



Meeting: Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee

Date/Time: Wednesday, 18 March 2020 at 11.00 am

Location: Sparkenhoe Committee Room, County Hall, Glenfield

Contact: Euan Walters (0116 3052583)

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Membership

Dr. R. K. A. Feltham CC (Chairman)

Cllr. T. Aldred	Cllr. M. March
Cllr. P. Chamund	Mr. J. Morgan CC
Mr. J. Dale	Cllr. D. Sangster
Cllr. L. Fonseca	Mrs B. Seaton CC
Mr. T. Gillard CC	Micheal Smith
Mrs. A. J. Hack CC	Miss G. Waller
Dr. S. Hill CC	Cllr. P. Westley
Cllr. P. Kitterick	Mrs. M. Wright CC

Please note: this meeting will be filmed for live or subsequent broadcast via the Council's web site at <http://www.leicestershire.gov.uk>

– Notices will be on display at the meeting explaining the arrangements.

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 24 January 2020.	(Pages 5 - 12)
2. Declarations of interest.	
3. Presentation of Petitions.	
4. Question Time.	
5. Questions asked by members under Standing Order 7(3) and 7(5).	



6. Urgent Items.
7. Community Services Redesign Process. Leicester, (Pages 13 - 20)
Leicestershire and
Rutland Clinical
Commissioning
Groups
8. Non-Emergency Transport Service - Thames Leicester, (Pages 21 - 22)
Ambulance Service Limited. Leicestershire and
Rutland Clinical
Commissioning
Groups
9. Winter Pressures.
A presentation will be provided by EMAS, UHL and LLR CCGs.
10. East Midlands Ambulance Service Update.
*A presentation will be provided by Russell Smalley, Service Delivery
Manager, EMAS.*
11. Any other items which the Chairman has
decided to take as urgent.

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

Members serving on Overview and Scrutiny have a key role in providing constructive yet robust challenge to proposals put forward by the Cabinet and Officers. One of the most important skills is the ability to extract information by means of questions so that it can help inform comments and recommendations from Overview and Scrutiny bodies.

Members clearly cannot be expected to be experts in every topic under scrutiny and nor is there an expectation that they so be. Asking questions of 'experts' can be difficult and intimidating but often posing questions from a lay perspective would allow members to obtain a better perspective and understanding of the issue at hand.

Set out below are some key questions members may consider asking when considering reports on particular issues. The list of questions is not intended as a comprehensive list but as a general guide. Depending on the issue under consideration there may be specific questions members may wish to ask.

Key Questions:

- Why are we doing this?
- Why do we have to offer this service?
- How does this fit in with the Council's priorities?
- Which of our key partners are involved? Do they share the objectives and is the service to be joined up?
- Who is providing this service and why have we chosen this approach? What other options were considered and why were these discarded?
- Who has been consulted and what has the response been? How, if at all, have their views been taken into account in this proposal?

If it is a new service:

- Who are the main beneficiaries of the service? (could be a particular group or an area)
- What difference will providing this service make to them – What will be different and how will we know if we have succeeded?
- How much will it cost and how is it to be funded?
- What are the risks to the successful delivery of the service?

If it is a reduction in an existing service:

- Which groups are affected? Is the impact greater on any particular group and, if so, which group and what plans do you have to help mitigate the impact?
- When are the proposals to be implemented and do you have any transitional arrangements for those who will no longer receive the service?
- What savings do you expect to generate and what was expected in the budget? Are there any redundancies?
- What are the risks of not delivering as intended? If this happens, what contingency measures have you in place?

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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



Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 18th MARCH 2020

REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS

COMMUNITY SERVICES REDESIGN PROGRESS

Purpose of report

1. The purpose of this report is to provide an update on progress to put in place a model of integrated community services in Leicester, Leicestershire and Rutland (LLR). The report also provides an update on the work to review the broader model of community services health provision, including services provided from community hospitals in LLR.

Policy Framework and Previous Decisions

2. The changes described in this report sit within the context of the NHS Long Term Plan and the LLR Better Care Together strategy for improving community services and providing more care closer to home. The NHS Long Term plan introduced new response time standards for urgent crisis response in the community including a 2 hour crisis response standard and the commencement of reablement within 2 days of referral.

