

Minutes of a meeting of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee held at County Hall, Glenfield on Friday, 24 January 2020.

PRESENT

Dr. R. K. A. Feltham CC (in the Chair)

Mr. D. C. Bill MBE CC

Mr. J. Dale

Mr. T. Gillard CC

Mrs. A. J. Hack CC

Cllr. P. Kitterick

Cllr. M. March

Mr. J. Morgan CC

Mrs. J. Richards CC

Micheal Smith

Miss G. Waller

Mrs. M. Wright CC

In attendance

Micheal Smith, Manager, Healthwatch Leicester and Leicestershire.

Janet Underwood, Chair, Healthwatch Rutland.

John Adler, Chief Executive, University Hospitals of Leicester NHS Trust (minutes 17 and 18 refer).

Mark Wightman Director of Marketing & Communications, University Hospitals of Leicester NHS Trust (minutes 17 and 18 refer).

Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (minutes 17, 18 and 19 refer).

Richard Morris, Director of Operations and Corporate Affairs, Leicester City Clinical Commissioning Group (minute 17 refers).

Jennifer Fenelon, Chair of Rutland Health & Social Care Policy Consortium (minute 17 refers).

Dr Sally Ruane, Chair of Leicester Mercury Patients' Panel (minute 17 refers).

Sara Prema, Executive Director of Strategy and Planning, Leicester City, West Leicestershire and East Leicestershire CCGs (minute 19 refers).

Ket Chudasama, Director of Performance & Corporate Affairs, West Leicestershire CCG (minute 20 refers).

John Edwards, Associate Director for Transformation, LPT (minute 21 refers).

12. Minutes of the previous meeting.

The minutes of the meeting held on 10 September 2019 were taken as read, confirmed and signed, subject to an amendment recording that Micheal Smith, Manager, Healthwatch Leicester and Leicestershire was present.

13. 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. No declarations were made.

14. Presentation of Petitions.

The Chairman reported that no petitions had been received under Standing Order 35, however a petition had been received in relation to agenda item 6: Acute and maternity reconfiguration therefore it would be considered under that agenda item.

15. Question Time.

The Chairman reported that no questions had been received under Standing Order 34.

16. Urgent Items.

There were no urgent items for consideration.

17. Acute and maternity reconfiguration.

The Committee considered a joint report of the three Clinical Commissioning Groups in Leicester, Leicestershire and Rutland (CCGs), and University Hospitals of Leicester NHS Trust (UHL), regarding the planned 12-week public consultation for proposed investment and changes to the acute and maternity services provided by UHL. A copy of the report marked 'Agenda Item 6', is filed with these minutes as is a supplementary pack containing the appendices to the report.

The Committee was also in receipt of a petition signed by 367 local residents, in the following terms:

"We the undersigned, are concerned about the ongoing refusal by University Hospitals of Leicester to share detailed information about their plans to reconfigure acute hospital services, which include the closure of the Leicester General Hospital as an acute hospital...We call upon the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee to ask for this document to be placed in the public domain now as a condition for future agreement to formal consultation and to consider availing itself of expert advice regarding what the public can reasonably expect and what needs to be in place to ensure there are no grounds for a successful future legal challenge."

The Committee welcomed to the meeting for this item John Adler, Chief Executive, UHL, Mark Wightman Director of Marketing & Communications, UHL, Andy Williams, Chief Executive, CCGs and Richard Morris, Director of Operations and Corporate Affairs, Leicester City CCG.

Arising from discussions the following points were noted:

- (i) The responsibility to consult on major service changes fell upon Clinical Commissioning Groups rather than acute providers. The report and documents which members were considering at this point regarded the consultation process which was proposed, not the substance of the proposed changes.
- (ii) Concerns were raised by members that the consultation on the acute and maternity reconfiguration was taking place in isolation without the public knowing what the proposals were for other service areas such as Community Services, and it was questioned whether the Community Services Review could become part of the same consultation. In response it was clarified that the Community Services Review

would not be delayed until after the reconfiguration consultation had taken place. The Community Services Review would be taking place at the same time as the consultation on the acute and maternity reconfiguration though the two workstreams were separate and would not be part of the same consultation. The CCGs and UHL were of the view that it was better to progress the acute and maternity reconfiguration rather than delaying until the future of other health services in LLR was more certain. Health services were constantly evolving and their development could not always be perfectly sequenced.

