

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 15 January 2020.

PRESENT

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

Mr. T. Barkley CC

Mr. D. C. Bill MBE CC

Mr. B. Crooks CC

Mr. T. Gillard CC

Mrs. A. J. Hack CC

Mr. J. Morgan CC

Mrs B. Seaton CC

Mrs. M. Wright CC

In attendance

Mr. L. Breckon CC, Cabinet Lead Member for Health and Wellbeing.

Micheal Smith, Manager, Healthwatch Leicester and Leicestershire.

Caroline Trevithick, Chief Nurse and Quality Lead, Deputy MD, West Leicestershire Clinical Commissioning Group (minute 47 refers).

Tamsin Hooton, Director of Service Improvement/CSR, West Leicestershire Clinical Commissioning Group (minute 47 refers).

Rachel Bilborough, Director, Leicestershire Partnership NHS Trust (minute 47 refers).

Dr Barbara Kneale, Ashby de la Zouch Civic Society (minute 47 refers).

Ken Ward, Ashby de la Zouch Civic Society (minute 47 refers).

Christine Baker, Ashby de la Zouch Civic Society (minute 47 refers).

Claire Ellwood, Head of Pharmacy at University Hospitals of Leicester NHS Trust (minute 49 refers).

Anthony Oxley, Head of Pharmacy at Leicestershire Partnership NHS Trust (minute 49 refers).

Vishal Mashru, Head of Prescribing, East Leicestershire and Rutland Clinical Commissioning Group (minute 50 refers).

Kate Allardyce, NHS Midlands and Lancashire Commissioning Support Unit (minute 51 refers).

40. Minutes.

The minutes of the meeting held on 13 November 2019 were taken as read, confirmed and signed.

41. Question Time.

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

42. Questions asked by members.

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

43. Urgent items.

There were no urgent items for consideration.

44. 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.

45. Declarations of the Party Whip.

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

46. Presentation of Petitions.

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

47. Community Services in Ashby.

The Committee considered a report of West Leicestershire Clinical Commissioning Group (WLCCG) which responded to concerns raised by Ashby de la Zouch Civic Society regarding Community Services in Ashby. The Committee was also in receipt of representations from the Leicestershire County Council Labour Group, Ashby de la Zouch Town Council and the local member Mr. J. Coxon CC. A copy of the report from WLCCG, marked 'Agenda item 8', the documents outlining the concerns from the Civic Society, and the other representations are filed with these minutes.

The Committee welcomed Caroline Trevithick, Chief Nurse and Quality Lead, Deputy MD, and Tamsin Hooton, Director of Service Improvement/CSR both from West Leicestershire CCG, along with Rachel Bilsborough, Director, Leicestershire Partnership NHS Trust, to the meeting for this item. The Committee also welcomed Dr Barbara Kneale, Ken Ward, and Christine Baker from Ashby de la Zouch Civic Society.

Arising from discussions the following points were noted:

- (i) The site of the former Ashby Hospital had been sold to a property developer and been developed. There were strict guidelines on what the proceeds of the sale could be spent on and the majority of the funding had been spent on measures to create an agile workforce such as providing nurses with laptops.
- (ii) When patients were transferred from an acute hospital into a community hospital transport was provided. Therefore the availability of public transport was only an issue for the patients' visitors rather than for the patients themselves.
- (iii) The model of care for Ashby residents was largely consistent with the model in the rest of the WLCCG area, with patients discharged to home wherever possible. The model had led to a significant increase in discharge to assess and reablement beds. Two care homes in Coalville provided these beds and it was hoped that a care home in Ashby would also come forward. It was recognised that long stays in acute hospitals were not good for patients' outcomes, meaning that some patients who were not able to be discharged to their home would be discharged to community hospitals instead. However, this number was relatively small, with only 2000

patients a year admitted to Community Hospitals. Between November 2014 and October 2018 only 233 patients from the LE65 postcode had been admitted to Community Hospitals. For Leicester, Leicestershire and Rutland 46% of patients were admitted to their nearest community hospital; this was the same as the figure for Ashby residents and reflected patient choice, the desire to be in a hospital near to relatives and specific clinical issues such as the need for a specialist bed which could mean that the nearest Community Hospital was not suitable. Conversations were ongoing with University Hospitals of Derby and Burton NHS Foundation Trust regarding a shared discharge pathway.

