

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 13 January 2021.

PRESENT

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

Mr. D. C. Bill MBE CC  
Mr. J. G. Coxon CC  
Mrs. A. J. Hack CC  
Dr. S. Hill CC

Mr. J. Morgan CC  
Mr. J. T. Orson JP CC  
Mrs. R. Page CC  
Mr T. Parton CC

**Note: The meeting was not open to the public in line with Government advice on public gatherings however the meeting was broadcast live via YouTube.**

In attendance

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

Mr. O. O'Shea CC (minute 37 refers).

Paula Vaughan, Head of All Age Mental Health, LD, Autism & Dementia, Leicester, Leicestershire and Rutland CCGs (minute 37 refers).

John Edwards, Associate Director of Transformation, Leicestershire Partnership NHS Trust (minute 37 refers).

Helen Perfect, Head of Inpatient, Crisis and Liaison Services, Leicestershire Partnership NHS Trust (minute 37 refers).

30. Minutes of the previous meeting.

The minutes of the meeting held on 11 November 2020 were taken as read, confirmed and signed.

31. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

32. Questions asked by members.

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

33. Urgent items.

There were no urgent items for consideration.

34. 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.

Mr. T. Parton CC declared a personal interest in agenda item 8: Mental Health Liaison Service as he had recently become the Vice Chairman of a mental health charity.

35. Declarations of the Party Whip.

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

36. Presentation of Petitions.

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

37. Mental Health Liaison Service.

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) which provided an update on the engagement undertaken to date for the Mental Health Liaison Service. A copy of the report, marked 'Agenda Item 8' is filed with these minutes.

The Committee welcomed to the meeting for this item Paula Vaughan, Head of All Age Mental Health, LD, Autism & Dementia, Leicester, Leicestershire and Rutland CCGs, John Edwards, Associate Director of Transformation, LPT and Helen Perfect, Head of Inpatient, Crisis and Liaison Services, LPT.

The Chairman invited Mr. O. O'Shea CC to speak on behalf of residents of the Groby and Ratby Division that had raised concerns regarding the Psycho-oncology service.

Arising from discussions the following points were noted:

- (i) The engagement process which had taken place involved getting feedback on the proposals from commonly seen patients. Feedback from the wider public, minority ethnic communities and mental health charities would be sought as part of a larger formal consultation which was planned.
- (ii) LPT had located a mental health team at the Emergency Department at Leicester Royal Infirmary and that team had a target to see patients within 1 hour of referral. If a patient was on an inpatient ward at Leicester Royal Infirmary and mental health issues arose then LPT had a target to see that patient within 24 hours whereas if the patient was at Leicester General Hospital or Glenfield Hospital the target was 48 hours.
- (iii) Whilst the Liaison Service was focused towards patients in hospital settings with acute needs, outpatients were also part of the service and Local Liaison Mental Health Teams were being set up to provide support as locally as possible and they would become ever more local over time. This would address issues around accessibility especially for those patients without private means of transport.
- (iv) There was already a core of staff working within the Triage Team in the Emergency Department, the Liaison Psychiatry Team, Psycho- oncology and the Frail/Older Persons Team but they were not all available to work 24 hours a day 7 days a week therefore a rostering tool had calculated that an additional 5.9 whole time equivalents (WTEs) practitioners were required to ensure delivery of Core 24 response times.

- (v) Reassurance was given that patients currently accessing the Psycho-oncology service would not see a reduction in the quality of the service and whilst there would be some changes to the service LPT were expecting to increase the offer for people with psycho oncological needs not reduce it. In future the support could come from a range of providers. Feedback from the engagement process had already identified these concerns and would be used to inform the recommendations regarding support for people with cancer diagnosis. The East Midlands Councils network had produced a framework of best practice and LPT had measured its services against this framework and was confident that the framework criteria was met, though further work could still be carried out particularly with regard to Clinical Psychology.
- (vi) The public could contact the Central Access Point for any mental health needs and they would be directed to where they could receive the appropriate support. There was also a 'no wrong front door' policy in place which meant that whichever part of LPT a member of the public contacted, their mental health issues would be dealt with and they would not be turned away.
- (vii) LPT had sight of some data regarding the impact of the Covid-19 pandemic on mental health and some demand modelling had taken place however the evidence was limited and the full impact of Covid-19 was not yet understood. The Central Access Point had received an increase in demand mainly for lower level mental health support rather than more serious issues such as a crisis.

RESOLVED:

- (a) That the update on Mental Health Liaison Services engagement be noted;
- (b) That representatives of Leicestershire Partnership NHS Trust be requested to provide a further update on Mental Health Liaison Services in six months time.
- (c) That officers be requested to arrange an All-Member briefing regarding mental health.

38. Public Health Medium Term Financial Strategy 2021/22 to 2024/25.

The Committee considered a joint report of the Director of Public Health and the Director of Corporate Resources which provided information on the proposed 2021/22 to 2024/25 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 JP CC, Cabinet Lead Member Health, Wellbeing and Sport, to the meeting for this item.

In introducing the report the Director informed the Committee that for 2021/22 the Public Health Grant was to be maintained at the same level as the previous year on a 'flat cash' basis. Funding for the following years was uncertain. The Department sought to bring as many services as possible in-house in order to benefit from efficiencies and more joined up working with other services provided by Public Health, whilst recognising that some specialist services needed to be commissioned.

The Cabinet Lead Member highlighted the additional work that the Public Health Department had been carrying out in relation to the Covid-19 pandemic and stated that

the general public were now better aware and more appreciative of the work of the Department. He stated that the pandemic had brought to the fore issues such as mental health and the need for the public to exercise regularly and he expected that these areas would receive greater attention in future.

