

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 31 August 2022.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. M. H. Charlesworth CC

Mr. R. Hills CC

Mr. K. Ghattoraya CC

Mr. P. King CC

Mr. D. Harrison CC

Ms. Betty Newton CC

In attendance

Rachna Vyas, Chief Operating Officer, NHS Leicester, Leicestershire and Rutland Integrated Care Board (minute 23 refers).

Chris West, Deputy Chief Nurse, NHS Leicester, Leicestershire and Rutland Integrated Care Board (minute 23 refers).

Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust (minute 23 refers).

Heather Pick, Assistant Director, Adults & Communities Department, Leicestershire County Council (minute 24 refers).

David Williams, Group Director of Strategy & Partnerships, Leicestershire Partnership NHS Trust (minute 24 refers).

16. Minutes of the previous meeting.

The minutes of the meeting held on 15 June 2022 were taken as read, confirmed and signed.

17. Question Time.

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

18. Questions asked by members.

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

19. Urgent items.

There were no urgent items for consideration.

20. 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.

Mr. P. King CC declared an Other Registerable Interest in agenda item 9: Learning from Deaths of People with Learning Disability and Autistic People Review Programme Annual Report as he was a member of the National Autistic Society.

It was also noted that Mrs. M. E. Newton CC had two close relatives that worked for the NHS.

21. Declarations of the Party Whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

22. Presentation of Petitions under Standing Order 35.

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

23. Urgent and Emergency Care System.

The Committee considered a joint report of University Hospitals of Leicester NHS Trust (UHL) and the Leicester, Leicestershire and Rutland (LLR) Integrated Care System which provided an update on the performance of the Urgent and Emergency Care System including the findings of a Care Quality Commission (CQC) report into the system dated 8 July 2022. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Rachna Vyas, Chief Operating Officer, NHS Leicester, Leicestershire and Rutland Integrated Care Board, Chris West, Deputy Chief Nurse, NHS Leicester, Leicestershire and Rutland Integrated Care Board, and Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust.

Arising from discussions the following points were noted:

- (i) Some of the problems with the performance of the Urgent and Emergency Care System were a result of the Covid-19 pandemic, however there were also longstanding issues which needed to be addressed. The ambulance handover delays were a symptom of a much wider problem with flow through the system.
- (ii) LLR had the lowest EMAS conveyance rate which was believed to be because patients were being seen in other services and did not require acute care. However, LLR also had the highest referral rate in the region for urgent community response in patients own homes.
- (iii) Traditionally the Leicester Royal Infirmary Emergency Department experienced one of the highest rates of unheralded attendances in the region, though due to work which had taken place to tackle this problem the LRI Emergency Department now had one of the lowest rates. However, there were still significant numbers of patients presenting at the Emergency Department who could have been treated at other venues locally. Urgent Treatment Centres had additional capacity which was not being used. Members raised concerns about mixed messaging in relation to Urgent Treatment Centres and their opening hours which left the public unclear about where they should go for treatment and at what times.

- (iv) NHS England had set the LLR System and Leicester Royal Infirmary Emergency Department a challenge of zero handovers over 30 minutes by 1 September 2022. Whilst significant progress had been made towards this objective, the challenge would not be met by 1 September and whilst a trajectory had been agreed with NHS England it was difficult to estimate when the challenge would be met.
- (v) A member raised concerns about the lack of a clear strategy for improvement and questioned whether the high turnover of senior management at UHL over the previous years could have contributed to the lack of improvement in performance. Members also noted that the report to the Committee contained no action plan for how the issues with the Urgent and Emergency Care system would be addressed nor timescales for when improvements would be made. In response UHL acknowledged that sustainability in leadership was important and provided reassurance that the right leadership team was now in place. It was explained that managers across the Urgent and Emergency Care System were talking to each other more than ever and it was being ensured that they were all working towards the same aim rather than the aims of each individual organisation. An action plan was in place which set out how the demand and flow would be managed and metrics were in place to monitor performance. The action plan would be provided to members after the meeting.
- (vi) Additional capacity in the system was being created and a new care home was opening in Leicestershire which it was hoped would alleviate some of the problems with regards to discharging patients from hospital.
- (vii) In response to concerns raised by members that UHL did not have the required numbers of staff with the appropriate expertise, reassurance was given that recruitment and retention was a priority for UHL and work was ongoing to improve recruitment from all types of professions and make UHL a more attractive employer, for example improving pay and car parking. The staffing and recruitment issues did not just relate to UHL but to the whole Urgent and Emergency Care System. It was agreed that data regarding the number of vacancies would be provided to members after the meeting.
- (viii) The Integrated Falls Response service had just been launched which treated patients that had experienced falls in their own home and brought in lifting equipment where necessary. It was a pilot run by Derbyshire Health United and in response to a request it was agreed that the results of the pilot would be reported to the Committee at a future date.
- (ix) The Urgent and Emergency Care System took on board best practice from systems elsewhere in the country. Officers attended seminars and met with regional and national colleagues to share learning. Successful methods from elsewhere could not always be copied exactly in Leicestershire due to unique circumstances locally however where possible the learning was implemented locally.
- (x) A multi-agency Patient Safety Risk Summit was taking place in September 2022. Currently no representatives from the County Council were scheduled to attend but they were welcome and consideration would be given to who would be the most appropriate attendees from the County Council.