Background

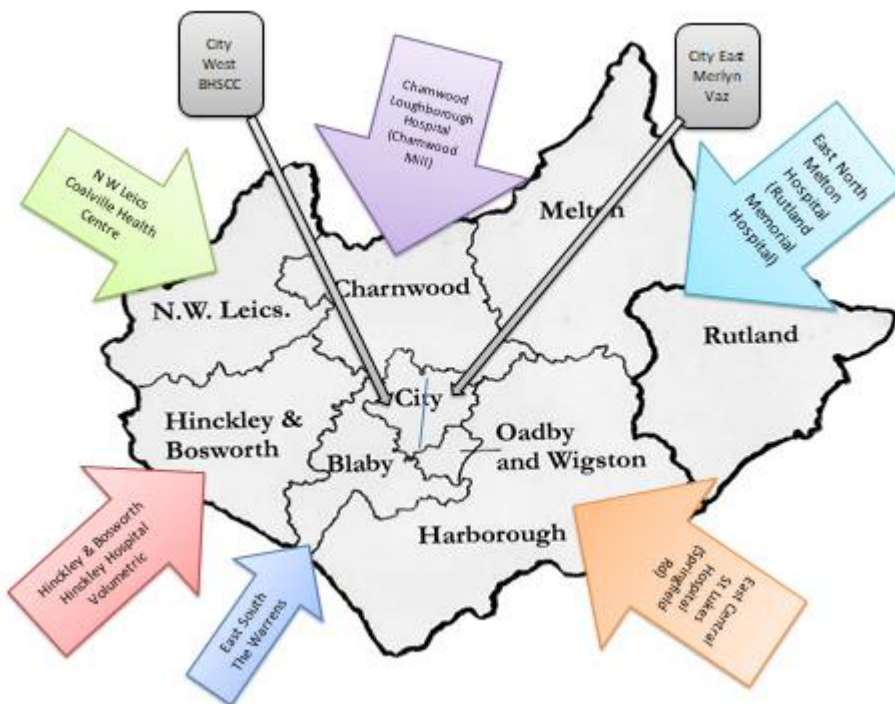
3. The Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs) have been working on a review of community health services since 2018, undertaking a thorough review of the model of care in partnership with NHS providers and social care teams in each of the three local authorities. In July 2019 the CCGs agreed a business case to reconfigure adult community services provided by Leicestershire Partnership Trust (LPT) and to make investment in strengthening community services and primary care support for patients looked after in their own homes.
4. The objectives of the review and the key changes proposed to community services have been the subject of previous reports to the JHOSC in both February 2019 and September 2019.

What has been achieved so far?

5. LPT community team reorganisation

Implementation of the new model of care has begun, involving a major reorganisation of the services provided by LPT. Following agreement of the community services model, LPT have implemented changes to the way that community services are delivered, from the 1st December 2019.

6. LPT nursing and therapy teams have undergone a management of change to put in place new team structures that align to primary care networks. Staff are now organised within 8 hubs across LLR delivering the new specification for community nursing, community therapy and a 'Home First' offer, delivered alongside social care crisis response and reablement. Each hub serves a number of primary care networks (PCNs) and is designed to support the development of integrated teams at neighbourhood level across all of LLR. The new hub structure is shown below.



7. Key changes to community services achieved to date are;

- **7 day therapy provision in the community-** this will enable increased weekend discharges and weekend care to avoid admission to hospital and commence rehabilitation earlier. Therapy was previously offered Monday to Friday only.
- **Improved response times**
 - Services are commissioned to provide a 2 hour crisis response to eligible patients, to avoid admission to hospital for patients identified by EMAS, community referrals and those who can be turned around at the front door of A&E.
 - A same day response is provided for less urgent cases and to support a planned discharge

- **More intensive Rehabilitation and Reablement** –delivered jointly between health and social care, maximising opportunities for shared delivery. In line with the national expectations, Home First teams are working to commence reablement within 2 days and the core intensive offer will support patients for up to 6 weeks. This represents a significant improvement on the previous 10 day length of stay (LOS) for the Intensive Community Support service, and is already demonstrating genuine rehabilitation before discharging from the service, thus reducing readmission rates and reducing the need for patients to be referred into follow up or ‘planned’ reablement services. There has been more than a 50% increase in the number of patients who are being offered this rapid access to intensive reablement, compared to the previous model of care. In January 2020 83% of patients referred into Home First had therapy commenced within 2 days. Performance is expected to continue to improve over the coming months, with the addition of more staffing into therapy teams.

