



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 16 January 2019.

PRESENT

Dr. R. K. A. Feltham CC (in the Chair)

Mr. T. Barkley CC
Mr. D. C. Bill MBE CC
Mrs. A. J. Hack CC
Mr. D. Harrison CC

Mr T. Parton CC
Mrs B. Seaton CC
Mrs. M. Wright CC

In attendance

Mrs. P. Posnett MBE CC, Cabinet Lead Member Health, Public Health and Sport
Louise Hall, Healthwatch Leicester and Leicestershire

Mark Wightman, Director of Communications and External Relations, University Hospitals
Leicester NHS Trust (minute 54 refers)

Ket Chudasama, Director of Performance & Corporate Affairs, West Leicestershire
Clinical Commissioning Group (minute 54 refers)

45. Minutes of the previous meeting.

The minutes of the meeting held on 7 November 2018 were taken as read, confirmed and signed, subject to amendment to minute no.43: The Development of a Unitary Structure for Local Government in Leicestershire, under the Financial Situation heading, so that the minute states:

“Leicestershire received less funding than Northamptonshire, on a per head basis. A rough estimate of the order of magnitude of £13 million was provided to the Committee *[it was subsequently clarified to be £16 million per annum].*”

46. Question Time.

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

47. Questions asked by members.

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

48. Urgent items.

There were no urgent items for consideration.

49. 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.

No declarations were made.

50. Declarations of the Party Whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

51. Presentation of Petitions.

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

52. Public Health Medium Term Financial Strategy 2019/20 to 2022/23.

The Committee considered a joint report of the Director of Public Health and the Director of Corporate Resources which provided information on the proposed 2019/20 to 2022/23 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 MBE CC, Cabinet Lead Member Health, Public Health and Sport, to the meeting for this item.

In introducing the report, the Director and Cabinet Lead Member informed the Committee that 2019/20 was the last year that Public Health would be financed through a ring-fenced grant from the Department of Health. It was expected that from 2020/21 Public Health would be funded from retained business rates. However, until the outcome of the 2019 Spending Review was announced the exact funding that the Public Health Department would receive would not be known and therefore assumptions had been made in the MTFS. The Director was confident that Public Health would be able to make the necessary savings for a balanced budget for the 2019/20 year. However, for the following three years the position was less clear.

Arising from discussion, the following points were noted:-

Service Transformation

- (i) The Director of Public Health provided some reassurance that if the funding position changed in the future from that which had been anticipated, then the financial plans for Public Health could be altered and contingency plans would be put in place. In the meantime work was underway to reduce costs in the department such as focusing on digitising services.
- (ii) In response to a question from a member regarding the budget totals showing a debit balance it was explained that some of the Public Health Grant was used for preventative activities in other departments of the County Council.

Growth

- (iii) An assumption had been made that in the subsequent years of the MTFS, the Public Health specific grant (or whatever replaced it) would remain at the same level as in 2019/20.

Savings

- (iv) The Director of Public Health stated that he had high levels of confidence that the proposed savings as set out in the report could be made and confirmed that the savings relating to Integrated Sexual Health, NHS Health Checks and Heart Smart had already been achieved. The Director of Public Health was also confident that the savings relating to Substance Misuse Treatment Services could be achieved as the plans had been developed in a high level of detail.
- (v) The savings relating to Homelessness Prevention were not confirmed yet as public consultation needed to take place on the proposals; however, the Director of Public Health had confidence that the financial modelling was sound. Further work was required to be undertaken to establish how the outreach element of the service would work. It was expected that this would be a similar model to the Local Area Co-ordinators and the role would include ensuring effective links between the work District Councils undertook on homelessness and the wider Public Health work.
- (vi) An action plan was currently in place to rationalise staffing levels in the provider arm of the Public Health Department. This could affect Local Area Co-ordinators, although overall Leicestershire did have the largest team of Local Area Co-ordinators in the country. This fitted with the Department's ethos around providing prevention services in the community and seeking to develop community capacity.
- (vii) In response to a query from a member as to why no allowance had been made for inflation or cost increases the Director of Public Health explained that when services were externally commissioned the provider was expected to meet inflationary pressures as part of the contract. The Treasury had also previously made a payment directly to NHS providers to account for inflation, although it was unclear whether this would continue. Any additional cost pressures would have to be accounted for 'in year'.
- (viii) The planned recruitment freeze for the school nursing service had not yet begun therefore the impact on the service was not yet known. It was hoped that the introduction of digital tools such as text health and web health, would mitigate against any negative impact on the school nursing service. Joint working was taking place between the Public Health Department and Children and Family Services to ensure that the changes proposed would not have a disproportionate impact on certain groups of children such as those with Special Educational Needs.

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 28 January 2019.

