Leicestershire County Council

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 9 September 2015.

PRESENT

Dr. S. Hill CC (in the Chair)

Mrs. R. Camamile CC	Mr. J. Kaufman CC
Dr. T. Eynon CC	Mr. W. Liquorish JP CC
Dr. R. K. A. Feltham CC	Mr. A. E. Pearson CC
Mr. D. Jennings CC	Mr. S. D. Sheahan CC

17. In attendance.

Mr. E. F. White, Cabinet Lead Member for Health;
Mary Barber, Director of Better Care Together (Minute 25 refers);
Jane Chapman, Chief Strategy and Planning Officer, East Leicestershire and Rutland CCG (Minute 25 refers);
Caroline Trevithick Chief Nurse and Quality Lead, West Leicestershire CCG (WLCCG) (Minutes 25 and 26 refer);
Andy Donoghue Property Services Regional Programme Manager NHS Property Services (Minute 25 refers);
Toby Sanders Managing Director, West Leicestershire CCG (Minute 26 refers);
Dr. Nick Wilmott Urgent Care Lead, West Leicestershire CCG (Minute 26 refers);
Jude Smith, Head of Nursing from LPT (Minute 26 refers);
Dr. Satheesh Kumar, Medical Director, Leicestershire Partnership NHS Trust (Minute 28 refers);
Michelle Churchard – Smith, Head of Nursing for Adult Mental Health and Disability Services (Minute 28 refers);
Andrea Clarke, Senior Communications and Engagement Manager, Greater East Midland Commissioning Support Unit (Minute 32 refers);
Kate Allardyce, Performance Team (Leicestershire and Lincoln) Greater East Midland Commissioning Support Unit;
Semina Makhani, Consultant in Dental Public Health NHS England (Minute 32 refers);
Razia Noormahomed, Support Contract Manager from NHS England (Minute 32 refers);
Dr. Barbara Kneale representing Ashby Civic Society (Minute 26 refers).

18. Minutes of the meeting held on 10 June 2015.

The minutes of the meeting held on 10 June were taken as read, confirmed and signed.

19. Question Time.

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

20. 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).

21. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.

There were no urgent items for consideration.

22. 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 a salaried GP.

There were no other declarations.

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

There were no declarations of the party whip.

24. Presentation of Petitions under Standing Order 36.

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

25. Better Care Together Update.

The Committee considered a report of the Better Care Together (BCT) Partnership which provided an update on plans and progress of the programme in relation to community health services, the engagement process in relation to the future of Hinckley Hospital, a summary of the East Leicestershire and Rutland strategy, and described the link between the University Hospitals Leicester's (UHL) recent strategy and BCT community proposals. A copy of the report marked "Agenda Item 8" is filed with these minutes.

The Committee also noted that a representation had been received from Mrs Baker asking members to challenge a number of issues during the debate on this item. A copy of the representation is filed with these minutes.

The Chairman welcomed Mary Barber, the Director of Better Care Together, Jane Chapman Chief Strategy and Planning Officer from East Leicestershire and Rutland CCG (ELRCCG), Caroline Trevithick Chief Nurse and Quality Lead from West Leicestershire CCG (WLCCG) and Andy Donoghue Property Services Regional Programme Manager from NHS Property Services, to the meeting for this item.

Arising from discussion the following points were raised:-

Community Services Offer

(i). Plans were in place to increase provision in primary care through the creation of primary care hubs which would bring specialists together and be large enough to undertake some minor surgery procedures.

(ii). The difficulties in measuring avoided admissions were acknowledged. However, there was evidence that, if there was a service that a frail elderly person could call in a crisis, this would avoid the crisis becoming extreme and resulting in the person being admitted to hospital. This was the aim of the new crisis response service,

which had had some success to date, although not as much as expected. The service was currently being reviewed to see if it could be scaled up further.

(iii). In order to provide specialised multi-disciplinary care, community hospitals would need to provide diagnostics facilities such as x-rays, specialist nurses and clinical oversight. In addition single site wards could be challenging in terms of inflexibility in staffing arrangements, and lack of specialist equipment which might be needed should a patient deteriorate, such as an x-ray machine, resulting in the need to transfer the patients to an alternative site.

