

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 23 January 2017.

PRESENT

Dr. S. Hill CC (in the Chair)

Mr. D. C. Bill MBE CC
Mrs. R. Camamile CC
Mrs. J. A. Dickinson CC
Dr. T. Eynon CC

Dr. R. K. A. Feltham CC
Mr. D. Jennings CC
Ms. Betty Newton CC
Mr. T. J. Pendleton CC

In attendance

Mr. E.F. White CC, Cabinet Lead Member for Health
Mike Sandys, Director of Public Health
Tim Sacks, Chief Operating Officer at East Leicestershire and Rutland CCG (minute 9 refers)
Jim Bosworth, Associate Director Commissioning & Contracting, East Leicestershire and Rutland CCG (minute 10 refers)
Simon Baker, Contract Manager, both from East Leicestershire and Rutland CCG (minute 10 refers)
Carmel O'Brien, Chief Nurse & Quality Officer at East Leicestershire and Rutland CCG (minute 11 refers).

44. Minutes of the previous meeting.

The minutes of the meeting held on 2 November 2016 were taken as read, confirmed and signed.

45. Question Time.

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

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

Mr D.C. Bill MBE CC asked the following question:-

In view of the crisis currently affecting health services in Leicestershire and in particular the impact this is having on the A&E, ambulance services and delays in operations, can the Chairman please outline the degree of the problems and the steps being taken to minimise the impact on patients?

Dr. S. Hill CC replied as follows:-

Thank you to Mr Bill for raising this important question.

The health and social care provision within Leicester, Leicestershire and Rutland, as well as other areas across the UK, continues to face pressures. A number of the pressures can be linked to seasonal demand and are as a consequence of the extended Christmas and New Year bank holiday periods. It is noted that the pressures on the LLR system are not confined to the winter period. The urgent care system has been under strain for some months, due to a combination of factors including high and sustained levels of demand, constrained capacity across both health and social care, and some process issues both in and out of hospital.

Across the LLR system, there is an Accident & Emergency Delivery Board chaired by John Adler (CEO of UHL) which has responsibility for managing and improving urgent care performance, including planning for surges and seasonal variation in demand. The Board meets fortnightly and reviews current performance. LLR had a comprehensive plan for winter and the Christmas period, however, despite this plan services often struggled to meet performance standards including the 4 hour A&E wait and 15 minute handover standard.

There is also a system wide Recovery Action Plan which is managed by the Urgent Care Team and this plan covers 5 key action areas including minimising demand, improving ambulance response, streamlining processes within UHL and overall patient flow and hospital discharge processes. Within the plan, a number of actions relate to improving ambulance patient handover; however during the latter part of December 2016 and early January 2017, the handover process saw periods of significant delays.

Commissioners and providers are communicating on a regular basis regarding issues that are arising within the Urgent and Emergency Care pathways and this includes daily (Mon to Sun) escalation calls with key senior representatives. There are also a number of additional escalation routes for addressing key issues such as ambulance handover delays or Emergency Department 4-hour breaches. This includes support and coordination of immediate actions through the Urgent Care Team and the CCG Director on Call, with assessment and minimisation of patient impact a key objective. Officers have been asked to provide some figures to illustrate the current performance of health and social care partners across Leicester, Leicestershire and Rutland and these will be circulated to Committee Members as soon as they are available.

Mr D.C. Bill MBE CC asked the following supplementary question:-

In view of the serious nature of the situation, which impacts on all users of the Health Service, can I please ask that:

- 1) All Members are kept up to date with the situation and measures being taken to tackle the issues, and that;
- 2) Cross border issues such as the impact on the Accident & Emergency department at George Eliot Hospital are also addressed.

Dr. S. Hill CC replied to the effect that all Members would be kept up to date and cross border issues would be considered by the Committee as part of scrutiny of the Sustainability and Transformation Plan.

47. Urgent Items.

There were no urgent items for consideration.

48. 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 in Item 10: Improving Access to Psychological Therapies as she volunteered for Hermitage FM, a radio station in North West Leicestershire and had previously worked as a SPIRIT trainer, although she no longer did so.

Ms. B. 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.

Mr. D. Jennings CC declared a personal interest in all items on the agenda as he had a relative employed by University Hospitals of Leicester NHS Trust.

