Jean Burbridge was invited by the Chair to present her question, as follows:

“Will the University Hospitals of Leicester NHS Trust place its Pre-Consultation Business Case, financial plan and any other relevant detailed plans on the reconfiguration of its three hospitals into the public domain at least two months in advance of any formal 'consultation' process?”

Will they also explain details of how its plan fits in with the wider Better Care Together Long Term Plan for Leicester City, Leicestershire County and Rutland County (LLR) including details of Community (Health) Services Review.”

It was reported that an electronic copy of a petition had been sent to the Joint Health Overview Scrutiny Commission signed by 369 residents of LLR requesting similar to the above. The wording of that petition was also submitted for consideration.

The Chair welcomed Andy Williams as the newly appointed Chief Executive of the LLR CCGs and invited him to respond.

It was reported that the pre-consultation period had also been the subject of consideration at the Joint Health Scrutiny Committee, held recently at the County Council. It was noted that at the business case including financial aspects was at a point where it would be submitted to Government bodies and that public consultation would continue in accordance with agreed procedures, following that pre-consultation period.

In response and having been invited to ask a supplementary question, Jean Burbridge suggested that the advice given to the Joint Committee had been different to that reported and cited examples of other consultations nationally where the information on consultation was made much clearer to the public.

In response the Chair commented that once the pre-consultation period had been completed, which it was considered had caused significant confusion, the process would be progressed.

It was accepted that the details and coordination of the process should be better explained to the public.

In conclusion it was also noted that the reconfiguration plans were to be discussed at a subsequent agenda item.

60. OVERVIEW OF LEICESTER MATERNITY SERVICES

The Director of Strategy and Communications (UHL NHS Trust) submitted a briefing paper on the overview of Leicester's Maternity Services.

The positive data and the encouraging results resulting from the various ongoing initiatives were welcomed by Commission members.

In considering the details in the report concerning the maternal mortality rate and in response to a question it was confirmed that the rate was not high in terms of national comparison. A further detailed breakdown of the data could be supplied to Councillors on request.

In respect of the 'Bounty' Contract, where free packs were provided, reassurance was provided on the checks in place and the monitoring of complaints, it being noted that this was often seen as an intrusive offer of support. The details of the contract were regularly reviewed to ensure its effectiveness and suitability.

The Chair referred to the significant results in regard to the maternity services having the lowest smoking at delivery rate and the best breast-feeding initiation rates. It was confirmed that this had been achieved through enhanced partnership working and engagement leading to increased referrals, over a number of years.

In terms of other data, it was confirmed that the EMRACE results and weblinks could be supplied to members of the Commission separately.

AGREED:

1. That the update report be received and welcomed.
2. That associated weblinks and any further details of data and results be shared with Commission members.

61. CCGS CONFIGURATION

The Chief Executive of the LLR CCGs submitted the consultation document "The Role and Form of a Single Strategic Commissioner for an Integrated Care

System in Leicester, Leicestershire and Rutland”.

Commented was made on the ongoing conversations with key partners where the influence of the CCG and the improvement plans would positively affect communities. This had included a large number of organisations and had dealt with aspects including clean air, criminal justice, neighbourhood services, and carers.

The Chair referred to the need to ensure that those ongoing conversations were linked and noted that the Health and Wellbeing Board and other organisations were all commenting on the reconfiguration plans concurrently. In response it was confirmed that the changes proposed were being properly considered and responses were being addressed and collated. The responses concerning the position and identity of Rutland was reported and noted.

Details of the proposals aimed to remove the three separate CCGs to ensure a coordinated and combined purpose were emphasised. Reassurance was provided that the necessary confidence of partners and the trust in relationships was evident. In terms of structures it was confirmed that some management roles would be removed from the revised arrangements and that Board and management meetings would also be reduced as working practices would become more streamlined.

In summary the Chair commented on the case for change and referred back to the formal Question submitted earlier requesting clearer definition of the consultation process.