(iv). Treating Patients in their own home rather than a hospital meant that staff would need different skills. In particular, they would need to be comfortable with working alone in a one-to-one setting with the patient. Patients would also need to be comfortable with the arrangements. Quality of care would be measure robust, using the same metrics as the Intensive Community Support Services.

Hinckley Community Hospitals

(v). Over last 18 months WLCCG had been engaging with patients, carers and staff to co-design the planned and urgent are for Hinckley. Consideration was particularly being given to Hinckley District Hospital and whether an alternative setting to deliver outpatient services was needed. The Committee was advised that a public meeting was to take place on 5 October to inform the consultation process further.

ELRCCG – St. Luke’s – Market Harborough

(vi). East Leicestershire and Rutland CCG had worked well in Rutland to develop an integrated care model where nursing and social care staff worked with GPs to identify the holistic needs of patients. It was hoped to roll this out to Leicestershire as it linked well to the County Council’s model of locality working. The Committee welcomed the concept of care that was wrapped around the patient, but recognised the challenges involved in assessing patients and ensuring that they accessed the right service first time.

(vii). The strategy formed part of a national recruitment to publish a two year plan. However, improvements would continue beyond 2016 and the strategy was seen by ELRCCG as a foundation for the future. It was not intended that the number of beds in community hospitals would be reduced but the strategy proposed a different model which would use the services more efficiently.

(viii). With regards to St. Luke’s hospital in Market Harborough, it was noted that discussions regarding the legal basis of occupation had concluded and that the cost of indemnity insurance would be met by both the CCG and the tenants. NHS Property Services was now able to answer the contract and work would begin on site on 30 November.

The Committee was pleased to note the desire for change across the health and care services. However, it would be important to keep monitoring the changes to ensure that they did not destabilise the local health and care economy, and that services continued to be safe for patients. The timescales were challenging but officers were confident that change would happen and that lessons would be learnt on an ongoing basis.

RESOLVED:

That the report be noted.

26. Implementing "Fit for Future": A Review of Community Health Services in Ashby.

The Committee considered the following documents which had been submitted in relation to these matters:-

- A report, marked “Agenda Item 9” from WLCCG and LPT which summarised the process which led to the decision to close Ashby and District Community Hospital and updated the Committee with regard to the plans for its implementation.
- A report, marked “Agenda item 10” from the Ashby Civic Society which presented representations made to the Committee with regard to the closure of Ashby District Hospital.
- A supplementary agenda pack which included further representations received from the local members and members of the Ashby Civic Society.
- A Power Point presentation from Dr Barbara Kneale summarising the concerns of the Ashby Civic Society.

A copy of the documents listed above is filed with these minutes.

The Chairman advised that this matter had been included on the agenda at the request of Ashby Civic Society who had raised concerns about the proposed closure of Ashby District Hospital and the consultation process leading to the decision to close. Ashby Civic Society was requesting the Committee to consider a referral of this matter to the Secretary of State for Health.

The Committee was advised that the legal grounds for referral to the Secretary of State were as follows:-

(a) If the consultation had been inadequate in relation to the content or the amount of time allowed;

(b) If the proposal was not in the interests of the health service in its area.

The Chairman welcomed to the meeting the following people who were attending to speak on this item:-

Toby Sanders Managing Director, West Leicestershire CCG; Caroline Trevithick Chief Nurse and Quality Lead, West Leicestershire CCG; Dr. Nick Wilmott Urgent Care Lead, West Leicestershire CCG; Jude Smith, Head of Nursing LPT and Dr. Barbara Kneale representing Ashby Civic Society.

In introducing the report from West Leicestershire CCG and LPT, Toby Sanders emphasised:-

- The clear need for health and care services to change, so that integrated community services were available and patients could, where possible, be supported in their own home.

- A need for accessible and appropriate services for inpatients. Although both WLCCG and LPT took seriously the feedback that they received, there was also a need to consider the best outcomes for patients, particularly those vulnerable, frail and elderly, future needs and available resources.

