

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 28 February 2018.

PRESENT

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

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

Mr. D. Jennings CC
Mrs B. Seaton CC
Mrs D. Taylor CC

In attendance

Mrs. P. Posnett CC – Cabinet Lead Member for Health, Public Health and Sport.

Mr. T.J. Pendleton CC – Cabinet Support Member for Children and Young People (for minute 67).

Rick Moore, Healthwatch Representative.

Helen Thompson, Divisional Director, Leicestershire Partnership NHS Trust (minute 67 refers).

Dr Avinash Hiremath, Divisional Clinical Director, Leicestershire Partnership NHS Trust (minute 67 refers).

Tamsin Hooton, Director of Urgent and Emergency Care, Leicester, Leicestershire and Rutland CCGs (minutes 68 and 69 refer).

Mark Wightman, Director of Communications and External Relations, University Hospitals Leicester (minute 68 refers).

Richard Lyne, General Manager for LLR and Northants, East Midlands Ambulance Service (minute 68 refers).

Caroline Trevithick, Chief Nurse & Quality Lead & Governing Body Nurse, West Leicestershire CCG (minute 71 refers).

60. Minutes of the previous meeting.

The minutes of the previous meeting held on 22 January 2018 were taken as read, confirmed and signed.

61. Question Time.

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

62. Questions asked by members.

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

63. Urgent Items.

There were no urgent items for consideration.

64. 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.

65. Declarations of the Party Whip.

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

66. Presentation of Petitions.

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

67. Child and Adolescent Mental Health Services.

The Committee received a report of Leicestershire Partnership NHS Trust (LPT) which provided an update on work to establish a new in-patient unit for Specialist Child and Adolescent Mental Health Services (CAMHS) in Leicester and improvements made following receipt of a Care Quality Commission inspection report. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed Helen Thompson, Divisional Director, LPT and Dr Avinash Hiremath, Divisional Clinical Director, LPT to the meeting for this item.

Arising from discussions the following points were noted:

- (i) Whilst the Committee welcomed the proposals for the new 15-bed inpatient CAMHS Unit, concerns were raised that the funding was dependent on the Sustainability and Transformation Plan being implemented and the local Sustainability and Transformation partnership producing a robust estates and capital strategy. In response some reassurance was given that the Estates Strategy was being progressed with a timeline in place, however it was noted that this was the responsibility of the System Leadership Team.
- (ii) The Access Team at CAMHS reviewed referrals in order to make the process more expedient. A Demand and Capacity review was also being undertaken to support improvements in this area. It was confirmed that all children and young people referred received an initial assessment within 13 weeks. Whilst patients were awaiting a more in depth assessment, telephone contact was kept with them to ensure that they were safe and their mental health was not deteriorating. Regular risk assessments were carried out for these people and if the level of risk was deemed to have escalated patients could be prioritised.
- (iii) The numbers of new referrals to CAMHS dropped in the July and August months and it was believed that this may be connected with the school holidays though the precise reason was not known.

- (iv) The Early Intervention Service was provided by Relate. It was commissioned by the Future in Mind Partnership, which included representation from the County Council and was integrated with the healthy schools programme. A referral would only be made to CAMHS if specialist services were required. Consideration was being given to creating a shared front door for both early help and specialist CAMHS as having the CAMHS Access Team as part of multi-agency decision making would help ensure that a child was referred to the correct agency on first assessment.

RESOLVED:

- (a) That the update on work to establish an in-patient unit for Specialist Child and Adolescent Mental Health Services in Leicester, and the actions taken as a result of the Care Quality Commission inspection report published in January 2018, be noted:
- (b) That Leicestershire Partnership NHS Trust be requested to provide a further update on the improvements made in response to the Care Quality Commission report for a future meeting of the Committee.

68. Update on Winter Plan 2017/2018.

The Committee received a report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups which provided an update on winter pressures, the response of the local health and care system to winter pressures and the effectiveness of winter plans. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed Tamsin Hooton, Director of Urgent and Emergency Care, Leicester, Leicestershire and Rutland CCGs to the meeting to present the report. Mark Wightman, Director of Communications and External Relations, University Hospitals Leicester (UHL), and Richard Lyne, General Manager for LLR and Northants, East Midlands Ambulance Service were also present for this item.

