



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 5 DECEMBER 2019 at 5:30 pm

P R E S E N T :

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

Councillor March Councillor Dr Sangster

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

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40. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Aldred, Chamund and Westley.

41. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

42. MINUTES OF PREVIOUS MEETING

AGREED:

that the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 10 October 2019 be confirmed as a correct record.

43. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT THE PREVIOUS MEETING

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

The Chair reported on the outcome of recent meetings with traffic & highways regarding parking permits at hospital sites, including a proposal for two-hour permits for visiting health care providers and workers.

It was also reported that the consultation on the UHL plans were delayed due to recent communications deferring the Joint HOSC with the County Council. It was expected that the delay would mean that discussions would not commence for several months.

The following three items had been added to the work programme for future meetings:

- LLR Urgent & Emergency Care Transformation Plan
- Manifesto commitments
- Access to leisure services

44. CHAIR'S ANNOUNCEMENTS

The Chair reported that he had no other specific announcements as current issues were covered in subsequent agenda items.

45. PETITIONS

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

46. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statements of case had been submitted in accordance with the Council's procedures.

The Chair indicated that items would be considered out of the order listed in the agenda as follows:

47. PRESCRIBING - UPDATE ON THIRD PARTY ORDERING OF REPEAT PRESCRIPTIONS

Lesley Gant (Head of Medicines Optimisation) presented the report of the Leicester City CCG.

It was reported that the CCG had a team of experienced Clinical Pharmacists and Pharmacy Technicians that lead the Medicines Optimisation Agenda (also supporting GP practices to do so). This team also looked at the value that medicines deliver, making sure they are clinically effective and cost efficient, and safeguards the best use of the prescribing budget for the CCG. The report also defined the aims and importance of the Medicines Optimisation agenda at national, regional and local level.

Details of the current third party ordering and repeat prescription processes were reported including risks that had been recognised. In response to this issue it was reported that the CCG had reviewed the whole process of repeat prescription ordering as well as the management and patient self-care around repeat medication and long-term conditions.

The CCG has put forward to practices a number of recommended actions, which culminates in changes to third party ordering of prescriptions, as follows:

- Practices will be encouraged to undertake a review of current processes of repeat prescription management. This involves general housekeeping to ensure current systems are safe, appropriate and follow national and local best practice.
- Practices are encouraged to further promote and support the use of online services for patients to order their repeat medication, where they are able to do so, and provide patient training to facilitate this.
- Support greater use of electronic transfer of prescriptions (EPS) and Electronic Repeat Dispensing (eRD) (batch prescriptions for consistent repeat orders).
- The final stage of this process would be a carefully managed implementation programme to reduce patient reliance on third party ordering across Leicester City taking account of learning from areas where this has already being implemented.

Commission members were invited to ask questions and comment on the report and its findings.

Members referred to the concerns raised by constituents relating to the confusion they experienced, particular with the move to online services. It was noted that many vulnerable and elderly patients experienced problems. The issues concerning language gaps was also raised, it being noted that the support of some local pharmacies was crucial.

In response, reassurance was provided that paper prescriptions would continue to be available for vulnerable patients, and it was expected that the move to the electronic transfer would also benefit many vulnerable and elderly patients.

Initiatives including the availability of support packs to practices and increased mailshots to advise of the changes were reported and noted. The availability of information printed in various languages was also recognised. In respect of the consultation process and the number of respondents providing the sample information, it was noted that although 169 respondents seemed a low number, the CCG had been informed that this was a suitable level of response to help to inform future policy.

Comment was raised on the numbers of complaints that had been received to date and the need to support those affected by the proposed changes was emphasised, including the concerns raised by pharmacies. The CCG considered that the levels of comments and complaints were relatively low and that full consideration was given to the process in responding to and learning from comments.

The Assistant City Mayor (Health) was invited to comment. Councillor Dempster referred to the need to ensure effective training to pharmacy staff and GPs. She also expressed concern at the delays that may result in accessing the electronic system.

In reply it was reported that the training was provided as part of the national scheme and that many GPs and staff had supported the move to electronic services as it was in the practice interest to allow greater time for other patients. It was also noted that the information held electronically would ensure that harm could not be caused with the wrong medication being prescribed.

It was reported and noted that a number of actions are now being taken to support practices with implementation, including a communications campaign, updates to the CCG website, social media accounts, messages displayed via GP practice TV screens, and traditional media.

There would also be continued full dialogue with the Local Pharmaceutical Committee to ensure that all community pharmacy and other third party providers are aware of Scheme and support to member practices to help identify vulnerable patients who will still require help with ordering their prescriptions.

In conclusion, it was reported that the CCG had provided support from September 2019 and practices had been able to implement the initiative within their own timelines from October 2019, up until March 2020.

The Chair commented that members of the Commission would welcome any information on the proposed evaluation process before it was implemented.

AGREED:

- 1) That the report and update be noted,
- 2) That a further report on the evaluation be submitted to the Commission following implementation to March 2020.

48. 0-19 CHILDREN'S OFFER

The Director of Public Health submitted a report, which gave details of the 0-19 Healthy Child Programme, the key aspects of which were as follows:

- Commissioned by Public Health, on behalf of Leicester City Council.
- Based on a national specification, shaped by local need.
- Is an early intervention and prevention programme that is offered to every family with children and young people aged between 0-19 years living in Leicester city.
- Offers evidence-based developmental reviews, information and interventions to support the healthy development of children and young people.
- Provides support to children and young people in a confidential, visible, engaging and accessible way.
- Identifies levels of need and those who need more help will be provided with additional, evidence-based support, appropriate to their needs.