It was confirmed that the results of the public consultation would be reported to the Commission in due course.

AGREED: That the consultation document and update be noted.

62. GENERAL FUND REVENUE BUDGET 2020/21 TO 2021/22

The Director of Finance submitted the draft report due to be considered by Council on 19 February 2020, which outlined the City Mayor’s proposed budget for 2020/2021.

It was clarified that the proposed budget was for one year, as significant changes that were expected to local government finance, including the Fair Funding Review and delayed decisions concerning the extent of future Business Rates retention remained unclear.

It was noted that revised funding of the Public Health Grant had been cited within the review of business rates, but that decision had not been made by Government.

In response to questions the Director of Public Health confirmed that no significant changes had been included in the budget, although some pressures existed in terms of the delivery of some services. In this regard it was clarified

that the provision of pre-exposure treatment to prevent HIV transmission would be a responsibility of the Council's Public Health service from 1 April 2020, but details of the likely funding stream had not been identified to date. It was confirmed that the necessary funding of the service would need to be met by the Council and would not be part of wider NHS budgets. It was currently unclear whether there would be any earmarked funding from NHS England or the Department of Health to support the Council and it was confirmed that the service would not be inexpensive and would likely have an adverse effect on the budgets of city authorities such as Leicester.

In terms of other pressures, the adverse effect on the budget of NHS salary increases to meet inflation was explained and recognised, where the Council acted as an employer through commissioning. It was noted that the Council was responsible for the uplift in payments with no support from government.

In conclusion, the Spending Review Programme was discussed and the Assistant City Mayor (Health) confirmed that items would be submitted to and discussed by scrutiny. It was noted that there were no expected items during the period of the proposed budget that involved any significant impacts on existing services.

AGREED:

1. That the report and proposed budget to Council be noted.
2. That updates concerning the impact of the Pre-exposure to HIV service and its funding be submitted to a future meeting of the Commission at the appropriate time.
3. That any other significant impacts on services as a result of the Spending Review Programme be submitted to a future meeting of the Commission at the appropriate time.

63. LOCAL PLAN AND HEALTH JOURNEY

The Director of Public Health submitted a report, which provided information on the health-related input to the Local Plan and the relationship built between the Public Health and Planning departments over the past years.

The report also updated members in terms of the evidence the relationship developed and detailed specific health input to the Local Plan and associated policy. It was clarified that the final draft of the Local Plan would be submitted to all Scrutiny Commissions following the current first consultation stage.

It was noted that while collaboration between Planning and Public Health could allow some health and wellbeing improvements, significant evidence and time was necessary to prepare a Local Plan prior to adoption at an independent examination.

It was accepted that despite the very best efforts of both professions, work to

leverage the Planning system could only achieve so much. It was therefore considered that work in relation to the Local Plan should be considered as one tranche of wider determinants work.

In conclusion the importance of supporting existing policies to improve air quality, improve access to shared public space and to develop a healthy streets strategy was emphasised.

AGREED:

That the report and update be noted.

64. LEICESTER'S FOOD PLAN 2020-25

The Director of Public Health submitted a report, which provided a summary on the development of the Food Plan 2020 - 2025 and other associated initiatives.

A PowerPoint presentation was also given which identified the Food Plan's aims to increase community food projects, increase land under food production, increase the number of cookery skills courses, support a growing food economy, and support food-related enterprises to thrive

It was reported and noted that the Plan's Vision had been defined as :
"Leicester – A healthy and Sustainable Food City – As a place where the purchase, distribution, purchase and use of food supports better health, stronger communities and a successful economy – while protecting the environment and conserving natural resources".

In response to questions it was confirmed that the plan has been agreed by the Food Plan Board and would move into a design phase with an anticipated launch date of March 2020.

AGREED:

That the report and update be noted.

65. WORK PROGRAMME

The Commission's Work Programme was submitted for information and comment.

AGREED:

That the Work Programme be noted.

66. CLOSE OF MEETING

The meeting closed at 8.10pm.