



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 29 NOVEMBER 2017 at 5:30 pm

P R E S E N T :

Councillor Cutkelvin (Chair)
Councillor Fonseca (Vice-Chair)

Councillor Chaplin
Councillor Sangster

Councillor Corral
Councillor Waddington

In Attendance:

Councillor Clarke, Deputy City Mayor with responsibility for Environment, Public Health and Health Integration

Also Present:

Peter Miller – Chief Executive, Leicestershire Partnership, NHS Trust

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39. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Osman, Richard Morris – Director of Operations and Corporate Affairs, Leicester City Clinical Commissioning Group and Steven Forbes, Strategic Director, Adult Social Care.

40. DECLARATIONS OF INTEREST

The Chair declared in relation to item 8, Update on the Settings of Care Policy, that for the avoidance of doubt that she had received a briefing paper from the Continuing Health Care Alliance.

Councillor Chaplin declared for the avoidance of doubt that constituents had spoken to her about issues relating to the following agenda items:

7. Care Quality Commission (CQC) Inspection of the Leicestershire Partnership

NHS Trust.

9. Repeat Prescriptions and Pharmacies

10. Update on Integrated Sexual Health Services.

Councillor Fonseca declared an Other Disclosable Interest in respect of agenda item 9, Repeat Prescriptions and Pharmacies, in that he was a user of the service. In accordance with the Council's Code of Conduct the interest was not considered so significant that it was likely to prejudice Councillor Fonseca's judgement of the public interest. Councillor Fonseca was not, therefore, required to withdraw from the meeting during consideration and discussion on the item.

41. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 4 October 2017 be confirmed as a correct record.

42. CHAIR'S ANNOUNCEMENTS AND UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

The Commission received an update from the Chair on the following items that had been considered at a previous meeting:-

- The decision on the Congenital Heart Disease Services would be made by the NHS England Board on 30 November 2017 and a Joint meeting of the Leicester, Leicestershire and Rutland Health Scrutiny Commission had been arranged for 11 December 2017 to consider the decision. At the meeting, Members would also be asked to consider the Paediatric Critical Care and Specialised Surgery in Children Review which may be impacted by the decision.
- A further meeting of the Leicestershire, Leicester and Rutland Joint Health Scrutiny Commission would be arranged early in 2018 to consider the redraft of the Sustainability and Transformation Plan.
- A joint meeting was held with the Children, Young People and Schools Scrutiny Commission on 7 November 2017 to consider Children's Mental Health and the Child and Adolescent Mental Health Service. A summary of actions from the meeting could be found in the work programme. A further joint meeting would be arranged to consider the detail behind the different services.

43. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

44. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that the following question had been submitted by Ms S Ruane and had been circulated to Members prior to the start of the meeting.

“The Continuing Health Care Settings of Care policy has caused a lot of distress not only to recipients but also to people working in the CHC Alliance (an alliance of charities) and to members of the public who feel an understandable disgust at the idea of trying to save money at the expense of the quality of life of those who are already disadvantaged through chronic impairments and disabilities. Why is the CCG persisting with a policy which is unpopular, has been challenged at a national level and is currently undergoing investigation by the Public Accounts Committee? So far, no impact assessment has been produced which shows how many people currently in receipt of CHC and living at home are likely, should the policy be implemented, to be forced to move into residential care when their care is reassessed and judged to require a new package of care. Why is this information not being made available to the public. The claim that each person will be judged on an individual basis according to their own needs, while sounding reassuring, is a smokescreen for pressing ahead with the 10% cap which will be implemented through tightly enforced protocols”.

Ms Ruane was not present at the meeting but the Director of Nursing and Quality, NHS Leicester City Clinical Commissioning Group (CCG) responded that the CCG would not be proceeding with the change to the policy and would be basing their review on efficacy and response. Members noted that the agenda included an update from the Leicester City CCG on the Settings of Care Policy.

