



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 21 January 2015.

PRESENT

Dr. S. Hill CC (in the Chair)

Mrs. J. A. Dickinson CC
 Dr. T. Eynon CC
 Dr. R. K. A. Feltham CC
 Mr. P. G. Lewis CC

Mr. W. Liquorish JP CC
 Mr. J. Miah CC
 Mr. A. E. Pearson CC

In attendance.

Mr E F White CC, Cabinet Lead Member for Health
 Rick Moore, Chairman of Healthwatch Leicestershire
 Paul St Clair, Assistant Director of Operations, EMAS (minute 57 refers)
 Steve Firman, Programme Director, EMAS (minute 57 refers)
 Mel Wright, Deputy Director of Communications, EMAS (minute 57 refers)
 Caroline Trevithick, Chief Nurse, West Leicestershire CCG (minute 58 refers)
 Tony Menzies, Project Manager, West Leicestershire CCG (minute 58 refers)

48. Minutes.

The minutes of the meeting held on 12 November were taken as read, confirmed and signed.

49. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 35.

50. Questions asked by members under Standing Order 7(3) and 7(5).

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

51. Urgent Items.

There were no urgent items for consideration.

52. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Dr T Eynon CC declared a personal interest in the item on the co-design of Hinckley Community Health Services (minute 58 refers) as she was a salaried GP and currently

employed at Heath Lane Surgery, Hinckley. She confirmed that she was not employed by or a member of West Leicestershire Clinical Commissioning Group.

Mrs J A Dickinson CC and Mr J Miah CC both declared personal interests in all items on the agenda as they had relatives employed by the University Hospitals of Leicester NHS Trust

Mr A E Pearson CC declared a personal interest in the item on Sport and Physical Activity (minute 56 refers) as he was the Chairman of the Melton Sport and Health Alliance and his company, SAQ, was the provider of one of the Physical Literacy programmes commissioned by Public Health.

53. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

54. Presentation of Petitions under Standing Order 36.

The Chief Executive reported that no petitions had been received under Standing Order 36.

55. Medium Term Financial Strategy 2015/16 - 2018/19.

The Committee considered a report of the Director of Public Health and Director of Corporate Resources which provided information on the proposed 2015/16 to 2018/19 Medium Term Financial Strategy (MTFS) as it related to the Public Health Department. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

The Chairman welcomed Mr E F White CC, Cabinet Lead Member for Health, to the meeting for this item.

In introducing the report, the Director of Public Health and Cabinet Lead Member confirmed that the Department would be funded from the ring fenced Department of Health Grant for 2015/16. It was intended to create 'headroom' in the Department's budget to enable the Public Health Department to support other County Council preventative services.

The Cabinet Lead Member emphasised the important role of the Public Health Department in ensuring that prevention and other public health matters were considered when decisions were being taken across Council services. He felt that the Public Health Department had had a positive impact on decisions taken by other departments.

Arising from discussion the following points were raised:-

Revenue Budget

- (i) The ring fenced public health grant could be spent on statutory services such as health checks, non-mandatory services such as physical activity and smoking cessation and other areas of health improvement.
- (ii) Clarification was sought regarding the role of the Public Health Department in funding minor ailment schemes, such as the one launched by West

Leicestershire Clinical Commissioning Group earlier in the week. The Director confirmed that one of the roles of the Public Health Department was to give advice about health improvement to vulnerable people. Although the Public Health Grant would not be used to fund services such as the minor ailment service, the Director would welcome the opportunity to provide a joined up service with the Clinical Commissioning Group.

- (iii) It was noted that there was significant interest nationally in how the public health grant was spent. It would be important to ensure that the funding was spent on health improvement and that the County Council had a robust case for funding decisions.

Savings

- (iv) The Public Health Department would continue to identify efficiency savings when recommissioning services. There would be opportunities for service redesign in the areas of substance misuse, smoking cessation and sexual health during the next two years. The Committee was pleased to note that the Department had a history of good financial management, for example £1million of efficiency savings had been made through the recommissioning of contracts including the school nursing contract.
- (v) It was acknowledged that there was potentially some overlap between the roles of the Public Health Department and Public Health England. However, there was a good relationship between the two organisations and the support in terms of evidence bases and regional events was welcomed by the Public Health Department.
- (vi) The Committee was pleased to note the Department's intention to secure efficiencies through partnership working.

Specific Grants and Contributions

- (vii) An addition to the public health grant was anticipated on 1 October 2014 when the Public Health Department would take on responsibility for commissioning health visiting services for 0 – 5 year olds. It was acknowledged that there was some risk to the funding for this service from 2016/17 as the Department of Health was likely to use a needs based solution to fund the service. It was not clear what the implications of such a change would mean for Leicestershire.
- (viii) The Committee was assured that the Department had not yet encountered significant problems through the transfer of commissioning responsibility. It was felt that this was because, during recommissioning, risks such as the stability of the service were addressed through the options appraisal. The majority of services were still delivered by an NHS provider which reduced risks around stability and staffing significantly.
- (ix) It was hoped that the Health Visiting Service could be redesigned to ensure a family centred approach which was aligned with services provided by Children and Family Services. The Committee welcomed the holistic approach that was being proposed for the redesign of this service.