- The closure of Ashby District Community Hospital was in line with the vision set out in the Better Care Together Programme. Alternative Services were put in place

before the inpatient ward closed and the outpatient services would continue to be provided at the hospital until alternative provision was secured.

Dr. Barbara Kneale outlined the key concerns of the Ashby Civic Society which were as follows:-

- The proposal was not evidence based, proper consultation and engagement had not been carried out, the hospital was fit for purpose, there was no long-term planning and patient care and safety would be put at risk;
- The proposal was discriminatory given the geographical locations of alternative provision and would have a particular impact on frail, elderly patients;
- The ability of LPT and WLCCG to manage the situation.

In the ensuing discussion the following points were made:-

<u>The Interests of the Health Service in the Area</u>

(i). The role of the CCG Boards was to satisfy itself that services were safe and where services were decommissioned, that alternatives were in place. The Board had considered all available data in coming to a decision.

(ii). With regards to the closure of the inpatient ward, it was confirmed that the alternative services, the intensive community support service, the virtual ward and the night nursing service all had capacity. Since the ward had closed there had not been evidence of patients not receiving care. Indeed the pattern of where patients were accessing services was the same now as before the ward was closed.

(iii). The quality of alternative services provided in place of the inpatient service at Ashby District Hospital was tested through patient and carers feedback. Based on the level of incidents, such as pressure ulcers and falls, and the number of complaints, the CCG officers confirmed they were satisfied with the quality of services.

(iv). Prior to closure, Ashby District Hospital had only had a single inpatient ward, which did not allow for flexibility in the staffing arrangements, for example if a patient deteriorated.

(v). With regard to the concern that patients from Ashby now had to travel further if they required inpatient services, the Committee was assured that the aim of the discharge process was to get people back in their own home and where this was not possible, to place them as close to home as possible in order to mitigate issues relating to distance.
The Committee was also advised that prior to closure of inpatient services at Ashby District Hospital, Ashby patients discharged from acute hospitals tended to go to Coalville Community Hospital. A discharge of quarterly data including delayed transfers of care was compiled for the LE65 post code. Over the last two quarters this had shown a reduction in delayed transfers of care.

(vi). It was acknowledged that public transport from Ashby to the nearest community hospitals in Coalville and Loughborough was not ideal but felt that access to the right treatment in a safe setting was more important than having a local hospital.

Consultation

(vii). It was noted that, although the consultation on the future of the Ashby District Hospital had only included two formal meetings, many other meetings had also taken place with interested groups. The CCG and LPT had found multiple ways of going out to talk to the public, such as at local supermarkets or on one-to-one basis. The aim had been to go out to people rather than make them come to public meetings.

(viii). Although the consultation had closed in April 2014, the CCG was still listening to the views of people in the Ashby area. This had included considering a petition against the closure of the hospital at a public board meeting where the CCG had noted the strength of feeling but agreed that the decision to close the hospital was the right one.

(ix). Concern was expressed that the CCG had been invited to attend a meeting by the Ashby Civic Society in early 2015 but had not done so. The CCG made the decision not to attend as they had been working with the Ashby Civic Society on a market-place event that was open to the public for them to review all health services available in Ashby. Based on the joint working that had taken place to develop the outcomes for this event, the CCG decided not to attend the separate meeting.

(x). With regard to the view of the Ashby Civic Society, that the consultation was insufficient, the Committee was assured that the CCG's view was that the consultation was adequate. The CCG had used expertise from the Greater East Midland Commissioning Support Unit and learnt from previous consultation process such as moving the Loughborough walk-in centre. It was acknowledged that improvements could have been made to the process and that lessons would be learn before public consultation was carried out on the future of community health services in Hinckley. However, the consultation was felt by the CCG to be sufficient to identify the range of views in the area and allowed an informed decision to be taken. Subsequent feedback had not identified any issues that had not been raised during the consultation.

The Chairman then invited Rick Moore, Chairman of Healthwatch Leicestershire to state the position of Healthwatch on the matter. Mr. Moore advised that Healthwatch had been invited to support the Ashby Civic Society's campaign. However, Healthwatch had decided that it was not appropriate to take sides. It did however scrutinise the consultation process and was satisfied that whilst improvements could be made, it had been appropriate.

