



*Meeting:* **Health Overview and Scrutiny Committee**

*Date/Time:* **Wednesday, 13 January 2021 at 2.00 pm**

*Location:* **Microsoft Teams video link.**

*Contact:* **Mr. E. Walters (0116 3052583)**

*Email:* **Euan.Walters@leics.gov.uk**

### **Membership**

Dr. R. K. A. Feltham CC (Chairman)

Mr. D. C. Bill MBE CC    Mr. J. Morgan CC  
Mr. J. G. Coxon CC    Mr. J. T. Orson JP CC  
Mrs. A. J. Hack CC    Mrs. R. Page CC  
Dr. S. Hill CC    Mr T. Parton CC

**Please note: The Health Overview and Scrutiny Committee meeting on Wednesday 13 January 2021 at 2:00pm will not be open to the public in line with Government advice on public gatherings.**

**This meeting will be filmed for live or subsequent broadcast via YouTube:**  
<https://www.youtube.com/channel/UCWFpwBLs6MnUzG0WjejrQtQ>

### **AGENDA**

<b><u>Item</u></b>	<b><u>Report by</u></b>
1. Minutes of the meeting held on 11 November 2020.	(Pages 3 - 12)
2. Question Time.	
3. Questions asked by members under Standing Order 7(3) and 7(5).	
4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5. Declarations of interest in respect of items on the agenda.	



6. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.
7. Presentation of Petitions under Standing Order 35.
8. Mental Health Liaison Service. Leicestershire Partnership NHS Trust (Pages 13 - 36)
9. Public Health Medium Term Financial Strategy 2021/22 to 2024/25. Director of Public Health (Pages 37 - 48)
10. Recommissioning of Substance Misuse Services. Director of Public Health (Pages 49 - 52)
11. Date of next meeting.

The next meeting of the Committee is scheduled to take place on Thursday 18 March 2021 at 2:00pm.

12. Any other items which the Chairman has decided to take as urgent.

## **QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY**

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Public Scrutiny website [www.cfps.org.uk](http://www.cfps.org.uk).

The following questions have been agreed by Scrutiny members as a good starting point for developing questions:-

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?
- How have the voices of local people and frontline staff been heard?
- What does success look like?
- What is the history of the service and what will be different this time?
- What happens once the money is spent?
- If the service model is changing, has the previous service model been evaluated?
- What evaluation arrangements are in place – will there be an annual review?

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Minutes of a meeting of the Health Overview and Scrutiny Committee held via Microsoft Teams video conferencing on Wednesday, 11 November 2020.

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

In attendance

Mukesh Barot, Acting Manager, Healthwatch Leicester and Leicestershire (minutes 24 and 25 refer).

David Williams, Director of Strategy & Business Development, Leicestershire Partnership NHS Trust (minute 24 refers).

Jeanette Bowlay-Williams, Clinical Psychologist, Leicestershire Partnership NHS Trust (minute 24 refers).

Kate Allardyce, Senior Performance Manager, NHS Midlands and Lancashire Commissioning Support Unit (minute 26 refers).

Alison Buteux, Performance Manager, NHS Midlands and Lancashire Commissioning Support Unit (minute 26 refers).

Hannah Hutchinson, Assistant Director of Performance Improvement, Leicester City Clinical Commissioning Group (minute 26 refers).

**Please note: The Health Overview and Scrutiny Committee meeting on Wednesday 11 November 2020 at 2:00pm was not open to the public in line with Government advice on public gatherings. The meeting was filmed for live and subsequent broadcast via YouTube:**

<https://www.youtube.com/channel/UCWFpwBLs6MnUzG0WjejrQtQ>

17. Minutes of the previous meeting.

The minutes of the meeting held on 9 September 2020 were taken as read, confirmed and signed.

18. Question Time.

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

19. Questions asked by members.

The Chief Executive reported that five questions had been received under Standing Order 7(3) and 7(5).

**1. Question by Mrs Amanda Hack CC:**

Could you explain the rules for partners/friend/family members to provide support to the pregnant mother during pre-natal appointments including, scans and other routine appointments.

**Reply by the Chairman:**

Partners can attend for routine scans at 12 weeks (dating) and 20 weeks (anomaly) scans. Other scans in high risk situations would be considered on a case by case basis.

University Hospitals of Leicester NHS Trust (UHL) would not routinely let partners into facilities that are too small or allow the number of people present to be too large to maintain social distancing. UHL would however, for high risk, difficult and sensitive situations consider the situation on a case by case basis.

Within a community setting, each GP practice would have their own procedure for allowing partners in for general appointment. However, most women are now having the initial contact with their GP to inform them of the pregnancy over the phone. The woman is then being signposted to register for a midwife.

**2. Question by Mrs Amanda Hack CC:**

Please could you provide confirmation of the rules around the partner/birthing partner during the birth process? Could this response consider hospital and home settings.

**Reply by the Chairman:**

The Leicester maternity service has allowed a birth partner all through the pandemic from the start of labour until the women leaves the delivery suite. This is the same in home settings. Since September the service has allowed a second birth partner once the women is in a delivery room

**3. Question by Mrs Amanda Hack CC:**

Are visitors allowed into the maternity hospital and is this managed differently for babies/mums who need a longer stay?

**Reply by the Chairman:**

UHL introduced visiting on the ward for the birth partner for 3 hours per day. It is challenging to offer this, therefore UHL have set times for this to happen, as they have to monitor visitors to the ward for signs of infection and track and trace purposes.

**4. Question by Mrs Amanda Hack CC:**

How is follow up aftercare being managed? Individuals have expressed that this is variable across Leicestershire. What is the practice, is this expected to be consistent

across the whole of Leicestershire? Some mothers are not being offered a 6 week check, this is has been raised for a mother who has had a difficult c-section birth even though attendance is being requested for the baby. Is this something that is Covid-19 related or has there been a shift away from 6 week checks for new mothers?

**Reply by the Chairman:**

Midwives now visit the woman one day after discharge, day five and a telephone call is made on day ten. This is routinely done across Leicester, Leicestershire and Rutland. However, if problems are identified or concerns raised a personal post-natal care plan is put in place. Women are generally discharged from midwifery service between 10-14 days, but the service can care for them up to 28 days, if necessary.

Six week checks are still very much part of the process for new mothers/babies however Covid-19 has created a problem with having these done face to face. At the start of the pandemic, Health Visitors were keeping lists of any women who had not received their 6 week check and began working through these as the lockdown restrictions were eased. GPs have been actively encouraged to keep track of any appointments where women/babies cannot be seen face to face and have been asked to report on any 'waiting lists' they have to make up for missed checks. So far all responses have indicated that the delays caused by the first wave have now been made up for and all women/babies have received their checks. During the pandemic, children's health services have been instructed to continue unless the pandemic reaches a dangerous level and staff need to be pulled into the acute services, so the service does not anticipate any delay in 6 week checks going forward.

**Supplementary Question**

Mrs Hack CC stated that she was aware of mothers that had not had the 6 week check and asked for further clarification on how many checks were outstanding and when the Health Visitors would be up to date with their checks. The Chairman offered to provide a written answer to Mrs Hack CC after the meeting.

**5. Question by Mrs Amanda Hack CC:**

Could you provide an update on any changes to diagnosis methods and management of post-natal depression, particularly in the light of face to face mother and baby support needing to be curtailed.

**Reply by the Chairman:**

Midwifery services do not treat postnatal depression, they ask questions regarding emotional wellbeing and refer to the GP or perinatal mental health services. The health visitors carry out a risk assessment when they take over care between 11 and 14 days. If women are identified or have known mental health problems prior to delivery they will have a postnatal plan in place and depending on diagnosis will be supporting by the midwife for perinatal mental health, or the perinatal mental health practitioners. Leicestershire Partnership NHS Trust has an excellent team in place to support perinatal mental health.

## Supplementary Question

Mrs Hack CC explained that her question was really about secondary care rather than primary care and asked for her question to be answered in relation to secondary care. The Chairman offered to provide a written answer to Mrs Hack CC after the meeting.

### 20. Urgent items.

There were no urgent items for consideration.

### 21. 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.

### 22. Declarations of the Party Whip.

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

### 23. Presentation of Petitions.

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

### 24. Healthwatch Leicestershire report - Patient experience of Children and Adolescents Mental Health Services.

The Committee considered a report of Healthwatch Leicester and Leicestershire which presented the results of a Special Project regarding the patient experience of accessing and using Children and Adolescents Mental Health Services (CAMHS) in Leicester and Leicestershire. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Mukesh Barot, Acting Manager, Healthwatch Leicester and Leicestershire, David Williams, Director of Strategy & Business Development, Leicestershire Partnership NHS Trust (LPT), and Jeanette Bowlay-Williams, Clinical Psychologist, LPT.