8. **Enhanced Medical Response**

CCGs have commissioned an enhanced medical support to patients on the Home First caseload, supported by investment in primary care via PCNs to support Home First. The enhanced expectations of primary care include;

- Duty Dr arrangements to discuss potential discharges and management plans with UHL discharging consultants and ward staff, where this will support confidence in managing a patient at home;
- Supporting the Home First teams in their ongoing management of a patient being cared for at home, including providing urgent home visits, where this is needed;
- Providing a rapid response to EMAS or primary care out of hours teams present at a patient’s home to support a decision about admission avoidance.

9. Patients in all 25 PCNs across LLR are now covered by this enhanced medical cover, delivered by GP practices.

10. **Co-location and integrated triage in Leicester City**

From 1st December 2019 an integrated Locality Decision Unit was in place providing a single access point for Home First, with LPT, social care re-ablement and the Integrated Crisis Response Service all co-located at the Neville Centre to offer joint triage of referrals. This model will be further strengthened in the coming weeks to create a single access point for discharge referrals with the City Hospital Transfers Team being integrated with the Neville Centre.

Ageing Well Accelerator Programme

11. LLR has been named as a national accelerator site for the delivery of the new NHS standards for urgent crisis response. We are one of 7 health and care systems in England who are part of a programme, working with NHS England and Improvement, to develop models of care which will consistently deliver the 2 hour and 2 day standards and which could be adopted by other health systems. As part of the accelerator programme we have been awarded some additional non-recurrent

funding, which will be used in addition to the CCGs' investment, to model new ways of working and to fast track increases in capacity of services to deliver Home First. In quarter 4 of 2019/2020 we have been able to increase therapy and social care crisis response capacity, and expect to receive further additional funding in 2020/2021, potentially in excess of £1 million, which will be used across both health and social care in the three local authority areas. As part of the accelerator work, we are developing ways of improving data quality and reporting on response times, including developing demand and capacity modelling tools that can be used to plan for integrated delivery of care.

Challenges and Further work

12. Following mobilisation, a workshop has been held with system partners to review progress and to identify further work required to deliver the vision for the Community Services redesign. There is still significant work to do with acute hospitals, primary care and other partners to communicate the changes and make sure that all agencies understand and are referring appropriately into the new pathways.
13. An improvement plan is in place which is being overseen by the Integrated Community Board.
14. A single, co-located locality decision unit for Leicestershire County has not yet been possible, due to the lack of IT and telephony solutions that would support LPT and Council staff to work from the same site. Active discussions are taking place to agree the best way to organise access routes into Leicestershire services. In the meantime, workarounds are in place to support some shared triage of referrals and to align working practices and processes across health and social care. Discussions are also taking place about integrating Council reablement teams into the six community hubs so that staff are co-located at a local level.
15. There are opportunities to enhance the current integrated health and social care team in Rutland, to create a dedicated team including community nursing and therapy to serve Rutland patients which would also work alongside the Rutland primary care network staff. Proposals to develop this team structure are being worked up which will also have an impact on strengthening the team covering Melton Mowbray.
16. The early phase of mobilisation has created some additional activity in relation to urgent provision of equipment and home adaptations, and in County reablement services. Additional funding from the Ageing Well programme is being made available to support increased demand and timeliness of response.
17. To support the community services redesign model, the CCGs are making an additional investment of £943K into LPT from April 2020, and LPT have begun a large scale recruitment campaign to increase numbers of nurses and therapists.

Evaluating the Impact of Home First

18. The CCGs are working with colleagues in the local authorities and with Midlands and Lancashire Commissioning Support Unit (CSU) to develop an evaluation approach. This includes using a health and social care data integration tool to track patient

outcomes across health and social care settings. We are also working with Healthwatch to trial a patient survey which will provide a rich source of information on the impact of the community services redesign work on patient's experience of integrated care.

19. As part of the Ageing Well accelerator programme we will be participating in a national evaluation process which will look at the delivery of the national NHS response time standards as well as the impact of urgent crisis response on key metrics across health and social care. This evaluation will not be available until 2021.
20. Accurately assessing the impact of Home First in LLR to date, including the achievement of the 2 hour and 2 day reablement standards is difficult, due to the number of duplicate patient referrals into health and social care, or nursing and therapies. In addition, we are having to undertake some development work to pull together data sources from a number of different systems which is not yet automated.
21. The CCGs are monitoring LPT performance against a set of contractual measures. From April, LPT will be reporting using a new national Community Services Data Set which will include reporting on response times standards
22. There has been a declining trend in the admission rates for conditions related to frailty for LLR patients over the course of the year so far (2019/2020), which may be attributed to the work that has been done on integrated community teams, and an improved offer for patients with complex needs including frailty and multi-morbidity. However, even after adjusting for the underlying downward trend, in December and January, the first two months since implementation of the new model, inpatient admissions for the cohort of patients we are targeting through Home First reduced by 4% and 9% respectively. We will continue to monitor admissions and readmissions to track the impact of Home First on admissions.
23. The CCGs have undertaken an updated quality impact assessment reflecting the mobilisation work and we are reviewing and updating the equalities impact assessment, in the light of the evidence on impact since the model was introduced.
24. Further work on evaluating the impact will include an audit of the impact of the enhanced primary care medical support for Home First.