Mr. T. J. Pendleton CC declared a personal interest in Item 10 as a friend of Hermitage FM.

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

There were no declarations of the party whip.

50. Presentation of Petitions.

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

51. Medium Term Financial Strategy - Public Health.

The Committee considered a joint report of the Director of Public Health and Director of Corporate Resources which provided information on the proposed 2017/18 to 2020/21 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.

In his introduction to the report, the Director of Public Health explained that the MTFS proposals for 2017/18 related wholly to the Public Health Department and were intended to address the reduction in Public Health grant of the MTFS savings requirement. Most of the savings for 2017/18 were the full year impact of changes which had been successfully implemented the previous year from 2018/19 onwards and that the role of Public Health should be seen in the broader context of the Council-wide Early Help and Prevention Review.

The Cabinet lead Member welcomed the report which, in his opinion, showed that the Department was well led, in control of its budget and was able to identify new ways of delivering services at a lower cost than had previously been the case.

In response to questions and comments the Committee was advised as follows:-

- (i) The Committee welcomed the report and the ethos of the Department which was to make efficiency savings through good contract management. Most of the savings for 2017/18 were the full year impact of changes which had been successfully implemented the previous year;
- (ii) Prevention formed one of the 14 workstreams of the Leicester, Leicestershire and Rutland STP. Some elements of this workstream would be delivered jointly with Leicester City and Rutland and some would be specific to Leicestershire. First Contact Plus was integral to the Leicestershire prevention model. The Director undertook to inform members if there was anything they could do to help preserve this vital part of preventative services;
- (iii) The Committee was of the view that the First Contact Plus service was an integral part of the Council's prevention offer as it was the place from which people were referred to all other services. Concern was expressed that the funding for First Contact Plus for 2017/18 had not been confirmed as 2/3 of the funding for the service would come from the Better care Fund and this had not yet been agreed. It was hoped that the NHS partners would continue to fund First Contact Plus through the Better Care Fund;
- (iv) It was noted that there were some difficulties with the interoperability of First Contact Plus with GP surgery IT systems. It was confirmed that further work would be undertaken in this area to ensure that the system was as easy as possible for GPs to use;
- (v) The Committee welcomed the commitment to the Lightbulb Service which was a programme of integrating practical housing support into a single service that was available to all, easier to access, easier to use, and shaped around an individual's need not an organisation's processes. It was noted that the business case had not yet been approved by all district councils, although it was expected that this would be in place in due course;
- (vi) It was confirmed that the Sexual Health testing online service had gone live on 1 January 2017. This enabled service users to register their details online so that they could receive a testing kit sent directly to their home. It was suggested that this service should be promoted to GP surgeries;

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 25 January 2017.

52. Summary Care Record and interoperability of I.T. Systems.

The Committee considered a report of Leicester, Leicestershire and Rutland Better Care Together Information Management and Technology workstream which provided an update on development of the Summary Care Record and interoperability of Information Technology Systems. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Chairman welcomed Tim Sacks, Chief Operating Officer at East Leicestershire and Rutland CCG to the meeting for this item.

The following points were raised:

- (i) Patients had to opt in to the scheme in advance to enable their Summary Care Record to be shared and then further consent from the patient would be required at the time of treatment. This was due to Information Governance rules. Concerns were raised by Members that a patient might not be capable of giving consent at the time treatment was required.
- (ii) Once consent had been granted a patient's Summary Care Record could be accessed from all areas of the country; not just from within the patient's county of residence. This information sharing included ambulance services, which was particularly useful for paramedics as they could identify if a Care Plan was in place for a particular patient.
- (iii) The Summary Care record was distinct from the Patient's full medical record which would still take 6 weeks to be transferred from one GP Practice to another.
- (iv) A method had not yet been found to enable a patient's Social Care information to be shared along with the patient's Health Care information and there was no specific date when it was expected that this problem would be resolved.
- (v) As all sections of the health service were not yet using the same computer system this could have an impact on delivery of the NHS Sustainability and Transformation Plans.

RESOLVED:

That the work being undertaken with regard to the Summary Care Record and interoperability of Information Technology Systems be supported.