45. CARE QUALITY COMMISSION (CQC) INSPECTION OF THE LEICESTERSHIRE PARTNERSHIP NHS TRUST

Before the Chief Executive of the Leicestershire Partnership NHS Trust (LPT) presented the report, the Chair gave a brief summary of issues and concerns that the Commission had previously raised relating to the CQC inspection of the Leicester Partnership Trust:

- The Commission had historically considered the CQC reports following their inspections of the Leicestershire Partnership NHS, including those relating to the Bradgate Mental Health Unit.
- Some of the concerns that had been previously highlighted by the Commission related to the recurrence of issues such as reducing ligature points, missing equipment, uncompleted paperwork and fridge

temperatures not being monitored adequately. These issues had been identified in successive reports as needing improvement and the lack of improvement of safety concerns at the Bradgate Unit had continued to surface.

- The Commission had previously identified concerns about the number of children awaiting assessments at the Children and Adolescents Mental Health Service (CAMHS) and the lack of pro-activity in dealing with them as identified by the CQC. This issue had been considered earlier that month in a joint meeting with the Children, Young People and Schools Scrutiny Commission.
- The issue of retention of staff was a concerning factor and one which the Commission had been told was under consideration by the LPT.
- Whilst it was recognised that improvements were listed in the action plan, it was evident through the CQC reports that on a day to day basis, those improvements had not been translating through.

The Chief Executive of the LPT then presented the report and points made included the following:

- The inspections that had recently taken place were inspections in their own right and not 'follow up' inspections. The CQC came annually to inspect certain services and their recent inspection had taken place across five of the services including the Bradgate Unit and CAHMS. It was expected that their report would be publicly available in January 2018.
- The action plan included in the agenda followed on from the 2016 inspection.
- Since 2016, improvements had been made including improvements to CAHMS, with for example significant reductions in the numbers of children awaiting treatment and with more knowledge of those who were waiting treatment and assessment.
- In 2016 there had been particular concerns relating to the Bradgate Unit, where there were ligature points and old dormitory type wards. Some improvements had been made such as new door handles, but there were still some problems with the estate. It was expected that the report would state that some changes were needed, which would include changes to the dormitory wards.
- The numbers of out of area placements had been significantly reduced. There was a period where there were none, but currently during a very busy time there were 6 out of area placements. The LPT were committed to reducing the figures to zero by 2020.
- Other improvements included the opening of a new psychiatric unit for

women (which was currently full), investment in 'moving-on' beds and improvements in the Liaison Service.

- Areas for improvement included District Nursing where the service was under significant pressure resulting in issues around staff retention and recruitment. Other areas for improvement were in care planning, although significant progress had been made. There were also concerns about waiting times in children's services.
- The Inspectors had commented that staffing levels were appropriate, but agency staff were being recruited to maintain these levels; this could impact of levels of consistency. The Chief Executive added that this was not a criticism of agency staff as some were excellent, but there could be issues around team work and financial costs to the NHS. The levels of agency staff were reducing and more staff were being recruited than ever before, but at the same time, more staff were leaving. This was a challenging time for staff who were working under considerable pressure.

The Chair thanked the Chief Executive for the update and asked for a further update when the Inspection Report was published. The Chair suggested that depending on the outcome of the inspection, it might be useful to invite a representative of the LPT Board Quality Committee to the commission to add a level of understanding to the report. The Chair added that it was good to note that there was a new psychiatric unit for women but it was disappointing that there was nothing for mothers and babies to help those suffering from postnatal depression.

Members raised a number of comments and queries which included the following:

- In response to a question, the Chief Executive explained that the 'CompAss' rating in the Action Plan was the Compliance Assurance Committee rating which was made up on Non-Executive Directors whose purpose was to focus on all the details of the Action Plan.
- A Member asked whether overtime could be offered to staff as an alternative to hiring agency staff and also whether agency staff were up to date with their training. The Commission heard that there were a range of incentives relating to overtime for their own staff to be bank staff across the local NHS system, and they only used agencies where the training was in line with the LPT. The majority were nurses but there were agency psychiatrists as well. In response to a suggestion for the LPT to set up their own agency, the Chief Executive responded that the possibility of a joint bank of agency staff across Leicestershire, Leicester and Rutland in all areas of the local NHS was being considered. The Chief Executive was asked as to how confident he was in retaining sufficient staff to cope with the challenges that the LPT faced and he responded that while there was an issue relating to the number of staff approaching retirement, there was a retention strategy and he remained

confident but acknowledged that there was a need to invest in training.