Arising from discussions the following points were noted:

- (i) Healthwatch acknowledged that in future the style and format of their surveys needed to be adapted to suit the types of people expected to complete the survey for example children and young people. It was also acknowledged that more work needed to be carried out to ensure that more respondents were from Leicestershire rather than Leicester and that the survey better reflected the diverse nature of the population of Leicester and Leicestershire.



- (ii) LPT welcomed the report, accepted the recommendations and had already put an action plan in place to address the issues raised. LPT was confident that the waiting time issues referred to in the report had been resolved and crisis response times were much better. The triage process had been improved, urgent call-backs were taking place within 2 hours and face to face assessments were taking place within 24 hours. NHS Improvement had provided intensive support to LPT and LPT was now meeting its access targets. Since the Healthwatch report had been published the new CAMHS unit at Glenfield Hospital had opened and this could have a great impact on the patient experience of CAMHS.
- (iii) In response to concerns that 39% of the people spoke to said that their mental health worsened between their assessment and when treatment began, LPT gave reassurance that children were RAG rated and a waiting list management system had been put in place which determined the minimum level of contact required with the patient whilst they were awaiting treatment. NHS Improvement had been impressed with the management system and wanted to expand its use nationally.
- (iv) A member requested a list of the supplementary mental health services which patients could access whilst awaiting treatment and it was agreed that this information would be provided to members after the meeting.
- (v) There was an important role for schools to play in identifying children with mental health issues and providing them support but as pastoral care was no longer taking place this could have an impact on the CAMHS service.

RESOLVED:

That the contents of the Healthwatch Leicestershire report on the patient experience of accessing and using CAMHS be noted.

25. Healthwatch Leicestershire Report - Using dental services with Special Educational Needs and Disabilities.

The Committee considered a report of Healthwatch Leicester and Leicestershire which presented the results of a Special Project on the experience of patients with Special Educational Needs and Disabilities (SEND) using dental services in Leicester and Leicestershire. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Mukesh Barot, Acting Manager, Healthwatch Leicester and Leicestershire.

Arising from discussions the following points were noted:

- (i) There was poor awareness amongst SEND patients of the difference between general dentistry and special dentistry. There was also a lack of awareness that the NHS 111 telephone number could be used with regards to dental issues.

- (ii) NHS England who commissioned dental services in Leicester and Leicestershire had been made aware of the Healthwatch report on SEND patients and dentistry. NHS England would be producing a report for the meeting of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee on 14 December 2020 regarding the impact of Covid-19 on dental services in Leicester, Leicestershire and Rutland and NHS England had also been asked to include a response in that report to the Healthwatch report on dentistry.
- (iii) A member asked for clarification on whether SEND people were required to pay for dental treatment and it was agreed that an answer would be sought from NHS England and provided to members after the meeting.

RESOLVED:

- (a) That the contents of the Healthwatch Leicestershire report on the experience of patients with SEND using dental services be noted;
- (b) That NHS England be requested to respond to the issues raised in the Healthwatch Leicestershire report when producing a report for the meeting of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee on 14 December 2020.

26. Health Performance Report.

The Committee considered a joint report of the Chief Executive and NHS Midlands and Lancashire Commissioning Support Unit (NHS MLCSU) which provided an update on performance based on the available data at October 2020. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item Kate Allardyce, Senior Performance Manager, NHS MLCSU, Alison Buteux, Performance Manager, NHS MLCSU, and Hannah Hutchinson, Assistant Director of Performance Improvement, Leicester City Clinical Commissioning Group.

Arising from discussions the following points were noted:

- (i) Since the report was published data had been released which indicated that the two week wait target for patients with suspected breast cancer had been met since September.
- (ii) Some cancer patients received maintenance treatment whilst they were waiting for formal cancer treatment to commence and it was questioned whether the clock for the target for referral to treatment to take place within 62 days stopped when the maintenance treatment commenced or carried on until the formal treatment began. It was agreed that members would be provided with an answer after the meeting.
- (iii) In response to concerns that some of the cancer targets were not being met and scrutiny of cancer performance might not be able to continue as effectively under

the new format of performance assurance reporting, reassurance was given that reporting on cancer performance would continue even if the metrics were changed.

- (iv) A member raised concerns regarding the accuracy of Covid-19 testing data in the Harborough area and questioned whether the prevalence of Covid-19 in the area was being underreported due to people that resided out of Harborough working at Magna Park, Lutterworth. In response it was explained that the Covid-19 cases for each particular area were based on the address where a person was registered at a GP Practice with not where the person worked. Data was now also beginning to be received of where the person stated they were residing at the time they took their test which meant that students from Leicestershire that were studying out of the County could be taken into account.
- (v) In order to achieve quality and performance improvements nine clinically led design groups within the three CCGs would all meet on a monthly basis and report into a central point so performance and financial position could be assessed. The groups would not be working in isolation.
- (vi) Net spend per head on Public Health Leicestershire was the 3rd lowest of 33 comparator areas. The reason for this was that the Public Health Grant had been based on historical spend levels by the NHS before Public Health was transferred to Local Authorities and that was reflected in the formula for the Grant.
- (vii) The death figures referred to in the report were based on the actual date of death rather than the date the death was registered because there could be a significant time lag between the two. For the death to be included in the Covid-19 statistics the patient did not have to have tested positive for Covid-19, it could just be that the clinician believed the patient had Covid-19. Therefore it was acknowledged that the figures for deaths as a result of Covid-19 could either be overestimated or underestimated.
- (viii) Although it was still intended to collect performance against the metrics, performance monitoring was intended to move to more of a population health management approach and look at the patient more holistically.

RESOLVED:

That the performance summary and issues identified be noted.

## 27. Development of a Healthy Weight Strategy for Leicestershire.

The Committee considered a report of the Director of Public Health which sought the views of the Committee on the new proposed healthy weight strategy for Leicestershire as part of the consultation on the draft strategy. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

Members welcomed the breadth of the strategy and the different methods proposed to tackle the issue. Arising from discussions the following points were noted:

- (i) The data which indicated that the majority of adults in the United Kingdom were overweight came from Sport England's Active Lives Survey. Some members felt that the criteria for classifying a person as overweight was too easily met and cautioned that care needed to be taken with the expectations that were set for

people's weight and body shape. In response the Director of Public Health emphasised that in the past UK residents had weighed a lot less and current body shapes were not typical in comparison to trends over time. Therefore carrying out further work to reduce the average body weight of people in Leicestershire was important.

- (ii) The healthy weight strategy focused on what could be done locally to improve the weight of Leicestershire residents. The strategy had a family orientated approach rather than focusing just on individuals and aimed to improve a wide range of skills e.g. helping households to improve cookery skills and have a more balanced diet. It was important not just to look at the amount of food people were eating but also take into account the amount of calories in the foods they chose to eat. Given that some of Leicestershire's tourism industry was based around foods such as cheese and pies a balance needed to be struck when carrying out weight management work so that tourism was not significantly affected.
- (iii) Members felt that commercial retailers needed to be liaised with so that there was less advertising of unhealthy food, less in-store promotions, and that it needed to be ensured that unhealthy food was not significantly cheaper than healthy food. Members stated that central Government needed to play more of a role particularly with regards to restricting advertising of unhealthy food. The Director of Public Health stated that he believed the Government had now made weight management more of a priority, especially since it had been shown that a person's weight had an impact on the severity of Covid-19 symptoms.
- (iv) Concerns were raised by a member regarding the impact the Covid-19 pandemic had on people's weight as the measures put in place to tackle the spread had led to more sedentary lifestyles. In response the Director of Public Health pointed out that as more people were working from home they were not commuting to work and therefore potentially had more time to exercise.
- (v) A member raised concerns that obesity was not just related to the price of food but people could be addicted to certain unhealthy foods such as chocolate and therefore there were mental health issues which needed to be addressed. In response the Director of Public Health stated that weight management services were available for people and mental health support was available for patients eligible for bariatric surgery, but residents could not be forced to address their addiction problems and people needed to be willing to make the change.
- (a) Concerns were raised that the weight management services were only available for people that were significantly overweight, and those that were only just overweight could not access help and there was a danger people would put on more weight so they could qualify for help. In response the Director of Public Health provided reassurance that the Strategy had a strong focus on prevention but stated that some prioritisation had to take place and more funding was required if weight management services were to be broadened out to more people.

