

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 14 September 2016.

PRESENT

Mrs. R. Camamile CC
Dr. T. Eynon CC
Dr. R. K. A. Feltham CC
Mr. D. Jennings CC

Mr. J. Kaufman CC
Ms. Betty Newton CC
Mr. T. J. Pendleton CC
Mrs. J. Richards CC

Apologies

Dr. S. Hill CC

In attendance

Mr. E. F. White CC, Cabinet Lead Member for Health.

Mike Sandys, Director of Public Health.

Rick Moore, Chair of Healthwatch Leicestershire.

Noelle Rolston, Senior Contracts and Provider Performance Manager, LLR CCGs, (minute 26 refers).

Jane Chapman, Chief Strategy and Planning Officer, East Leicestershire & Rutland CCG (minute 26 refers).

Gill Stead, Head of Prescribing, West Leicestershire CCG (minute 27 refers).

Phyllis Navti, Head of Prescribing, East Leicestershire CCG (minute 27 refers).

Vandna Gohil, Director, Healthwatch (minute 28 refers).

18. Appointment of Chairman for the meeting.

RESOLVED:

That Dr. T. Eynon CC be elected Chairman for this meeting of the Health Overview and Scrutiny Committee.

Dr. T. Eynon CC – In the Chair

19. Minutes of the previous meeting.

The minutes of the meeting held on 8 June 2016 were taken as read, confirmed and signed.

20. Question Time.

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

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

Mr R. Sharp CC asked the following questions:-

The Community Alarm Service known as Lifeline is intended to enable people in the Charnwood Borough to call for help in case of emergency 24 hours per day, 7 days a week. Lifeline is manned by on-call wardens who will call an ambulance on someone's behalf but are not trained or authorised to attend emergency incidents themselves. There seems to be a growing problem of long waiting times for ambulances to attend patients who have requested help using the Lifeline service.

Could the Chairman please clarify:-

1. Are ambulance response times for Lifeline residents recorded and reported?
2. Is there a cheaper and faster response option available other than an ambulance?
3. Could we train local Lifeline wardens to be first contact responders?

Dr. T. Eynon CC replied as follows:-

1. 999 calls from Lifelines are not recorded separately by EMAS. However, it is possible for EMAS to look into individual calls from Lifelines to investigate why there was a delay in response.
2. The Lifeline Service is provided by Charnwood Borough Council and any specific issues will need to be raised with that organisation. In general terms, if a frail elderly person falls, and an ambulance is called they will be assessed by a paramedic using the Falls Risk Assessment Tool to determine whether immediate hospital attendance is required. If being taken to hospital is not deemed necessary, but the person may need other support, referral can be made by the ambulance staff direct to Leicestershire Partnership Trust's Single Point of Access (SPA). The SPA will undertake a telephone assessment within two hours to determine the appropriate response which could include follow up in the home by the local community services team.

There are no other emergency medical response services other than that provided by the East Midlands Ambulance Service. However, if the person's GP is contacted about the incident the GP might also assess if an urgent home visit from the GP practice should take place.

All Leicestershire residents are also able to attend local urgent care centres such as the one at Loughborough Hospital which has x-ray facilities.

3. Lifeline responders are often family members. Where this is not the case, a response service is commissioned separately.

The issue relating to providing Lifeline wardens with specialist first aid training needs to be taken up with Charnwood Borough Council who provides the service.

It should also be noted that Lifeline is one of a number of similar services available, and different parts of the County may commission different products, this one is specific to Charnwood Borough Council.

Mr R. Sharp CC asked the following supplementary question:-

“Could the Committee, with support from EMAS, consider how falls are responded to in the County including ambulance response times.”

Dr. T. Eynon CC replied to the effect that officers would be asked to add this issue to the work programme of the Committee.

22. Urgent Items.

There were no urgent items for consideration.

23. 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 all items on the agenda as a salaried GP and as she volunteered for Radio Carillon, a hospital radio station.