It was moved by the Chairman and seconded:-

(a) That this Committee notes:-

(i) The information now provided by the West Leicestershire Clinical Commissioning Group concerning the consultation it has undertaken in relation to Ashby Hospital and plans to meet the needs of patients in that locality;

(ii) The concerns now expressed by the Ashby Civic Society and others at the proposed closure of Ashby Hospital including their request that the matter be referred to the Secretary of State for Health;

(b) That this Committee having considered the information now provided concludes that a referral to the Secretary of State is not appropriate and in all probability unlikely to succeed;

(c) That this Committee requests the West Leicestershire Clinical Commissioning Group to have regard to the concerns raised during the debate and seek to ensure that as part of this and the Better Care Together implementation plan community based services are provided for patients as close to home as safely possible.

The motion was put and carried eight members voting for the motion and none against.

27. Community Health Services in Ashby: Representations made by the Ashby Civic Society.

This item was considered under item 9 above.

28. Results of Care Quality Commission Inspection at Leicestershire Partnership NHS Trust.

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) which provided an update on the findings of the Care Quality Commission (CQC) inspection carried out in March 2015, and actions planned to improve the “requires improvement” rating received. A copy of the report marked “Agenda Item 11” is filed with these minutes.

The Chairman welcomed Dr. Satheesh Kumar, Medical Director and Michelle Churchard-Smith, Head of Nursing for Adult Mental Health and Disability Services from LPT to the meeting for this item.

Arising from discussion the following points were raised:-

(i). A number of the concerns which had resulted in an “inadequate” rating for patient safety related to the environment of inpatient mental health wards. The Committee emphasised the importance of having an environment for patients which was safe and fit for purpose. The majority of issues raised by the CQC had been resolved. Outstanding issues included remaining ligature parts from ceiling hatches, which had taken longer due to the conflict with health and safety legislation and remaining mixed sex toilets. Seclusion zones had been reviewed and a lot of improvements identified.

(ii). Concern was expressed that issues relating to patient safety, particularly the Bradgate Unit, had been identified a number of years ago and had not yet been resolved. LPT acknowledged that the rating of “inadequate” was disappointing but assured the Committee that improvements had been made since the warning notice was issued by CQC in 2013. This had covered a wide range of issues and concerns now only related to the environment and staffing levels. Difficulties in recruitment had been the subject of a previous report to the Committee. An immediate plan was in place to achieve safe staffing levels. The new Mental Health Code of Practice had set high standards for inpatient services and LPT was now working towards meeting these.

(iii). Members recognised the effort that LPT was putting into improving its services and were pleased to see the drive for continuous improvement. It was suggested that data driven evidence to demonstrate this drive should be produced and made publically available.

RESOLVED:

(a) That the report be noted;

(b) That Leicestershire Partnership Trust be requested to submit a report to a future meeting of the Committee setting out progress against the action plan arising from the Care Quality Commission Action Plan including progress with developmental actions to ensure continuous improvement in the work of the Trust.

29. Re-procurement of Community Substance Misuse Treatment Services.

The Committee considered a report of the Director of Public Health which sought its views on the final model for the re-procurement of Community Substance Misuse Treatment Services across Leicestershire and Leicester City. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

The Committee fully supported the proposal for an integrated substance misuse treatment service across Leicestershire and Leicester City, with the potential to collaborate with Rutland Council at a future date. The Committee also welcomed the inclusion of the Office of the Police and Crime Commissioner in the commissioning of the new service model.

It was suggested that consideration should be given to the co-location of the community spokes with other community services such as libraries or the Increasing Access to Psychological Therapies (IAPT) service. This would support the recovery of service users by providing access to new social networks.

It was confirmed that, if a particular hotspot for substance misuse was identified, the model would have sufficient flexibility to respond to the needs of that community. It was also noted that lessons learnt from a review of deaths caused by substance misuse in the past year had been reported to the Leicester, Leicestershire and Rutland Substance Misuse Clinical Network and would be considered in the specification of the new service.

