

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 1 March 2017.

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

Dr. R. K. A. Feltham CC
Mr. J. Kaufman CC
Ms. Betty Newton CC
Mr. T. J. Pendleton CC

In attendance

Dr Satheesh Kumar, Medical Director, Leicestershire Partnership NHS Trust (minute 64 refers)
Dr Peter Miller, Chief Executive, Leicestershire Partnership NHS Trust (minute 64 refers)
Cathy Ellis, Non-Executive Director, Leicestershire Partnership NHS Trust (minute 64 refers)
Andrew Furlong, Medical Director, UHL (minute 65 refers)
Sharron Hotson, Director of Clinical Quality, UHL (minute 65 refers)
Dr Catherine Free, Deputy Medical Director, UHL (minute 66 refers)
Fiona Barber, Healthwatch Leicestershire board member
Kate Allardyce, Performance Team (Leicester & Lincoln) GEM Commissioning Support Unit (minute 69 refers)

57. Minutes of the previous meeting.

The minutes of the meeting held on 23 January 2017 were taken as read, confirmed and signed.

58. Question Time.

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

59. Questions asked by members.

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

60. Urgent Items.

There were no urgent items for consideration.

61. 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 in Item 13: Performance Update as she volunteered for Hermitage FM, a radio station in North West Leicestershire.

Ms. B. 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.

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

There were no declarations of the party whip.

63. Presentation of Petitions.

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

64. Care Quality Commission inspection of Leicestershire Partnership NHS Trust.

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) which outlined the Care Quality Commission's key findings from their inspections of Leicestershire Partnership Trust in 2015 and 2016 and the Trust's initial response ahead of the production of a full action plan. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Chairman welcomed Dr Satheesh Kumar, Medical Director, Dr Peter Miller, Chief Executive and Cathy Ellis, Non-Executive Director, all from Leicestershire Partnership NHS Trust to the meeting for this item.

Arising from discussions the following points were noted:

- (i) In response to a question regarding concerns around staffing levels and skills mix at the Bradgate Unit, reassurance was given that the use of Agency and Bank staff did not impact on patient safety, however it was acknowledged that it could have an impact on staff morale. The staffing issue was recorded on the Risk Register. There were vacancies that needed filling and a recruitment programme was in place. It was noted that Bank staff were on the same terms and conditions as regular staff whereas Agency staff had separate terms and conditions. In response to a question regarding whether the terms and conditions of staff contracts could be improved to encourage staff to remain working for LPT Members were advised that this was unlikely as there was a National Agenda for Change and the terms and conditions had to be in line with this.
- (ii) In response to a question regarding how the United Kingdom's changing relationship with the European Union could affect staffing levels, Members were reassured that LPT had approximately 300 staff from European Union countries so the impact would not be significant. However, between LPT and University Hospitals Leicester (UHL) there were 20,000 staff from European Union countries.
- (iii) With regard to the Care Quality Commission giving LPT a rating of 'Requires Improvement' in response to the question 'Are services well-led?', Members were reassured that the culture had now changed towards providing more support for

staff. Records were now being kept of the amount of support that had been provided to individual staff members. Members were advised that 65% of staff were getting clinical supervision which was a significant improvement as 18 months previously only 25% were getting clinical supervision. Where it was identified that an inadequate level of support was being provided team managers were being spoken to.

- (iv) With regard to concerns raised by the Care Quality Commission that police vehicles were being used to transport patients due to a lack of appropriate transport it was noted that a meeting was to take place with the Chief Constable and the Chief Executive of UHL to discuss the matter. It was also noted that at times there was a lack of bed availability. The Place of Safety was nearing readiness for taking patients however there would still be issues with having the correct number of staff in place and Members were reassured that the levels of staffing support were being looked at. It was noted that the triage car which was staffed by both Police Officers and a mental health practitioner had reduced the need for the Place of Safety.
- (v) The issues raised by CQC which could be addressed in a short space of time such as the lack of privacy curtains, fridge temperatures and the lack of a defibrillator at the Community Therapy Unit in Hinckley, had already been dealt with by LPT.
- (vi) Work needed to be carried out with partners such as Nottinghamshire Healthcare NHS Trust to improve access to psychology for patients and staff. A psychologist had been appointed to provide support to patients and those working with patients.
- (vii) The Child and Adolescent Mental Health Service (CAMHS) Early Help service had not been recommissioned yet as a provider had not come forward. There had been a 20% increase in specialist CAMHS referrals which was not sustainable therefore the early intervention was important. A CAMHS summit would take place in March 2017 to ensure that the Sustainability and Transformation Plan was adequate. There had been an improvement in the waiting times for patients receiving a first CAMHS appointment however there was now a waiting list for patients to start treatment.
- (viii) LPT had not been informed of when the Care Quality Commission would be making any further inspections however it was anticipated that the CAMHS services would be inspected again within a year as they had received an 'Inadequate' rating, and the rest of LPT was likely to be inspected within 3 years.