- (iii) The CCG clarified that the reason they had brought the consultation document to the Committee at this stage was so that the Committee could help to shape and develop the structure of the consultation. The draft consultation document was currently missing key links, diagrams and financial information and whilst members were in support of the proposed methodology of the consultation, they were reluctant to give assurances regarding the consultation process until the key information was provided. Representatives from UHL and the CCGs were therefore invited to the next meeting of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee to present the completed consultation document.
- (iv) The Pre-consultation Business Case (PCBC) had been updated and would be published before the consultation began. In response to requests for the PCBC to be published sooner it was explained that it could not be released until it had been approved by NHS England. It was suggested that the PCBC could have supplementary briefing documents which provided additional information. The CCGs welcomed suggestions from members for the specific topics of those supplementary documents.
- (v) In response to concerns about bed capacity at UHL it was explained that whilst the original reconfiguration plans proposed a reduction in the number of beds, it was now proposed to increase the beds by 139. Further details regarding the bed capacity proposals would be available when the consultation commenced. Although the NHS was intending to prioritise investment in primary care, mental health and other community services this did not mean that the acute sector would be smaller.
- (vi) In response to concerns that so far there had been insufficient consultation with service users in the maternity department, members were informed that consultation had taken place with the Maternity Voices Partnership but it was acknowledged that more needed to be done not only to engage with mothers of newborn children, but with patients generally across the acute service.
- (vii) Reassurance was given that as part of the consultation, engagement would take place with Parish Councils regarding the proposals.

#### RESOLVED:

- (a) That the details of the 12-week public consultation for proposed investment and changes to the acute and maternity services provided by the University of Hospitals of Leicester NHS Trust be noted;
- (b) That it be noted that the draft consultation document for the acute and maternity reconfiguration is currently incomplete and missing key information but that the full business case will be published before the public consultation commences.

- (c) That it be noted that the Community Services Review will be conducted in parallel with the acute and maternity reconfiguration consultation but that the reconfiguration work will not be dependent on the outcome of the Community Services Review.
- (d) That representatives from UHL and the CCGs be invited to a future meeting of the Committee to present a further report regarding the consultation business case when a final version is available.

18. Briefing Paper from the Leicester Mercury Patients' Panel and Rutland Health and Social Care Policy Consortium.

The Committee considered a briefing paper from the Leicester Mercury Patients' Panel and Rutland Health and Social Care Policy Consortium which raised concerns regarding the processes for planning health services for Leicester, Leicestershire and Rutland with particular focus on the NHS Long Term Plan. The Committee also considered a response to the briefing paper from the three Clinical Commissioning Groups in Leicester, Leicestershire and Rutland and University Hospitals of Leicester NHS Trust. Copies of the Briefing paper, marked 'Agenda Item 7', and the response are filed with these minutes.

John Adler, Chief Executive, UHL, Mark Wightman Director of Marketing & Communications, UHL, and Andy Williams, Chief Executive, CCGs remained for this item and the Committee also welcomed Jennifer Fenelon, Chair of Rutland Health & Social Care Policy Consortium, and Dr Sally Ruane, Chair of Leicester Mercury Patients' Panel.