- (b) A member suggested that District Councils could play a role when giving planning permission for retail developments in ensuring that healthier food was provided. In response reassurance was given that Environmental Health and Trading Standards departments were being liaised with as part of the consultation.

RESOLVED:

That the healthy weight strategy for Leicestershire be supported subject to the comments now made.

28. Director of Public Health Update on Covid-19.

The Committee received an oral presentation from the Director of Public Health which gave an update on the spread of Covid-19 in Leicestershire and actions being taken to prevent further spread.

Arising from the presentation the following points were noted:

- (i) The overall rate of infection was stable across Leicestershire though there had been a decrease in infection rates amongst people aged 17-21 but an increase in the over 60s.
- (ii) There had been a spike in cases shortly after the national lockdown began which was believed to be a result of people socialising more in the last few days before the increased restrictions began.
- (iii) There were concerns that people with Covid-19 symptoms were not getting tested because they did not want to isolate for 14 days.
- (iv) In response to a question from a member regarding the proportion of people with Covid-19 that went on to have 'long Covid' the Director of Public Health agreed to check if figures were available and update the Board after the meeting.

RESOLVED:

That the contents of the presentation be noted.

29. Dates of future meetings.

RESOLVED:

That future meetings of the Committee take place on the following dates all at 2:00pm:

13 January 2021;  
 18 March 2021;  
 02 June 2021;  
 01 September 2021;  
 10 November 2021.

2.00 - 4.25 pm  
11 November 2020

CHAIRMAN



**HEALTH OVERVIEW AND SCRUTINY COMMITTEE –**  
**13 JANUARY 2020**

***Mental Health Liaison Service***

**REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST**

**Purpose of the Report**

1. The purpose of this report is to provide a brief update from the paper submitted to the joint health and overview scrutiny meeting 15 October 2020, on the engagement undertaken to date for the Mental Health Liaison Service.
2. Full analysis and consideration of the engagement exercise is due later in January 2021 and will be reported to the committee for full consideration at a later date.

**Policy Framework and Previous Decisions**

3. The Mental Health Five Year Forward View (2016-21) and the more recent NHS Long Term Plan, have stated the priority for liaison mental health services should be to provide responsive and integrated services within emergency departments and general hospital wards, equipped to meet patients' urgent mental health and physical health needs.
4. Section 3.96 of the NHS long term plan states that no acute hospital should be without an all-age mental health liaison service in A&E departments and inpatient wards by 2020/21, and that at least half of these services should meet the 'core 24' service standard as a minimum. By 2023/24, 70% of these liaison services will meet the 'core 24' service standard, working towards 100% coverage thereafter.
5. LLR were successful at being awarded transformation funds to be part of the first wave of compliant services for 2020/21 (money awarded by NHSEI for April 2020).
6. A paper outlining the implications and ambitions for a transformed and enhanced core 24 liaison service was presented to the Leicestershire, Leicester and Rutland Joint Health and Overview scrutiny committee on

15 October 2020. The proposed changes were noted and the approach with regards to patient and staff engagement, supported.

### **Background**

7. Liaison mental health services are provided by Leicestershire Partnership NHS Trust at University Hospitals Leicester (UHL).
8. In Leicester, Leicestershire and Rutland (LLR), a number of specialist liaison mental health services have developed over time. Each has worked separately and with differing referral criteria and service models:

<b>Team</b>	<b>Scope of Service</b>	<b>Hours of Work</b>
<b>Mental Health Triage Team</b>	Referrals from LRI Emergency Department, clinical assessment and onward referrals	24/7, 365 days a year
<b>Adult Mental Health Liaison Team</b>	Referrals from UHL wards for working age adults for clinical assessment and treatment.  Community and outpatient referrals	Mon-Fri, 9-5pm.
<b>Psycho-oncology service</b>	Referrals from UHL wards for clinical assessment and outpatient treatment  Routine community and outpatient referrals	Mon-Fri, 9-5pm.
<b>FOPALs (Frail Older Persons Acute Liaison Service)</b>	Referrals from LRI Emergency Department and UHL wards for older adults for clinical assessment, onward referral and treatment	9-5pm, 7 days a week

### **Transformation funding bid**

9. In order to establish liaison services in line with national expectation, the LLR Healthcare system were successful in a £0.5m transformation funding bid from NHSE. This funding has been awarded to enable the existing local liaison mental health teams to work together to form a single team focused on meeting emergency department and inpatient urgent care needs. This is referred to as a 'Core 24' service.
10. In our successful bid we committed to the following key changes:



- Develop of a single Liaison Mental Health service maintaining both working-age adult and older people's sub-specialities, with a single referral pathway.
- Recruitment of an additional 2 Consultant Psychiatrist posts to provide dedicated medical cover for ED and strengthen the interface with the acute hospital, supporting the training and education function.
- An additional 5.9 whole time equivalents (WTEs) practitioners to be available to ensure delivery of Core 24 response times, in particularly within ED.
- Phasing out of the outpatients delivered liaison service provision to be replaced with additional and appropriate community-based services for patients with complex diagnoses. This will enable patients with cancer, diabetes, heart disease and other life-changing, long term conditions to access mental health treatment closer to home. The community-based service model will be provided as follows:
  - Mild to moderate depression or anxiety supported by the expanding Long Term Conditions pathway in IAPT (Increasing Access to Psychological Therapy service) that have trained NHS therapists who are able to adjust to difficult diagnoses and live with complex physical health conditions.
  - More complex / enduring mental health needs supported by specialised medical psychology service or by community mental health teams for specialist mental health team support.

### **Recent developments**

11. Since the meeting of 15<sup>th</sup> October 2020, the intended timeline for the engagement process has been extended by almost a month starting on 9<sup>th</sup> November and concluding on 21 December 2020 (instead of concluding end of November). See Appendix 1 for revised timeline.
12. This was intended to ensure that the engagement period was sufficient and that engagement information analysis was carried out after the Christmas period, when inclusivity in terms of analysis and recommendation agreement was most practical.

### **Engagement Undertaken to Date**

13. An engagement period was launched 09 November 2020 and closed 21 December 2020.
14. The engagement process included:

- Two online question and answer sessions with patients and carers in November 2020, including one afternoon and one evening session (17<sup>th</sup> and 19<sup>th</sup> November 2020).
- Online feedback questionnaire available for all for patients including those unable to attend online sessions.
- The sending of freepost feedback forms for all patients including those unable to attend the sessions.
- Two online staff question and answer sessions with members of the LPT senior management team.

### **Levels of Response to the Engagement Process**

#### **Feedback forms**

15. Unfortunately only three feedback forms were received by LPT from patients and carers.
16. This is potentially disappointing but may represent either the proximity of the engagement process to the festive period or the proportionally high level of attendance at the online engagement events.

#### **Online Engagement sessions**

17. The online question and answer sessions were attended by 23 patients and carers. This is approximately 5% of patients currently under the ongoing care of one of the services proposed to be part of the new core 24 liaison service. These events have been transcribed in order to ensure robustness analysis of the qualitative information.
18. Feedback has been provided by 14 staff as part of engagement process via the online staff session.

### **Proposals and Next Steps**

19. The full analysis, engagement panel and review of all data received via the engagement process is planned to conclude by end of 8<sup>th</sup> January 2021.
20. Information will be thematically analysed, considered and responses published on both the LPT's and CCGs' websites after 11 January 2021.
21. The formal response will address feedback and questions noted via all engagement routes including the online sessions, LPT patient experience feedback forms and the online feedback collected via the LPT website.

22. Recommendations as a result of the feedback will be agreed by CCG, LPT and UHL and shared on LPT's and the CCGs' websites by the 31<sup>st</sup> January 2021.
23. It remains a condition of the NHSE additional investment that implementation of the new core 24 liaison service is expected by spring 2021. However, the final local service model but may be subject to change depending on the results of the engagement process.
24. The results will be considered in terms of next steps and any substantive change will be subject to public consultation.

### **Background Papers**

25. Report considered by Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee on 15 October 2020  
<http://politics.leics.gov.uk/documents/s157088/Liaison%20MH%20changes.pdf>

### **Circulation under the Local Issues Alert Procedure**

26. None

### **Equalities and Human Rights Implications**

27. Initial EIA has not identified significant equality implications in the changes proposed. This is being reviewed and will be updated with any additional information from the engagement analysis process.

