Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 4 NOVEMBER 2014 at 5:30 pm

P R E S E N T :

Councillor Cooke (Chair)
Councillor Cutkelvin (Vice Chair)

Councillor Bajaj

Councillor Sangster

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54. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Chaplin and Grant.

55. DECLARATIONS OF INTEREST

No such declarations were made.

56. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 23 September 2014 be approved as a correct record.

57. PETITIONS

The Monitoring Officer reported on the receipt of a petition submitted in accordance with the Council's procedures.

The petition, with 631 signatures, had been submitted to NHS England and then forwarded to the Council. The petition expressed concerns at the relocation of the Highfields Medical Centre without adequate consultation with the patients to the Merlyn Vaz Centre. NHS England had been asked for its views and their initial statement was circulated at the meeting for Member's information.

The Chair stated that following the publication of the agenda further legal advice had been received from the Monitoring Officer that, as the petition was originally submitted to NHS England and then shared with the Commission, it would not be appropriate to accept it as a formal petition to the Council. However the concerns raised in the petition were issues that the Commission could legitimately scrutinise under the health scrutiny regulations.

Having taken the legal advice, the Chair proposed that the Commission noted the concerns that were raised in the petition as a representation/statement of case. He also proposed to hold a special meeting of the Commission on 25 November 2014 to discuss the matters that have been raised. He intended to invite NHS England, Ward Councillors, representatives of the PPG to the meeting. He would also invite written representations to be submitted before 14 November. The meeting would focus on the lessons to be learnt and to see if there was a better way to deal with these sorts of issues in the future.

However, the remit for the meeting would only be concerned with the operational concerns raised in the petition such as the structural and service issues around the move to the new premises and the consequences of the move and NHS England's response. The clinical concerns raised in the petition about repeat prescriptions and telephone waiting times were not issues that the Commission could scrutinise, as these were essentially operational issues and were the responsibility of the Care Quality Commission.

RESOLVED:

That the concerns raised in the petition be noted as a representation/statement of case and that the issues within the Commission's remit, as outlined by the Chair above, be considered at the Special Meeting of the Commission to be held on 25 November 2014.

58. 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.

59. WORK PROGRAMME

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

The Chair stated that he proposed to add the 'Spending Review of Substance Misuse Services' to the Commission's Work Programme and to consider this at the next meeting of the Commission in December. He understood that it was being proposed to save approximately £1m of the current budget of £8.3m and he wanted to the Commission to consider the consultation process that was being proposed.

RESOLVED:-

That the Work Programme be received and that the 'Spending Review of Substance Misuse Services' be added to the Work Programme for the next meeting.

ACTION

The Scrutiny Policy Officer to add the 'Spending Review of Substance Misuse Services' to the Commission's Work Programme to be considered at the December 2014 meeting.

60. CORPORATE PLAN OF KEY DECISIONS

The Commission noted the items that were relevant to its work in the Corporate Plan of Key Decisions that would be taken after 1 November 2014.

61. DEVELOPMENT SESSION - LOCAL AUTHORITY HEALTH SCRUTINY

The Chair stated that this item would be rescheduled to the next meeting due to allow sufficient time to consider other items on the agenda in full.

ACTION

The Scrutiny Policy Officer to arrange for the item to be on the agenda for the next meeting.

62. CITY MAYOR'S DELIVERY PLAN 2013/14 - REVIEW OF PROGRESS

The Divisional Director Public Health submitted a report on the City Mayor's Delivery Plan 2013/14 which had been updated to review its progress.

The Chair stated that he was deferring consideration of this item until the next meeting as there may be elements in all parts of the Delivery Plan that could impact upon health and not just those included in the section on 'A healthy and active City' and he wished to give members more time to consider possible issues.

He also stated that a report on 'Air Quality' was scheduled to be considered by the Economic Development Transport and Tourism Scrutiny Commission on 19 November 2014 and members of the Commission would be invited to attend the meeting as previously agreed. It was noted that both the Chair and Vice

Chair had asked for the report to have a strong public health thread running through the report as air quality was a determinant of health, particularly in relation to respiratory illness. The Chair has also asked that the research unit at Leicester University working on air quality be involved in the report.

