Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 23 SEPTEMBER 2014 at 5:30 pm

P R E S E N T :

Councillor Cooke (Chair)
Councillor Cutkelvin (Vice Chair)

Councillor Bajaj Councillor Chaplin

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29. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Palmer.

30. DECLARATIONS OF INTEREST

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

31. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 6 August 2014 be approved as a correct record and the actions in the minutes be confirmed.

32. PETITIONS

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

33. 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.

34. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2014/15.

Members noted the items scheduled for the next meeting and the Chair stated that the Department of Health's Guidance on Local Authority Health Scrutiny would be a development session at the beginning of the meeting.

The Divisional Director of Public Health and the Scrutiny Support Officer to arrange a development session at the next meeting on the DoH Local Authority Scrutiny Publication issued in June 2014

Councillor Cooke and Chaplin to meet and consider the implications of the guidance on the work of the commission.

35. CORPORATE PLAN OF KEY DECISIONS

The Commission noted the items that are relevant to its work in the Corporate Plan of Key Decisions that will be taken after 1 October 2014.

The Chair referred to the item 'Spending Review of Substance Misuse Services' under the key priority theme of Providing Care and Support. He indicated that he had been in correspondence with the Director of Care Services and Commissioning who had indicated that the Substance Misuse Services were to be considered for potential savings from 2016 onwards. No decision had been made on any reductions to the service and consultation would be undertaken on the types of services needed in the future and how they could be delivered. The consultation approach and timetable for the review would be shared with the Commission when it had been approved.

The Chair stated that nevertheless he would request a short briefing paper on the review to be submitted to the next meeting.

ACTION

The Chair to discuss the submission of a short briefing paper with the Director of Care Services and Commissioning.

36. HEALTHWATCH LEICESTER

Healthwatch Leicester provided a briefing on the current issues of interest,

including information on patients concerns and experiences.

A copy of the presentation, together with a briefing document on current issues and patients concerns was circulated at the meeting by Healthwatch. These documents are attached as an appendix to these minutes.

Karen Chouhan, Chair, Healthwatch Leicester, and Surinder Sharma, Helathwatch representative on the Commission

During the presentation it was noted:-

- Healthwatch was an advocate for better health services for local people.

- Healthwatch had a budget of£235k per year and four staff.

- Given the wide nature of the health economy, Healthwatch had to operate in a strategic way which allowed them to make a difference to health services within the limited time and resources that were available.

- Healthwatch were currently indirectly commissioned through Voluntary Action Leicester but negotiations were currently being held for Helathwatch to be directly commissioned by the Council. Healthwatch hoped to move new accommodation at Age Concern Humberstone Gate by 1 November 2014, if the direct commissioning proved successful.

- Helathwatch were now a not for profit limited company.

- Each Director was given specific meetings to attend and to report on the meeting attended. These reports were then posted on the Healthwatch website.

- Healthwatch do not give advice on medical issues as such but act as a referral service for patients who have concerns.

- Healthwatch regularly submit reports on issues they have been involved with to commissioners, local health trusts, NHS England or the Care Quality Commission depending on the nature of the subject area. There was no requirement for the recipients of reports to provide a formal response to any report submitted by Healthwatch.

- Healthwatch are actively involved in current strategic planning for improving GP services and primary care and have links with the Better Care Together initiative.

- The most feedback from the public was in relation to dental care and the provision and access to dental surgeries. Healthwatch had submitted a report to NHS England on these concerns.

- Hospital services especially discharge times, waiting times and health

and social care issues also had high levels of feedback.

- The Annual Report of the Director of Public Health had provided good information on health inequalities but had also highlighted where information was deficient in areas such as human resources, diversity and equality monitoring. Healthwatch were working to help improve the monitoring of these areas so that a better picture of health inequalities could be assessed.

- Healthwatch were actively engaging the public to increase the membership of Helathwatch and get a wider response and views of patients.