### **Officer to Contact**

Mrs Paula Vaughan

Head of All age Mental Health, LD, Autism & Dementia, LLR CCGs

T: 0116 295 3504

DD: 07795 441372

Email: Paula.vaughan@eastleicestershireandrutlandccg.nhs.uk

### **Appendices**

- Appendix 1 - Engagement process undertaken to date
- Appendix 2 – Engagement document
- Appendix 3 – Letter to patient re Liaison Psychiatry
- Appendix 4 – Letter to patient re Psycho Oncology
- Appendix 5 – Letter to patients re Q & A Feedback

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### Appendix 1 - Engagement process undertaken to date

The following outlines the stages of the proposed engagement plan: <b>Engagement Stage</b>	<b>Actions</b>	<b>Timescales</b>
Step 1: Announce plan for process and prepare proposal for process	Notify service users, public and stakeholders of proposed changes and engagement plans (through letters to patients and on CCGs, LPT and UHL websites).	Complete
Step 2: Agree process with JHOSC	Presentation to JHOSC 15 <sup>th</sup> October 2020 and no adjustments to process identified.	Complete
Step 3: Engagement	<p>An engagement period was launched 09 November 2020 and closed 21 December 2020. The engagement period included:</p> <ul style="list-style-type: none"> <li>• Two online question and answer sessions with patients and carers in November 2020, including one afternoon and one evening session (17<sup>th</sup> and 19<sup>th</sup> November 2020).</li> <li>• Online feedback questionnaire for patients unable to attend online sessions.</li> <li>• Freepost feedback form for those with additional feedback/ those unable to attend the sessions.</li> <li>• Two online question and answer sessions for staff members impacted.</li> </ul>	Complete
Step 4: Conclusion of engagement, review of plans and confirm changes being taken forward	A meeting is taking place 5 <sup>th</sup> January 2021 to review, summarise feedback and develop recommendations as a collaborative response between LPT, CCGs and UHL.	After 11 <sup>th</sup> January 2021
	Agree recommendations at respective boards (or delegated groups)	By 31 <sup>st</sup> January 2021
	Communicate conclusion of process to all interested parties (e.g. via letter, website). Ensure that letter to patients describe conclusion and what next for their care	By 31 <sup>st</sup> January 2021
Stage 5: Adjust service plans and implement changes	Prepare service changes and launch	April 2021

(Adapted from the proposed changed to Liaison Mental Health services report, 15<sup>th</sup> October 2020)

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# Planned changes to mental healthcare provision at Leicester's Hospitals

## Engagement document

Engagement period Monday 9 November – Monday 21 December 2020



## Introduction

This document sets out plans by healthcare partners in Leicester, Leicestershire and Rutland for changes to the way support is provided for patients currently receiving care at Leicester's Hospitals for non-urgent mental health needs.

Here we set out the background to the changes, outline what the changes are and invite feedback of service users, carers, advocacy groups and other stakeholders. Your views will help us to shape quality services both now and into the future.

This engagement will be open from Monday 9 November 2020 until Monday 21 December 2020. A feedback form can be found at the end of this document, along with information about other ways you can share your views or questions on the plans. Feedback will be collated and themed and shared on our website from Monday 11 January 2021. You can download copies of this document from our website [www.leicspart.nhs.uk](http://www.leicspart.nhs.uk) – click on 'Involving you' then 'Your views' and go to 'Planned changes for mental health provision in Leicester's Hospitals'

## Background to change

In 2019, clinical commissioning groups (CCGs) for Leicester, Leicestershire and Rutland, working with Leicestershire Partnership NHS Trust (LPT) and Leicester's Hospitals (UHL), secured national funding to improve the mental health care available through Leicester's Hospitals.

This has enabled LPT, working closely with teams in UHL, to develop a dedicated mental health service – called the mental health liaison service - for patients who are being cared for within University Hospitals Leicester.

This new 24-hour urgent mental health care service, due to launch in Spring 2021, will be available to Leicester's Hospitals inpatients and Emergency Department patients with urgent needs.

The new service will provide a timely response time for UHL inpatients with urgent mental health needs (one hour in the

Emergency Department and 24 hours on all other wards)

It will integrate with other services and form part of the wider care pathways, to ensure patients' physical and mental health needs are given equal priority.

To provide this level of responsiveness, LPT is bringing together and expanding four mental health teams which previously operated separately as individual teams.

These teams are:

- Mental Health Triage (Based in A&E)
- Liaison Psychiatry Team
- Psycho- oncology (Mental Health Support for those with cancer)
- Frail Older Peoples Advice and Liaison service (FOPALS)



Staffing levels have been strengthened to ensure the appropriate qualified and skilled mental health professionals are available round the clock to meet needs of all patients as they arise.

The amalgamation of our liaison psychiatry and psycho-oncology services (which previously provided care for outpatients and patients referred from the wards) as part of this new mental health liaison service is an important factor in delivering the skilled NHS expertise and response times required to meet the urgent mental health needs of our population and reduce avoidable waits in ED and hospital wards.

The service had been due to launch on 1 April 2020 but these plans had to be put on hold because of Covid-19. Plans for implementation are now going ahead with a start date scheduled for April 2021.

### **How the change affects patients already using services**

Mental health clinicians in LPT are reviewing the care and treatment plans of patients who have been receiving care from or awaiting referral to LPT's liaison psychiatry or psycho-oncology teams.

This will help to ensure they receive the appropriate care for their needs and that most can receive effective care and support close to home, without the need for hospital visits. LPT's teams are there to work with and support patients through the transition.

This might mean psychological therapy support from IAPT (you can read more information about this service in the next section) and Individuals with more complex needs can be referred to the appropriate community mental health team in Leicester, Leicestershire or Rutland at a location in their community.

Patients will have with access to specialist mental health practitioners if this is clinically appropriate for their needs.

Patients with a diagnosis of cancer are supported in several ways by

clinical and non-clinical staff within Leicester's hospitals.

They are there to advise on effective sources of support, care, advice and information, including national and local organisations and charities. Many of these provide holistic support and networking, including access to therapies, self-care resources and support with the emotional impact of cancer.

### **Part of national ambition for mental health care**

The need for this new responsive service (as recommended by the National Institute for Health and Care Excellence) is part of the NHS's national ambition for mental healthcare improvements, outlined in its Five-Year Forward View for Mental Health and the NHS Long-term Plan.

Both plans also focus on making it easier for people with mental health needs, including those with long-term physical health diagnoses, to access timely care.

### **Strengthening mental health care in the community**

The introduction of this new, responsive hospital mental health liaison service is one of a number of initiatives aimed at transforming mental health care across Leicester, Leicestershire and Rutland. We want to make it easier for people with mental health needs to get the right support promptly, and encourage patients to seek care for both their physical and mental health needs. This work includes development of new local service networks for communities, much of it led through the development of primary care networks (Groups of GP practices working together locally and with health and care providers in their community) as well as supporting patients to continue accessing services already in place.

One such service is IAPT, which provides talking therapies for patients aged 16 and older who are struggling with their emotional wellbeing and/or mental health. Care is available both online and in places close to where people live.

The IAPT services for Leicester City and for Leicestershire county and Rutland, provide a self-referral option which means patients do not have to wait for a GP or other care provider to refer them before they can access this care. You can self-refer via an, [online form](#) or a single telephone number [0300 300 2200](tel:03003002200) if you live in either the city or the

county. Alternatively you can email [letstalkleicester@nottshc.nhs.uk](mailto:letstalkleicester@nottshc.nhs.uk) if you live in Leicester City or [letstalklcr@nottshc.nhs.uk](mailto:letstalklcr@nottshc.nhs.uk) if you live in Leicestershire or Rutland.

This service, and other community-based support services being developed as part of this community-focused response, will help to ensure that patients with mental health needs have access to timely outpatient, online and telephone services.

This also includes access to local charitable and voluntary sector organisations who understand local people and their needs.