- (iv) Ashby de la Zouch Civic Society expressed disappointment that the promised new community services were still under review, given that the hospital had closed over four years ago and two GP surgeries in Ashby had also subsequently closed. In response, the CCG acknowledged that it had received some negative feedback and was working closely with the Castle Medical Group to consolidate the local offer, including diagnostic services. However, there was a national issue with GP recruitment and retention. The Community Services Model had also changed over time; the initial focus had been to improve nurse led services, whereas the intention now was to integrate health and social care services. It was recognised that there could be delays with social care packages however work was ongoing to increase capacity and the health service was also funding additional reablement packages. Evaluation of the impact of integrated care was taking place and Key Performance Indicators were in place. Healthwatch had been asked to undertake a survey of patients' experience of the integrated system.
- (v) With regard to concerns that funding received from developers under Section 106 of the Town and Country Planning Act 1990 had not been used efficiently it was explained that a business case had been drafted by WLCCG to use Section 106 monies to expand the GP Surgery in Ashby and this work was ongoing.
- (vi) In response to concerns raised by Ashby Civic Society that they would not be kept informed of developments, WLCCG offered to give consideration to whether Ashby residents could be invited to the Citizens' Panel which was considering work across LLR in relation to the Sustainability and Transformation Partnership, and it was noted that CCG Board papers were published online enabling residents to keep up with developments. With regards to scrutiny of the future developments it was clarified that due to the various workstreams that were being developed it would not be possible to bring one overarching report to the Committee but instead a number of reports would be submitted for consideration over the coming months.

RESOLVED:

- (a) That this Committee notes:
 - (i) The Concerns raised by Ashby de la Zouch Civic Society regarding the impact of the closure of Ashby & District Community Hospital;
 - (ii) The response to Ashby de la Zouch Civic Society's concerns produced by West Leicestershire CCG.

- (b) That this Committee requests West Leicestershire CCG to have regard to the concerns now raised during its review of the impact of home based community care on the use of community inpatient beds and short term reablement beds;
- (c) That this Committee requests West Leicestershire CCG to provide an update on progress with the review referred to in (b) above in 6 months time;
- (d) That this Committee receives the business case for phase 2 of the Community Services Review for consideration;
- (e) That the CCG be requested to prioritise the work with North West Leicestershire District Council regarding S106 funding and report back to the Committee in due course regarding the business case for S106 and CCG capital funding in the locality.

48. Medium Term Financial Strategy 2020/2021

The Committee considered a joint report of the Director of Public Health and the Director of Corporate Resources which provided information on the proposed 2020/21 to 2023/24 Medium Term Financial Strategy (MTFS) as it related to the Public Health Department. A copy of the report marked 'Agenda Item '9' is filed with these minutes.

The Chairman welcomed Mr. L. Breckon CC, Cabinet Lead Member for Health, Public Health and Sport, to the meeting for this item.

In introducing the report, the Director informed the Committee that the Public Health Grant for 2020/21 was expected to be increased in line with inflation plus 1%. However, the funding arrangements from 2021 onwards remained uncertain.

The Cabinet Lead Member informed the Committee that the Public Health budget was tight, but he felt that it represented the best value for public money.

Arising from discussion, the following points were noted:-

Proposed Revenue Budget

- (i) It was clarified that the figure for the proposed/provisional budget was calculated by taking the figure for the original budget, adding the budget transfers and adjustments and also adding proposed growth, before subtracting the savings that needed to be made within the department to facilitate spending elsewhere within the Authority.
- (ii) Approximately two thirds of the net budget for 2020/2021 was proposed to be spent on Sexual Health, Children's Public Health 0-19 and substance misuse.

Savings

- (iii) To achieve the required £665,000 savings for 2020/21 it was planned to increase the capacity of the Programme Delivery Team to enable a reduction in the number of externally commissioned services. A review of staffing and the skills mix within

the Public Health department would also take place as a number of Consultants were due to retire.

- (iv) The potential impact on service users as a result of service reductions was considered by the Public Health department and the policy of bringing more services in house had enabled the Public Health Department to better understand the consequences of decisions made. Public Health held joint Departmental Management Team meetings with colleagues from the Adults and Communities and Children and Families departments within the County Council which enabled potential issues to be identified and the impact of service reductions to be assessed. Public Health Consultants also attended a range of meetings with other partners, including Clinical Commissioning Group Governing Bodies, which enabled two-way discussion regarding the impact of service redesign to take place.
- (v) Work had taken place nationally to assess the impact of Public Health transition to local authorities. Research carried out by the Local Government Association and by the King's Fund presented a positive picture. The Public Health Outcomes Framework also showed that performance had not been affected by the transition. However, it was not currently possible to monitor individual patient's journeys and track their outcomes due to data protection issues.
- (vi) Savings would be made from the 0-19 Health Visiting and School Nursing Service through a freeze on recruitment and by making better use of digital technology, for example the last check on a newborn child could be undertaken electronically. The programme targeted towards high risk parents would no longer be provided by a separate team, which would result in some savings. The Director undertook to circulate details of the redesigned service to members following the meeting.

External Influences and Other funding sources

- (vii) At this stage many of the external funding sources for 2020/21 were assumed rather than confirmed but the 'green' rating for all but one of them indicated a high level of confidence that the funding would be received.

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 27 January 2020.

49. Healthwatch Leicester and Leicestershire Report on Medication Management.

The Committee considered a report of Healthwatch Leicester and Leicestershire which presented their findings in relation to medicine prescription in acute hospitals. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed Micheal Smith, Manager, Healthwatch Leicester and Leicestershire to the meeting for this item along with Claire Ellwood, Head of Pharmacy at University Hospitals of Leicester NHS Trust (UHL) and Anthony Oxley, Head of Pharmacy at Leicestershire Partnership NHS Trust (LPT).