In response to questions from Members it was noted that:-

- Much feedback was in the form of a snapshot view than a whole patient experience as such and Healthwatch would like to co-ordinate all the 'snapshots' collected by various agencies to form a wider patient view of services.

- Healthwtach held various engagement events around specific issues and invited targeted groups for the specific issue(s) being discussed. Healthwatch were also holding more meetings at ward level and each Board Director had specific wards allocated to them.

- Following a recent engagement event attended by more than 100 people, Healthwatch had co-ordinated and submitted a number of questions on behalf of patients/public to the Better Care Together Programme team as part of their role in protecting patient services. Generally, but particularly during the development of the Better Care Together Programme.

Richard Morris commented that whilst there was a common perception that the Better Care Together programme was primarily concerned with reducing health budgets, it was not an option to do nothing as the local health economy was required to reduce expenditure by £400m over 5 years as part of the Government's public spending reviews. The Better Care Together did, however, provide an opportunity to make services better for patients.

RESOLVED:

1. That the Healthwatch presentation and update be received and that Karen Chouhan and Surinder Sharma be thanked for their contribution to the item;

2. That a meeting be arranged between the Chair of Healthwatch, the Healthwatch representative on the Commission and the Chair and Vice-Chair of the Commission to discuss the next stages of development of the working arrangements and relationships between Healthwatch and the Council arising from the protocol

signed earlier in the year. The Chair and Vice-Chair the Adult Social Care Scrutiny Commission also be invited to the meeting as there were cross cutting issues for both Commissions.

ACTION

The Chair of the Commission and the Scrutiny Support Officer organise a meeting between Healthwatch and the Chairs and Vice Chairs of the Commission and the Adult Social Care Scrutiny Commission.

37. CHECKING THE NATION'S HEALTH - THE VALUE OF LOCAL AUTHORITY SCRUTINY

The Divisional Director Public Health led a development session on the implications for the Commission of the Checking the Nation's Health publication by the Centre for Public Scrutiny. The Divisional Director gave a presentation on the guidance, a copy of which is attached to these minutes.

It was noted that the guidance was based upon the outcomes of a number of case studies undertaken with local authorities and it also included 10 questions for local authorities to consider before undertaking a scrutiny review about NHS Health Check.

The Chair commented that:-

- Whilst the guidance was helpful, it was difficult for Councillors to have the capacity to challenge clinical interventions and professionals.

- The guidance reflected the outcomes of the Commission's own 'Fit for Purpose' review in terms of accountability, transparency and inclusivity.

- It could also contribute to the development of the 'Basket of Questions' to give Members guidance on which areas of health services to look at in detail.

- It was disappointing that there were fewer recommendations for local authority health scrutiny than those contained in the Francis report.

RESOLVED:

That the Department of Health Guidance for Local Authority Health Scrutiny be noted and that its content be taken into consideration when developing initiatives in the Implementation Plan arising for the 'Fit for Purpose' review.

ACTION

The Scrutiny Support Officer add the contents of the guidance to the development of initiatives contained in the Implementation Plan and to help the general direction of travel forward.

38. THE LEICESTER NHS HEALTH CHECK PROGRAMME

The Divisional Director Public Health submitted a report describing the Health Checks programme in Leicester for 40 – 74 year olds. The report explained the background to the national and local NHS Health Check programme and the outcomes of the programme in Leicester. Ivan Browne, Consultant in Public Health, also presented the report with the Divisional Director.

It was noted that the percentage of cardio-vascular deaths in Leicester as a proportion of all deaths was higher than the national average. In Leicester the proportion was 24.7% for people aged under 75 years and 35.6% for people aged over 75 years, compared to 23.8% and 34.7% nationally. Cardiovascular disease was the second largest cause of premature mortality under age 75 in England and Leicester.