- A Member questioned whether in order to address the problem of delayed discharges for people in acute services; the LPT might support and wish to talk to the City Council about providing a model similar to that offered by the St Mungo's homeless charity. The Chief Executive responded that he did not see why not, although the LPT did not commission those services. He added that the LPT would not discharge people if it meant they would end up living on the streets and approximately just 10% of those in the Bradgate Unit were affected by delayed discharge.
- Comments were made relating to problems with administration in CAMHS and adult mental health services. The Chief Executive explained that there was a transformation programme to address those issues. Some improvements were already being seen, but the whole programme was designed to take effect over a three year period.
- Concerns were raised about patients in dormitory wards in the Bradgate Unit and the décor which was considered to be oppressive. The Chief Executive responded that he was conscious of those concerns and because of the very considerable expense that would be incurred to reconfigure the unit, there was a push to re build it instead but this was dependant on securing funding. The Chair commented that good estate gave out the message that the patients mattered.
- A Member commented about the importance of good communication with the patient's family, especially where there was a 'Do Not Resuscitate' request. The Chief Executive agreed that where the patient gave permission, it was very important to involve families and they were looking at ways of providing greater information.
- A Member congratulated the Chief Executive on the reduction of numbers of children on the waiting list for CAMHS and asked how this had been achieved. The meeting heard that the model of care had been changed to provide a higher volume and lower intensity service. Some patients would be given less intensive care and treatment where it was considered to be appropriate. Monitoring would be carried out as regards to any re-referrals.
- In response to a question about monitoring of patients after they had been discharged; the meeting heard that there were teams in place to monitor patients though this could not continue indefinitely. There was support for people with high risk issues but there was also a need for capacity for new people coming into the system.

The Chair drew the discussion to a close and the following recommendations were agreed upon:

AGREED:

- 1) that the Commission note the report and request a further report be brought back in the Spring 2018;
- 2) that in respect of the reduction in the numbers of children on the waiting list for CAMHS, the Commission be given details on the number of those who are referred back;
- 3) that the Commission receive an update report on progress in establishing an agency bank across Leicestershire, Leicester and Rutland; and
- 4) for the Commission to receive details of the capital funds available for improvements to the Bradgate Unit.

46. UPDATE ON THE SETTINGS OF CARE POLICY

The Director of Nursing and Quality, NHS Leicester City Clinical Commissioning Group (CCG) presented an update on the Settings of Care Policy. Members heard that the Policy had been adopted by the Leicestershire, Leicester and Rutland Clinical Commissioning Groups in 2011, and there had been a suggestion to review the policy and reduce the threshold from 25% to 10%.

A draft policy had been considered by each of the three CCGs, but it was felt that there was insufficient information to make a decision. A review was therefore carried out on a cohort as if their 25% threshold was reduced to 10%. The results showed that any savings made would be very small; the majority of cases showed that the appropriate assessments had been made and that the 10% threshold didn't apply. The financial impact therefore would be very low. The Director added that the principles applied to decision making were safety, quality and choice. She added that there was a need to ensure that the decision made was the right one for the patient.

Members heard that the policy would be discussed at a meeting of the Commissioning Collaborative Board on 30 November 2017. The Board was not a decision making body, but their findings would be shared with the Continuing Healthcare Alliance to ascertain their views before being presented to the Leicester City CCG's Governing Body in the new year.

The Chair commented that changing the threshold would not result in any significant financial savings and suggested that the Commission should send a letter to the CCG requesting that the threshold remain at 25%. The Chair added that she was pleased that the views of the Continuing Healthcare Alliance were being sought. Members agreed for a letter to be sent to the CCG and further suggestions were made about seeking the views of families and Healthwatch.

