

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 25 February 2015.

PRESENT

Dr. S. Hill CC (in the Chair)

Mrs. J. A. Dickinson CC  
Dr. T. Eynon CC  
Dr. R. K. A. Feltham CC  
Mr. W. Liquorish JP CC

Mr. J. Miah CC  
Mr. M. T. Mullaney CC  
Mr. J. P. O'Shea CC  
Mr. R. J. Shepherd CC

In attendance

Mr E F White CC, Cabinet Lead Member for Health  
Rick Moore, Chairman of Healthwatch Leicestershire  
Kate Allardyce, Performance Manager, GEM Commissioning Support Unit (minute 67)  
Kate Shields, Director of Strategy, UHL (minute 69)  
Mary Barber, Better Care Together Programme Director (minute 70)

60. Minutes.

The minutes of the meeting held on 21 January 2015 were taken as read, confirmed and signed.

61. Question Time.

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

62. Questions asked by members under Standing Order 7(3) and 7(5).

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

63. Urgent Items.

There were no urgent items for consideration.

64. 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.

Dr T Eynon CC declared a personal interest in all items on the agenda as she was a salaried GP.

Mrs J A Dickinson CC declared a personal interest in all items on the agenda as she was a member of the Leicestershire Partnership NHS Trust Shadow Council of Governors and she had a relative employed by the University Hospitals of Leicester NHS Trust.

Mr J Miah CC declared a personal interest in all items on the agenda as he had relatives employed by the University Hospitals of Leicester NHS Trust.

65. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

66. Presentation of Petitions under Standing Order 36.

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

67. Quarterly Performance Report.

The Committee considered a report of the Chief Executive and Greater East Midlands (GEM) Commissioning Support Performance Service which provided an update on performance against current performance priorities set out in the Health and Wellbeing Strategy and Commissioner Performance Frameworks, based on data available at the end of quarter three 2014/15. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The University Hospitals of Leicester NHS Trust (UHL) had given assurance that the Referral to Treatment target would be achieved by the end of March. A significant amount of work had been undertaken to reduce the backlog of patients and alternative providers had also been sourced for some difficult to treat areas. GEM Commissioning Support Unit had benchmarked UHL against its peers and found that its performance was similar to them. The Committee highlighted the importance of continuing to challenge poor performance regardless of benchmarking results.
- (ii) The dementia diagnosis rate target related to the cohort of patients for each GP practice who were expected to have dementia. The target was for 67% of these patients to be identified and recorded on a register. Performance had improved as a result of financial incentives but was still below the target.
- (iii) Performance for children's oral health was not as good as expected for Leicestershire, when compared with performance against other Public Health indicators.
- (iv) Concern was expressed that targets for ambulance response times were still not being achieved. It was noted that EMAS would be attending the next Health Overview and Scrutiny Committee meeting and that this issue could be raised with officers at that point.

RESOLVED:

That the performance summary, issues identified this quarter and actions planned in response to improve performance be noted.

68. One Week at the Leicester Royal Infirmary.

The Chairman of Healthwatch Leicestershire gave an oral presentation regarding the week spent by Healthwatch at the Leicester Royal Infirmary. Healthwatch volunteers met just under 300 patients and staff in the following areas:-

- Ear, Nose and Throat;
- Ophthalmology;
- Discharge;
- Accident and Emergency.

The following key issues were identified during the course of the week:-

- Waiting times were a point of frustration;
- There was a lack of clear information;
- Communication could be an issue, particularly with regard to patients being told what was happening;
- There could be a wait for pain relief before treatment;
- The high level of demand for x-rays;
- Car parking;
- Concerns that carers were not able to accompany patients into single sex areas unless they were the same gender as the patient.

It was also reported that 41 percent of patients attending Accident and Emergency had tried to get help elsewhere first. Members were pleased to note this as it demonstrated that patients tried to use the system appropriately.

Patient experience was overwhelmingly positive; for those who were not satisfied waiting times were the single biggest issue. Members welcomed this as well as the helpful and open attitude of UHL staff to Healthwatch.

The report from Healthwatch would be submitted to the Health and Wellbeing Board and then shared with UHL. The Committee was advised that UHL welcomed information relating to the patient perspective and was open to suggestions for improvement.

RESOLVED:

That the findings of Healthwatch's visits to the Leicester Royal Infirmary be welcomed.

69. The Future of Intensive Care at University Hospitals of Leicester.

The Committee considered a report from the University Hospitals of Leicester NHS Trust (UHL) which set out plans for all level three intensive care services to be provided by the Leicester Royal Infirmary and Glenfield Hospital and for intensive care at the General Hospital to become a High Dependency Unit (level two service). A copy of the report marked 'Agenda Item 10' is filed with these minutes.

The Chairman welcomed Kate Shields, Director of Strategy at UHL, to the meeting for this item.