Community Services Redesign Phase 2

25. As reported to the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee in September 2019, the CCGs have begun a second phase of work, looking at a wider range of services delivered in community settings, including community inpatient beds, outpatient appointments and day care procedures carried out in all community hospitals in LLR. The work is being overseen by a Steering Group with involvement of local authority partners, Healthwatch and NHS provider trusts.
26. Work to date includes a review of the community hospital estate and facilities, and a mapping of services delivered in each hospital.

27. A number of clinically-led workshops have taken place to review the current clinical model of non-acute bed provision. Alongside this, there is work underway to develop the transformation plan for planned care services (outpatients and day case procedures).
28. A patient engagement event on planned care will be held on the 31st March 2020 which will inform the design of the future delivery of planned care services out of hospital, including developing the level of treatment delivered by PCNs and in GP practices.
29. An audit of bed utilisation, to establish whether the current configuration of beds in community hospitals and care home settings is appropriate to meet current and projected needs, is in the design phase. It is hoped that this will be carried out in April, dependent on the development of the Covid 19 situation in LLR.
30. The CCGs are working with Districts to discuss the future delivery of care at a local level, and this will be followed later in the year by wider engagement with local communities to discuss the range and location of services available in their area. This will inform specific proposals and options for the community services model in future
31. The CCGs will involve Healthwatch and the Citizen's Panel in developing criteria to evaluate emerging options for the model of community based care, and a workshop to co-design these criteria is being arranged to take place in April.

Consultation

32. There is an ongoing programme of engagement with the public, local communities and stakeholders to support the redesign work over the coming six months.
33. Formal consultation on options for any significant changes to community services will be undertaken, if required, later in the programme of work. It is anticipated that this will not take place earlier than autumn/winter 2020/2021.

Resource Implications

34. The first phase of the community services redesign has involved £2.3m of new investment into community services across LLR.

Conclusions

35. The Community Services Redesign work has made some significant progress, with some real benefits being experienced by local people. However, there is still much more to do to realise the shared vision of health and social care, including meeting the national Ageing Well standards. The work to develop integrated community services will continue throughout 2020/2021.

Circulation under the Local Issues Alert Procedure

Not applicable.

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Relevant Impact Assessments**Equality and Human Rights Implications**

36. An initial equality impact assessment was undertaken in the design phase of the work in 2019, and which was positive overall. A more detailed impact assessment is being worked up, which takes account of the evidence from the first months since mobilisation of the LPT service changes.

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Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

**LEICESTERSHIRE, LEICESTER AND RUTLAND HEALTH OVERVIEW
AND SCRUTINY COMMITTEE:
18 MARCH 2020**

REPORT OF LLR HEALTH AND SOCIAL CARE SYSTEM

**NON-EMERGENCY PATIENT TRANSPORT SERVICE –
THAMES AMBULANCE SERVICES LIMITED (TASL)**

Purpose of report

1. The purpose of this report is to provide an update from LLR Clinical Commissioning Groups (CCGs) on the Non-Emergency Patient Transport Service.

Introduction and Background

2. Thames Ambulance Services Limited (TASL) was awarded the LLR contract for Non-Emergency Patient Transport Services (NEPTS) following a procurement exercise across LLR in June 2017, and service commenced 1st October 2017.

Quality - Care Quality Commission Inspection 23rd October 2019 and Report

3. A CQC inspection took place in October 2018 at TASL bases in Lincoln, Spalding and Grimsby and the head office in Lincoln. The report highlighted a number of areas for improvement and concern.
4. Representatives from TASL attended the Leicestershire County Council Health Overview and Scrutiny Committee on 13 March 2019 and were held to account for performance.

Performance to date

5. TASL were requested to provide a report for the 18 March 2020 meeting of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee to update on their performance but the report was not received in time for the papers going to print. It is hoped that a more detailed report will be circulated to members and published prior to the 18 March 2020.

Officer to contact

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