## What happens next?

**We are holding two online engagement events which you can attend to find out more and provide feedback. These meetings are hosted on Microsoft Teams and you can find more information about joining and participating in the document 'How to Join an MStems meeting' on our web page highlighted below**

### **Session 1: 17 November noon – 1pm**

Join us by typing the following into your internet browser: [tinyurl.com/y6e6n7yf](https://tinyurl.com/y6e6n7yf)

### **Session 2: 19 November 6pm-7pm**

Join us by typing the following into your internet browser: [tinyurl.com/y6e6n7yf](https://tinyurl.com/y6e6n7yf)

Alternatively you can complete the feedback form on the following pages and email to [LPTPatientExperience@leicspart.nhs.uk](mailto:LPTPatientExperience@leicspart.nhs.uk) or use the online feedback form on our **dedicated LPT website page** – please visit [www.leicspart.nhs.uk](http://www.leicspart.nhs.uk) and click on Involving You and follow the link to Your Views and Planned changes for mental health provision in Leicester's Hospitals

or post it to **FREEPOST LPT Patient Experience**

At the end of the engagement period all feedback will be collated and evaluated and the results will be published on our public website **after 11 January 2021**.

If you have any further questions or special requirements to take part in the online session, please email [LPTPatientExperience@leicspart.nhs.uk](mailto:LPTPatientExperience@leicspart.nhs.uk) or call **0116 295 0818**.

## Feedback – Changing the way mental health support is provided in Leicester’s Hospitals

**Do you support the proposals for changes to the way mental health support is provided in Leicester’s Hospitals?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
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Please add any comments about why you answered this way

**Do you support the proposals for expanding access to NHS and other services in the community that can support mental health?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
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Please add any comments about why you answered this way

**Would you like to be involved in other work to transform mental health services across Leicester, Leicestershire and Rutland?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please add your contact information below.

**Would you like to comment further on mental health support for patients using acute hospital services?**

**About you:** Please tick the statement which best describes you

1. I am a service user with the psycho-oncology service
2. I am a service user with the mental health liaison service
3. I am a service user with the FOPALS service
4. I am or have been supported by the mental health triage service based at the LRI
5. I am a relative or carer of a service user
6. I am a member of LPT staff

7. I am a professional and I have referred to the service or worked with the service

8. Other (please specify)

At the end of the engagement period all feedback will be collated and evaluated and the results will be published on our public website **after 11 January 2021**.

If you have any further questions or special requirements to take part in the online session, please email [LPTPatientExperience@leicspart.nhs.uk](mailto:LPTPatientExperience@leicspart.nhs.uk) or call **0116 295 0818**.

## **Please respond by 21 December 2020**

You can complete this form electronically and email to [LPTPatientExperience@leicspart.nhs.uk](mailto:LPTPatientExperience@leicspart.nhs.uk) or use the online feedback form on our **dedicated LPT website page** – please visit [www.leicspart.nhs.uk](http://www.leicspart.nhs.uk) and click on Involving You and follow the link to Your Views and Planned changes for mental health provision in Leicester's Hospitals

Alternatively, print off, complete and post it to **FREEPOST LPT Patient Experience**

**We ask that you also complete the equality and diversity information In the following pages**

## Equality and diversity information

### Gender – are you:

Male  Female  Prefer not to say

Is your gender identity the same as the gender you were assigned at birth?

Yes  No  Prefer not to say

### Age – What age range best describes you?

0-18  18-64  65 and over

### Disability – Do you have any long standing illness, disability or health problem?

Yes  No  Prefer not to say

### Ethnicity

White British  White Irish  Other white background  Mixed Black Caribbean  Mix/Black African  Mix Asian  
 Mix other background  Asian Indian  Asian Pakistani  Asian Bangladeshi  Other Asian background  
 Black/British Caribbean  Black/British African  Black/Other  Chinese  Any other Ethnic group known

### Religion – What is your religion?

No religion  Hindu  Sikh  Buddhist  Jewish  Christian  Muslim  Other

### Sexual Orientation – are you:

Heterosexual  Bisexual  Gay or Lesbian  Prefer not to say  Other

**Thank you for your contribution**

**If you need this information in another language  
or format please telephone 0116 295 0818 or  
email: LTPatientExperience@leicspart.nhs.uk**

### **Arabic**

إذا كنت في حاجة إلى قراءة هذه المعلومات بلغة أخرى أو بتنسيق مختلف، يرجى الاتصال بهاتف رقم 0116 295 0818 أو إرسال بريد إلكتروني إلى: LTPatientExperience@leicspart.nhs.uk

### **Bengali**

যদি এই তথ্য অন্য কোন ভাষায় বা ফরমেটে আপনার দরকার হয় তাহলে দয়া করে 0116 295 0818 নম্বরে ফোন করুন বা LTPatientExperience@leicspart.nhs.uk ঠিকানায় ই-মেইল করুন।

### **Traditional Chinese**

如果您需要將本資訊翻譯為其他語言或用其他格式顯示，請致電 0116 295 0818 或發電子郵件至：LTPatientExperience@leicspart.nhs.uk

### **Gujarati**

જો તમારે આ માહિતી અન્ય ભાષા અથવા ફોર્મેટમાં જોઈતી હોય તો 0116 295 0818 પર ટેલિફોન કરો અથવા LTPatientExperience@leicspart.nhs.uk પર ઇમેઇલ કરો.

### **Hindi**

अगर आप यह जानकारी किसी अन्य भाषा या प्रारूप में चाहते हैं तो कृपया 0116 295 0818 पर हमें फोन करें या LTPatientExperience@leicspart.nhs.uk पर हमें ईमेल करें

### **Polish**

Jeżeli są Państwo zainteresowani otrzymaniem niniejszych informacji w innym języku lub formie, prosimy skontaktować się z nami telefonicznie pod numerem 0116 295 0818 lub za pośrednictwem poczty elektronicznej na adres: LTPatientExperience@leicspart.nhs.uk

### **Punjabi**

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 295 0818 ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ ਜਾਂ ਇੱਥੇ ਈਮੇਲ ਕਰੋ: LTPatientExperience@leicspart.nhs.uk

### **Somali**

Haddii aad rabto in aad warbixintan ku hesho luqad ama nuskhad kale fadlan soo wac lambarka 0116 295 0818 ama email u dir: LTPatientExperience@leicspart.nhs.uk

### **Urdu**

اگر آپ کو یہ معلومات کسی اور زبان یا صورت میں درکار ہوں تو براہ کرم اس ٹیلی فون نمبر 0116 295 0818 یا ای میل پر رابطہ کریں LTPatientExperience@leicspart.nhs.uk

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## **Information about changes to the way we support your mental wellbeing**

Dear patient

You might have heard about planned changes to specialist mental health support for Liaison Psychiatry patients provided by Leicestershire Partnership NHS Trust (LPT). We understand that changes may cause you some concern or worry about access to services for your mental health and wellbeing in the future, particularly at this difficult time. This letter is to provide you with clear information about our plans to improve and widen the range of mental health support available, from staff with specialist skills. It also outlines how you can ask any questions you might have and provide any views about these plans and your future care.

LPT, local clinical commissioning groups (CCGs) and Leicester's Hospitals (UHL) want to reassure you about our shared commitment to continue to have timely access to high quality, skilled NHS care for your emotional wellbeing when you need it.

The NHS, nationally and locally, wants to ensure that all patients receive the right level of support for their needs, at the earliest opportunity and in the right settings. In line with these expectations, which are outlined in the NHS Long Term Plan, we are introducing a new 24-hour acute mental health service to support all patients across UHL with urgent mental health needs. Originally planned to launch in April 2020, this service was delayed by Covid-19 and is now expected to open by spring 2021. The service will offer a one-hour response for patients presenting at the Emergency Department and a 24-hour response for patients referred from hospital wards. This service will continue to support any patient who is in hospital and needs this level of support.

### **How this affects you:**

LPT clinicians are reviewing patient care plans and if you have not already been involved in discussions about this, you will have the opportunity to discuss your ongoing care with your care team who will consider your future options with you.

For patients of Leicestershire Leicester and Rutland, the CCGs have commissioned the Let's Talk Wellbeing (Improving Access to Psychological Therapies or IAPT) services to support patients with long-term conditions. They have trained NHS therapists who are able to support people adjust to difficult diagnoses and to live with complex physical health conditions.

As part of your care plan review, this might mean you are referred to IAPT - or you can refer yourself. If it is agreed that you are currently well enough to be discharged, you can still choose to refer yourself either now or in the future.

However, if it is decided in partnership with you, that you have more complex mental health needs then you can be referred to community support including local community mental health team or other specialised teams as appropriate.

In the meanwhile, if you need urgent mental health support you can contact our dedicated 24-hour all-age NHS urgent mental health support phone line on 0116 295 3060 . You can ring at any time to speak to a member of the mental health team who will ensure you are offered the support that is right for you.

