

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 2 November 2016.

PRESENT

Dr. S. Hill CC (in the Chair)

Mrs. R. Camamile CC  
Mr. J. G. Coxon CC  
Mrs. J. A. Dickinson CC  
Dr. T. Eynon CC

Mr. D. Jennings CC  
Mr. J. Kaufman CC  
Ms. Betty Newton CC  
Mr. T. J. Pendleton CC

In attendance

Mr. E. F. White CC, Cabinet Lead Member for Health

Mike Sandys, Director of Public Health

Tamsin Hooton, Director of Urgent and Emergency Care, West Leicestershire CCG  
(minute 39 refers).

Matthew Desjardins, Acting Locality Quality Manager, East Midlands Ambulance Service  
(minute 40 refers).

Dan Webster, Locality Manager, East Midlands Ambulance Service (minute 40 refers).

Kate Allardyce, Performance Team (Leicester & Lincoln) GEM Commissioning Support Unit (minute 42 refers).

32. Minutes of the previous meeting.

The minutes of the meeting held on 14 September 2016 were taken as read, confirmed and signed.

33. Question Time.

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

34. Questions asked by members.

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

35. Urgent Items

There were no urgent items for consideration.

36. 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 and as she volunteered for Radio Carillon, a hospital radio station. She also declared a personal interest in Item 11: Health Performance Update as she had previously worked on Improving Access to Psychological Therapies in Leicestershire in a professional capacity, although she no longer did so.

Ms. Betty Newton CC declared a personal interest in all items on the agenda as she had a relative employed by Leicestershire Partnership NHS Trust and another relative that worked for Leicester Royal Infirmary.

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

There were no declarations of the party whip.

38. Presentation of Petitions.

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

39. Development of Integrated Urgent Care and Winter Planning.

The Committee considered a report of West Leicestershire Clinical Commissioning Group which provided a briefing on the planning process for winter 2016/2017 and an update on Integrated Urgent Care in Leicester, Leicestershire and Rutland. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Chairman welcomed Tamsin Hooton, Director of Urgent and Emergency Care to the meeting for this item.

Arising from discussion the following points were noted:

Winter Planning

- (i) Members sought reassurance that consideration would be given to planning for issues which did not arise in winter 2015/16 but which might arise in the future. In response assurance was given that there was the capacity to deal with additional pressures and the following measures were in place:
  - Clear plans and protocols for opening 14 escalation beds in Leicestershire Partnership NHS Trust (LPT);
  - Accelerating discharges;
  - Pacing elective activity over the whole winter period to ensure that there was some capacity in the system which would reduce the risk of planned operations being cancelled;
  - Drafting in additional staff and cancelling leave.
- (ii) The importance of a good communications plan was highlighted and it was noted that advising the public not to visit Accident and Emergency departments was counterproductive as it only raised awareness of Accident and Emergency facilities. Instead more emphasis would be placed on the quality of the triage process for the Leicester Royal Infirmary Accident and Emergency

Department, as well as the messages professionals gave when dealing with patients both face to face and via the 111 telephone service.

- (iii) It was confirmed that whilst the Accident and Emergency Delivery Board wished to fund additional social work capacity and in-reach to hospital to support discharge a source of funding for this had not yet been found.

#### Integrated Urgent Care

- (iv) With regard to a typographical error in the report it was clarified that Integrated primary and community urgent care services for East Leicestershire Clinical Commissioning Group would be procured by 1 October 2017.
- (v) Whilst there was a new service model coming into place, there would be no changes to the Crisis Mental Health Team under LPT, though work was taking place to improve the out of hours telephone service.

#### RESOLVED:

- (a) That the changes made as a result of learning from winter 2015/2016 be welcomed;
- (b) That the work regarding developing Integrated Urgent Care in Leicester, Leicestershire and Rutland be noted.

#### 40. Leicestershire's Approach to Falls.

The Committee considered a report of the Director of Health and Social Care Integration which provided information on the work to develop a consistent approach to the prevention and treatment of falls in residents over the age of 65 in Leicestershire. The report was requested as a result of a question from Mr. R. Sharp CC at the previous meeting of the Committee, and a copy, marked 'Agenda Item 9', is filed with these minutes.

The Chairman welcomed Andrea Baker, Interim Falls Programme Manager to the meeting for this item, along with two representatives from East Midlands Ambulance Service (EMAS); Matthew Desjardins, Acting Locality Quality Manager, and Dan Webster, Locality Manager.