53. Improving Access to Psychological Therapies update.

The Committee considered a report of East Leicestershire and Rutland Clinical Commissioning Group which provided an update on the Improving Access to Psychological Therapies programme. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Chairman welcomed Jim Bosworth, Associate Director, Commissioning and Contracting, and Simon Baker, Contract Manager, both from East Leicestershire and Rutland Clinical Commissioning Group to the meeting for this item.

Arising from discussions the following points were raised:

- (i) There was a target for 15% of the prevalent population to be accessing the service but this was not being met. At the current time the figure was 14% of the population. This target was anticipated to rise to 25% in the future.
- (ii) Concerns were raised that some GP's did not appreciate the benefits of Psychological Therapies such as Cognitive Behavioural Therapy and would prescribe medication when they could instead make a referral. It was noted that the next GP newsletter would highlight the benefits of both approaches.
- (iii) In response to concerns raised by a Member that there was no treatment available for people with mild eating disorders and that there was also a gap in care for those with personality disorders, it was reported that work was ongoing with Leicestershire Partnership Trust to develop a personality disorder pathway and whilst the current operational plan did not cover eating disorders, eating disorders would be part of the plan for the next 5 years.

RESOLVED:

- (a) That the update regarding the Improving Access to Psychological Therapies programme be noted;
- (b) That the plans to reinvigorate GP engagement and provide training for GP's in Psychological Therapies be welcomed.

54. Settings of Care Consultation.

The Committee considered a joint report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups which presented the Draft Settings of Care Policy for comment and highlighted the key changes. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Chairman welcomed Carmel O'Brien, Chief Nurse & Quality Officer at East Leicestershire and Rutland CCG, to the meeting for this item.

Arising from discussions the following points were noted:

- (i) There were no case studies in the Settings of Care Policy consultation documents and it was agreed that case studies which were used at the consultation event in Oadby would be forwarded to Members. It was confirmed that patients affected by the new Settings of Care Policy were people with very complex needs who required specialist equipment.
- (ii) If somebody met the eligibility criteria for continuing healthcare the assessment currently took place either at the patient's home or when they were an inpatient. However, the CCGs were aiming to move this assessment to take place once reablement had been completed. This was in line with other parts of the country and would also allow more effective assessments of the patient's ongoing needs.
- (iii) For any package of care under £50,000 authority to approve the package was delegated and signed off by the nursing team. For any package over £50,000 a fortnightly High Risk and Complex Care Panel would scrutinise the level of need.

Whilst it was not possible to be specific on what a package of care would cost there were bandings which gave an approximate figure and an algorithm was used.

- (iv) The Committee was pleased to note that assessment under the new Policy would not be carried out retrospectively. Annual reviews would also be carried out. These would take into account clinical risk and the cost of the services received, for example if it was more expensive to deliver services at home than in a residential setting. The Committee was pleased to note that there had not been any occasions so far where a patient had been transferred from their own home to a residential setting, and the Committee requested that every effort be taken to avoid this outcome.

RESOLVED:

- (a) That the Settings of Care Policy Update be noted;
- (b) That officers be requested to produce a formal response to the consultation on the Draft Settings of Care Policy, based on this Committee's discussions, and forward it to Leicester, Leicestershire and Rutland Clinical Commissioning Groups.

55. Substance Misuse Service.

The Committee considered a report of the Director of Public Health which provided an update on community substance misuse treatment services following the re-procurement that took place in 2016. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) There were 12,000 service users currently in treatment and 99.9% were provided with an initial appointment within 3 weeks.
- (ii) Positive feedback had been received from staff on the way the transfer of the contract to Turning Point was carried out. Members praised the performance of the new service.
- (iii) It was confirmed that patients that resided outside of the City Centre could use the city centre hub and those from the City Centre could use the hubs in the wider County.
- (iv) Members suggested that smoking cessation services should be included as part of the substance misuse service. The Committee was advised that there was a link between the smoking cessation and substance misuse services and that they would refer to each other when appropriate.

RESOLVED:

That the update on community substance misuse treatment services be noted and the new service model be supported.

56. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 1 March 2017 at 2:00pm.

2.00 - 3.35 pm
23 January 2017

CHAIRMAN