Arising from discussions the following points were noted:

- (i) In previous winters there had been an increase in discharge rates immediately prior to Christmas which had meant beds were available come the post Christmas influx however this had not occurred in 2017. The main cause for the number of patients in hospital around the Christmas period was an increase in respiratory type illnesses.
- (ii) Concerns were raised that the dominant Flu strain B was not covered by the triple vaccine which was being administered by GPs and it was noted that it was the decision of individual GP Practices as to which vaccine they provided. The quadruple Flu vaccine was more expensive however it could be argued that it was more cost effective overall as it prevented the spread of Flu strain B.
- (iii) There had been a National Directive from NHS England to cancel elective procedures in order to prioritise urgent treatment. UHL deemed this to be essential due to the high bed occupancy rates and issues caused by flu. If the directive had not been issued it was likely that those procedures would still have been cancelled. It was clarified that the backlog created by the directive meant that UHL was

unlikely to get back on schedule with regards to elective procedures and therefore would not meet the 18 week target for referral to treatment. NHS England recognised that this target was unachievable and therefore had set a target that the performance in March 2019 must be at least at the same level as performance in March 2018.

- (iv) The Committee was advised that the cost to UHL of the cancelled operations during January was in the region of £10 million. This was because patients on an emergency pathway cost more than UHL were paid to look after them. The Trust could only make a profit through elective work.
- (v) Concerns were raised by a Member that on some occasions when an operation had been cancelled the pre-operation appointment had not been cancelled, and it was questioned whether better communication was required between different teams at UHL. In response reassurance was given that careful consideration was given before a decision was made to cancel operations and in those particular incidents it may have been that there had originally been a chance that the operation would go ahead.
- (vi) In previous years a survey of NHS frontline staff had taken place to gain feedback on areas for improvement with regard to the Winter Plan and feedback would again be sought this year however roadshows would not be taking place.
- (vii) The demand for Ambulance Services normally decreased in the new year period, however in 2018 demand had increased. Whilst there had been a spike in Ambulance handover delays in February 2018 this was not as protracted as the previous year. In the December 2016 to February 2017 period 5,000 hours had been lost due to ambulance delays whereas for the December 2017 to February 2018 period 3,500 hours had been lost. EMAS were implementing a new process where the appropriate grades of officers were allocated to incidents depending on the nature of the medical condition.

RESOLVED:

That the update on winter pressures, the response of the local health and care system to winter pressures and the effectiveness of winter plans, be noted.

69. Non-emergency Patient Transfer Service - TASL

The Committee received a report from Thames Ambulance Services Limited (TASL) which provided an update on the post-mobilisation of the Non-Emergency Patient Transport Services contract with TASL in Leicester, Leicestershire and Rutland. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Representatives from TASL had been invited to the meeting however they were unable to attend due to the adverse weather conditions. Tamsin Hooton, Director of Urgent and Emergency Care, Leicester, Leicestershire and Rutland CCGs answered questions on the report from a commissioner's perspective.

Arising from discussions the following points were noted:

- (i) Meetings had taken place with the parent company of TASL (HTG) who had given reassurance that they intended to invest in the ambulance service in the long term and they had not been deterred by the difficulties which arose on mobilisation.
- (ii) Due diligence enquiries had been undertaken into TASL prior to the contract being awarded. The CCG had contingency plans in place for transporting patients to urgent appointments should TASL be unable to fulfill the contract. It was noted that performance had improved month on month since mobilisation and that TASL was on track to meet all targets except for call pick-up time in the call centre.
- (iii) The eligibility criteria had not fundamentally changed since TASL were awarded the contract though effort was being made to ensure that it was applied consistently recognising that there was sometimes a need for flexibility. Members were of the view that the eligibility criteria flow chart as set out on the WLCCG website was difficult to follow and Tamsin Hooton agreed to give this further consideration.
- (iv) The CCG were reassured by actions TASL were taking to address recruitment gaps such as using third party providers. However, further work needed to be carried out to ensure TASL had the ability to recruit and retain an adequate workforce and there was a need to communicate a positive view of the company to encourage more applicants for roles.