RESOLVED:

(a) That the proposed service model for an integrated substance misuse treatment service across Leicestershire and Leicester City be supported;

(b) That the comments made at this meeting be submitted to the Cabinet for consideration at its meeting on 11 September.

30. Oral Health of Five Year Olds.

The Committee considered a report of the director of Public Health, providing members with an overview of child oral health in Leicestershire and an update on public health activity around oral health promotion and the oral health survey. A copy of the report marked "Agenda Item 13" is filed with these minutes.

Arising from discussion, the following points were raised:-

(i). The water supply in Leicestershire did not contain fluoride, although 170 households which received their water supply from South Staffordshire did have fluoride in the water. There was evidence to show that fluoride in the water reduced tooth decay, however it was costly to implement and given the size of the area served by the same water supply, would require the co-operation of a number of other local authorities.

(ii). Exposure to sugar and sugary drinks was part of the reason for tooth decay in children. The Public Health Team had commissioned a piece of insight work to find

out all the reasons for tooth decay so that health promotion activity could be treated appropriately.

(iii). The Public Health Team worked with all professionals who worked with parents to promote oral health. The Team was trying to move away from traditional healthcare settings and had, for example, worked with the “wriggly readers” sessions held in libraries. It was suggested that oral health promotion should also be linked to where parents purchased toothbrushes.

RESOLVED:

That the report and the information now given be noted.

31. Quarterly Performance Report.

The Committee considered a joint report of the Chief Executive and Greater East Midlands Commissioning Support Performance Service (GEM), which provided an update of performance at the end of quarter one of 2015-16. A copy of the report marked “Agenda Item 14” is filed with these minutes.

Arising from discussion members were advised as follows:

(i). The Committee requested that future reports include more detail on performance relating to the numbers of adults in contact with secondary mental health services and not in settled accommodation. It was also felt that the increase in emergency admissions was an area of concern that the Committee needed to keep abreast of.

(ii). With regard to physical activity, concern was expressed that initiatives were not joined up across partners, for example, LPT had developed Move it Boom!, a one off initiative, without the involvement of Public Health or the County Sports Partnership. It was felt that this was a missed opportunity for working together.

RESOLVED:

(a) That the performance summary, issues identified this quarter and actions planned in response to improve performance be noted;

(b) That the officers be requested to include the data units for each indicator in future reports to the Committee.

32. Review of Dental Health Service.

The Committee considered a report of NHS England Central Midlands, which provided members with an opportunity to respond to the dental consultation and pre-engagement process being undertaken in Leicester Leicestershire and Rutland (LLR) and Lincolnshire to inform dental procurement programmes in 2016. A copy of the report marked “Agenda Item 15” is filed with tis minutes.

The Chairman welcomed Andrea Clarke, Senior Communications and Engagement Manager from GEM, Semina Makhani, Consultant in Dental Public Health and Razia Noormahomed, Support Contract Manager from NHS England.

(i). It was noted that the highest numbers of patients accessing urgent dental care in the County came from Coalville and Market Harborough. It was suggested that consideration be given to siting one of the 8 to 8 centres in one of those towns. However, members were advised that there were already two dental practices

offering urgent care in Coalville so this might not be appropriate. Site choice would be based on factors such as transport facilities and what else was available in the area.

(ii). Members queried how seldom heard groups would be engaged with during the consultation, as they were most likely to require urgent dental treatment. This would be achieved through making the consultation available at the Dental Access centre, assuring contacts for seldom heard groups to cascade the information and asking GPs to publicise it.

(iii). Members were pleased to note that people with severe dementia were treated by special care dentistry and suggested that this should be clarified in the documentation.

RESOLVED:

(a) That option 2, "8am to 8pm service providing NHS urgent and routine dental care in two locations" be supported;

(b) That officers be requested to produce a formal response to the consultation on urgent dental care and forward it to NHS England Central Midlands.

33. Dates of future meetings.

RESOLVED:

It was noted that the next meeting of the Committee would be held at County Hall on 11 November at 2pm.

2.00 - 5.40 pm
09 September 2015

CHAIRMAN