The Director responded that she would give the views expressed by Commission Members to the meeting the next day of the Commissioning Collaborative Board.

AGREED:

- 1) that the Commission note the update; and
- 2) for a letter to be sent from the Commission to the Clinical Commissioning Group in support of maintaining the 25% threshold in the Settings of Care Policy.

47. REPEAT PRESCRIPTIONS AND PHARMACIES

Lesley Gant, the Head of Medicines Optimisation, Leicester City Clinical Commissioning Group (CCG) presented a briefing note to the Commission on repeat prescriptions and pharmacies. The responsibility for measuring the performance of pharmacies fell within NHS England, but Members heard that it was difficult to monitor whether the administration of prescriptions was carried out in a timely manner because there were no targets.

Ms Gant added that she had been asked whether it was preferable to locate pharmacies on the same site as the General Practitioner (GP) practice, but she was of the view that this was not necessarily preferable. There were pharmacies on site, but it could be seen that some people preferred to go elsewhere. It was important that people had a choice.

Members asked about the process for submitting a complaint and heard that pharmacies were obliged to display information advising people how to make a complaint. Pharmacists were not allowed to increase their revenue by withholding the repeat slip (the right hand side of the repeat prescription form) in order that the customer was obliged to go to them for their repeat prescription. Ms Gant said that they were aware that some pharmacies were withholding the repeat slip and this issue would be considered as part of the community engagement exercise currently being undertaken.

Concerns were raised about repeat prescriptions being sent by post, particularly to residents who lived in houses of multiple occupation (HMOs) because of the risk of the prescription being picked up by the wrong person. Members heard that complaints had been submitted to the General Pharmaceutical Council about 'Pharmacy2U' about this practice; however they were not doing anything illegal. A Member questioned whether the Commission could also write a letter to the General Pharmaceutical Council expressing concerns about postal prescriptions particularly in view of the number of HMOs in Leicester.

A Member expressed concern that pharmacies did not always communicate to the patient where a medicine or product was out of stock; a telephone call or a text message could save a wasted visit to the pharmacy. Ms Gant commented that often this was down to the staff in the pharmacy being very busy, and frequently the patient went in too soon to collect their prescription. Members questioned whether the patient understood that there would be a delay before the prescription would be ready and suggested that pharmacists needed to talk to the patient about this.

A Member expressed concerns that in some areas there were too many pharmacies while in other locations there were not enough. Ms Gant explained that the locations were reviewed every three years and was part of the current consultation.

In response to a query, Ms Gant explained that if a specialist nurse in a G.P. practice left, the responsibility for continuing to carry out assessments and issuing repeat prescriptions for patients with long term medical needs fell to the G.P. who employed them. G.P.s had a contractual Quality Outcome Framework and if those patients did not receive their reviews and assessments, the G.P. would not be meeting their framework.

In response to a query, Ms Gant explained that pharmacists had a system of alerts as to whether a patient was no longer requesting or receiving their repeat prescriptions, and they did talk to G.P.s about this, though those conversations may not always happen very quickly.

The Chair drew the discussion to a close and suggested that the recommendations arising from the community engagement exercise be shared with the Commission. Following that, Members would consider whether to write to the General Pharmaceutical Council expressing their concerns relating to postal prescriptions, particularly to residents who lived in HMOs.

AGREED:

- 1) that the report be noted:
- 2) that, the recommendations arising from the community engagement exercise be shared with the Commission, and following that, Members to decide whether to write to the General Pharmaceutical Council expressing concerns relating to postal prescriptions, particularly to residents living in houses of multiple occupation.

48. UPDATE ON INTEGRATED SEXUAL HEALTH SERVICES

The Director of Public Health submitted a briefing paper that provided an update on the integrated sexual health services across Leicester, Leicestershire and Rutland.