- (i) With regard to concerns raised regarding perceived weaknesses in the engagement processes and relevant information being unavailable to the public, it was highlighted that the NHS Long Term Plan was already in the public domain and the local response to the Long Term Plan would be available at the time the consultation started. Members suggested that there could be a briefing document made available to the public which summarised the information already in the public domain regarding confirmed plans for health services in Leicester, Leicestershire and Rutland, and the CCGs agreed to give this consideration.
- (ii) Members did not wish to delay the start of the public consultation but wished to ensure the public had sufficient time to read the relevant documents and respond. Therefore it was suggested that the consultation should be extended beyond the proposed 12 week period. In response the CCG stated that extending the consultation would create a delay in the overall programme which was not desirable. Delays could create a cost escalation for the scheme and the values of capital schemes could change and cause operational pressures.
- (iii) In response to a suggestion in the briefing paper that Mr Nick Duffin, Fellow of the Consultation Institute could be invited to provide advice to the Committee in person for one hour at no cost, members agreed to give consideration to whether he could be invited to a future meeting.
- (iv) The CCGs offered to continue to liaise with Rutland Health & Social Care Policy Consortium, Leicester Mercury Patients' Panel and other interested parties to try and address their concerns.

## RESOLVED:

- (a) That the contents of the Briefing Paper from the Leicester Mercury Patients' Panel and Rutland Health and Social Care Policy Consortium, and the response from the CCGs and UHL, be noted;
- (b) That the LLR Health Overview and Scrutiny Committee will consider the local response to the Long Term Plan in full at a future meeting and will be consulted on the reconfiguration plans as part of the consultation process due to commence at the end of March 2020.
- (c) That UHL and the CCGs be requested to consider:
  - (i) Undertaking further dialogue with Leicester Mercury Patients' Panel and Rutland Health and Social Care Policy Consortium regarding the consultation on the reconfiguration plans;
  - (ii) Extending the public consultation period to ensure that the public have time to read and understand the proposals before responding to the consultation;
  - (iii) Creating a briefing document for the public which summarises all the information already in the public domain regarding the proposals which is not subject to change in future so that the public can be informed as much as possible before the business plan is published and the consultation begins.

19. CCG Response to NHS Long Term Plan.

The Committee received a presentation from Better Care Together on the local response to the NHS Long Term Plan. A copy of the presentation slides is filed with these minutes.

The Committee welcomed to the meeting for this item Andy Williams, Chief Executive, and Sara Prema, Executive Director of Strategy and Planning, Leicester City, West Leicestershire and East Leicestershire CCGs.

Arising from discussions the following points were noted;

- (i) A full response to the NHS Long Term Plan would be published and considered by the Committee later in the year. The purpose of this agenda item was to highlight key issues to members.
- (ii) Conversations had taken place with Local Authority partners regarding the future of health services in Leicester, Leicestershire and Rutland and the feedback had been taken on board. It was noted however that the three upper tier authorities in Leicester, Leicestershire and Rutland had different priorities.
- (iii) The outpatient model that was currently in use required updating, and in the future it was intended that follow up appointments would only take place if there was a therapeutic value to them.
- (iv) Leicester Royal Infirmary (LRI) was located in an area of poor air quality and the response to the NHS Long Term Plan aimed to move some services away from the

LRI so that there was less congestion in that area of Leicester. A Treatment Centre was being created at the Glenfield Hospital and high volume simple elected procedures would take place there. Two multi-storey car parks would be built on the Glenfield site to deal with the extra demand. However, it was noted that creating additional carparking space only encouraged more people to drive so did not necessarily solve the problems of congestion and air quality.

- (v) The CCGs acknowledged that conversations needed to take place with the general public to manage their expectations regarding primary care and improve understanding of what a good service looked like. Patient Care Networks would hopefully enable systems to be standardised across all GP Practices. In future less patients visiting GP Practices would be seen by a doctor and instead greater use would be made of other practitioners like pharmacists.
- (vi) Members welcomed the additional appointments which would be available to see a GP in the early mornings, evenings and weekends. However, it was noted that a percentage of appointments at GP Practices were only available to be booked online and not everybody was able to use technology. Reassurance was given that whilst digital technology would be used to improve communication systems in the future, digital was going to be part of the offer not the only offer.
- (vii) Members raised concerns regarding patients being triaged at the receptions of GP Practices in front of other patients and it was acknowledged that this was not acceptable.