The health check programme was not only about screening but also about delivering an information programme to make people aware that they were at risk and that they were able to make lifestyle changes to reduce the risk. Cardiovascular disease had a high impact upon individuals and their families and also had a high cost impact upon health services, so there was mutual benefit in reducing premature mortality from the disease. It was estimated that the Health Check Programme could reduce 1,600 premature deaths from cardiovascular disease and 4,000 from diabetes nationally.

The programme was mandated from the Department of Health and the responsibility to provide the health checks together with many other public health services transferred to local authorities following the implementation of the Health and Social Care Act 2012. The Council worked closely with the Leicester City Clinical Commissioning Group to constantly tweak and manage the programme and streamline the process to make it as accessible as possible. Leicester currently exceeded the national expectation that 70% of the eligible population attended a health check and the city was currently one of the highest performing areas in England for the uptake of the programme. The City has been cited in Diabetes UK magazine and has been commended as a beacon authority for the health check programme.

The local outcomes for the programme based on the national modelling estimates are that for 20,000 checks being carried out it could be expected that there would be 10 fewer heart attacks, 10 fewer stroke events and 32 cases of diabetes prevented in the local population each year.

Checks had been carried out on the programme to see if any groups were

disproportionately disadvantaged in engaging with the programme. No group appeared to be disproportionately disadvantage and it appeared that the programme had done well in reaching younger people, those at high risk, especially people from southern Asia and people in the wards of high deprivation.

Following the transfer of responsibility for the health check service to the Council, the local NHS Health Check service was undergoing re-procurement. It was proposed to have the local authority selected provider/s in place by 1 April 2015.

Following questions from Members, it was noted that:-

a) The information in Table 1 would be reviewed to present it in a more user friendly manner.

b) Issues of data sharing had delayed implementing the tasks of internal audit but meetings had been held to identify the problems and resolve then in the future.

c) Approximately a third of patients found to have a cardiovascular condition as a result of the screening had benefited from subsequent GP intervention.

d) The audit by Leicester University on the clinical effectiveness of the local health check programme was not expected to be completed until the end of November.

e) Healthwatch's offer to assist in discussing better ways to capture more detailed data for specific groups such as was welcomed, as it was recognised that some specific groups had different health issues and it was important to have sufficient data to assess and address these needs. For example, further data was required in relation to analysis on groups for religion, belief, homelessness, gypsy and travellers, sexuality, trans-gender and disability.

f) Although the specification for the Health Check Programme was originally focused on cardio-vascular health other items have been gradually added such as dementia and screen for alcohol dependency.

g) The programme had received £83k and 20% had been used each year for five years to complete the screening process. It was understood that the programme would continue in the future and that those people who were screened in year 1 of the programme would be rescreened in year 6 and so on.

The Chair commented that the Commission supported the programme as it contributed to the wider preventative and proactive screening initiatives being carried out. Screening was important to deliver but the

consequences were sometime harder to address, often it was difficult for older people to undertake exercise compared to taking a tablet for a condition.

RESOLVED:

That the report and comments made at the meeting be noted and that a further on the outcome of the audits of the Health Check programme be submitted to a future Commission meeting.

ACTION

1. The Consultant in Public Health to review the information in Table 1 to present it in a more user friendly manner in the future.

2. The Consultant in Public Health liaise with the Healthwatch representative to discuss better ways in capturing data for specific groups.

3. The Divisional Director, Public Health to submit a report on the clinical effectiveness of the programme to a future meeting of the Commission once the reports on the two current audits have bene published.

39. UPTAKE OF CHILDHOOD IMMUNISATIONS IN LEICESTER

The NHS England Area Team Leicestershire and Lincolnshire submitted a report on the uptake of Childhood Immunisations in Leicester City. The report outlined the current uptake of immunisation programmes and existing actions which were being undertaken and those that were planned for the future.

The Chair stated that the Health and Wellbeing Board had asked the Commission to monitor the uptake of the immunisation programme in Leicester as part of the monitoring of the Board's 'Closing the Gap Strategy'. NHS England targets for immunisation were lower than those achieved in Leicester in recent years and the Board had stated that they did not wish to see a reduction in the current high levels of take up in Leicester. The Commission would report its views back to the Board.

