

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 11 November 2015.

PRESENT

Dr. S. Hill CC (in the Chair)

Mrs. R. Camamile CC
Mrs. J. A. Dickinson CC
Dr. T. Eynon CC
Dr. R. K. A. Feltham CC

Mr. J. Kaufman CC
Mr. W. Liquorish JP CC
Mr. J. Miah CC
Mr. A. E. Pearson CC

In attendance.

Mr. E. F. White CC, Cabinet Lead Member for Health;
Rick Moore, Chair of Healthwatch Leicestershire;
Tim Sacks, Chief Operating Officer from East Leicestershire and Rutland CCG (ELRCCG) (Minute 43 refers);
Ian Potter, Head of Primary Care Delivery from West Leicestershire CCG (WLCCG) (Minute 43 refers);
Martin Watts; General Manager Ophthalmology Service, University Hospitals of Leicester (UHL) (Minute 44 refers);
Kate Shields, Director of Strategy UHL (Minutes 45 and 46 refer);
Giuseppe Garcea, Consultant Surgeon UHL (Minute 45 and 46 refer).

34. Minutes.

The minutes of the meeting held on 9 September 2015 were taken as read, confirmed and signed.

35. Question Time.

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

36. 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).

37. Urgent items.

There were no urgent items for consideration.

38. 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.

The following declarations were made:-

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

Mrs J. A. Dickinson CC declared a personal interest in all items on the agenda as she had a relative employed by the University Hospitals of Leicester NHS Trust, and a personal interest in the Ophthalmology Action Plan, as a current service user (minute 44 refers).

Dr. R. K. A. Feltham CC declared a personal interest in the Congenital Heart Centre at University Hospitals of Leicester NHS Trust (minute 45 refers) as a part-time employee of Northampton General Hospital 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.

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

There were no declarations of the party whip.

40. Presentation of Petitions under Standing Order 36.

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

41. Annual Report of the Director of Public Health.

The Committee considered the Annual Report of the Director of Public Health for 2015. The focus of the report was on the role of communities in supporting health and wellbeing, which would become increasingly important over the next few years as public services across Leicestershire faced very difficult financial challenges. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

Arising from consideration of the report the following comments were made -

- (i) Developing community capacity was vital to the Council's strategy to reduce demand. In this regard comments were made on the need for the Council and partners to support the development of local networks so as to build resilience;
- (ii) Timebanking offered opportunities to promote volunteering and consideration should be given to greater promotion of this, and to responding more promptly to people wishing to register;
- (iii) Local area coordinators would play a key role in supporting and galvanising community action;
- (iv) Greater use of social media should be explored as a means of promoting the advantages of volunteering;
- (v) The development of credit unions in the Hinckley and Bosworth area aimed to help tackle poverty. Credit unions had been referenced in the report of the Bishop of Leicester's Poverty Commission.

Members welcomed the report and its focus and asked the Council and statutory partners to work more closely together, noting good work already taking place with the CCGs and Leicestershire Partnership NHS Trust.

RESOLVED:

- (a) That the Annual Report of the Director of Public Health be welcomed;

- (b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 18 November 2015.

42. Unified Prevention Board Update.

The Committee considered a report of the Director of Public Health which provided an update on the work undertaken by the Unified Prevention Board, including examples of successes achieved to date. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

The Committee welcomed the developments outlined in the report, in particular the Local Area Coordinator (LAC) pilot which had been very well received in those communities where it was operating. It was expected that the LAC project would support the development of existing assets within communities.

The Committee was also pleased to note the expansion of the 'First Contact' project to include support with lifestyle behaviours such as smoking and physical activity. However, concern was expressed that, by rebranding the project as 'My Health My Life', there could be a loss of association with the project, particularly by busy service providers such as GPs. Members suggested that the project be named 'First Contact Plus' to ensure continuity for everyone used to the existing system.

RESOLVED:

(a) That the report be noted;

(b) That the Director of Public Health be asked to consider renaming the 'My Health My Life' project 'First Contact Plus' to ensure continuity of association with this well-established project.

43. Seven Day Working.

The Committee considered a joint report of West Leicestershire, East Leicestershire and Rutland and Leicester City Clinical Commissioning Groups (CCGs) which provided an update on the progress and actions taken across the health system to support the delivery of seven day working. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

The Chairman welcomed Tim Sacks, Chief Operating Officer from East Leicestershire and Rutland CCG (ELRCCG) and Ian Potter, Head of Primary Care Delivery from West Leicestershire CCG (WLCCG) to the meeting for this item.