Arising from discussion the following points were raised:-

- (i) The development of a regional intensive care transport service would build on the extracorporeal membrane oxygenation (ECMO) service at the Glenfield Hospital.
- (ii) It was not expected that the overall number of intensive care beds would need to increase.
- (iii) It was hoped that the Glenfield Hospital would become a centre of excellence for cardiac, vascular, thoracic and respiratory services. The intensive care unit would therefore be focused on this cohort of patients whereas the unit at the Leicester Royal Infirmary would respond to issues arising from acute hospital presentations.

RESOLVED:

- (a) That the future of Intensive Care Services, as aligned to the blueprint for Health and Social Care in Leicestershire, Leicester and Rutland 2014-19 be noted;
- (b) That this Committee is of the view that the proposals to consolidate level 3 Intensive Care Services at the Leicester Royal Infirmary and the Glenfield Hospital are significant and as such constitute a 'substantial variation' which would normally need to be the subject of formal consultation;
- (c) That this Committee, having considered the outline of the proposals set out in (a) above is of the view that such changes would, if fully implemented as described, improve patient experiences and outcomes and, in view of this, agrees that it would not be in the interest of people of Leicestershire for it to insist upon formal consultation as this would divert resources away from the project team charged with the delivery of these necessary changes, therefore waives its right to be formally consulted on condition that the UHL Trust undertakes to:-
  - (i) provide the Committee with a detailed project plan for the relocation of services;
  - (ii) provide regular updates on the progress of works and any variations to the plans; and
  - (iii) to meet with the Committee or its representatives if there are any concerns raised by members of the Committee about the implementation of the proposals.

70. Leicester, Leicestershire and Rutland Five Year Strategic Plan 2014-19.

The Committee considered a report from the Director of Adults and Communities and a presentation which set out the Better Care Together Strategic Outline Case and Programme Initiation Document to support the Leicester, Leicestershire and Rutland Five Year Strategic Plan 2014-2019 for health and social care services. A copy of the report marked 'Agenda Item 11' and the slides forming the presentation is filed with these minutes.

The Chairman welcomed Mary Barber, Programme Director for Better Care Together, to the meeting for this item.

Arising from discussion the following points were raised:-

- (i) One of the major risks to delivery of the Better Care Together programme was workforce, both in terms of changing the setting in which people worked and also whether there was sufficient capacity. To mitigate this, a Workforce Development

Group had been established to map workforce needs over the five years of the strategy and to work with educational establishments to ensure that training was matched to the future needs of the system.

- (ii) Predicted population increases had been taken into account, particularly the expected increase in the elderly population in Leicestershire and the impact this would have on staffing levels for services. Once strategic outline business cases were in place for specific projects workforce capacity would be revisited.
- (iii) There was evidence to support the assertion that care closer to home improved quality. The King's Fund had data which demonstrated that people in hospital deteriorated more quickly than those at home and that, given the right support, 27 percent of people did not need to be in hospital. This then led to an assumption that the size of the acute setting could be reduced, thus making a financial saving. The Strategic Outline Case for the Better Care Together Strategy needed to focus on financial savings rather than improvements in quality of care in order to satisfy NHS England and the Trust Development Authority, who would have to make a financial commitment to fund the changes outlined.
- (iv) Concern was expressed that the Strategic Outline Case had not been scrutinised by any experts in health policy. However, the Committee was assured that clinical scrutiny was provided by the Clinical Reference Group and that Public Health Officers provided an independent check and balance to proposals. External scrutiny was provided by the Department of Health as well as this Committee. Ernst and Young was also part of the external scrutiny process. Members were welcome to meet with the Programme Director if they wished to discuss the proposals in more detail.
- (v) The risks posed to the Better Care Together programme by service reductions in Adult Social Care had been identified. A report would be submitted to the next meeting of the Better Care Together Chief Officers Group providing more details in relation to this matter.
- (vi) The reduction in numbers of beds in acute settings would commence this financial year, subject to an increase in the use of Community Health Services delivering the required changes to the setting in which patients were treated. The Committee was assured that if the increase in Community Health Services did not result in a reduction in the number of inpatients in acute wards then the number of beds would not be reduced.

RESOLVED:

- (a) That the Better Care Together Strategic Outline Case and Programme Initiation Document be noted;
- (b) That the Programme Director be asked to provide regular updates to the Committee on the implementation of the Better Care Together Five Year Strategic Plan.

71. Improving the Urgent Care System in Leicester, Leicestershire and Rutland: Focus on Discharge.

The Committee considered a report of the Director of Health and Care Integration which provided an update on progress being made to improve the urgent care system across

Leicester, Leicestershire and Rutland. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

It was felt that the 'left shift' of moving services out of acute settings into the community should include pharmacies as well as primary and community health services. The Committee was advised that the better Care Fund had taken a whole system approach to the providing of health and care which included initiatives such as housing officers working with hospital discharge teams. The Choose Well national campaign which included appropriate use of self-care and pharmacies as well as the more traditional health services had also been promoted locally.

RESOLVED:

That the progress being made to improve the urgent care system across Leicester, Leicestershire and Rutland be noted.

72. Date of next meeting.

It was noted that the next meeting of the Commission would be held on 10 June at 2.00pm.

2.00 - 3.50 pm  
25 February 2015

CHAIRMAN