The Consultant in Public Health stated that the report author was unable to attend the meeting but had offered to attend a future meeting if required.

It was noted that the performance of the uptake for immunisations in the first quarter of 2014/15 was marginally lower than the year end performance for 2013/14, and this was not considered a matter of concern at this.

Following comments from Members, the Consultant in Public Health undertook

to give feedback to the report author on the following issues and questions:-

a) What measures could be introduced to make sure that performance for the age 5 boosters could be improved.

b) What could be done to address the challenges of getting teenagers to attend their appointments and the problems parents had in keeping track of the immunisations older children may have had.

c) NHS England be asked to provide an update on the home visiting service.

d) The arrangements for the Fluenz programme should be improved. Current experiences at school were more chaotic compared to previous programmes such as HPV; especially having to verify the administration of eligibility etc on the day rather than beforehand and the long queues which meant that some children were waiting in line almost an hour for the vaccination which added to the anxiety for those children and those that were to follow later.

RESOLVED:

That the report be noted and that the Health and Wellbeing Board be advised that although the uptake for immunisations in the first quarter of 2014/15 was a marginally lower than the year end performance for 2013/14, this was not considered a matter of concern.

ACTION

1. That the Commissions comments be fed back to NHS England by the Consultant in Public Health.

2. The Divisional Director Public Health submit the Commission's views on the monitoring of the uptake of immunisations to the Health and Wellbeing's Board meeting in December 2014.

40. LOCAL AUTHORITIES MENTAL HEALTH CHALLENGE UPDATE

The Commission received an update on the progress made in relation to the pledges promising to tackle the stigma of mental health issues and provide support and understanding that are contained within the Mental Health Challenge that was signed by the Council at its meeting on 24 January 2014.

A copy of the press release issued at the time, which set out the background to the Challenge and the 10 pledges within the Challenge, together with a paper

which summarised the progress that had been made had previously been circulated to Members.

A revised report providing further information had been circulated to Members after the agenda had been published.

RESOLVED:

That consideration of the updated report be deferred to the next meeting of the Commission to enable the Deputy City Mayor to be included in the discussion on the report.

ACTION

The Scrutiny Support Officer include the item on the work programme for the next meeting.

41. MENTAL HEALTH SERVICES FOR YOUNG BLACK MEN IN LEICESTER SCRUTINY REVIEW

The Chair provided an update on the progress with the review. The next meeting would take place on Tuesday 30 September 2014 to hear submissions from those involved in providing mental health services from those coming into contact with the criminal justice system. A further meeting would be held to hear submissions from the voluntary and community services sector, but a date for this had not yet been determined.

42. IMPLEMENTATION PLAN - FIT FOR PURPOSE REVIEW

The Chair provided an update on the progress made to date with the Implementation Plan relating to the recommendations which were made in the Fit for Purpose Review.

RESOLVED:

1. That the Implementation Plan be received and the progress made to date be noted.

2. That the Implementation Plan continue to be developed and updated.

3. That the Implementation Plan be referred to the Health and Wellbeing Board's December meeting together with the Commission's response to the Francis Report and the response to the Centre For Public Scrutiny's 'Fit For Purpose' review.

ACTION

The Scrutiny Support Officer to arrange for the Implementation Plan and reports to be submitted to the Health and Wellbeing Board in December 2014.

43. CO-COMMISSIONING OF PRIMARY MEDICAL CARE BY LEICESTER CITY CCG

Leicester City CCG submitted a report on their submission of a formal expression of interest to NHS England to undertake co-commissioning of primary care services. Sue Lock, Chief Operating Officer, Leicester City Clinical Commissioning Group, attended the meeting to present the report.