RESOLVED:

- (a) That the update on the post mobilisation of the Non-Emergency Patient Transport Services contract with Thames Ambulance Services Limited be noted, and the improvements made since the previous report to the Committee be welcomed;
- (b) That officers write to Thames Ambulance Service Limited and forward the questions and comments now made regarding the report.

70. Prescribing of over the counter medicines.

The Committee received a presentation from the Director of Public Health regarding an NHS England consultation on conditions for which over the counter items should not routinely be prescribed in primary care. A copy of the presentation slides, marked 'Agenda Item 11', is filed with these minutes.

The feedback from Members in response to the consultation was as follows:

- (i) Whilst the Committee was generally supportive of the initiative, concerns were raised that the proposals could affect those that did not normally pay for prescriptions such as people in the over 60 age range. It would be important for NHS England to monitor the impact of the changes on those who would be affected.
- (ii) It was noted that there was a difference in cost between children's and adults' medicines so the proposals could have an impact on children and parents. In addition, parents with young children should not be deterred from seeing their GP as the GP would be able to identify underlying causes for concern such as post-natal depression.

- (iii) There was a list of medical conditions for which it was proposed that GPs would be restricted from prescribing medicines which were also available over the counter, however in exceptional cases GPs would still be able to prescribe medicine for those conditions. It was noted that it would be difficult for monitoring to take place of when GPs applied the exception rules and concerns were raised that different GPs would apply the rules differently resulting in inconsistency across areas. It was also noted that where medication was purchased over the counter it was not always possible for GPs to monitor which medication was being used for which condition. The use of paracetamol by patients for various conditions was an example of this.
- (iv) The Committee stressed the importance of sending clear messages to the public nationally regarding the proposals, including where to go for support and advice, rather than asking the CCGs to communicate local messages which could result in inconsistent practice across the country. Whilst it was expected that more patients would be receiving their medicines over the counter, it was not desirable to deter patients from attending GP Practices, for example to identify if their illness was self-limiting.
- (v) The proposals did not apply to prescribing at hospitals; the proposals only related to prescribing within the remit of clinical commissioning groups. Work was being undertaken locally to align prescribing arrangements across primary and acute care.

RESOLVED:

That officers be requested to respond to the NHS England consultation regarding conditions for which over the counter items should not routinely be prescribed in primary care, in the light of the comments now made

71. Settings of Care Update - West Leicestershire Clinical Commissioning Group.

The Committee received a report from West Leicestershire CCG which provided an update on the revision of the Settings of Care Policy 2011 which had been renamed Equity and Choice Policy 2018. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

The Committee welcomed Caroline Trevithick, Chief Nurse & Quality Lead & Governing Body Nurse at West Leicestershire CCG to the meeting for this item.

Members supported the actions taken by West Leicestershire CCG with regards to the Settings of Care Policy and thanked the CCG for taking the time to conduct the impact assessments and providing details of the case studies. In response to a question from Members it was confirmed that conversations were taking place with East Leicestershire and Rutland CCG regarding their Settings of Care threshold and carrying out impact assessments however East Leicestershire and Rutland CCG intended to maintain the threshold at 10%.

RESOLVED:

- (a) That the update on the revision of the West Leicestershire CCG Settings of Care Policy 2011 be noted, and the review carried out by West Leicestershire CCG on the potential impact of reducing the funding threshold be welcomed;

- (b) That the Chairman write to East Leicestershire and Rutland CCG to request an impact assessment of its Settings of Care Policy be undertaken and the findings be reported to the Committee.

72. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 30 May 2018 at 2:00pm.

73. Chairman's Announcement.

The Chairman informed that this was the last Committee meeting of Rick Moore, Healthwatch Leicestershire Chairman and thanked him for his contribution to the Committee.

Rick Moore explained that his appointment as Healthwatch Leicestershire Chair had been dependent on the contract being awarded to Voluntary Action Leicestershire (VAL). VAL no longer had the contract therefore Rick Moore would no longer be involved with Healthwatch.

2.00 - 3.55 pm
28 February 2018

CHAIRMAN