RESOLVED:

- (a) That the report be noted.
- (b) That the actions being taken by LPT to resolve the concerns raised by CQC be welcomed.

65. Care Quality Commission inspection of University Hospitals Leicester.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which provided an overview of the Care Quality Commission comprehensive inspection of University Hospitals of Leicester in June 2016 and the key findings from the inspection. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Chairman welcomed Andrew Furlong, Medical Director, UHL, and Sharron Hotson, Director of Clinical Quality, UHL to the meeting for this item.

In presenting the report the following points were raised:

- (i) UHL had conducted a self-assessment and given themselves a rating of 'Requires improvement' therefore they accepted that the rating from the Care Quality Commission which was also 'Requires improvement' was accurate. Whilst the rating from the Care Quality Commission had stayed the same from the previous inspection members were reassured that the culture and leadership at UHL had improved in the intervening period.
- (ii) In order to address the concerns raised in the Care Quality Commission report an action plan had been created which was to be shared at a Care Quality Summit. The action plan would be monitored at a bi-monthly forum which reported to the Executive Quality Board.

Arising from discussions the following points were noted:

- (i) In order to reduce demand at UHL there needed to be a joined up approach across the NHS in Leicestershire. In particular those issues which did not require hospital treatment needed to be dealt with by GPs. The Sustainability and Transformation Plan attempted to create this integrated environment. The A&E Delivery Board had been looking at ways to encourage patients to attend GP practices rather than hospitals. Walk-in patients were streamed to Urgent Care Centres and encouraged to book appointments at GP Practices.
- (ii) In June 2016 conditions had been placed on the licence of UHL, one of which related to the management of sepsis, but those conditions had now been lifted. Members welcomed the improvement in the management of sepsis at UHL.
- (iii) UHL had successfully implemented the 'Red to Green initiative' which reduced the amount of days patients were in hospital waiting for treatment or other clinical activity to take place so that they could be discharged sooner. Consultant-led ward rounds had enabled patients to move through the system more quickly. However, improvements needed to be made with regards end of life care and holding meaningful discussions with patients and their family members in order to produce appropriate care plans.

RESOLVED:

- (a) That the report be noted.
- (b) That the improvements made since the previous Care Quality Commission inspection be welcomed.

66. Emergency Care at Leicester Royal Infirmary.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which provided an update on Emergency Care at Leicester Royal Infirmary and the planned opening of the new Emergency Department. The Committee also received a presentation which gave an indication of the likely impact of the new Emergency Department on ambulance handovers and flow of patients through the hospital. A copy of

the report marked 'Agenda Item 10', and the presentation slides, are filed with these minutes.

The Chairman welcomed Dr Catherine Free, Deputy Medical Director, UHL, to the meeting for this item.

Arising from discussions the following points were noted:

- (i) Some new Emergency Departments at other hospitals had experienced a 10% increase in attendance after opening and Members expressed concerns regarding whether UHL would be able to cope with an increased demand after 26 April when the new Department opened. In response it was acknowledged that the new Emergency Department might not resolve all the problems with regard to flow through the hospital however Members were reassured that at previous times of exceptionally high demand UHL had been able to halt elective medical treatment for a 10 day period which had a positive impact on the flow through the Emergency Department.
- (ii) The new Emergency Department would have a paediatric short stay unit and Members asked UHL to ensure that the paediatric short stay unit had the facilities and equipment to deal with children of all ages and sizes. The entrance to the paediatric short stay unit would be on the opposite side of the hospital and there would also be changes to the access route to the adult section of the Emergency Department and the ambulance turning circle. Therefore the UHL site map would be redesigned to reflect the changes to the site.
- (iii) It was planned that the Emergency Frailty Unit and the Acute Frailty Unit would be co-located as of summer 2018 however in the intervening period the Emergency Frailty Unit would have to be moved elsewhere. Members expressed concerns that this would impact on patient flow within UHL but were reassured that measures were in place to mitigate this problem such as having practitioners with the appropriate skills such as Occupational Therapy deal with frail patients in the Emergency Department to prevent them being required admitting to hospital. In addition the GP Assessment Unit was being kept within Majors.
- (iv) In response to a question regarding whether there was space in the new Emergency Department for the voluntary sector to dispense help and advice Members were informed that there were no plans of this nature but UHL would give this consideration.