It was noted that:-

- The CCG had submitted an expression of interest following an announcement that CCGs would be allowed to request the ability to co-commission primary care services with NHS England to provide greater leverage over local health systems and act as an enabler for delivering integrated care outside of hospitals.

- The CCG had received initial feedback that that their expression of interest was acceptable. Since submitting the expression of interest, a further announcement was made indicating that the NHS Area Teams were being re-structured, and whilst it was not clear how this would impact upon co-commissioning, it was possible that all CCGs could now be given co-commissioning responsibilities by April 2015. It was expected that NHS England would issue Guidance in the near future.

Following comments and questions from Members, the Chief Operating Officer stated:-

- There were benefits to patients in the arrangements for co-commissioning as:-

    - The CCG worked closely with GP practices on a geographical basis and understood the local pressures and issues facing both patients and GPs, and it would be possible to build up specific local plans to improve services.

    - There was an opportunity for the CCG to influence Key Performance Indicators for GPs performance in delivering services and to add elements of local sensitivity to the contracts. For example, GP practices in the west of the City could have an emphasis on smoking cessation whilst practices in the east of the City could have more focus on dementia screening to reflect the different needs on pressures in the two areas. This could have

benefits in reducing health inequalities across the City through local decision making and improving health outcomes for patients.

- There was unlikely to be any additional resources either in workforce or finance and, whilst the CCG already carried out regular visits to GP practices, the skills required for contract negotiation were different to the existing skills used to support and influence GPs. Although some staff had contract skills, this would nevertheless present a challenge to implement successfully.

- The staffing levels in the three CCGs for Leicester, Leicestershire and Rutland were less than those previously employed in the previous primary care trusts, so capacity could also be an issue that needed to be managed.

- The CCG used the Director of Public Health's Annual Report to identify areas of health pressures and local health needs. The protective characteristics were also taken into account and embedded into service delivery as everyone needed access to services irrespective of personal circumstances.

- The CCG worked closely with the Director of Public Health and public health staff in relation to a number of health issues and data collection. Having co-commissioning at the local level rather than at the higher NHS England Area Team level should result in more responsive services to local needs.

The Chair commented upon his and the Vice-Chair's recent meeting with the Leicester City CCG Board which had been beneficial in establishing the relationship between the Council's scrutiny function and the CCG and defining definite pathways for the future on governance.

RESOLVED:-

That the update report be received and that a further report be submitted to the Commission's meeting in December outlining the details for the implementation co-commissioning.

ACTION

The Leicester CCG to submit a report on the details for co-commissioning of primary care services in Leicester.

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

There we no issues which required an update.

45. ITEMS FOR INFORMATION / NOTING ONLY

The following items and information were noted by the Commission:-

a) Congenital Heart Services Review

The 30th Update report for the Review. It can be accessed at the following link, which will also allow access to previous update reports.

http://www.england.nhs.uk/category/publications/blogs/john-holden/

A copy of the Consultation Events for the review was also noted.

The Chair also reported that he was attending a stakeholder engagement meeting the following day at Glenfield Hospital to discuss how to respond to the current public consultation process.

b) University Hospitals of Leicester NHS Trust

It was noted that Karamjit Singh would take up his appointment as Chairman of the Trust Board on 1 October 2014.

c) Specialist Care Dental Services

Although there had been some initial opposition to the proposals for the relocation of the Specialist Care Dental Services, these had now been accepted in view of the specialist nature of the services which are only provided on referral from dentists and other health professionals. The care provided is only for patients who have a need beyond the skill set and facilities available at general dental practitioner.

d) Winter Care Plan

The Chair reminded members that the Adult Social Care Scrutiny Commission were considering an update on the Winter Care Plan at their meeting on 24 September and members of the Commission had been invited to attend for this item.

e) Draft Pharmaceutical Needs Assessment

The Draft Pharmaceutical Needs Assessment would be published the following week for a period of consultation.

46. CLOSE OF MEETING

The meeting closed at 7.47 pm