



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 11 September 2019.

PRESENT

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

Mr. T. Barkley CC

Mr. I. E. G. Bentley CC

Mr. D. C. Bill MBE CC

Mrs. A. J. Hack CC

Dr. S. Hill CC

Mr. T. J. Richardson CC

Mrs B. Seaton CC

Mrs. M. Wright CC

In attendance

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

Micheal Smith, Manager, Healthwatch Leicester and Leicestershire.

Mark Wightman, Director of Strategy and Communications, University Hospitals Leicester (minute 23 refers).

Kate Allardyce, NHS Midlands and Lancashire Commissioning Support Unit (minute 24 refers).

15. Minutes of the previous meeting.

The minutes of the meeting held on 5 June 2019 were taken as read, confirmed and signed.

16. Question Time.

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

17. Questions asked by members.

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

18. Urgent items.

There were no urgent items for consideration.

19. Declarations of interest in respect of items on the agenda.

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.

20. Declarations of the Party Whip.

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

21. Presentation of Petitions.

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

22. Healthwatch Leicester and Leicestershire Annual Report.

The Committee considered the Healthwatch Leicester and Leicestershire Annual Report 2018-19. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed Micheal Smith, Manager, Healthwatch Leicester and Leicestershire to present this item.

Members thanked Healthwatch for a clearly presented report and particularly welcomed the case studies which it contained. However, members stated that it would be preferable if a greater number of people could have been surveyed and engaged with by Healthwatch. In response it was acknowledged by Healthwatch that it needed to extend its engagement and to that end Healthwatch Leicester and Leicestershire was re-establishing engagement structures which had been lost over the previous years. Healthwatch Leicester and Leicestershire had undertaken a summer engagement programme which included attending festivals in order to contact more people and had also attempted to engage with Parish Councils. The library drop-in scheme which up until this point had only featured city libraries would be expanded to include libraries in the county. There was no national guidance on the methodology that Healthwatch should use when surveying the public and the optimum number of people engaged with would depend on the type of methodology used. Healthwatch Leicester and Leicestershire used a variety of different surveying techniques, sometimes quantitative and sometimes qualitative, depending on the question being asked and the information they wished to receive from the public.

Micheal Smith provided reassurance that the availability of appointments at GP Practices was a high priority for Healthwatch Leicester and Leicestershire to undertake research into and would be considered as part of future research into Primary Care Networks.

RESOLVED:

That the Healthwatch Leicester and Leicestershire Annual Report 2018/19 be noted.

23. Healthwatch Leicester and Leicestershire report on Hospital Discharge.

The Committee considered a report of Healthwatch Leicester and Leicestershire which presented the results of a piece of research into the patient experience of being discharged from hospital. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

Micheal Smith, Manager, Healthwatch Leicester and Leicestershire presented this item and Mark Wightman, Director of Strategy and Communications, University Hospitals Leicester (UHL) was present to answer questions.

In response to the report, Mark Wightman advised that Healthwatch and UHL worked closely together and that UHL found Healthwatch's feedback useful. In this case, it was being acted on by the Head of Nursing. UHL felt that the report provided a fair reflection of the discharge lounge but it was clarified that only between five and ten percent of the 180-300 patients who were discharged every day used the discharge lounge. These were patients who were waiting for collection by relatives, medication to take home, transfer to a nursing or residential home or were waiting for transport. If Healthwatch carried out further research in this area it would be useful to include the views of patients who were discharged straight from their ward as well. UHL recognised the need for improvements to speed and efficiency of the discharge process and this was a key strand of its Quality Strategy, particularly as there was a need to create more capacity in Leicester's hospitals and releasing beds was the most cost-effective way of achieving this.

Arising from discussions the following points were noted:

- (i) The research which fed into the report took place in the spring of 2019 and involved speaking to patients that were waiting in the discharge lounges at Leicester Royal Infirmary and Glenfield Hospital. It was originally intended that those same patients would be spoken to again two weeks after discharge however most of the patients spoken to did not take up this opportunity. Healthwatch recognised that it did not have the capacity to undertake an in-depth service review; the report was intended to provide a snapshot of the discharge system. Discharge was a priority for Healthwatch and they intended to conduct further research into the issue in approximately one year's time.
- (ii) Whilst the focus was on the views of patients rather than practitioners, Healthwatch did converse with those delivering services to gain their point of view.
- (iii) The key findings from the research were that patients felt they were spending too long in the discharge lounge and were unhappy when the timetable for their discharge changed at the last minute. Patients wanted to be part of their own discharge planning. It was important to give the patients accurate expectations of how soon it would be before they would be leaving hospital and doctors needed to point out to patients that whilst they may be medically ready to be discharged they may still need to wait, for example for medicines to be issued.
- (iv) To ensure the Healthwatch research was being acted upon, Healthwatch sent representatives to the Discharge Working Group, part of the Better Care Together workstream, and the Chair of Healthwatch Harsha Kotecha attended meetings of the UHL Governing Board as an observer.
- (v) In the past when a patient was seen as part of a ward round and a decision was made that a patient could be discharged, the job of writing a prescription for that patient to take medication home with them was given to a junior doctor. However, ward rounds could take some time to complete and the writing of the prescription could therefore be delayed. To tackle this problem UHL were allocating pharmacists to ward rounds so that the prescriptions could be written and processed straight away.
- (vi) Where the UHL management team were of the view that changes needed to be implemented to systems and processes there always needed to be a dialogue

between administrators and clinical staff as clinical staff would be aware of issues that administrators may not.

