Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 19 June 2017.

PRESENT

Mr. P. Bedford CC
Mr. L. Breckon JP CC
Mrs. H. J. Fryer CC
Mr. D. A. Gamble CC
Mrs. A. J. Hack CC
Dr. S. Hill CC
Mr T. Parton CC
Mrs H. L. Richardson CC
Mrs D. Taylor CC

In attendance
Rick Moore, Healthwatch Representative
Tim Sacks, Chief Operating Officer at East Leicestershire and Rutland CCG (minute 12 refers)
Will Legge, Director of Strategy at EMAS (minute 13 refers)
Mark Gregory, General Manager for EMAS Leicester, Leicestershire and Rutland (minute 13 refers)
Gill Staton, Head of Nursing, Specialist Medicine, UHL (minute 14 refers)
Toby Sanders, Managing Director of West Leicestershire Clinical Commissioning Group (minute 15 refers)

1. Appointment of Chairman

That Mr. L. Breckon CC be appointed Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council in 2018.

(Mr. L. Breckon CC - in the Chair)

2. Election of Deputy Chairman

That Mrs. D. Taylor CC be elected Deputy Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council in 2018.

3. Minutes of the previous meeting.

The minutes of the meeting held on 1 March 2017 were taken as read, confirmed and signed.

4. Question Time.

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

5. Questions asked by members.

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

6. Urgent items.

There were no urgent items for consideration.

7. 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.

Mrs D. Taylor CC declared a personal interest in item 13: GP Five Year Forward View Implementation as she had a close relative that worked for the General Medical Council.

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

There were no declarations of the party whip.

9. Presentation of Petitions.

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

10. Integrated Locality Teams.

The Committee considered a report of the Director of Health and Care Integration which provided an update on the development of Integrated Locality Teams in Leicester, Leicestershire and Rutland. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from discussions the following points were noted:

(i) The structure of the Integrated Locality Teams was based on GP practice boundaries. It was queried whether this accurately reflected larger GP practices, particularly in the Market Harborough locality, which might have additional services in other localities. The Director undertook to give further consideration to delineation issues in Market Harborough in the light of this query.

(ii) The creation of Integrated Locality Teams was intended to support GPs and address some of the capacity issues facing primary care. GPs would retain accountability for care plans, but where appropriate care could be delivered by other health and care professionals. Work was currently being undertaken to identify the right workforce needed to deliver this model of care.

(iii) Clarification was given that by 2030 the 47 percent increase in people aged over 65 who were limited a little by a long term illness, would be those people who had difficulty with daily living such as washing and dressing themselves. The 59% increase in people aged over 65 who were limited a lot would be those people who, for example, had complex medical needs or more significant mobility problems. In

order to help identify patients in the 3 cohorts who would benefit from integrated locality teams data in GP practice was analysed, including the new 'frailty' marker which was being added to GP data from July 2017.

(iv) With regard to the Summary Care Record and Integrated Care Planning, Phase 1 had been completed on schedule and all GP Practices had been trained on SystmOne.

(v) Staff within the Integrated Locality Teams were identifying a number of core interventions, which would be consistently applied to all patients in the 3 cohorts in the future. This would include assurance that regular reviews of care plans, medication review and whether flu vaccinations had been given, as well proactively offering prevention and social care interventions aimed at helping people to remain at home for as long as possible. New ways of working would now be tested in twelve 'test beds' across Leicester, Leicestershire and Rutland, to see which had the biggest impact on patients. A review of the 'test beds' would be undertaken in September 2017 to inform the next stage of testing.

RESOLVED:

That the update on the development of Integrated Locality Teams in Leicester, Leicestershire and Rutland be noted.

11. Change to the Order of Business.

The Chairman sought and obtained the agreement of members to vary the order of business from that set out in the agenda.

12. GP Five Year Forward View Implementation.

The Committee received a presentation from Better Care Together which provided an update on progress with the GP Five Year Forward View implementation. A copy of the presentation slides, marked 'Agenda Item 13', is filed with these minutes.

The Chairman welcomed Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland CCG, to the meeting for this item.