### **What happens next?**

We understand that you might have questions. While Covid-19 prevents most face-to-face meetings, we will be setting up an online question and answer session for all affected patients, where CCG, UHL and LPT representatives will explain more about the changes. They will listen to any feedback you want to share and answer any questions. This will be part of a number of engagement events which we will be conducting around a range of improvements we are looking to make to mental health support across the system. We will be writing again within the next few weeks to invite you to an online event.

Yours sincerely

Gordon King  
Director of Mental Health Services  
Leicestershire Partnership NHS Trust

Paula Vaughan  
Head of Commissioning – MH &LD  
LLR CCGs

## **Information about changes to the way we support your mental wellbeing**

Dear

You might have heard about planned changes to specialist mental health support for cancer patients provided by Leicestershire Partnership NHS Trust (LPT). We understand that changes may cause you some concern or worry about access to services for your mental health and wellbeing in the future, particularly at this difficult time. This letter is to provide you with clear information about our plans to improve and widen the range of mental health support available, from staff with specialist skills. It also outlines how you can ask any questions you might have and provide any views about these plans and your future care.

LPT, local clinical commissioning groups (CCGs) and Leicester's Hospitals (UHL) want to reassure you about our shared commitment to ensure that as a patient diagnosed with cancer, you will continue to have timely access to high quality, skilled NHS care for your emotional wellbeing when you need it and close to home.

The NHS, nationally and locally, wants to ensure that all patients receive the right level of support for their needs, at the earliest opportunity and in the right settings. In line with these expectations, which are outlined in the NHS Long Term Plan, we are introducing a new 24-hour acute mental health service to support all patients across UHL with urgent mental health needs. Originally planned to launch in April 2020, this service was delayed by Covid-19 and is now expected to open by spring 2021. The service will offer a one-hour response for patients presenting at the Emergency Department and a 24-hour response for patients referred from hospital wards. This service will continue to support any patient with cancer who is in hospital and needs this level of support.

Patients who have a long term diagnosis, including cancer, but who are not currently in hospital, will be able to access community-based talking therapies or community mental health services as part of their continuing care.

### **How this affects you:**

LPT clinicians are reviewing patient care plans and if you have not already been involved in discussions about this, you will have the opportunity to discuss your ongoing care with your care team who will consider your future options with you.

For patients of Leicestershire Leicester and Rutland, the CCGs have commissioned the Let's Talk Wellbeing (Improving Access to Psychological Therapies or IAPT) services to support patients with long-term conditions which include cancer. They have trained NHS therapists who are able to support people adjust to difficult diagnoses and to live with complex physical health conditions.

As part of your care plan review, this might mean you are referred to IAPT - or you can refer yourself. If it is agreed that you are currently well enough to be discharged, you can still choose to refer yourself either now or in the future.

However, if it is decided in partnership with you, that you have more complex mental health needs then you can be referred to community support including local community mental health team or other specialised teams as appropriate.

In the meanwhile, if you need urgent mental health support you can contact our dedicated 24-hour all-age NHS urgent mental health support phone line on 0116 295 3060 . You can ring at any time to speak to a member of the mental health team who will ensure you are offered the support that is right for you.

### **What happens next?**

We understand that you might have questions. We know, for example, that many patients value the patient support group currently in place for patients with cancer. As a group of NHS organisations, we are in discussions with the patient support group to understand what help and advice they need to ensure they can continue to offer group support for those who benefit.

While Covid-19 prevents most face-to-face meetings, we will be setting up an online question and answer session for all affected patients, where CCG, UHL and LPT representatives will explain more about the changes. They will listen to any feedback you want to share and answer any questions. This will be part of a number of engagement events which we will be conducting around a range of improvements we are looking to make to mental health support across the system. We will be writing again within the next few weeks to invite you to an online event.

Yours sincerely

Gordon King  
Director of Mental Health Services  
Leicestershire Partnership NHS Trust

Paula Vaughan  
Head of Commissioning – MH &LD  
LLR CCGs

**A university teaching and research-active Trust**  
**Bradgate Mental Health Unit**  
**Glenfield Hospital**  
**Groby Road**  
**Leicester**  
**LE3 9EJ**

Tel: 0116 225 2650  
Fax: 0116 225 2651  
[www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)

Date:06/11/2020

## **Please join us for online Q and A and share feedback**

Dear

You will recall we wrote to you about planned changes to help widen the mental health support available to you and other patients living with long-term health conditions.

We would like to invite you to hear from representatives from the clinical commissioning groups (CCGs), Leicestershire Partnership NHS Trust (LPT) and Leicester's Hospitals (UHL).

As Covid-19 restrictions prevent us from organising face- to-face meetings this will be an online meeting with a presentation to explain the proposals, followed by a Q and A session where you can ask questions and share any feedback.

This meeting will be hosted via **Microsoft Teams**. To participate all you need is internet access and a suitable device (eg laptop or tablet or mobile). Presentation slides might be harder to read on a mobile but slides can be shared with you and you can still participate.

To join us please type the relevant link below into your web browser, on the date and time specified. You will not need any special equipment and can use your keyboard to ask questions

### **Session 1: 17 November noon – 1pm**

Join us by typing the following into your internet browser: [tinyurl.com/y3jf52m6](https://tinyurl.com/y3jf52m6)

### **Session 2: 19 November 6pm - 7pm**

Join us by typing the following into your internet browser: [tinyurl.com/y6e6n7yf](https://tinyurl.com/y6e6n7yf)

## **Other ways you can find out more and feedback on plans**

If you cannot or prefer not to attend an online session please do not worry. There are other ways you can learn more and ask questions or comment on these plans.

- **Visit our website**– [www.leicspart.nhs.uk](http://www.leicspart.nhs.uk) and download an engagement document (You can find this from the home page by clicking on 'Involving You' then 'Your Views' and then 'Planned changes for mental health provision in Leicester's Hospitals' You can fill in an online form and email it to

[LTPatientExperience@leicspart.nhs.uk](mailto:LTPatientExperience@leicspart.nhs.uk) or print it off, complete and return through the post via a Freepost address – see below.

- **By post:** You can also request a printed copy is sent to you via post by calling 0116 2950818. The document includes a feedback sheet which you can return to us by post to FREEPOST LPT Patient Experience (This is the full address).
- Alternative formats can be provided on request.

This engagement period runs from **Monday 9 November until Monday 21 December**. We will publish the outcome on our website from Monday 11 January 2021.

If you have any further questions or special requirements to take part in the online session, please email [LTPatientExperience@leicspart.nhs.uk](mailto:LTPatientExperience@leicspart.nhs.uk) or call 0116 2950818.

Yours sincerely

Gordon King  
Director of Mental Health Services  
Leicestershire Partnership NHS Trust

Paula Vaughan  
Head of Commissioning – MH &LD  
LLR CCGs



## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**13<sup>th</sup> JANUARY 2021**

### **MEDIUM TERM FINANCIAL STRATEGY 2021/22 – 2024/25**

### **JOINT REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE DIRECTOR OF CORPORATE RESOURCES**

#### **Purpose of Report**

1. The purpose of this report is to:
  - a) provide information on the proposed 2021/22 to 2024/25 Medium Term Financial Strategy (MTFS) as it relates to Public Health; and
  - b) ask the Committee to consider any issues as part of the consultation process and make any recommendations to the Scrutiny Commission and the Cabinet accordingly.

#### **Policy Framework and Previous Decisions**

2. The County Council agreed the current MTFS in February 2020. This has been the subject of a comprehensive review and revision in light of the current economic circumstances. The draft MTFS for 2021/22 – 2024/25 was considered by the Cabinet on 15 December 2020.

#### **Background**

3. The MTFS is set out in the report to Cabinet on 15 December 2020, a copy of which has been circulated to all members of the County Council. This report highlights the implications for the Public Health Department.
4. Reports such as this one are being presented to the relevant Overview and Scrutiny Committees. The views of this Committee will be reported to the Scrutiny Commission on 25 January 2021. The Cabinet will consider the results of the scrutiny process on the 5 February 2021 before recommending an MTFS, including a budget and capital programme for 2021/22, to the County Council on the 17 February 2021.