RESOLVED:

That consideration of the City Mayor's Delivery Plan be deferred until the next meeting of the Commission.

ACTION

The Scrutiny Policy Officer to arrange for the item to be on the agenda for the next meeting of the Commission.

63. MENTAL HEALTH CHALLENGE PLEDGE

The Divisional Director Public Health submitted a briefing report which outlined the progress that has been made since the Council signed the Mental Health Challenge Pledge in January 2014.

The Deputy City Mayor presented the briefing report at the meeting and made the following comments and observations in addition to those made in the report:-

- It was proposed to elevate the lead officer for mental health to that of a divisional director as this would allow mental health issues to be discussed and fed into director level meetings on a more regular basis and would lead to more integration of the issues across all areas of Council working.

- The Deputy City Mayor supported co-production and felt there was a need to ensure all commissions were skilled in co-production as this provided added value to the services commissioned and resulted in better services being commissioned.

- The Assistant City Mayor Adult Social Care chaired the Mental Health Partnership Board and it was important that both he and the Chair of the Commission were involved in the work of the Board.

- The Commission's current review of mental health services to young black British men was a good example of reviewing an area of service that required change and which could otherwise be overlooked, as it was a discrete and specialised service.

- The publication of the NHS Five Year Plan was silent on a mental health plan. He had written to NHS England to with his concerns and

suggested that the Commission may wish to make their views known as well.

- Although much work had been done to tackle stigma and discrimination relating to mental health, further work and activity was still required to address these issues across the City.

- Both the Executive and Scrutiny function of the Council had been proactive in feeding in their concerns to the CAMHS review in relation to the level of service provided and that Councils should be engaged earlier in the process in such reviews.

- The Chief Constable was a national lead on mental health issues in policing and it was important to harness shared energy and commitment in the City involving external organisations and partners to achieve a focused outcome for mental health issues.

- Both he and the Deputy City Mayor would engage and support all councillors in their ward work on mental health issues.

Members of the Commission in discussing the report made the following comments and observations:-

- The elevation of the lead officer to that of a divisional director was welcomed and supported.

- There had been a positive start since signing the pledge which had given clarity around the Council's role in mental health issues and promoting the wider agenda of co-production to achieve better outcomes in mental health services. This required a strong leadership role to see better outcomes, policies and decisions being made. The benefits would only be achieved if commissioners of services outside the 'health' arena fully understood the health priorities and how they could contribute to them.

- The Council gave a number of grants to the voluntary and community sector to provide mental health services and the Council should continue to promote and urge the Clinical Commissioning Group and Leicestershire Partnership NHS Trust to involve this sector when commissioning their own mental health services.

- There was benefit in considering successful models of service delivery in other countries as there were some good examples of non-clinical models using family and community support and these should not be discounted.

- All councillors and staff needed to recognise that mental health issues were integrated throughout the whole of the services provided by the Council. All councillors had signed the mental health pledge and it was important that they continued to promote and develop the work outlined

in it.

Following further questions and comments from members it was noted that:-

- There would be a question in the public health survey next year relating to a person's mental health which would provide a useful 'snapshot' of issues. This question would not be repeated every year but periodically and, although not ideal, it would enable comparisons to be made over a period of time which would provide the opportunity to identify key lines of enquiry for possible changes to services in the future.

- Healthwatch would welcome involvement in working with the lead officer for mental health.

- Councillors could be involved by raising awareness of mental health issues at ward and community meetings as these were often attended by representatives of community groups and organisations.

- It had recently been announced that the allocation of the budget for mental health services would be doubled. In addition, the Council funded other services which all contributed and impacted upon mental health.

- The lead officer for mental health would be supported by public health staff and mental health was a priority area within the work of the public health team.

- Counselling services were available for Council staff and other initiatives were also provided to support the wellbeing of staff in their working environment.