RESOLVED:

- (a) That the update relating to the Urgent and Emergency Care System in Leicestershire and the Care Quality Commission report of 8 July 2022 be noted with concern.
- (b) That officers be requested to provide a further update to the Committee in the new year regarding the performance of the Urgent and Emergency Care System.

24. Learning from Deaths of People with Learning Disability and Autistic People Review Programme Annual Report.

The Committee considered a report of the joint Senior Responsible Officers for the Learning from lives and deaths of people with learning disability and autistic people (LeDeR) programme which presented their Annual Report 2022. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item the two Senior Responsible Officers Heather Pick, Assistant Director, Adults & Communities Department, Leicestershire County Council and David Williams, Group Director of Strategy & Partnerships, Leicestershire Partnership NHS Trust.

Arising from discussions the following points were noted:

- (i) To be included in the LeDeR programme a patient would have to have had a formal diagnosis prior to their death. Across Leicester, Leicestershire and Rutland 4530 people over the age of 14 were registered with their GP Practice as having a learning disability and/or autism. In 2021-22 the LLR LeDeR programme received 77 referrals and completed 65 reviews. In response to a question from the Chairman it was confirmed that 77 was roughly the correct number of referrals that should have been received.
- (ii) When a patient died it was difficult to identify whether they had autism and whether a referral to the LeDeR programme was needed, however it was believed that in most cases the deaths were reported to the LeDeR programme.
- (iii) Learning disabilities and autism could be 'invisible' to others and there needed to be greater awareness amongst health professionals of when a patient had a learning disability or autism so that this could be taken into account when the patient was dealt with. The findings from the LeDeR programme were being shared with doctors, Primary Care Network leads and other health professionals and it was hoped that this would lead to service improvements.
- (iv) There were concerns that people with learning disabilities and autism were deterred from accessing primary health care due to the technology they were required to engage with such as the log-in screens in reception. The general approach was that people with greater needs such as those with learning disabilities or autism should not have to access healthcare in a different way to others but at the same time adjustments did need to be made for them. For example during the Covid-19 pandemic vaccines were delivered to some patients in their cars rather than making them enter NHS premises.

RESOLVED:

That the Leicester, Leicestershire and Rutland LeDeR Annual Report 2022 be welcomed.

25. Alcohol Misuse and Trading Standards.

The Committee considered a report of the Director of Public Health which provided an overview of the Public Health response to alcohol misuse, including the remit of the Trading Standards Department. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) As part of the service Turning Point provided there was a young people offer which involved holding talks in schools and groupwork sessions. Turning Point also took part in freshers' week at universities to promote messages around the dangers of alcohol misuse. Data suggested that the amount of alcohol consumed by young people was not increasing.
- (ii) Turning Point were piloting a service (commenced July 2022) aimed at reducing the number of individuals at risk of long-term effects from alcohol misuse. The offer involved a non-invasive procedure to assess liver health and spot early signs of liver damage. In response to a question from a member regarding the capacity and expense of the service and when the non-invasive procedure could be carried out it was agreed that further information regarding the pilot would be provided to members after the meeting.
- (iii) Vaping was intended to be a healthier alternative for smokers but there were increasing concerns about people taking up vaping even though they had not been smokers previously. Members expressed an interest on this topic and asked for further information. In response to questions from a member about the volume of people this service dealt with it was agreed that further information would be provided to members after the meeting.
- (iv) Whilst the Public Health department was involved in reviewing applications to district councils for licenced premises this work could be strengthened. Partnership work needed to take place with the police to look at data of where incidents were occurring as a result of alcohol.

RESOLVED:

That the Public Health response to alcohol misuse in Leicestershire be noted.

26. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 2 November 2022 at 2.00pm.