Arising from discussion the following points were noted:

(i) GP practices were entitled to employ as many doctors as they thought to be appropriate however many practices were struggling to recruit the number of doctors they desired. Previously half of medical trainees would enter GP practice but now this figure was much lower. Work needed to be undertaken to make GP practice a more attractive place to work. International recruitment was one area that was being focused on to make up for the shortfall. In addition other ways of providing the services were being looked at such as groups of GP practices joining up with each other to provide specific services. It was believed that with increased size came improved levels of sustainability.

(ii) In answer to a question from a Member reassurance was given that there was no shortage of capital funding for GP practices however there was a shortage of revenue funding. One particular problem was that many older GPs shared ownership of the building where the practice was based which would cause a

problem when they retired as younger GPs were not inclined to become property owning partners. On the whole younger GPs preferred to remain as salaried partners.

(iii) Clarification was given that 800 mental health therapists would be placed in primary care nationally and a small proportion of these approximately 10-12 would be placed in Leicestershire GP practices providing services such as Psychological Therapies. In order to help bring waiting lists down across the region there would be more joint working and mental health practitioners would be employed across different localities to meet the demand wherever it arose.

(iv) There was a problem in Leicestershire with the number of patients that did not attend appointments they had booked. To tackle this there had been investment from NHS England in technology which enabled appointments to be booked in different ways such as online and automatic reminders were sent to patients.

RESOLVED:

That the update on the implementation of the GP Five Year Forward View be noted.

13. East Midlands Ambulance Service Update.

The Committee received a presentation from East Midlands Ambulance Service (EMAS) which provided an update on their Ambulance Response Programme and the Demand and Capacity Review. A copy of the presentation slides, marked 'Agenda Item11', is filed with these minutes.

The Chairman welcomed Will Legge, Director of Strategy at EMAS, and Mark Gregory, General Manager for EMAS Leicester, Leicestershire and Rutland to the meeting for this item. The Chairman also welcomed Tamsin Hooton, Director of Urgent and Emergency Care, Leicester, Leicestershire and Rutland CCG to the meeting for this and other items.

Arising from discussions the following points were noted:

(i) EMAS had been invited to take part in the National Pilot for the Ambulance Response Programme which aimed to improve the timeliness and appropriateness of response times. When calls were made to EMAS an algorithm automatically assessed the urgency of the call and allocated the best available vehicle to the incident taking into account the nature of emergency and geographical location of vehicles at the time. The most urgent categories of patients would generally require a double crewed ambulance as they were likely to require conveyance to hospital. It was therefore intended that Rapid Response Vehicles would be diverted to other types of call where conveyance was less likely.

(ii) The Ambulance Response Programme was designed to prevent patients from deteriorating whilst waiting for an ambulance. However, should there be a delay in attendance by a paramedic on the scene, the Clinical Assessment Team made welfare calls to monitor the condition of the patient. In more urgent cases these calls would take place after 20 minutes and less urgent cases the welfare call would take place after 30-45 minutes. It was expected that there would be less need for these calls as response times improved.

(iii) Based on data of previous calls EMAS were able to predict future demand very accurately and therefore allocate resources accordingly. It was noted that there was a demand curve everyday starting from a low point at 7:00am every morning, peaking at mid-day and maintaining that level until 2:00pm. There was then a drop in demand until around 5:00pm where there was a further spike until 11:00pm. With this knowledge EMAS were able to allocate more resource at these peak times.

(iv) There was no single standard response to mental health issues, such as when a drug overdose had been taken. The response would depend on the information received over the phone and the patient's clinical condition. A Mental Health Triage Car was being developed which would see a trained Mental Health Professional attend Mental Health related incidents alongside a paramedic. In effect this meant that the Mental Health Crisis Team would be brought to the patient whereas the traditional practice had been to bring the patient to the Crisis Team at the Emergency Department. EMAS would make sure that this initiative was joined up with the Leicestershire Police Mental Health triage car and did not duplicate work.

(v) The Committee was pleased to note that the staffing position was improving. There was currently a small number of vacancies which would be filled by EMAS staff that were currently in a training plan and would become operational during the autumn of 2017.