Councillor Clarke, Deputy City Mayor with responsibility for the Environment, Public Health and Health Integration introduced the briefing paper and explained that for social and financial reasons they were looking to move the service out of St Peters Health Centre. Consideration was being given to a new centre which would be both discreet and accessible, but he was not in a position to give any further details at the moment due to commercial sensitivities.

Liz Rodrigo, the Public Health Lead Commissioner provided an overview of the consultation, which included an extra consultation due to an under

representation of people from the Black and Minority Ethnic (BME) community. The Chair commented that she was pleased that the further consultation with the BME community had taken place. In respect of the consultation, a Member commented that she would have liked to have seen a breakdown of the responses along with some information as to where those people lived.

Concerns were expressed about confidentiality; people could go to St Peter's Health Centre for a number of reasons, not just to access the sexual health services. It was questioned whether instead of having a separate location just offering a sexual health service; the service could be offered from an NHS building. The Public Health Lead Commissioner responded that they had looked at this but their investigations had shown that there wasn't the space in any other NHS facilities. However, she added that people now were more open to issues around sexual health, but there was also the option for on-line kits for testing sexually transmitted infections.

A Member suggested that a suitable location for the sexual health service might be near the Blood Donor Centre on Vaughan Way; the Deputy City Mayor responded that they could check whether there was any suitable space there. Reassurances were sought that there would be a smooth transition to the new site. The Commission heard that the contract for the current site ended in December 2018 and the aim was to have the new site appropriately refurbished before then. The Deputy City Mayor said that he would like bring this issue back to scrutiny. He envisaged that there would be a visit to the preferred site and subject to the Chair's agreement, he would like the Scrutiny Commission Members to be invited. The Chair expressed the view that the Commission should support the Executive and officers in making this decision; there would be many issues to consider and she recognised that there may be some people who disagreed with the decision. A Member commented that the decision needed to be transparent. The Chair commented that she understood that there were commercial sensitivities around the decision to be made.

In response to a question about self- service machines, Members heard that the machines would be linked to the user's clinical records. In the beginning the machines would be on a site, such as a health centre, where they could be easily monitored. They could be moved out to more public places at a later date. People would have to register to use the machines and anyone under age would be directed to clinicians.

Members were asked to note that sex education had also been commissioned, which would take place in schools.

The Chair drew the discussion to a close and asked for Members to note the report and for an update on the new location to be brought back to the Commission.

AGREED:

- 1) that the report be noted: and
- 2) that an update on the new location of the sexual health service to

be brought back to the Commission.

49. UPDATE ON ORAL HEALTH IN LEICESTER.

The Director of Public Health submitted a report that provided an update on Oral Health in Leicester.

Members considered the report and the Chair congratulated officers on the work they had been doing to promote oral health in Leicester. It was noted that funding had been received from the Oral Health Promotion Partnership Board to improve oral health but the Chair expressed concerns as to what would happen when the funding ran out. The Director of Public Health advised that there were two oral health promoters who initially had been funded for two years, but they were now funded through the Public Health budget. The Director added that the oral health promoters gave very good advice, and if the strategy worked so well for oral health it could also help improve issues of childhood obesity.

It was noted that there had been a synchronised tooth brushing event in schools and a Member expressed a hope that this would continue and be looked upon as a fun event. It was noted that some nursery providers were unwilling to engage in that strategy because of concerns that, where there were two or three different nursery sessions per day, it would involve too much work.

A Member commented that there were awards for 'Green' schools and it would be good if an award for schools around oral health could also be given. The Deputy City Mayor responded that it might be possible to incorporate this into the work they were doing with schools around a food plan.

The Chair drew the discussion, to a close commenting that very good progress had been made. It was agreed that updates on the oral health in Leicester should be kept on the work programme.

AGREED:

that the report be noted and for future updates on oral health to be scheduled on the Commission's work programme.

50. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's work programme for 2017/18 . The Chair asked Members to note that a meeting of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Commission had been arranged for Monday 11 December 2017.

AGREED:

that the work programme be noted.

51. CLOSE OF MEETING

The meeting closed at 8.18 pm.