Arising from discussion, the following points were noted:-

#### Service Transformation, Proposed Revenue Budget and Budget Changes and Adjustments

- (i) It was very difficult to estimate the impact residual issues from the Covid-19 pandemic would have on the budget therefore the budget had been based on demand being at normal levels.
- (ii) Approximately two thirds of the net budget for 2021/2022 was proposed to be spent on Sexual Health, Children's Public Health 0-19 and substance misuse.
- (iii) Previously the Health Protection Response was the responsibility of Public Health England but during the 2020/21 year it had become part of the local Public Health workstream due to the Covid-19 pandemic. During 2020/21, the Department received a grant of £2.3m for local authority test and trace support services. The Health Protection Response Team had been created within the Public Health Department and members of that team had been heavily involved with care homes during the pandemic. The Infection Control Team had also been invested in using the additional Covid-19 funding.

#### Growth

- (iv) The only growth expected related to the retro-viral drug PrEP. There had been a legal case regarding who should pay for the drug itself which had concluded that Public Health England should provide the funding. However, as a result of the drug being used there were expected to be additional referrals into the sexual health service which was funded by the County Council's Public Health Department. Consequently the Department had been awarded £20,000 to enable it to manage the additional referrals.

#### Savings

- (v) A review was taking place of the GP Health Check service to ascertain whether any further savings and efficiencies could be made. No indications could be given yet as to the results of this review but alternative ways of delivering the service were being explored such as the alternative provider model and using other public sector organisations such as the fire service. There was no timeline for when the review had to be completed though the savings had to be delivered by 2024/25.
- (vi) The First Contact Plus service was delivered via telephone and online and was aimed at service users rather than professionals. A member of the public could self-refer to this service and receive advice on healthy lifestyles, debt and other matters. External funding of £159,000 per annum was received from Better Care Together to help support First Contact Plus. A considerable amount of money had been taken out of the service in previous years therefore it would be difficult to produce further efficiencies from First Contact Plus.

### External Influences

- (vii) There had previously been discussions initiated by Government regarding whether Sexual Health commissioning should remain with Public Health Departments or become part of the NHS remit. There had been no recent update from Government regarding this.
- (viii) In the future there could be other structural changes to Public Health and the wider health system but the nature of these was not yet known.

The Director of Public Health and members expressed their thanks to the Public Health staff for their work during the Covid-19 pandemic and it was noted that many staff had carried out duties in relation to Covid-19 in addition to their normal workload.

#### 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 2021.

### 39. Recommissioning of Substance Misuse Services.

The Committee considered a report of the Director of Public Health which informed of the plans for the recommissioning of the specialist substance misuse services and the proposed model for specialist substance misuse services. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee received a presentation which provided further explanation for the reasons behind the recommissioning of the service and the presentation slides are also filed with these minutes.

Arising from the presentation the following points were noted:

- (i) The model for the current service had been approved by Cabinet in December 2019 and the service had been due to commence in April 2021 but due to the Covid-19 pandemic the start date had been postponed until April 2022. Since Cabinet had approved the proposals there had been some challenges which had arisen. Leicestershire County Council and Leicester City Council had been unable to reach an agreement regarding the length of contract for the substance misuse service. There were also differences in opinion regarding the price quality split and the pricing methodology. In addition, the existing contract was very prescriptive and focused on measuring outputs using Key Performance Indicators whereas Leicestershire County Council wanted the service to focus more on outcomes which would give the service more flexibility. One area where the lack of flexibility had a negative impact was managing the overspend experienced by the existing service provider.
- (ii) It was not proposed to change the model for the way the substance misuse service was conducted but it was proposed to change the footprint so that the City of Leicester would no longer be covered by the service. In response to concerns from members that the new footprint would lose the benefits of partnership working the Director of Public Health provided reassurance that partnership working could still

take place but with two services instead of one for Leicester, Leicestershire and Rutland.

- (iii) Whilst it was acknowledged that some economies of scale would be lost with the Leicestershire and Rutland only footprint the existing service did not serve the needs of Leicestershire residents as well as it could and therefore changes needed to be made. It was hoped that in future there could be additional locations in the County for the substance misuse service to operate from.
- (iv) The new service would enable targeted work to take place in specific localities for example if drugs or alcohol was a particular problem additional resources could be allocated to that locality to tackle the problem. Members welcomed the flexibility and the ability to focus more on rural areas and market towns.
- (v) It was expected that the new proposals would mean that further delays to the service commencing could be avoided which was important given that early intervention was a key part of the substance misuse service.
- (vi) The financial contribution from the Office of the Police and Crime Commissioner (OPCC) to the substance misuse service was 3% of the service's budget which covered the Criminal Justice caseload only. All commissioning partners were members of the Substance Misuse Recommissioning Board and had been so since its inception in 2019. All parties had therefore been aware of the challenges experienced and the delays to key decision making. After Leicestershire County Council made the decision to proceed with a Leicestershire and Rutland service, the OPCC was notified and a meeting took place between OPCC and Leicestershire County Council specifically regarding this matter. The OPCC was welcome to continue to work with Leicestershire County Council regarding the substance misuse service.
- (vii) In response to concerns that in future the substance misuse service would only be available digitally reassurance was given that face to face appointments would continue and digital was an alternative option not a replacement.
- (viii) The Cabinet Lead Member stated that he was positive the new approach could work and would provide a better service for the people of Leicestershire.

RESOLVED:

That the contents of the update regarding the recommissioning of specialist substance misuse services be noted.

40. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 18 March 2021 at 2pm.