Arising from discussion the following points were raised:-

- (i) It was acknowledged that urgent and emergency services, along with some services provided in acute hospitals, were already available seven days a week and that an out of hours service was already in place. Members were advised that seven day services would not include routine outpatient appointments. The aim was to make services available for the 2.5 percent of complex patients that evidence had shown would benefit from a seven day service. It was hoped that this would prevent unnecessary hospital admissions for this group of patients;
- (ii) It was acknowledged that an increase in primary and community care services would only be affordable if funding was transferred out of acute services. In addition, there was a significant amount of duplication in out of hours services which could be reduced if services became more integrated. The Urgent Care Vanguard project across Leicester, Leicestershire and Rutland, which had been the subject of

a successful national bid, would include an integrated approach to seven day working;

- (iii) Concern was expressed over the effectiveness of the Urgent Care Centre in Oadby. Anecdotal evidence indicated that waiting times at the weekend could be up to three and a half hours and that patients did not always get to see a GP. The Committee was advised that a GP was present at the Centre at all times and patients were triaged to see either the GP or a nurse. The Centre had a target of a maximum wait of two hours, which was only met in 92 percent of cases. Regular contract meetings were taking place to address these issues and the staff rota was being reorganised so that more staff were available during busy periods. Members were also advised that there was a high level of demand for the service, including a significant number of patients from Leicester City. It was hoped that the four new healthcare hubs recently set up in Leicester would make demand for the service more manageable;
- (iv) Members were pleased to note the success of the Acute Visiting Service (AVS) pilot scheme in the West Leicestershire area which provided a rapid way of seeing patients in their own homes, including care homes, and was staffed by Emergency Care Practitioners in tandem with GPs. The evaluation had been positive and the service would be extended to weekends from December. The Committee was also pleased to note that some pilot seven day working schemes which had not had an impact were not being continued;
- (v) Members welcomed the work undertaken by UHL to support seven day discharge but expressed concern that the services in the community were not able to respond to this. It was confirmed that the CCGs supported seven day discharge through the provision of community and virtual beds, although there could be difficulties in providing nursing care at weekends and overnight. County Council social care staff also worked on the UHL site during the weekend in order to commission care packages to support seven day discharge. A range of social care services were available seven days a week, such as domiciliary care services, reablement and crisis support. However, there were some practical difficulties to commissioning a new care package at the weekend;
- (vi) It was clarified that only nursing homes had nursing oversight; residential care homes were not allowed to provide nursing care. Community nurses provided nursing oversight to residents in residential care homes. There was a joint health and social care oversight group for care homes which provided assurance that services were appropriate and co-ordinated any input into the homes;
- (vii) The Committee was of the view that training provided to care workers needed to be of an adequate standard and that there should be a clear pathway for career progression. Members were advised that the skills and status of care workers was a national issue. National initiatives were in place to address this such as the Care Certificate which aimed to improve the level of training provided to carers. Within Leicester, Leicestershire and Rutland, a workforce strategy was being developed and subsidised training was also offered. The County Council's Member Reference Panel on Quality and Safeguarding in Residential Care Homes also provided assurance that service users received an appropriate standard of care. It was recognised that there was more work to do in this area, particularly as the need for carer staff was expected to increase in the coming years.

RESOLVED:

That the update on the progress and actions taken across the health system to support delivery of seven day working be noted.

44. Ophthalmology Action Plan.

The Committee considered a report of the University Hospitals of Leicester NHS Trust (UHL), which provided an update on the progress of the Ophthalmology Action Plan developed in response to the Healthwatch visit to the service earlier this year. A copy of the report marked 'Agenda item 11' is filed with these minutes.

The Chairman welcomed Martin Watts, General Manager Ophthalmology Service University Hospitals of Leicester NHS Trust (UHL) for this item.

Members welcomed the report and commended Healthwatch's work on the 'Four Days at LRI', during which Ophthalmology Eye Clinic and Eye Casualty were visited.

Arising from discussion the following points were raised:-

- (i) Members welcomed all actions included in the Ophthalmology Action Plan put in place following Healthwatch's visit and in particular emphasised the importance of cleanliness. It was confirmed that a deep clean had been undertaken during the previous week and that assurance had been given to the Ophthalmology Service that this level of cleaning would continue. In addition, work was underway to update the seating and overall décor of the facility. Members were also advised that all rooms within the Ophthalmology service were utilised at full capacity and the next year's move to the new Accident and Emergency suite at the Leicester Royal Infirmary would address the space and overcrowding issue;
- (ii) It was felt that the booking system required improvement, particularly given the high level of cancellations and difficulties in rescheduling appointments. The Committee was advised that the introduction of a partial booking system was being considered to reduce the number of cancelled appointments. Under the partial booking system a patient was booked into a timeslot and the actual appointment was confirmed nearer the time. Most patients left the Ophthalmology service with an appointment booked; where it was not possible to do so within the timeframe recommended by the consultant, the consultant was asked at the end of his or her clinic to determine when the appointment should be made for;
- (iii) Members were advised that attendance at eye casualty was very high and that the service regularly saw over 80 patients a day. The Committee was pleased to note that improvements in performance had been made over the last six months. The four hour wait target applied to the service and performance was currently at 99 percent;
- (iv) It was acknowledged that there were issues regarding the timeliness of appointments. However, this was improving. The General Manager walked through the clinic every day and the service was hardly ever running more than an hour late;
- (v) Concern was raised over the length of time between referrals and treatment. The Committee was advised that on average it took less than twelve weeks and six days between the referral from GP and being seen at the Eye Clinic which was within the national target. In addition patents were being triaged to prevent them from attending the wrong clinic;

- (vi) Members were advised that some of the routine services for patients with stable conditions were being provided in the community and it was intended that this provision would be expanded further in due course. The Committee welcomed the joined-up working between UHL, LPT, the GPs and CCGs, for example in providing some glaucoma services at Melton Mowbray, Hinckley and Oakham Hospitals and was pleased to note the intention to provide services in other appropriate community settings.

