



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 22 January 2018.

PRESENT

Mr. L. Breckon JP CC (in the Chair)

Mr. P. Bedford CC
Mrs. H. J. Fryer CC
Mrs. A. J. Hack CC
Dr. S. Hill CC

Mr T. Parton CC
Mrs H. L. Richardson CC
Mrs D. Taylor CC

In attendance

Mrs. P. Posnett CC – Interim Cabinet Lead Member for Health, Public Health and Sport
Rick Moore, Healthwatch Representative
Tim Sacks, Chief Operating Officer at East Leicestershire and Rutland CCG (minute 56 refers)
Rob Melling, Head of Community Development, Leicestershire Partnership NHS Trust (minute 57 refers)
Kate Allardyce, NHS Midlands and Lancashire Commissioning Support Unit (minute 57 refers)

47. Mr Ernie White, former Cabinet Lead Member for Health, Public Health and Sport.

The Chairman reported of the sad death of Mr Ernie White, Cabinet Lead Member for Health, Public Health and Sport, at the beginning of the year. He paid tribute to Mr White's excellent work in that role, and the support he gave to the Health Overview and Scrutiny Committee. The Chairman stated that Mr White was a great advocate for health and wellbeing, passionate about the subject and particularly about the positive impact that sport and physical activity has on health and wellbeing. The Committee would miss Mr White's expertise and his willingness to engage with partners.

Members of the Committee joined the Chairman in silent tribute to the memory of Mr White.

48. Minutes of the previous meeting.

The minutes of the meeting held on 8 November 2017 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.

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.

Mrs. A. J. Hack CC declared a personal interest in minute no. 56: Primary Care Health Services in the North Blaby Area of East Leicestershire and Rutland Clinical Commissioning Group as she was a patient at Kingsway Surgery.

Mrs. H. J. Fryer CC declared a personal interest in minute no. 57: Mental Health and Armed Forces veterans as she was the Armed Forces Champion for Charnwood Borough Council, and she helped run a breakfast club for armed forces veterans in Loughborough.

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.

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

55. Medium Term Financial Strategy - Public Health.

The Committee considered a joint report of the Director of Public Health and the Director of Corporate Resources which provided information on the proposed 2018/19 to 2021/22 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 Mrs P Posnett CC, Interim Cabinet Lead Member Health, Public Health and Sport, to the meeting for this item.

In introducing the report, the Director and Cabinet Lead Member reminded the Committee that Public Health was financed through a ring-fenced grant from the Department of Health. This grant decreased in real cash terms by between two and two and a half percent each year until March 2020. It was currently expected that, after March 2020, Public Health would be financed through the 75 percent business rate retention scheme. The Public Health Department aimed to achieve the necessary savings through building on its track record of reconfiguring services to provide at least the same level of service for less money.

Arising from discussion, the following points were raised:-

Service Transformation

- i) The Committee welcomed the savings that the Department had made through service design, but sought assurance that the level of service was not being affected. The Committee was advised that services were reviewed against their activity levels and evidence of the effectiveness of the interventions. These reviews were then used to hold providers to account where they were not delivering the expected level of service. In addition, some efficiency savings had resulted in service improvement, such as providing a digital offer for the smoking cessation service, or through joint commissioning which improved alignment with partners.

Growth

- ii) It was noted that increased testing was expected as a result of the new Pre Exposure Prophylaxis (PrEP) treatment for HIV risk groups and that growth in the budget had been provided accordingly. If the level of growth was insufficient, this would result in a cost pressure across the sexual health service and would require savings to be found from elsewhere in the service. As sexual health was an open-access service, it could be more difficult to manage demand.

Savings

- iii) It was noted that the balance of the savings target, after the Early Help and Prevention Review, would largely be met from reductions in the contracts for Homelessness Prevention and Short Term Refuge Accommodation. It was acknowledged that the savings equated to approximately a third of these contracts, although there were other areas, such as weight management, which were also being investigated for savings. Achieving the level of savings required was likely to be challenging, although strengthening the links with mental health and substance misuse services could result in efficiencies.
- iv) It was noted that a national consultation on funding for supported accommodation services, including the homeless and short term refuges, was currently being undertaken by the Government. The proposal in the consultation was for Upper Tier Authorities to fund these services through a ring-fenced grant. The outcome of the consultation was expected to influence any proposals for savings in this area.
- v) It was noted that treatment services were the largest area of spend for the Public Health Department and it was therefore important for these services to be effective. The Committee was advised that the recommissioning of the Smoking Cessation Service was a good example of this as it had resulted in a significant decrease in the budget and an increase in activity. With regard to substance misuse, the Committee was advised that service redesign had improved alignment and joint working with other services, especially as it was now jointly commissioned with Leicester City Council and the Office of the Police and Crime Commissioner. It was acknowledged that the service faced ongoing challenges, such as the increase in the use of new psychoactive substances. The Department was developing its approach to Prevention Strategies and was starting to see improvements in multi-agency preventative working, particularly for lifestyle behaviours.

- vi) The savings under development for the 0-19 Health Visiting and School Nursing Service were still at a very early stage. Comparisons with how the services was provided in other local authority areas were currently being made and consideration was being given to how the Public Health Department could work more closely with Children and Family Services. Detailed proposals would be brought to this Committee for comment in due course.

Other Funding Sources

- vii) The funding from University Hospitals of Leicester (UHL) was supporting a Medical Consultant in Public Health to work with UHL on the development of strategies and providing analysis of relevant evidence bases. Negotiations for funding for 2018/19 were ongoing and had so far been positive.

RESOLVED:

- (a) That the report and information now provided be noted;
- (b) That the comments now made be forwarded to the Scrutiny Commission for consideration at its meeting on 24 January 2018.