RESOLVED:

- (a) That the CCG response to the NHS Long Term Plan be noted;
- (b) That the emphasis on improving access to primary care, and air quality, be welcomed;
- (c) That the CCGs be requested to give consideration to how they can make better use of funding provided by developers under Section 106 of the Town and Country Planning Act 1990.

20. Leicester, Leicestershire and Rutland Clinical Commissioning Groups Commissioning Policy for Gamete and Embryo Cryopreservation.

The Committee received a report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups regarding the Policy for Gamete and Embryo Cryopreservation and the four week public consultation which was due to commence. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Ket Chudasama, Director of Performance & Corporate Affairs at West Leicestershire CCG.

Arising from discussions the following points were noted:

- (i) The Policy proposed that to be eligible for NHS-funded gamete or embryo cryopreservation females could only be up to 42 years old and males up to 55 years old. This was because above those age limits the efficacy of treatment reduced.

- (ii) It was queried whether Healthwatch Rutland had been consulted with regarding the Policy and reassurance was given that if they had not yet been consulted they would be immediately.
- (iii) A national policy for Gamete and Embryo Cryopreservation could be created in the future but it was thought that the best way of achieving this was to create regional policies first.

RESOLVED:

- (a) That the Leicester, Leicestershire and Rutland Clinical Commissioning Group's Commissioning Policy for Gamete and Embryo Cryopreservation be noted;
- (b) That the CCGs be requested to ensure that all local Healthwatch organisations are engaged with as part of the four week public consultation which is due to commence.

21. Transforming Mental Health Services.

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) which provided a high level update on the adult and older people focused mental health programme. A copy of the report, marked 'Agenda Item 10' is filed with these minutes.

The Committee welcomed John Edwards, Associate Director for Transformation, LPT to the meeting for this item.

Arising from discussions the following points were noted:

- (i) There was a national target set that by March 2021 there was to be no out of area mental health placements, and LPT were currently within the trajectory to meet that target though it could be difficult to sustain. Some patients required acute care and were placed out of area due to capacity issues within LPT and this could be resolved by improving flow. Other patients were placed out of area because they required specialist placements which were not available in LLR and investment was needed to resolve this issue. It was hoped that with more people receiving treatment in the community in the future there would be less need for specialist placements. In response to concerns raised about whether there would be sufficient capacity to treat patients in the community, reassurance was given that integrating different systems together would increase capacity. Furthermore, there was expected to be national investment in mental health which would be targeted towards community services.
- (ii) Whilst members approved of the plans to cease the use of dormitory accommodation at the Bradgate Unit and replace with individual bedrooms, concerns were raised that this would reduce the overall capacity of the unit. In response it was explained that there was a three year plan for the dormitories and in the first year there was not expected to be a loss in capacity because extra space had been found within the unit for beds, however in the following two years there could be a reduction in capacity.
- (iii) There was an engagement strategy in place regarding the service changes and each service change would have a specific engagement plan. Healthwatch would be supporting the wider engagement work.

- (iv) From July 2020 people would be able to refer themselves to the crisis service and this would be open to everybody not just patients already known to LPT. It was hoped that this new system would reduce the amount of people attending the Emergency Department with mental health issues. If patients did attend the Emergency Department in a mental health crisis standards would be in place which required them to be seen and assessed within one hour. In response to concerns that the self-referral system would be overloaded reassurance was given that it had been modelled on other self-referral systems already in use and the lesson learnt from those other systems was the take up of the service was not as high as expected.

RESOLVED:

That the update on the adult and older people focused mental health transformation programme within Leicestershire Partnership NHS Trust and the changes that are planned in 2020 be noted.

22. Date of next meeting.

The Chairman noted that the next meeting was scheduled to take place on 18 March 2020 at 10:00am however this coincided with a meeting of the A&E Delivery Board which meant that some NHS representatives would be unable to attend both meetings.

RESOLVED:

That officers be requested to circulate an email to all Committee members asking them to provide feedback on proposed options for rearranging the 18 March 2020 meeting.

10.00 am - 1.50 pm  
24 January 2020

CHAIRMAN