Arising from discussions the following points were noted:

- (i) It was ensured that patients who were discharged from UHL and LPT had enough medication to last a minimum of two weeks; this could come from the hospital pharmacy or be part of a supply that the patient already had at home. Conversations took place with patients before they left the hospital to ensure the right amount of medication was provided.
- (ii) An audit had taken place of the time it took discharge documentation to reach GP Practices and reassurance was given that it was generally arriving in good time. Delays could arise when a patient was discharged late at night or out of hours. Some patients, once they were clinically ready to be discharged, did not wish to wait for the hospital pharmacist to provide them with medication so in order to deal with this problem UHL were trying to get prescriptions written earlier in the discharge process so they were ready as soon as the patient wished to leave.
- (iii) There were some challenges around outpatient prescriptions being received at GP Practices in good time. Outpatients at UHL would normally receive one month's supply of medication. However, there were known to be issues with medication supply for patients who had attended the Emergency Department due to the levels of unpredictability. Documentation was being produced to clarify expectations and ensure consistent practice across UHL, LPT and the CCGs.
- (iv) Prescription letters were generated by the computer system within 24 hours therefore a copy could always be obtained even if the patient did not have the letter. A patient would not have to attend a further appointment to get a replacement prescription letter. LPT was moving towards using the System 1 computer database which was the same system used by most GP Practices in Leicestershire therefore in future GPs would be able to check System 1 to view a prescription issued by LPT.
- (v) Prescriptions given to patients by a hospital could only be taken to the hospital pharmacy not to a community pharmacy. This was because hospitals could obtain medication at a lower cost than other pharmacies and also because specialist drugs were not always available in community pharmacies. Consideration was being given to enabling repeat prescriptions to be collected from Community Hospitals rather than UHL, where this was more convenient for patients. Outpatient waiting times were audited and 95% of prescriptions were dispensed in less than 20 minutes.
- (vi) A member raised concerns regarding the public perception of how GP Practices managed their prescription budget and it was questioned what any underspend was used for. Reassurance was given that decisions on which medication to prescribe patients were not based on cost and if a patient was prescribed a particular medicine at hospital then the GP should continue to prescribe that medicine if it was still appropriate for the patient's clinical needs.

RESOLVED:

That the contents of the Healthwatch Leicester and Leicestershire Report on Medication Management be noted.

50. Medicine Shortages.

The Committee considered a report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups which provided an overview on medicines shortages and processes in place for the escalation and management of these shortages. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed Vishal Mashru, Head of Prescribing, ELRCCG to the meeting for this item.

Arising from discussions the following points were noted:

- (i) At any one time approximately between 50 and 70 medicines could be unavailable. Some were intermittently out of stock for a few days then became available again whilst others were unavailable for longer periods. It was challenging for GP practices and pharmacies to keep up to date with which medicines were available as the situation was very fluid but efforts were made to keep up to date as far as possible.
- (ii) If drug manufacturers chose to discontinue certain types of drugs or reduce their availability then there was little the NHS could do to make that drug more available. In order to minimise the impact of medicine shortages partnership working needed to take place with all stakeholders.
- (iii) At times some brands of adrenaline auto injector pens were not available locally though it was possible to call the manufacturers and arrange for more pens to be sent. Adrenaline auto injectors operated differently depending on the brand therefore family members of patients were provided with training when a new device was given to a patient. Paramedics were trained how to use lots of different devices. Although training took place in schools on the different devices the Clinical Commissioning Groups were not involved in this training.
- (iv) The NHS had put together robust plans to ensure medicines were available after Brexit which included holding stock in UK depots.

RESOLVED:

That the contents of the update on medicine shortages be noted with concern.

51. Health Performance Report.

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 to the end of December 2019. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

The Committee welcomed Kate Allardyce, NHS Midlands and Lancashire Commissioning Support Unit, to the meeting for this item.

Arising from discussions the following points were noted:

- (i) The forecast for the number of permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population, per year, had been revised down from the figure of 899 stated in the report and was now at 878.
- (ii) Whilst UHL reported 5 Never Events for the previous 12 months, Leicestershire Partnership NHS Trust reported that they had zero Never Events for this period and it was questioned whether the figure for LPT was correct. It was clarified that there was a list of types of incidents that would constitute Never Events to enable Trusts when reporting and LPT should be working from this list. Some trusts also reported serious incidents though there was no requirement to do so.
- (iii) The figures in the report for childhood obesity were taken from the year 2017/18, and the 2018/19 figures were expected to show improvement for Leicestershire due to an error in the data collection for 2017/18.
- (iv) Members expressed concern regarding the high proportion of Cancer Wait Metrics which were rag rated red and requested further detail on the reasons behind this.

RESOLVED:

- (a) That the performance summary and issues identified be noted.
- (b) That officers be requested to provide a report for a future Committee meeting specifically in relation to Cancer Wait Metrics.

52. Date of next meeting.

RESOLVED:

That the next meeting of the Committee be held on 4 March 2020 at 2:00pm.

2.00 - 4.30 pm
15 January 2020

CHAIRMAN