56. Primary Care health services in the North Blaby area of East Leicestershire and Rutland Clinical Commissioning Group.

The Committee received a report of East Leicestershire and Rutland Clinical Commissioning Group which provided an update on primary care provision in the North Blaby area and the future plans to ensure the provision was sufficient to meet the growing demand. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Chairman welcomed Tim Sacks, Chief Operating Officer, ELRCCG to the meeting for this item.

Arising from discussions the following points were noted:

- (i) Members commended East Leicestershire and Rutland Clinical Commissioning Group for their collaborative approach to tackling the challenges facing primary care in North Blaby and the way they had taken a rounded view of the area rather than just focusing on specific localities.
- (ii) It was recommended practice that each care home should be serviced by one GP Practice to avoid duplication and enabling more effective use of resources. However, in North Blaby some individual GP Practices were covering multiple care homes which was stretching resources. Care homes were part of the core-contract so were not automatically entitled to additional funding however the CCG had provided additional funding and the community matron carried out care planning for care homes.
- (iii) Concerns were raised that the Lubbethorpe Sustainable Urban Development was designed to be self-contained and yet patients from outside of Lubbethorpe could choose to attend the surgery that was planned for Lubbethorpe which could create capacity problems. It was noted that the CCG would not be seeking a new provider

of health services to manage the contract for Lubbethorpe; it would be an existing contract holder that would provide stand-alone services for that site.

- (iv) Members highlighted that a proportion of the population of Glenfield attended the Oak Meadow Surgery which came under the remit of Leicester City CCG and this needed to be taken into account when planning future services for the North Blaby area. Reassurance was given that the Glenfield Surgery had sufficient capacity and staffing to meet the demand.

RESOLVED:

That the update on Primary Care health services in the North Blaby area be noted, and the actions being taken to ensure the sustainability of those services be welcomed.

57. Mental Health and Armed Forces Veterans.

The Committee received a report from Leicestershire Partnership NHS Trust (LPT) which highlighted work being undertaken around the Armed Forces Covenant and promoting access to support services for military veterans. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed Rob Melling, Head of Community Development, Leicestershire Partnership NHS Trust to the meeting to present the report.

Arising from discussions the following points were noted:

- (i) One of the ambitions of LPT was to drive down the number of ex-servicemen and veterans that self-harmed and/or committed suicide and in order to achieve this it was crucial to ensure they had suitable routes into support and access to inpatient units.
- (ii) To ensure the general public were aware of the support and services available to veterans LPT was improving the signage that was on show around the Trust premises, however further work needed to be carried out with regard to publicity. Armed Forces Breakfast Clubs took place in various locations on a monthly basis and these could be used to promote the services and support which were available.
- (iii) Members commended the work of LPT in connection with military veterans and offered to help publicise it. The Director of Public Health offered to meet with LPT regarding any help his department could provide.
- (iv) Links needed to be made with the Defence and National Rehabilitation Centre and this had been discussed at the Civil and Military Partnership Board.
- (v) Concerns were raised by Members that the funding for the Community Development Officer role would cease in March 2018. Reassurance was given that some of the work of the Community Development Officer would continue once the role had been discontinued. Links were being developed with the Help for Heroes charity in the hope that they could continue to provide some of the services.
- (vi) LPT were aware that there might be a large amount of veterans residing in the region which they had no record of. It was hoped that the national census in 2021

would include a question regarding whether somebody was a veteran but in the meantime health providers needed to collect their own data regarding veterans.

RESOLVED:

- (a) That the work being undertaken by Leicestershire Partnership NHS Trust relating to military veterans, the Armed Forces Covenant and mental health be supported.
- (b) That the Director of Public Health be requested to meet with Leicestershire Partnership NHS Trust to discuss how the Public Health team can contribute to the work around veterans and mental health.

58. Health Performance Update.

The Committee considered a joint report of the Chief Executive of the County Council and NHS Midlands and Lancashire Commissioning Support Unit, which provided an update of performance at the end of quarter three of 2017-18. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

The Committee welcomed Kate Allardyce, NHS Midlands and Lancashire Commissioning Support Unit to the meeting to present the report.

Arising from discussions the following points were noted:

- (i) The most recent data for some performance indicators was from two or three years ago. This was due to the nature of the metric that was being measured. For example the data for 'One-year survival from all cancers' could only be collected after the patient had been diagnosed with cancer and successfully completed treatment. The data was produced nationally and was still felt to be useful as, despite the delay in reporting, performance over time could still be tracked.
- (ii) Concern was raised regarding the poor performance against the metric for Improving Access to Psychological Therapies. This was particularly disappointing in light of the previous agenda item regarding military veterans where work was being undertaken to promote access to such services.
- (iii) Concerns were raised that Leicestershire was ranked 15th out of 16 of the CIPFA nearest neighbours with regard to children free from dental decay. Reassurance was given that a number of areas of work were underway through Public Health to help address this.
- (iv) No data was available for the breastfeeding at 6-8 weeks indicator however this matter had been raised with LPT in contract meetings.
- (v) With regard to Leicestershire being ranked 12th out of 16 for take up of NHS health checks the Director of Public Health explained that GP's had previously been paid when the invite for the appointment was sent rather than when the appointment was attended. This had now been altered so that GPs would only be paid when the appointment was attended and as a result the take up had improved.
- (vi) The Director of Public Health confirmed that investigations had taken place to ascertain why diabetes was so prevalent in areas of Leicestershire.

RESOLVED:

That the performance summary, issues identified and actions planned in response to improve performance be noted.

59. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 28 February at 2:00pm.

2.00 - 3.30 pm
22 January 2018

CHAIRMAN

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