#### **Service Transformation**

5. In the 2019 Spending Round, the Chancellor announced a real terms increase to the Public Health Grant budget, which will ensure local authorities can continue to provide prevention and public health interventions. The 2020/21

settlement for Leicestershire was £25.234m, a 4.6% increase on the 2019/20 grant. The additional funding did pay for additional responsibilities including paying for the third year of the NHS pay award for our commissioned NHS services and the testing phase of the PrEP rollout. The outcome of the recent review of commissioning arrangements for health visiting, school nursing and sexual health services that was originally set out in the NHS Long Term Plan has resulted in no substantive movement of responsibilities back to the NHS. The review has called for a collaborative commissioning approach to Sexual Health Services but further guidance on how this will work in practice is awaited.

6. During 2020/21, the Department received a grant of £2.3m for local authority test and trace support services. This money supports the delivery of the authority's Outbreak Control Plan which outlines how the department is managing the response to Covid-19 across the county. There is no announcement about the continuation of this funding but there is discussion nationally about making the responsibilities that local PH have picked up becoming a permanent arrangement. The department has recruited several new teams including Health Protection, Infection Control and outbreak response as well as paying for additional testing and software to support the management of data. The £2.3m will cover the next financial year but further years without additional funding will need to be reviewed.
7. The Department and the services it commissions and delivers continue to be structured in line with statutory duties and the Target Operating Model as set out in the Early Help and Prevention Review. The Department will consider the in-house provision of services as a preferred option, where appropriate, recognising that specialised health improvement treatment services will continue to be externally commissioned through the NHS and third sector markets.

### **Proposed Revenue Budget**

8. Table 1 below summarises the proposed 2021/22 revenue budget and provisional budgets for the next three years thereafter. The proposed 2021/22 revenue budget is shown in detail in Appendix A.

**Table 1 – Revenue Budget 2021/22 to 2024/25**

	<b>2021/22 £000</b>	<b>2022/23 £000</b>	<b>2023/24 £000</b>	<b>2024/25 £000</b>
Original prior year budget	-1,337	-1,323	-1,388	-1,388
Budget transfers and adjustments	0	0	0	0
Add proposed growth (Appendix B)	20	0	0	0
Less proposed savings (Appendix B)	-5	-65	0	0
<b>Proposed/Provisional budget</b>	<b>-1,323</b>	<b>-1,388</b>	<b>-1,388</b>	<b>-1,388</b>

9. Detailed service budgets have been compiled on the basis of no pay or price inflation, a central contingency will be held which will be allocated to services as necessary.



10. The central contingency also includes provision for an annual 1% increase in the employers' contribution to the Local Government Pension Scheme based upon the 2019 triennial actuarial revaluation of the pension fund.
11. The total gross proposed budget for 2021/22 is £29.3m with contributions from health, transfers and various other income sources totalling £5.4m. The ring-fenced grant allocation for 2021/22 is estimated to be £25.234m.
12. The proposed net budget for 2021/22 of - £1,323k is distributed as shown in Table 2 below:

**Table 2 - Net Budget 2021/22**

	<b>£000</b>	<b>%</b>
Public Health Leadership	1,914	8.0
Local Area Co-ordination	919	3.8
Quit Ready	544	2.3
First Contact Plus	272	1.1
Other Public Health Services	209	0.9
Programme Delivery	778	3.3
Public Health Advice	311	1.3
Domestic Violence	385	1.6
Weight Management Service	271	1.1
Children's Public Health 0-19	8,233	34.4
Sexual Health	4,076	17.0
NHS Health Check Programme	500	2.1
Substance Misuse	4,026	16.8
Physical Activity	1,111	4.6
Obesity Programmes	190	0.8
Health Protection	102	0.4
Tobacco Control	70	0.3
Leicester-Shire and Rutland Sport	0	
<b>Total</b>	<b>23,911</b>	<b>100.0</b>
Public Health Ring Fenced Grant	<b>-25,234</b>	
<b>Total Net Budgeted Spend</b>	<b>-1,323</b>	

### **Budget Changes and Adjustments**

13. Two budget transfers (totalling a net increase of £673k) are to be made during the 2020/21 financial year. These transfers are:
  - £8.4k for flu vaccinations transferred from the central inflation contingency;

- £681k prevention budgets transfer to Adults & Communities.
14. Growth and savings have been categorised in the appendices under the following classification;
    - \* item unchanged from previous MTFS
    - \*\* item included in the previous MTFS, but amendments have been made
    - No stars - new item
  15. This star rating is included in the descriptions set out for growth and savings below.
  16. Savings have also been classified as 'Eff' or 'SR' dependent on whether the saving is seen as efficiency or service reduction or a mixture of both. 'Inc' denotes those savings that are funding related and/or generate more income.

## **GROWTH**

17. Growth bids made by Public Health are in response to national issues faced by all public health authorities and not internally generated initiatives; as a result they are kept to a minimum.
18. Details of proposed growth are set out in Appendix B and provide for an additional £0.02m per annum by 2021/22. This is described in the following paragraphs.
19. \*G12 Integrated Sexual Health Service - increased testing expected as result of new Pre Exposure Prophylaxis (PrEP) treatment for HIV risk groups; £20,000 in 2021/22.

PrEP is a retro-viral drug; tests have suggested that it is effective at reducing the spread of HIV amongst high risk groups. Local authorities (under the Health and Social Care Act 2012) are responsible for the increased testing that will be required when the treatment is introduced.

## **SAVINGS**

20. Details of proposed savings are set out in Appendix B and total £5k in 2021/22 rising to £70k per annum by 2024/25. These are detailed in the following paragraphs.
21. \*\*PH1 Eff/SR Early Help and Prevention Review - review of externally commissioned prevention services £5k in 2021/22 rising to £70k in 2022/23

The Early Help and Prevention Strategy was approved by Cabinet on 17 June 2016 and was comprised of savings in the following key areas: Homelessness Prevention, Substance Misuse Treatment Services, YP Tobacco Programme

and Adults & Communities, Support for Carers Contract. To date, savings of £1,249k have been delivered.

### **Savings under Development**

22. The Department has been requested to identify £0.6m of additional savings over the next four years. The table below shows the areas being worked on currently to achieve savings by 2024/25:

	<b>Description of Saving</b>	<b>Approach</b>	<b>Date to be Achieved</b>
Schools Traded Offer  £150,000 contract value	There are several current services that are delivered to schools including young person's physical activity and various specialist training elements. The department is working with transformation colleagues to design a traded offer.  Savings proposed £100,000  With additional traded income yet to be defined.	Options appraisal undertaken with further work to scope a preferred option. Transformation colleagues are supporting this work with a further impact assessment being ready for 17 <sup>th</sup> December 2021.	2023/24
0-19 Healthy Child Programme	We are working with the Transformation Unit currently to identify possible savings and opportunities with this contract. Values are yet to be determined.	Work is underway to look at this contract and to see if there are opportunities to more closely align this to the work happening in CFS around the TOM as well as a review of the options for the next procurement of the contract in April 22.	2022/23
GP Health Checks	The Transformation Unit is supporting the Department to identify opportunities for further savings and efficiencies through the Productivity and Efficiency Programme for GP Health Checks.	The current contract value is £550,000 per annum and the Department is keen to explore the effectiveness of the current provision, exploring alternative ways of delivering the same/improved outcomes.	

## External Influences

### 23. Demand Led Activity

Sexual Health services are required to be provided on an open access basis and therefore there is a risk to the achievement of the MTFs. Health Checks are also demand driven.

### 24. Inflation

The department continues to be at risk of inflationary pressures. Although there has been an increase to the Public Health Grant in 2019 for the first time since 2013, there is a requirement for the Department to meet increased provider costs for the third year of the NHS pay deal.

### 25. Public Health Grant

There continues to be uncertainty around the Public Health Grant due to the lack of business rate retention reform. We are anticipating that the grant will be extended for a further year into 2021/22.

## Other Funding Sources

### 26. There are a number of funding sources that contribute to the overall budget for Public Health.

<u>Funding Source</u>	<u>Description</u>	<u>Value £000</u>	<u>RISK RAG</u>
Public Health Grant	Public Health Grant Allocation.	25,234	G
Sport England Grant	Leicester-Shire and Rutland Sport receive funding to deliver a number of programmes. Funding varies each year, according to the programmes supported.	759	G
Better Care Fund	Funding allocation for First Contact Plus.	159	G
Rutland County Council	The provision of Public Health support to the authority and a section 113 agreement for Mike Sandys as the DPH.	151	G
University Hospitals Leicester	The provision of Public Health support for specialist projects. This is agreed annually and is not yet in place for 2021/22.	100	A

Office of the Police and Crime Commissioner	This funding is a contribution to the (drugs) treatment contract.	112	G
Clinical Commissioning Groups	To meet the costs of contraceptive devices which are fitted to treat an existing medical condition.	100	G

### **Background Papers**

Cabinet 15 December 2020 - Medium Term Financial Strategy 2021/22 to 2024/25  
<http://politics.leics.gov.uk/documents/b16058/Medium%20Term%20Financial%20Strategy%20202122%20-%20202425%20-%20Proposals%20for%20Consultation%20-%20Supplementary%20Report.pdf?T=9>

### **Circulation under Local Issues Alert Procedure**

None.