The Chair in summary welcomed the report and the comments made by the Deputy City Mayor and stated that:-

- He echoed the good work that had been undertaken by the Executive and joint working of the scrutiny commissions with responsibility for adult, children and health in relation to the CAMHS review.

- There should be a formal 'job description' for the lead officer for mental health so that it provided a mandate and degree of authority for the work undertaken.

- He was one of 17 Mental Health Champions meeting on Birmingham on 17 November to share good practice.

- There should be regular 6 monthly updates on the Council's progress in delivering the Local Government Mental Health Challenge.

- It was disappointing that a seminar had been arranged by the Mental Health Partnership Board on 6 November that neither he nor the Deputy City Mayor had been invited to attend.

- Engagement with LGTB groups would be put onto the Commission's work programme to improve equality issues around reviews of mental health services.

- He was also disappointed that mental health did not form part of the NHS Five Year plan and he intended to enquire why this had been omitted.

RESOLVED:

1. That the update report be received and the Deputy City Mayor be thanked for his contribution in discussing the progress that had been made since signing the Local Government Mental Health Pledge.

2. That a further update reports be submitted at 6 monthly intervals.

3. A formal 'job description' for the lead officer for mental health should be prepared so that it provided a mandate and degree of authority for the work undertaken.

64. PHARMACEUTICAL NEEDS ASSESSMENT

The Divisional Director, Public Health, submitted a report on the public consultation currently being undertaken on the Draft Pharmaceutical Needs Assessment (PNA). The consultation started on 29 September 2014 and was originally scheduled to end on 28 November 2014, but it had now been extended to 12 December 2014, to ensure that everyone had the benefit of a 60 day consultation period in which to submit their comments. Members were requested to consider the conclusions and draft recommendations outlined in Section 13 of the consultation document and to give views on these and any matters within the scope of the PNA.

The Divisional Director stated that:-

- From 1 April 2013 every Health and Wellbeing Board in England had a statutory responsibility to keep an up to date statement of the needs for pharmaceutical services of the population in its area, known as the PNA.

- The first PNA must be issued by 1 April 2015 and then subsequently kept up to date by supplementary statements detailing any changes.

- The PNA did not cover pharmacies in hospitals or prisons.

- There appeared to be enough pharmacies for the total population and no one was required to travel excessive distances to access one. However, some pharmacies were outside the City boundary and those within the City were not evenly distributed resulting in clusters of pharmacies in localised areas.

The Healthwatch representative commented on the need for different language skills in pharmacies situated in the east and west areas of the City reflecting the different demographics of each area. It was also suggested that there was an opportunity for pharmacies to be utilised to give advice on such issues as healthy fasting for patients with multiple health conditions (based upon national guidance), travelling abroad and avoiding returning with communicable diseases, tuberculosis, rickets and oral health in children etc to reflect local requirements. An Equality Impact Assessment should also be prepared at the end of consultation process.

Following discussion of the report, the Divisional Director made the following responses and comments:-

- The provision of advice on specific topics could be included in the essential services contract with pharmacies. NHS England currently held the responsibility for all pharmacy contracts and there would need to be a shift in this responsibility to allow local authorities to have more control over the issues that were relevant to local health issues.

- The outcomes of the PNA would provide NHS England with the information necessary to assess whether there was a need for more pharmacies in the City.

- The pharmacies in Leicester were mixture of large national chains, some local chains and a number of independent operators. The distribution and clustering of pharmacies within the City had resulted from historical commercial decisions by the owners/operators of the pharmacies.

- There were a number of consultation meetings taking place and comments on the consultation could also be submitted through the Council's website.

Members' comments concerning pharmacies being utilised to provide additional specialist advice on health issues as a mechanism to contribute in helping to divert patients away from GPs and other health services in line with the aims of the Better Care Together Programme was noted and would be fed into the process.

The Chair commented that travelling 1-2 miles to access a pharmacy was more difficult in areas of deprivation were there was generally less access to the use of a car, a larger proportion of children in the population and a prevalence of more health inequalities.