(vi) EMAS were trying to provide more of the Hear and Treat, and See and Treat, type of response to incidents rather than the See, Treat and Convey (to Emergency Department) types of response. However, whilst the biggest challenge for EMAS was still handover times at Leicester Royal Infirmary Emergency Department, the relationship between EMAS and University Hospitals of Leicester had improved and handover times at Leicester Royal Infirmary Emergency Department were shorter than they had been previously. This enabled EMAS to attend to more patients in the community.

(vii) The Care Quality Commission had conducted an inspection of EMAS in February 2017 and whilst the overall rating given by CQC remained at 'Requires Improvement', the report identified that there were several areas where improvements had been made since the previous inspection in November 2015.

RESOLVED:

(a) That the implementation of the Ambulance Response Programme and the findings of the Demand Capacity Review be supported;

(b) That the improvements made since the Care Quality Commission inspection of EMAS in November 2015 be welcomed.

14. Staff Training Relating to Discharge.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which outlined the approach to training staff with regard to discharge of patients, and the implementation of the new Integrated Discharge Team. A copy of the report, marked 'Agenda Item12', is filed with these minutes.

The Chairman welcomed Gill Staton, Head of Nursing, Specialist Medicine, UHL to the meeting for this item.

Arising from discussions the following points were noted:

(i) It was acknowledged that many discharge delays were due to the patient waiting for medication. Reassurance was given that medication was now expected to be planned and prescribed the day before the patient was due to be discharged. UHL monitored the amount of time patients waited to be discharged from hospital as part of the Red to Green initiative which aimed to reduce the amount of days patients were in hospital without clinical activity taking place. Performance metrics were in place to monitor progress and during the six months the new process had been in operation improvements had been seen with regard to discharge.

(ii) The Integrated Discharge Team would be responsible for liaising with organisations which supported patients after discharge such as the Lightbulb Housing Project which aimed to help people remain in their homes for longer rather than be admitted into hospital.

(iii) It was acknowledged that there had been problems with transport for patients on discharge. A new provider of the patient transport service would be in place from October 2017. It was intended that, as part of the new service, joint planning between the provider and UHL would take place to ensure that, where possible, transport was available at the time of discharge.

(iv) If patients required respite care or residential care then the Integrated Discharge Team would pick this up on morning ward rounds and put arrangements in place for ongoing care before the patient was discharged. In addition weekly meetings took place with external partners to consider actions needed to reduce the length of stay for patients who had been in hospital the longest.

(v) Whilst the recommendations made by Healthwatch Leicestershire regarding the training of staff on discharge had been agreed in principle, due to pressures on staff at UHL there was not always time available for training the staff and further work needed to be done.

RESOLVED:

That the new approach to staff training relating to discharge be welcomed and the launch of the Integrated Discharge Team be supported.

15. Sustainability and Transformation Plan Update.

The Committee received a presentation from Better Care Together which provided an update on progress with implementation of the Sustainability and Transformation Plan (STP) for Leicester, Leicestershire and Rutland. A copy of the presentation slides is filed with these minutes.

The Chairman welcomed Toby Sanders, Managing Director of West Leicestershire Clinical Commissioning Group and lead for Leicester, Leicestershire and Rutland STP to the meeting for this item.

As part of the presentation the following points were noted:

(i) Feedback on the draft STP had been collected and on the whole there was broad support for the document in principle. One area of concern raised was safety particularly with regard to the proposed reduction of in-patient acute beds at UHL sites and funding generally.

(ii) The STP would be refreshed in light of the feedback that had been received. It was expected that the refreshed STP would be published in late summer 2017.

(iii) Operational delivery of some aspects of the STP had already begun, for example improvements had already been made to the sepsis pathway.

RESOLVED:

(a) That the update on the Sustainability and Transformation Plan be noted.

(b) That officers be requested to provide Members with a briefing on the refreshed Sustainability and Transformation Plan in due course.

16. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 6 September 2017 at 2:00pm.

2.30 - 4.35 pm CHAIRMAN
19 June 2017