Members were of the view that although there were issues including long waits and appointment booking, which were acknowledged and being worked on, the clinical service provided was of an excellent standard.

Rick Moore, Chairman of Healthwatch Leicestershire, welcomed the continued focus on improving the Ophthalmology Service but emphasised the importance of making short term improvements that were visible to patients despite the fact that a longer term solution was expected.

RESOLVED:

- (a) That the report be noted;
- (b) That the work being undertaken to enable the provision of intraocular pressure tests for stable glaucoma patients (IOP 2) in appropriate community setting be supported.

45. The Congenital Heart Centre at University Hospitals of Leicester NHS Trust.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL), which provided an update on the delivery of strategy for the East Midlands Congenital Heart Centre (EMCHC) at the Glenfield Hospital (GH), including the Children's Hospital Project which aimed to co-locate paediatric congenital heart disease (CHD) patients from GH with other children's services at the Leicester Royal Infirmary (LRI). A copy of the report marked 'Agenda Item 12' is filed with these minutes.

The Chairman welcomed Kate Shields, Director of Strategy and Giuseppe Garcea, Consultant Surgeon from UHL for this item.

Arising from discussion Members were advised as follows:-

- (i) It was confirmed that there was a link between the number of patients treated by an individual surgeon and outcome. Concern was expressed that the consultants were still not seeing sufficient patients to meet the national standard. Schemes to increase the number of patients seen by each consultant included the emerging network with Birmingham. This would enable surgeons to work in a collegiate way and share their skills, such as assigning a surgeon with the most appropriate skills to treat a particular patient. Surgeons would not be able to work across sites, because of the team that was wrapped around each surgeon. However, the Clinical Director, a pre-eminent surgeon from Birmingham, would be able to come to Leicester and support surgeons there and learning could be shared across the two sites;
- (ii) The Committee was advised that the birth rate was increasing so it was expected that the demand for paediatric congenital heart services would increase. The volume of work was also growing due to a greater number of cardiac abnormalities being detected before birth and referred directly to UHL. UHL had put new fetal

clinics in place in hospitals where it had not previously had a relationship so that new pathways into the congenital heart services in Leicester could be established.

Members welcomed the networking model, including working closely with Northampton and Lincolnshire, as there was a clear geographical advantage of this partnership.

RESOLVED:

That the plan to continue providing congenital heart services in Leicester be supported.

46. Improvements to Intensive Care Provision at University Hospitals of Leicester NHS Trust.

The Committee considered a report from the University Hospitals of Leicester NHS Trust (UHL) providing an update on the improvement to intensive care provision. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

Members were pleased to note that the involvement of Healthwatch in the project had been useful and that this would be continued when other project boards were established.

It was not expected that the Stabilisation and Retrieval Service proposed for the General Hospital would need to be used frequently as the vast majority of high risk patients would either be treated at the Leicester Royal Infirmary or the Glenfield Hospital.

RESOLVED:

That the planned transfer of Intensive Care Unit services to the Leicester Royal Infirmary and Glenfield Hospital and revised timescales be supported.

47. Healthwatch Annual Report 2014-15.

The Committee considered the report of Healthwatch Leicestershire (HWL), which provided an annual review of the work carried out by HWL in 2014-2015. A copy of the report marked 'Agenda Item 14' is filed with these minutes.

The Committee commended HWL on the presentation of its annual report, and was pleased to note the effective work of the organisation in engaging with patients and representing their views to service providers and commissioners. Members were pleased to note that the reduction in HWL's budget had led to a more focussed approach to its work and also that its membership had grown. The Committee also welcomed HWL's partnership working, including the SIMTEGR8 project with Loughborough University which used a computer simulation system to gather evidence of patient's experience and analyse it with the aim of developing more integrated services.

Members were advised that HWL preferred to undertake announced rather than unannounced visits, despite having the statutory right to enter and view. Seven days' notice was usually given, which in many cases gave the facilities under investigation enough time to make some improvements to their services, which was seen as a benefit to the patients.

HWL was procured by Voluntary Action Leicestershire (VAL) and although some members felt that there would be advantages to being an independent organisation which could manage its own budget, others welcomed the support from VAL such as managing the building and providing the infrastructure for HWL. It would also be possible for HWL to integrate more with the VAL database, for example when looking to gain insight from hard to reach groups.

RESOLVED:

That Healthwatch Leicestershire's Annual Review be welcomed.

48. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 20 January at 2.00 pm.

2.00 - 4.36 pm
11 November 2015

CHAIRMAN