RESOLVED:

1) That the consultation process for the PNA be considered appropriate.

2) That the Commission receive an executive summary of the outcome of the consultation process on the PNA outlining the recommendations and giving a synopsis of those consulted and the numbers of responses.

ACTION

The Scrutiny Policy Officer to add the item to the future work programme.

The Divisional Director Pubic Health to make arrangements for the report to be submitted after the consultation process has been completed.

65. LEICESTER CITY CLINICAL COMMISSIONING GROUP ANNUAL REPORT

Richard Morris, Chief Corporate Affairs Officer, Leicester City Clinical Commissioning Group provided a presentation on their Annual Report 2013/14.

The report can be found at the following link:-

https://www.leicestercityccg.nhs.uk/about-us/strategies-and-reports/

It was noted that the annual report explained the work of NHS Leicester City Clinical Commissioning Group (CCG), which was legally licensed in April 2013, without conditions, as part of the government's reforms of the NHS. The CCG was one of a number of organisations to have taken over responsibility from the previous Primary Care Trust.

The report included progress on important targets in healthcare, the main achievements and spending over the last year. It also explained how the CCG have planned for the future to improve the health and life expectancy of people living in Leicester.

The following points and comments were also made:-

- This was the first statutory report to be produced by the CCG.
- CCG had benefitted from operating in shadow form in the year prior to becoming fully accredited in April 2013.
- The CCG had a budget of approximately £390m to operate and commission health services. The CCG did not commission GP services

or specialist health services; these were commissioned by NHS England.

- The CCG's four strategic priorities had been identified to improve the health of the City and to have the biggest impact on closing the life expectancy gap between Leicester and England. In addition to focusing on the major cause of early death in the City (cardiovascular and respiratory disease) the priority areas also focused on improving services for those with mental illnesses and for older people in the City.

- Notable achievements to date had been:-

    - Redesigning the diabetes pathway.

    - Over 20,000 resident aged 40 -74 years old and those at risk from serious health problems had received NHS Health Checks, which was one of the best performances in the country. As a result over 4,000 people with a previously undiagnosed condition, or at risk of developing one, were now receiving care and support to keep them healthier for longer and to reduce hospital admissions.

    - The 'Telehealth' scheme for patients with COPD; which enabled patients to stay at home, manage their condition better and avoid unwanted hospital stays. There were 150 patients in the pilot scheme and it was estimated that they had benefited from reducing the number of days these patients spent in hospital by 80%.

    - Improved training for GPs to recognise dementia early so that care could be provided sooner.

    - The introduction of a rapid response GP service to carry out urgent home visits for care homes and housebound patients with a view to treating them in the home rather than admitting the patient to A&E. This was part of a plan to reduce the number of unplanned A&E admissions by 540 a year.

    - Over, 1,000 end of life care plans had been created allowing patients to meet with death free of pain and in a preferred place of care.

    - A new assessment centre based at Leicester Royal Infirmary had successfully diverted approximately 22,000 patients away from A&E.

    - The GP in a car service, involving 3 GPs on duty on each day, paired a GP with a paramedic from East Midlands Ambulance Service to respond to emergency calls. More 800 patients were treated in their own homes, with reduced the stress and anxiety to

patients, and it also reduced the number of patients traveling to A&E.

- The Better Care Fund for the local health economy had been approved and accepted and cited as a national model for partnership working between health and social care services.

- Continuing challenges faced by the CCG were:

  - Supporting the UHL NHS Trust to deliver the service people expected within the reduced financial budgetary framework;

  - Continuing to improve and constantly achieve the 4 hour waiting time performance target for A&E and the 18 weeks target from referral to treatment.

  - Improving the level of quality of care in the primary care sector services.

  - Taking the opportunities available within the Better Care Together Programme to deliver services differently.

RESOLVED:

That the report be received and noted.

66. NEW CONGENITAL HEART DISEASE REVIEW

The Chair provided feedback from the recent Consultation Meeting held in Birmingham on 9 October to which Scrutiny Chairs and Healthwatch representatives had also been invited.