Mrs. M.E. Newton CC declared a personal interest in all items on the agenda as she had a relative employed by Leicestershire Partnership NHS Trust and another relative that worked for Leicester Royal Infirmary and was involved in the Vanguard programme.

Mr. D. Jennings CC declared a personal interest in all items on the agenda as he had a relative employed at Glenfield Hospital.

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

There were no declarations of the party whip.

25. Presentation of Petitions under Standing Order 36.

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

26. Settings of Care Policy Update.

The Committee considered a report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups which provided an update on the Leicester, Leicestershire and Rutland Clinical Commissioning Groups' Settings of Care Policy. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

It was noted that the public consultation on the Policy would include all individuals in receipt of continuing health care including hard to reach groups. The consultation would be advertised on the websites of all three Clinical Commissioning Groups, and there would be press releases and promotional events for members of the public to attend. The Committee asked that the Clinical Commissioning Groups consider how to ensure that elderly people are able to take part in the public consultation given that they may not be able to attend the events.

RESOLVED:

- (a) That the plans to update the Leicester, Leicestershire and Rutland Clinical Commissioning Groups' Settings of Care Policy be noted.

- (b) That officers be asked to ensure that the Health Overview and Scrutiny Committee is included in the public consultation on the Settings of Care Policy.

27. Update on the Review of Prescribing.

The Committee considered a report of Leicestershire and Rutland CCGs which provided an update on the outcomes of the survey undertaken by Healthwatch on paracetamol and other over the counter medicines and Gluten Free foods, and provided an overview on how the CCGs intended to act on this feedback. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

Arising from discussions the following points were made:

- (i) Concerns were raised by Members that patients in receipt of free prescriptions would have to pay for paracetamol and some other over the counter medicines if they were no longer available on prescription. It was confirmed that the impact of the policy change on people on low incomes would be taken into account in determining the future policy direction.
- (ii) Members of the Committee requested that further research be undertaken to determine the demographics of patients who benefitted from receiving gluten free food on prescription to ensure that those on a low income would not be unduly affected if it ceased to be available on prescription. The view was that it might be appropriate for the CCG to consider how it could support these patients to access gluten free bread at a low cost.
- (iii) It was confirmed that GPs were no longer permitted to add a variety of drugs to one prescription. They were required to allocate one item per prescription charge.
- (iv) Whilst it was proposed that paracetamol and other over the counter medicines would no longer be available on prescription from GP Practices this would not affect the prescribing of medication in hospitals. The Committee was pleased to note that liaison would take place with hospitals so that patients would not be discharged with a paracetamol prescription, as audits undertaken to identify wastage of prescribed medication had shown that paracetamol was often wasted.
- (v) The Homely Remedies Guideline facilitated patients to be able to use their own paracetamol or care homes to buy and supply paracetamol for minor illnesses for a short period of time.
- (vi) It was queried whether there was a County Council policy regarding medication being provided to children in schools by teachers or school nurses.

RESOLVED:

- (a) That the update on the review of prescribing paracetamol and other over the counter medicines and gluten free foods be noted, and the proposals for how the Clinical Commissioning Groups will act on the results of the review be supported.
- (b) That officers be requested to provide clarification on the guidance relating to staff at schools and nurseries being able to administer medication.

28. Healthwatch Leicestershire Annual Review 2015 - 16.

The Committee considered a report of Healthwatch Leicestershire (HWL), which provided an annual review of the work carried out by HWL in 2015-2016. The Committee also received a presentation from HWL which covered their work to date. A copy of the report marked 'Agenda Item 10', and the presentation slides, are filed with these minutes.