Arising from discussions the following points were noted:

- (i) Consideration was being given to training people in the voluntary sector who went into elderly persons' homes on how to deal with falls. A pilot programme run by the Royal Voluntary Service, entitled 'Move it or Lose it', brought together those who were frail and those who were active and able, and taught them exercises approved by Occupational Therapists involving putting on shoes and socks or reaching up into cupboards. Conversations were taking place to widen this out into sheltered housing and care homes.
- (ii) Generally, the target for EMAS to respond to falls was between 20 and 30 minutes, depending on the seriousness of the injuries. This was determined during initial triage of the patient by the call handler. During times of high demand, when life threatening calls had to take priority, a further triage process

took place which took into account whether the patient was alone or accompanied. Calls would then be escalated as necessary and, where further delays were anticipated, monitoring would continue to take place over the phone.

- (iii) The paper based Falls Risk Assessment Tool (FRAT) used by paramedics had been successful however the new electronic version (eFRAT) meant that paramedics had a limitless supply of forms to fill in. In future the eFRAT would be used by Leicestershire Fire and Rescue Service when they carried out home safety checks. This formed phase 2 of the scheme which would be in place by the beginning of December. Phase 3 of the scheme, where the eFRAT would be accessible to all people who entered the homes of vulnerable people, such as domiciliary care workers, would commence on 1 April 2017. The aim was to capture all the risks facing a resident during the first visit to their home.

RESOLVED:

- (a) That the work being undertaken in connection with the prevention and treatment of falls be supported;
- (b) That the information provided regarding the prioritisation of calls to EMAS and the triage process be noted;
- (c) That EMAS be asked to investigate further the circumstances of the specific patient referred to by Mr Sharp CC in his question to the Committee on 14 September 2016 and provide an explanation for the delay in attendance by EMAS in that case.

41. Annual Report of the Director of Public Health.

The Committee considered the Annual Report of the Director of Public Health for 2016. The focus of the report was the role of workplace health in improving overall health. A copy of the report is filed with these minutes.

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

- (i) Members were of the view that reviewing the impact of smoking cessation initiatives on an annual basis was too infrequent and requested that reviews take place every 6 months. The Director of Public Health agreed to conduct this review in the timescales requested as part of a wider review of tobacco control.
- (ii) Members asked that the Director of Public Health give further consideration to the reasons for sickness absence from work and the way this was dealt with by managers.
- (iii) Members requested a more detailed breakdown on the demographics of the people described in the table in Figure 4 of the report as 'Does Not Want A Job'. It was also suggested that a greater focus be given to those who were unemployed but did want a job as those people should be supported to find employment.

- (iv) Members noted the importance of including initiatives to improve health in new housing development schemes and noted that Hinckley and Bosworth Borough Council had submitted a funding bid to the Design Council in connection with this.
- (v) Whilst air quality was not one of the indicators for the level of Public Health in Leicestershire its importance was recognised and the Public Health Consultant had designated it as a priority. District Councils could bid for funding to tackle air quality in their geographical areas.

RESOLVED:

- (a) That the Annual Report of the Director of Public Health be welcomed;
- (b) That the Director of Public Health be asked to report back to the Committee in six months' time regarding the approach to tobacco control including smoking cessation initiatives;
- (c) That the comments now made be submitted to the Cabinet for consideration at its meeting on 23 November 2016.

42. Health Performance Update.

The Committee considered a joint report of the Chief Executive of the County Council and Greater East Midlands Commissioning Support Performance Service (GEM), which provided an update of performance at the end of quarter two of 2016-17. A copy of the report marked "Agenda Item 11" is filed with these minutes.

The Committee welcomed Kate Allardyce, Performance Team (Leicester & Lincoln) GEM Commissioning Support Unit to the meeting to present the report.

Arising from discussions the following points were noted:

- (i) With regard to Metric 5 – Patient Experience, Members asked for information regarding the sample size of patients who had their satisfaction levels measured. The Lead Analyst for Health and Social Care Integration undertook to find out the answer to this question and report back to Members.
- (ii) The target for referral to treatment times was narrowly missed for September 2016. This was the first time the target had been missed since September 2013.
- (iii) The information provided in the Leicestershire Mental Health Dashboard was welcomed. Members were of the view that the figures for percentage of IAPT Recovery Rate were positive; however there were concerns about the percentage of people with relevant conditions who were able to access talking therapies in 6 weeks. It was questioned whether GPs were making referrals to talking therapies when appropriate and whether the level of training GPs received on talking therapies was sufficient. Members asked to be provided with further information on the training provided to GPs on Psychological Therapies particularly with regard to Cognitive Behavioural Therapy.

RESOLVED:

- (a) That the performance summary, issues identified and actions planned in response to improve performance be noted;
- (b) That officers be asked to submit a report on the Access to Psychological Therapies Service to a future meeting of the Committee.

43. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 23 January 2016 at 2:00pm.

2.00 - 3.45 pm  
02 November 2016

CHAIRMAN