The Chair also provided feedback on the NHS England roadshow event held in Leicester on 24 October 2014 together with and East Midlands' event held on 30 October 2014.

A copy of the Consultation Document issued for the review was previously circulated to Members for information. The consultation started on 15 September 2014 and will end on 8 December 2014. Comments on the consultation document should be submitted by 5pm on 8 December 2014.

The Chair stated that:-

- The event at Birmingham was attended by the NHS Review Team and outlined the position in relation to the national standards and the current progress with the review.

- The event had been useful to improve the understanding of the review and he felt that, whilst the initial engagement process had been good, the continuing engagement with parties appeared poorer. Also some of

the promotional work could be better as some of the venues and publicity for the events were poor.

- The Chair felt that the focus of the Commission's consideration of the review should be to determine if NHS England were fulfilling the obligations laid down on them by the findings issued by the Independent Review Panel.

- The Chair was attending the County Council's Health and Wellbeing Scrutiny Committee on 12 November 2014 when John Holden, the Review Director, was attending the meeting to discuss the Review.

- It appeared that UHL were developing discussions with Birmingham's Children's Hospital to develop a two site option for delivering congenital heart services.

Kate Shields, Director of Strategy, UHL NHS Trust stated that:-

- The Trust Board were committed retaining congenital cardiac services.

- One of the national standards would require the Trust to increase the number of operations from 200 to 500 per year and the Trust was in discussions with Birmingham Children's Hospital, Northampton Hospital and Burton on Trent's George Elliott Hospital to see if these could be achieved through a network approach.

- Co-location of services could be a crucial tipping point in the Review for the Trust; and the Trust was looking urgently on how the children's and adult's services could be separated.

- Informal discussions were taking place with NHS England in relation to the 2016/17 deadline to see whether there could be any leeway as the Trust would prefer to propose an interim solution in preparation for moving into a purpose built children's facility when the current redevelopment of Leicester Royal Infirmary site was completed.

- Communication with staff on the implications of the review and the Trust's response was ongoing but it was clear that staff wanted certainty in the direction of travel.

- The Trust were working in a collaborative manner to secure the best services for the future. Discussions with Northampton and Peterborough NHS hospital trusts, where patients traditionally travelled to Great Ormand Street Hospital in London, were on-going to develop the possibility of a South East Midlands Collaboration of Providers.

The Healthwatch representative indicated that he would like to see a due regard assessment of any proposals for the review to identify their impact of the different populations that would be affected.

In response, the Director of Strategy indicated that she would like to see the issue of equity have a higher priority in the review so that appropriate care could be provided as near to the patient's home as possible; as this would be beneficial to both patients and their families.

RESOLVED:

That the update on the Review be noted.

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

The Chair stated that the following items were all include in the Commission's Implementation Plan in response to the 'Fit For Purpose Review':-

a) The Commission's response to the Francis report.

b) An update on the proposal to introduce compulsory training for members of the Commission.

c) An update on the proposal to seek the Co-option of the Healthwatch representative onto the Commission.

It was intended to submit the Implementation Plan to the December/January meeting of the Health and Wellbeing Board to advise them of the steps which have already been taken and which are proposed to be taken in the future by the Commission in response to the Francis Report.

The Chair also reported that Deb Watson, Strategic Director for Adult Social Care and Public Health, was leaving the Council on 14 November 2014. He wished to record his appreciation and thanks for the work that she had undertaken to address health and wellbeing issues in the City. Her work in supporting the Commission personally and through her officers had also been greatly appreciated. The Chair expressed good wishes for her future.

RESOLVED:

That the report be noted and that the Commission endorse the Chair's comments in relation to the Strategic Director for Adult Social Care and Public Health leaving the Council.

68. ITEMS FOR INFORMATION / NOTING ONLY

The following item was noted by the Commission:-

<u>Congenital Heart Services Review</u>

The 32nd and 33rd Update reports 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/

69. CLOSE OF MEETING

The Chair declared the meeting closed at 7.50 pm.