RESOLVED

That the report and accompanying presentation be noted.

67. Healthwatch Work on Discharge.

The Committee considered a report of Healthwatch Leicestershire which presented the findings of their survey on the issue of hospital discharge. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Chairman welcomed Fiona Barber, Healthwatch board member, to the meeting for this and other items.

Arising from discussions the following points were noted:

- (i) It was important for discharge planning to begin as soon as the patient was admitted to hospital to ensure that all necessary arrangements were in place by the time the patient was ready to leave hospital.
- (ii) Approximately 20% of the discharge delays related to patients that required County Council services such as Social Care. These delays could be down to the patient requiring an assessment or a Care Package, or patient choice being a factor such as a preferred Care Home not being available.
- (iii) As part of the Sustainability and Transformation Plan the Home First initiative was looking at what the Health and Social Care system needed to improve the transfer of patients from hospital care to home care. A group had been set up which had met twice and a workshop was taking place to discuss a report on Leicestershire by the Emergency Care Improvement Programme who had made recommendations on how the services could be improved. It was intended to implement those recommendations, one of which was to have one discharge team instead of having five different discharge teams across Leicestershire.
- (iv) Members raised concerns that a significant proportion of the discharge delays were due to patients having to wait for medication to be provided by the hospital pharmacy.

RESOLVED:

- (a) That the report be welcomed.
- (b) That officers be asked to submit a further report on Hospital Discharge to the next meeting of the Committee.

68. Better Care Fund Refresh.

The Committee received a report from the Director of Health and Care Integration which provided an overview of progress to refresh and submit the Leicestershire Better Care Fund Plan for 2017/18 – 2018/19. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

In presenting the report the Director of Health and Care Integration raised the following points:

- (i) The National Guidance for the Better Care Fund was still outstanding. Along with this Guidance it was expected that figures would be provided for the amount each Local Authority would receive as part of the Disabled Facilities Grant. As these figures had not been provided yet the funding total provided in the report was only indicative.
- (ii) The core budget of local authorities and Clinical Commissioning Groups was being spent on the Better Care Fund.

Arising from discussions the following points were noted:

- (i) The following services would have changes to their funding arrangements during 2017/18:-
- Two hospital and community based dementia services provided by the voluntary sector were being recommissioned on a Leicester, Leicestershire and Rutland wide basis. The BCF funds associated with these services would be applied to the new arrangements;
 - The part of the Lightbulb housing service which was designed to improve the timing of hospital discharge was funded by the Better Care Fund. This service was highly effective and would continue to be funded by the BCF in 2017/178. The funding position would be reviewed for 2018/19 to determine if it would continue to be funded from the BCF or from the Lightbulb service, which would be fully established by this time;
 - Clinical Commissioning Groups did not intend the Carers Health and Wellbeing Service to be recommissioned beyond April 2017 as the National Carers Strategy would be implemented at that time.
- (ii) Members raised concerns regarding technical problems with the First Contact web based referral form and reassurance was given that consideration would be given to how to resolve these problems.

RESOLVED:

That the contents of the report be noted.

69. 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 three of 2016-17. A copy of the report marked "Agenda Item 13" 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) Members raised concerns regarding the amount of time it took to obtain a GP appointment and were of the view that data on this issue should be logged including the amount of occasions patients were told by a receptionist to call back at a later time. It was noted that the General Practice Survey did cover the issue of GP waiting times.
- (ii) With regard to the Public Health and Prevention Indicator entitled Infant Mortality it was clarified that this related to deaths of infants under 1 year old and there was a very small number of these which was why there was little change in the figures.

RESOLVED:

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

70. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 31 May 2017 at 2:00pm.

2.00 - 4.35 pm
01 March 2017

CHAIRMAN