53. Active Lives Survey 2018 - Physical Activity Levels in Leicestershire.

The Committee considered a report of the Director of Public Health which provided information on the results of the latest 'Active Lives' survey by Sport England and highlighted trends in physical activity in Leicestershire. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) Members raised concerns that children were becoming less active and that if adults were not active then their children were likely to follow the same example. Concerns were also raised that there were insufficient green spaces in Leicestershire for people to exercise in and that any facilities within the boundary of Leicester City Council cost more for County residents to use. In response reassurance was given that the Public Health Department had invested in fundamental movement skills programmes, funded the School Sports Networks in Leicestershire through the Public Health Grant and funded LeicesterShire & Rutland Sport to deliver the Daily Mile in schools. However, it was acknowledged that there was currently a lack of join up between the management of green spaces, LeicesterShire & Rutland Sport and the sport and physical activity offer.
- (ii) In response to a question from a member it was explained that Mini Mover sessions were run by Charnwood Borough Council so the Director of Public Health did not have any oversight over how they were facilitated. However, the Public Health Department did work with District Councils to provide services such as Nordic walking.
- (iii) The Department of Public Health worked with the Environment and Transport Department to promote active travel. Similar work was being undertaken with district councils and housing developers with a view to integrating features into housing developments for making residents healthier, however this offer was not yet consistent across the county.
- (iv) The cyclist Chris Boardman had been tasked by the Mayor of Greater Manchester and given a sum of money to improve cycling and walking infrastructure in that area. The Director of Public Health was giving consideration to whether similar schemes could be adopted in Leicestershire in order to encourage residents to be more active.

RESOLVED:

- (a) That the contents of the report be noted with concern;
- (b) That the aims of the Director of Public Health with regards to improving the levels of physical activity undertaken by residents of Leicestershire, and instigating a more joined up approach to physical activity, be supported.

54. Royal College of Physicians report on Outpatient Appointments.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which informed the Committee regarding actions the Trust was taking in response to a recently published report by the Royal College of Physicians on Outpatients and provided members with an overview of work that was being undertaken to improve Outpatient services across the Trust. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed Mark Wightman, Director of Communications & External Relations, UHL, and Ket Chudasama, Director of Performance & Corporate Affairs, West Leicestershire CCG, to the meeting for this item.

Arising from discussions the following points were noted:

- (i) The report from the Royal College of Physicians was welcomed by UHL. In the past the focus of the Trust had been on acute services, and it was acknowledged that action needed to be taken with regards to Outpatient services. The main driver for reform was reducing waiting times rather than saving money. UHL delivered over 900,000 Outpatient appointments per annum and as part of the NHS Long Term Plan it was intended to reduce this to 300,000. To achieve this reduction there would be a focus on ensuring that patients were seen by the most appropriate specialist at their first appointment thereby avoiding the need to attend future appointments if they were unnecessary. It was also intended to dispense with appointments that had no clinical value. Routine follow up appointments were part of the culture of the Trust and this needed to be changed in future with patients deciding for themselves whether they needed another appointment. A member raised concerns that patients would not have sufficient knowledge to make that decision and suggested that information guides should be handed to patients to help them decide whether they needed another appointment with a clinician.
- (ii) It was intended that in future greater use would be made of the specialist skills that GPs and other practitioners such as optometrists had to enable them to conduct procedures that would normally be conducted at an Outpatient appointment. Additional training would be provided to GPs to make sure they had the skills and could carry out the procedures safely. Members raised concerns that this plan of action would only move the backlog from Outpatients to GP Practices at a time when GP Practices were struggling to meet the growing demand. In response it was acknowledged that, without investment in prevention services, demand would continue to outstrip supply. However, GP Practices were enthusiastic about this opportunity and saw it as a mechanism to make GP Practices more attractive places to work. In addition as some of the other practitioners such as optometrists were based outside of the Trust, there would be additional capacity for this work.
- (iii) In response to a suggestion from a member that Outpatient clinics could be locally rather than centrally based, with the clinician travelling to a location convenient for the patient, it was explained that the clinics would have to operate at scale and there may not be sufficient numbers of patients in each locality to make it feasible. Instead it was hoped that the new Planned Care Centre proposed for the Glenfield Hospital would enable patients to undergo more than one intervention during the same appointment such as blood tests, scans etc. to make the system more efficient and economical.
- (iv) Members raised concerns regarding the amount of patients that failed to attend appointments and questioned how UHL were going to tackle this issue. Members suggested that part of the problem was that appointments were often cancelled and rearranged and several appointment letters were sent out to patients causing confusion. In response it was explained that going forward greater use would be made of technology such as with two way text reminders and mobile phone apps. UHL were aware that some elderly patients did not use this technology and therefore it was hoped that they would receive greater support from the voluntary sector and GP Practices.
- (v) It was acknowledged by UHL that finding the way to the clinics could be a problem for some patients at older hospitals, and paper maps often became out of date quite quickly. It was hoped that the 'way finding' mobile phone apps which were in development would help patients locate their clinics.

RESOLVED:

- (a) That the contents of the report be noted;
- (b) That officers be requested to produce for a future meeting of the Committee a further report regarding outpatient appointments to include performance data broken down into individual specialties.

55. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 13 March 2019 at 2:00 pm.

2.00 - 3.55 pm
16 January 2019

CHAIRMAN