### **Officers to Contact**

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### **List of Appendices**

Appendix A – Revenue Budget 2021/22  
 Appendix B – Growth & Savings 2021/22 – 2024/25

**Equality and Human Rights implications**

27. Public authorities are required by law to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation;
  - Advance equality of opportunity between people who share protected characteristics and those who do not; and
  - Foster good relations between people who share protected characteristics and those who do not.
28. Many aspects of the County Council's MTFs may affect service users who have a protected characteristic under equalities legislation. An assessment of the impact of the proposals on the protected groups must be undertaken at a formative stage prior to any final decisions being made. Such assessments will be undertaken in light of the potential impact of proposals and the timing of any proposed changes. Those assessments will be revised as the proposals are developed to ensure decision makers have information to understand the effect of any service change, policy or practice on people who have a protected characteristic.
29. Proposals in relation to savings arising out of a reduction in posts will be subject to the County Council Organisational Change policy which requires an Equality Impact Assessment to be undertaken as part of the action plan.

**PUBLIC HEALTH DEPARTMENT**

**REVENUE BUDGET 2021/22**

<b>Net Budget 2020/21 £</b>		<b>Employees £</b>	<b>Running Expenses £</b>	<b>Internal Income £</b>	<b>Gross Budget</b>	<b>External Income £</b>	<b>Net Budget £</b>
-25,234,286	<b>Public Health Ring-Fenced Grant</b>	0	0	0	0	-25,234,286	-25,234,286
	<b>Department</b>						
1,623,076	Public Health Leadership	1,627,324	1,190,232	-17,523	2,800,033	-886,306	1,913,727
839,857	Local Area Co-ordination	1,183,281	44,530	0	1,227,811	-308,598	919,213
569,597	Quit Ready	300,608	243,000	0	543,608	0	543,608
262,353	First Contact Plus	649,874	1,000	-7,500	643,374	-371,348	272,026
197,210	Other Public Health Services	0	209,010	0	209,010	0	209,010
695,440	Programme Delivery	417,496	360,600	0	778,096	0	778,096
360,720	Public Health Advice	0	310,720	0	310,720	0	310,720
356,760	Domestic Violence	16,202	385,907	-16,851	385,258	0	385,258
363,447	Weight Management Service	227,463	43,500	0	270,963	0	270,963
<b>5,268,460</b>	<b>Total</b>						
8,547,752	<b>0-19 Childrens Public Health</b>	0	8,233,236	0	8,233,236	0	8,233,236
	<b>Sexual Health</b>						
4,055,220	Sexual Health	0	4,176,070	0	4,176,070	-100,000	4,076,070
504,300	NHS Health Check programme	0	500,000	0	500,000	0	500,000
<b>4,559,520</b>	<b>Total</b>						
4,013,332	<b>Substance Misuse</b>	0	4,137,788	0	4,137,788	-111,856	4,025,932
	<b>Physical Activity and Obesity</b>						
1,110,951	Physical Activity	0	1,110,951	0	1,110,951	0	1,110,951

200,000	Obesity Programmes	0	190,000	0	190,000	0	190,000
<b>1,310,951</b>	<b>Total</b>						
121,950	<b>Health Protection</b>	576,970	41,900	0	618,870	-516,667	102,203
75,000	<b>Tobacco Control</b>	0	70,000	0	70,000	0	70,000
0	<b>Leicester-Shire and Rutland Sport</b>	1,082,016	1,980,059	-1,811,958	1,250,117	-1,250,117	0
<b>-1,337,321</b>	<b>TOTAL PUBLIC HEALTH</b>	<b>6,081,235</b>	<b>23,228,503</b>	<b>-1,853,832</b>	<b>27,455,906</b>	<b>-28,779,178</b>	<b>-1,323,272</b>



## APPENDIX B

2021/22	2022/23	2023/24	2024/25
£000	£000	£000	£000

References

### GROWTH

		<b>Demand &amp; cost increases</b>				
*	G12	Integrated Sexual Health Service - increased testing	20	20	20	20
		<b>TOTAL</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>

### SAVINGS

**	PH1	Eff/SR	Early Help & Prevention Review - review of externally commissioned prevention services	-5	-70	-70	-70
		<b>TOTAL</b>		<b>-5</b>	<b>-70</b>	<b>-70</b>	<b>-70</b>

\* items unchanged from previous Medium Term Financial Strategy

\*\* items included in the previous Medium Term Financial Strategy which have been amended

Eff = Efficiency saving; SR = Service reduction; Inc = Income

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**HEALTH OVERVIEW AND SCRUTINY COMMITTEE –**  
**13<sup>th</sup> January 2021**

**RECOMMISSIONING OF SPECIALIST SUBSTANCE MISUSE**  
**SERVICES**

**REPORT OF THE**  
**DIRECTOR OF PUBLIC HEALTH**

**Purpose of the Report**

1. The purpose of this report is to inform the Health Overview and Scrutiny Committee of the plans for the recommissioning of the specialist substance misuse services and the proposed model for specialist substance misuse services.

**Policy Framework and Previous Decisions**

2. A condition of the public health grant requires local authorities to provide an accessible drug and alcohol treatment and recovery system while having regard to reducing health inequalities.
3. The provision of a specialist substance misuse treatment service aligns with the following outcomes from the County Council's Strategic Plan 2018-22 which was approved by the County Council on 6 December 2017;
  - a. **Wellbeing and opportunity:** The people of Leicestershire have the opportunities and support they need to take control of their health and wellbeing.
  - b. **Keeping people safe:** People in Leicestershire are safe and protected from harm.
  - c. **Great communities:** Leicestershire communities are thriving and integrated places where people help and support each other and take pride in their area.
4. In December 2019 Cabinet agreed the recommendation for a Fully Integrated Treatment Pathway and Recovery Service. Cabinet also authorised the Director of Public Health in consultation with the Director for Corporate Resources to award the contract for the provision of specialist substance misuse services following a procurement exercise.

**Background**

5. The model for future substance misuse services described within the Cabinet paper of December 2019 included services continuing to be commissioned jointly across LLR.
6. Due to the impact of the Covid-19 pandemic on both the provider market and the resources of the commissioning authorities a 12-month extension to existing contracts to 31<sup>st</sup> March 2022, and a postponement of the procurement was formally agreed. The new agreed date for commencement of contracts is 1<sup>st</sup> April 2022.
7. The extension of the existing contract and postponement of the procurement provided opportunity for further soft market testing and for commissioning partners to review their local needs and priorities.
8. As a result of this additional work a mutual agreement was reached between Leicestershire County Council, Leicester City Council and Rutland County Council to end the joint commissioning approach and to continue the procurement based on a Leicestershire and Rutland model.
9. The decision was based on ensuring that the needs of the local population are addressed in a model reflecting the local demography and resources available and with flexibility to manage changing demands and County Council priorities.
10. The specialist treatment service model remains a fully integrated substance misuse treatment and recovery service, that includes community drug and alcohol service for adults and young people, in-patient detoxification service, residential rehabilitation placements, and recovery support services in the community.
11. Commissioning partners for the fully integrated substance misuse treatment service in addition to Leicestershire County Council will be Rutland County Council. The Police and Crime Commissioner (PCC) will clarify their intentions in due course. The contract length remains as agreed at 5yrs with an option to extend for up to 24 months.

**Background Papers**

12. None

**Circulation under the Local Issues Alert Procedure**

13. None

**Officer to Contact**

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### **List of Appendices**

15. None

### **Equalities and Human Rights Implications**

16. An Equality and Human Rights Impact Assessment screening has been undertaken in regard to the proposed recommissioning of specialist substance misuse services and concluded that the new model will have a positive impact.

### **Crime and Disorder Implications**

17. Substance misuse has far reaching impacts on individual health, families and communities. There are clear links between substance misuse, crime, and community safety. Meeting the needs of people with alcohol and/or drug problems can help to achieve reductions in crime, reduce reoffending, and improve an individual's health.

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