- (x) It was clarified that the funding for Leicester-Shire and Rutland Sport comprised £660,000 from the public health grant and £964,000 from Sport England.

RESOLVED:

- (a) That the proposed 2015/16 to 2018/19 Medium Term Financial Strategy as it relates to the Public Health Department be noted;
- (b) That the comments made at this meeting be forwarded to the Scrutiny Commission for consideration at its meeting on 28 January 2015.

56. Sport and Physical Activity in Leicestershire.

The Committee considered a report of the Director of Public Health which provided details of the sport and physical activity plan for Leicestershire and other associated programmes commissioned by Public Health in relation to young people's physical activity. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

The Director of Public Health noted that the table showing activity data across Districts required further refinement and analysis. This included identifying the level of activity that could be classed as 'business as usual' and the level of activity that was a result of the sport and physical activity plan. He undertook to circulate a revised table to members of the Committee once this had been completed.

Arising from discussion the following points were raised:-

- (i) The importance of physical movement was emphasised, particularly for children aged 0 – 5 years. Evidence had shown that it helped with confidence and concentration as well as providing health benefits. The Department was encouraged to continue its focus on early age interventions through physical activity.
- (ii) It was noted that some children with learning difficulties such as autism also had problems with movement. In this regard, it would be helpful to consider linking physical literacy with services such as the Child and Adolescent Mental Health Service and community paediatricians. The Committee also felt that consideration should be given to developing a targeted service, for example with Special Schools, which supported the universal provision of sport and physical activity for schools. It would be important to engage Children and Family Services in this work.
- (iii) It was important to give the right messages to adults regarding sport and physical activity. It was not necessary to join a gym or participate in team sports to be active; activities such as dog walking would also allow people to remain physically active.
- (iv) The Public Health Department had started planning the sport and physical activity offer for the next three years. The intention was to improve links between the offer and community initiatives such as walking clubs as well as promoting green spaces and walking and cycle paths.

RESOLVED:

- (a) That the Sport and Physical Activity Plan for Leicestershire and other associated programmes commissioned by Public Health in relation to young people's physical activity be noted;
- (b) That the table showing activity across Districts be updated and circulated to all members of the Committee.

57. Developing our Strategies.

The Committee considered a report of the East Midlands Ambulance Service (EMAS) regarding the development of a number of key strategies to enable EMAS to achieve its long term plans. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The Committee welcomed EMAS' intention to become the centre of urgent and emergency care. The Committee was also pleased to see that EMAS was reviewing its strategies and hoped that the review would result in improved response times.
- (ii) Members recognised that paramedics rarely returned to ambulance stations during shifts. Stations were mainly used to carry out vehicle maintenance and patients were treated at the scene of the incident. It was felt that more was needed to be done to change the public perception of ambulance stations, particularly in the light of the developing Estates Strategy which envisaged an overall reduction in the number of stations.
- (iii) EMAS was not involved in planning decisions relating to new housing and roads. It had experienced a growth in activity, including a 27 percent growth in the most serious incidents, since 2011. New housing was only one of the contributing factors to this growth in activity.
- (iv) Paramedics could only hand patients over to the Emergency Department once there was someone from the hospital to receive them. EMAS worked closely with the University Hospitals of Leicester to improve handovers and had a number of systems in place, including taking patients to places like the Loughborough Urgent Care Centre to reduce pressure on the Emergency Department. There was also a Hospital Ambulance Liaison Officer who operated in busy periods and could look after a number of patients prior to handover in order to free up the paramedics.
- (v) EMAS had provided a 'hear and treat' service for the past ten years. This dealt with approximately eight percent of emergency calls. All calls were triaged and only those considered suitable would be referred to the 'hear and treat' service which could signpost callers to other services and book GP appointments if appropriate. During busy periods, paramedics from the 'hear and treat' service would support NHS 111 staff and vice versa.
- (vi) The Committee was pleased to note ongoing work both to develop an integrated data system and to provide a joined-up mental health crisis response service.

RESOLVED:

- (a) That the development of a number of key strategies to enable EMAS to achieve its long term plans be noted;
- (b) That any members wishing to observe paramedics on a shift be asked to advise the Committee Officer accordingly.

58. Co-Design of Hinckley Community Health Services.

The Committee considered a report of West Leicestershire Clinical Commissioning Group (CCG) which provided an update on the progress of the co-design of Hinckley community health services project. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The Committee welcomed the approach that had been taken to this project as it put patients, staff, cares and stakeholders at the centre of the commissioning process. The CCG was commended for its focus on public engagement and listening to people's views.
- (ii) It was intended that the case for change would be developed by the end of March and consultation on the options would take place during the summer. This would set out possible changes to the physical landscape of community health services in Hinckley.
- (iii) The co-design of Hinckley community health services was embedded in the Better Care Together programme. The programme had eight workstreams and part of this project was to identify how they would be delivered locally. It was intended that there would be more innovation in the way services were delivered, particularly mental health services. This could include engagement with the Books on Prescription project. It would also be essential to ensure that preventative services were built into the model.

RESOLVED:

That the approach to the co-design of Hinckley community health services be endorsed.

59. Date of next meeting.

It was noted that the next meeting of the Committee would be held on Wednesday 25 February at 2.00pm.