- (vii) It was acknowledged by UHL that having a car parking system where users paid on exit for the precise time their vehicle had been parked rather than having to pay on entry and estimate the time they would be parked for, would be of benefit to patients. However, changing the ticket machines so that they allowed users to pay on exit would be costly and UHL had to prioritise how it allocated funding.
- (viii) Healthwatch Leicester and Leicestershire would welcome having members of the public with experience of the health service being referred to them by elected members.

RESOLVED:

- (a) That the Healthwatch Leicester and Leicestershire report on Hospital Discharge be noted.
- (b) That officers be requested to provide a report on recruitment and retention of staff at university Hospitals Leicester for a future meeting of the Committee.

24. Health Performance Update.

The Committee considered a joint report of the Chief Executive of the County Council and NHS Midlands and Lancashire Commissioning Support Unit, which provided an update of performance to the end of August 2019. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

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

Arising from discussions the following points were noted:

- (i) The data for different metrics was published at different times and intervals. Some data took longer than others to be released nationally. Since the report had been written more recent data relating to A&E admission, transfer, and discharge within four hours had been published but there was no significant improvement in performance for this metric
- (ii) In response to a question from a member it was explained that information was available regarding how other NHS Trusts were performing against the cancer targets and this would be included in future performance reports. Clinical Commissioning Groups were placed in peer groups to enable benchmarking of data and WLCCG and ELRCCG were both in the same peer group. Providers were also placed in peer groups. The different figures in relation to cancer referrals from the two CCGs related to the performance of out of county providers. Members felt it would be useful to explore further which providers were the worst performing.
- (iii) A member noted that the cancer metrics were measured from the date of GP referral and raised concern that some patients might have seen a nurse first and therefore could have been waiting longer than the data indicated. Consequently the member questioned whether the national target for cancer referrals should reflect this issue. Officers undertook to feed this back to the CCGs.

- (iv) It was explained that a tertiary referral was a referral made by one Hospital Consultant to another. Members requested further information as to how and why late tertiary referrals were affecting the cancer referral backlog and it was agreed that this information would be provided to members after the meeting. There was work that needed to be undertaken to improve cancer screening coverage, including making sure that patients attended appointments, but this was the responsibility of NHS England.
- (v) Some metrics referred to in the appendices had a value next to them and this referred to a score given by assessors at NHS England in relation to performance against the metric.
- (vi) Members raised concerns regarding Delayed Transfers of Care performance and suggested that this issue should be kept under review by the Committee.
- (vii) A member noted that there was no data for breastfeeding initiation, questioned whether there was an appropriate collection method for this data and raised concerns that the success of any measures implemented to increase breastfeeding initiation could not be measured without the appropriate data. The Director of Public Health agreed to check whether this situation could be resolved.
- (viii) The NHS Health Check was a health check-up for adults in England aged 40-74. Three standard invites were sent to patients to encourage them to undertake the Health Check.
- (ix) The number of opiate users successfully completing drug treatment was decreasing because the patients being treated were increasingly complex with chaotic lifestyles.

RESOLVED:

That the performance summary and issues identified be noted.

25. Draft Leicestershire Substance Misuse Strategy 2020-2023.

The Committee considered a report of the Director of Public Health which presented the draft Leicestershire Substance Misuse Strategy 2020-2023 for consultation. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The feedback received regarding the draft Strategy had been positive and supported the proposed approach. Although further details regarding how the priorities would be delivered had been requested by consultees, a detailed action plan would not be developed until the Strategy had been approved.
- (ii) The abuse of painkillers was an increasing problem; however, the Turning Point substance misuse service had not been designed to deal with people addicted to prescription drugs. Although Turning Point were currently trying to help these people it was important to have a balance between this and work with people addicted to other kinds of drugs. As part of Priority 1 of the Strategy, the Public Health Department was looking at educating people to prevent them becoming

addicted to prescription drugs in the first place. Priority 3 of the Strategy would include setting up an individual treatment service for those addicted to prescription medicine.

- (iii) Although the title of Priority 4 referred to both alcohol and drug misuse there was no detail under that priority in the draft document relating to alcohol. However, as a result of feedback the draft had now been amended to include further detail on how alcohol problems would be tackled.
- (iv) In response to a suggestion from a member the Director of Public Health agreed to give further consideration to whether greater partnership working could take place and in particular the integration of substance misuse workers within Leicestershire Police in order to identify those using drugs or at risk early.

RESOLVED:

That the draft Leicestershire Substance Misuse Strategy 2020-2023 be supported.

26. Date of next meeting.

RESOLVED:

That the next meeting of the Committee be held on 13 November 2019 at 2:00pm.

2.00 - 3.45 pm
11 September 2019

CHAIRMAN