Arising from discussions the following points were made:

- (i) The Committee commended HWL on the presentation of its annual report, and the work they had carried out during the 2015-16 year.
- (ii) Members endorsed the 'Your Voice Counts' booklet produced by HWL which was designed to increase public awareness of the work of HWL and direct people to their nearest Urgent Care Centre. It was suggested that this booklet should be placed in pharmacies and clinics as well as GP Practices, however, it was noted that HWL may not have sufficient resources to fund the printing. Consequently HWL offered to email an electronic version of the booklet to CCGs and other health organisations so that it could be printed off and displayed.
- (iii) It was noted that East Leicestershire and Rutland CCG was developing a mobile phone app to assist people in knowing where to go for medical treatment.
- (iv) With regard to patients having problems accessing appointments at GP Practices it was suggested that HWL could carry out a piece of work involving making phone calls to GP Practices to check whether answer phone messages provided sufficient information to patients. HWL agreed to consider whether this was possible. It was noted that there was a system in place which enabled patients to book GP appointments online however each GP Practice needed to sign up to it and not all had done so.
- (v) In response to concerns regarding the future of HWL it was noted that the contract with Voluntary Action Leicestershire (VAL), on the basis of which HWL had been procured, had been extended until spring 2017. A review had been undertaken to inform the future commissioning of HWL; the outcome of this would be reported to the Health and Wellbeing Board in November 2016. It was noted that HWL was low funded but was a high performing service in spite of this. The Committee commended HWL on the effectiveness of the work it had undertaken during the last year.
- (vi) In answer to a question regarding the value HWL brought to scrutiny of Healthcare in Leicestershire it was noted that Healthwatch was unique in that it had powers to enter and view premises, derived from the Health and Social Care Act. It used these powers to undertake qualitative, patient centred reviews which complemented rather than duplicated other reviews and inspections of services. In addition Healthwatch reports had been highlighted as good practice.

RESOLVED:

That Healthwatch Leicestershire's Annual Review be welcomed.

29. Joint Health and Wellbeing Strategy.

The Committee considered a report of the Director of Public Health which presented the draft Health and Wellbeing Strategy 2017-2022 for comment. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

It was noted that the draft Health and Wellbeing Strategy would be considered at the meeting of the Health and Wellbeing Board on 15 September 2016 before going out for consultation. The final version of the Strategy would be updated to make reference to the NHS Sustainability and Transformation Plan before being presented to the Health and Wellbeing Board on 17 November 2016 for approval.

In response to concerns regarding the quality of housing in Leicestershire and in particular the effects of damp on people's health the Director of Public Health described some of the work which was already in place to deal with this problem which was as follows:

- Working with Planning departments at District and Borough Councils to ensure that health improving measures were included in new-build housing;
- A project with Hinckley and Bosworth District Council and the Local Government Association Design Council which worked with housing developers to make buildings health improving from first construction;
- A successful bid with the National Energy Authority which resulted in the receipt of £335,000 to support practical work to improve homes.

RESOLVED:

That the draft Health and Wellbeing Strategy 2017-2022 and the consultation plan be supported.

30. Social Prescribing and Local Area Co-ordination.

The Committee considered a report of the Director of Public Health which provided an update on work being undertaken to develop a consistent approach to social prescribing across Leicestershire, and an update on the pilot of Local Area Coordination. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

The Committee welcomed the social prescribing work particularly the use of the First Contact Service. It was noted that in future patients would be able to refer themselves to the First Contact Service so they did not have to visit their GP. Members asked the Director of Public Health to ensure that the scheme was well publicised so that people knew they could refer themselves, and the Director agreed to check the communications Plan.

The Committee praised the pilot Local Area Co-ordinators for the work they had done so far.

RESOLVED:

- (a) That the work being undertaken to develop a consistent approach to social prescribing across Leicestershire be supported.
- (b) That the update on the pilot of Local Area Coordination be noted and the scheme be supported.

31. Dates of future meetings.

RESOLVED:

It was noted that future meetings of the Committee would take place at County Hall at 2pm on the following dates:-

2 November 2016;
23 January 2017;
1 March 2017;
31 May 2017;
6 September 2017;
8 November 2017.

2.00 pm - 3.55 am
14 September 2016

CHAIRMAN