It was reported that the 0-19 Healthy Child Programme (0-19HCP) was known locally as Healthy Together and was delivered by the Families, Young People's and Children's (FYPC) Division of Leicestershire Partnership NHS Trust (LPT), who also deliver across Leicestershire and Rutland. It was also reported that Healthy Together is a high performing service with national performance data showing that the service delivered above the England average for Health Visiting metrics with the recent CQC inspection had rated the service as Good – Outstanding.

Clare Mills (Childrens Commissioner, Public Health) and Janet Houseman (LPT) gave a presentation outlining the details of the current provision, data and inspection statistics. The presentation also outlined key aspects of future proposals.

The Chair invited Commission members to comment on the report and presentation.

Members questioned the information concerning health visits and referred to individual experiences where visits had led to distress and anxiety. In response it was explained that the service was developing systems and processes that would improve the outcomes. Councillor March requested that information concerning the continuity of the service and health visits be forwarded to her, which was accepted by the LPT.

Further comments were made in regard to oral health and dentistry, obesity, and the perception of parents that they were being 'judged' by schools and health visitors.

It was accepted that further information on obesity with any data mapping would be useful for members. In respect of area mapping of data, the success of the recent Eyres Monsell breast feeding initiative was highlighted and it was

suggested that information on this, and any other similar community-based approaches to programmes could also be circulated to the Commission members by the LPT, together with any ethnicity breakdown.

In response to a further question it was agreed that any local data on the oral hygiene of children be circulated.

The demands on resources of all services was recognised and the issues of 'health literacy' were raised, with the work of the school nurses being cited as an example of good practice. It was noted that there were limits on the service and pressures were always evident on capacity to meet demands.

In conclusion, the Assistant City Mayor (Health) advised that as part of current legislation (Section 75 of the Act), a discussion would be held with the current provider of school nursing services and advised that the involvement of scrutiny would be key to that process.

AGREED:

- 1) That the report and update be noted and that a further update be submitted in due course, particularly concerning the provision of school nurses.
- 2) That in the interim the information concerning data mapping of dental health, obesity, ethnicity breakdowns and any information concerning community-based approaches be circulated to Commission members separately, with a view to specific reports on issues being submitted in due course.
- 3) That information concerning the continuity of health visitors work be circulated.

Councillor Sangster left the meeting at 7.10pm.

49. ALL-AGE MENTAL HEALTH TRANSFORMATION PROGRAMME

Gordon King (Director of Mental Health Services, LPT) and John Edwards (Associate Director of Transformation, LPT) gave a presentation to outline the key aspects of the Mental Health Transformation Programme.

It was noted that using best practice evidence, strong analysis and extensive co-design with partners and staff, an overhaul of the mental health system had been proposed to deliver direct access and be more responsive. The revised system would be aligned towards integration in the community to tackle long waits and to standardise processes and to increase facilitated discharge.

In terms of the next steps, it was reported that engagement with public and stakeholders around the whole co-designed plan in early 2020.

A targeted engagement would be part of each change and the implementation programme would increase in size and pace across 2020 and beyond to 2022 and would maintain the involvement of service users and carers

The Chair requested that the Commission be kept informed of developments throughout the consultation process to ensure proper scrutiny of the programme.

Commission members commented on the initial programme and made comments concerning bed numbers and it was reported that the number and availability of beds was unchanged, but the programme led to an improved method of managing the movement of patients through the process. It was accepted that the strategic business case concerning pathways would be submitted in due course.

The Assistant City Mayor (Health) welcomed the initiative to involve partners in the discussion on the transformation programme and suggested that wider representatives of the Adult Social Care arena could be included. This view was supported by Healthwatch.

AGREED: That the presentation be noted and that further updates be submitted to the Commission in due course.

50. STRATEGIC OUTLINE CASE FOR THE REBUILD OF THE BRADGATE UNIT

Further to the presentation and debate at Minute 49 above, Gordon King (Director of Mental Health Services, LPT) circulated a briefing paper which provided an update on the Strategic Outline Case for the new-build mental health inpatient unit at the Bradgate Unit.

AGREED: That the briefing paper be noted.

51. PUBLIC HEALTH CONTRIBUTION TO SPACE STANDARDS

The Director of Public Health submitted a report, which provided a view on factors that make for healthier homes and neighbourhoods and the specific role of residential space standards. The report also provided details of collaboration between the Public Health and Planning Departments, in respect of residential space standards.

In terms of the ongoing liaison with the Planning Departments it was confirmed that the public health concerns of over-crowded accommodation had been considered in the new draft Local Plan.

The importance of adequate space to address mental health issues had also been highlighted.

The Chair reminded the Commission of the historical issue of space standards and commented on previous negotiations and discussions with property developers on the subject. It was noted that the draft Local Plan would be considered by the Commission at its next meeting on 30 January 2020.

AGREED: That the report and position be noted.

52. WORK PROGRAMME

The Commission's Work Programme was submitted for information and comment.

AGREED: That the Work Programme be noted and the progress on those items listed at Minute 43 above be added.

53. CLOSE OF MEETING

The meeting closed at 8.00pm.