



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 12 November 2014.

PRESENT

Dr. S. Hill CC (in the Chair)

Mrs. J. A. Dickinson CC
 Dr. T. Eynon CC
 Dr. R. K. A. Feltham CC
 Mr. W. Liquorish JP CC

Mr. J. Miah CC
 Mr. M. T. Mullaney CC
 Mr. J. P. O'Shea CC
 Mr. A. E. Pearson CC

In Attendance.

Mr. E. F. White CC, Cabinet Lead Member for Health (minute 45 refers)
 Rick Moore, Chairman of Healthwatch Leicestershire.
 Tim Slater, General Manager Leicestershire and Rutland Division, East Midlands Ambulance Service NHS Trust (minute 40 refers)
 John Holden, Director of Systems Policy, NHS England (minute 41 refers)
 Christine Richardson, Head of Specialised Commissioning, NHS England Local Area Team (minute 41 refers)
 Kate Shields, Director of Strategy, University Hospitals of Leicester NHS Trust (minute 42 refers)
 Kate Allardyce, Greater East Midlands Commissioning Support Performance Service (minute 43 refers)
 Dr. Mohammad Al-Uzri, Clinical Director Adult Mental Health and Learning Disabilities Division, Leicestershire Partnership NHS Trust (minute 44 refers)
 Dr. Satheesh Kumar, Medical Director, Leicestershire Partnership NHS Trust (minute 44 refers)
 Teresa Smith, Divisional Director Adult Mental Health and Learning Disabilities Division Leicestershire Partnership NHS Trust (minute 44 refers)

32. Minutes.

The minutes of the meeting held on 10 September were taken as read, confirmed and signed.

33. Question Time.

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

34. Questions asked by members under Standing Order 7(3) and 7(5).

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

35. Urgent Items.

There were no urgent items for consideration.

36. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Dr. T Eynon CC declared a personal interest in all items on the agenda as a salaried GP.

Mrs. J. A. Dickinson CC, declared a personal interest in the items titled 'Meeting the Requirements of the Congenital Heart review at the University Hospitals of Leicester' as her grandson was employed by the University Hospitals of Leicester NHS Trust (UHL) (minute 41 refers) and 'Update on Progress with the Care Quality Commission Action Plan' as a member of Leicestershire Partnership NHS Trust's (LPT) Shadow Board of Governors (minute 43 refers).

Mr. J. Miah CC declared a personal interest in the item titled 'Meeting the Requirements of the Congenital Heart review at the University Hospitals of Leicester' as members of his family were medical practitioners at UHL (minute 41 refers).

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

There were no declarations of the party whip.

38. Presentation of Petitions under Standing Order 36.

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

39. Change to the Order of Business.

The Chairman, with the consent of the Committee, confirmed a change to the order of business to that set out on the agenda.

40. Leicestershire Divisional Update.

The Committee considered a report from East Midlands Ambulance Service NHS Trust (EMAS) which provided key performance information for the Leicestershire area and an update on the Estates Strategy and the recruitment of frontline staff. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The Committee was concerned that EMAS was underperforming against the delivery of key operational performance targets, especially in rural areas. EMAS recognised this and would seek to make improvements by maximising available resources to meet demand forecast through its Performance Improvement Plan;
- (ii) Currently EMAS operational performance could only be broken down to county level, which consisted of the two County and Rutland Clinical Commissioning Groups

(CCGs) and the City CCG. This made it difficult to understand performance levels for the County Council area, separate from Leicester City. EMAS was currently developing a standard information pack to provide information split to local authority area, allowing for more localised and focused discussion in future operational and financial reporting;

- (iii) It was explained that there was a national trend for disparity in response times between urban and rural areas. Resources were split equally between the City and the County, however, due to the larger geographical size and relative difficulty in accessing more isolated rural areas, response times were generally slower in the County. To ensure an equitable service across the City and the County would require considerable additional investment;
- (iv) Resource levels, conveyance levels and turnaround were three key factors in delivering performance. For the Leicestershire and Rutland Divisional area non-conveyance, where patients were not taken to hospital after an ambulance was called, was the highest of any EMAS area as the aim was to reduce the volumes of patients attending the Leicester Royal Infirmary (LRI). Arrangements had been put in place jointly with UHL to undertake more effective and appropriate triage of patients;
- (v) Members queried EMAS's operational scorecard and the omission of a number of hospitals in and around the Leicestershire area that received patients through EMAS. It was explained that the current Dashboard only provided information for the top four sites in terms of volume of patients received, but information that covered all patients from Leicestershire and all hospital sites attended would be provided in the future;
- (vi) It was noted that although October had not been an excessively high demand month, performance had been poor. The Committee was advised that in the Leicestershire divisional area 1200 hours had been lost due to slow hospital turnaround times and that there had also been significant pressure across the whole of EMAS's operational area during this period. The Committee sought assurances that action was being undertaken to mitigate the current pressures faced, especially in light of the coming winter months which would see a much greater demand on both EMAS and UHL, and was advised that EMAS was now working directly with the LRI through an operational manager and was engaging with the local CCGs and the NHS Trust Development Authority to improve hospital turnaround times;
- (vii) Another area of concern in the Leicestershire area had been the recruitment and retention of frontline staff, predominantly Team Leaders and Clinical Team Mentors, many of whom had moved to other providers with better Terms of Employment and working hours. In response to this a rolling recruitment process had been put in place as part of a local management review. In the interim, support from other areas of EMAS had been sought, pending permanent recruitment to vacant posts.

RESOLVED:

- (a) That the key performance information provided for the East Midlands Ambulance Service Divisional area of Leicestershire and update on the Estates Strategy and frontline staff recruitment be noted;
- (b) That members be provided with additional hospital turnaround information that covers all patients from Leicestershire and all hospital sites attended, for the year to date.

41. New Congenital Heart Disease Review.

The Committee considered a presentation from NHS England which provided information on the objectives and standards which would inform the New Congenital Heart Disease Review being undertaken by NHS England. A copy of the presentation marked 'Agenda Item 8' is filed with these minutes.

In response to questions the Committee was advised as follows:-

- (i) NHS England had had regard to the findings of the Independent Reconfiguration Panel in scoping the terms of reference of the new review of congenital heart services;
- (ii) NHS England had delegated powers to agree the standards and specifications. However, given the significance of this issue there would be consultations with the Department of Health and the Secretary of State for Health to seek their views;
- (iii) The timelines for achieving the standards varied depending on the standards concerned. NHS England were keen to ensure compliance with all of the standards within three years;
- (iv) The issue of how the new service was to be commissioned/procured was under discussion and would need to have regard to public sector contract law. Given the specialist nature of the service it was likely that all existing providers would be in a strong position to bid for the work but it was not possible to rule out any bidders. Monitor would also have a key role providing some assurance regarding the contracting process.

Members commented favourably on the openness of the engagement process and the clarity of the objectives, standards and specifications which would guide the review. In coming to a view about a response to the consultation it was noted that members would need to consider views of local NHS bodies and in particular UHL.

RESOLVED:

- (a) That the information provided on the objectives and standards which will inform the New Congenital Heart Disease Review being undertaken by NHS England be noted;
- (b) That officers be requested to produce a formal response to the New Congenital Heart Disease Review, based on this Committee's discussions and having regard to any views of local NHS bodies, for submission to NHS England.

42. Meeting the Requirements of the Congenital Heart Review at the University Hospitals of Leicester.

The Committee considered a report from University Hospitals of Leicester NHS Trust (UHL) which provided an overview of the requirements of the Cardiac Heart Review and UHL's progress in meeting these. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

In response to questions the Committee was advised as follows:-

- (i) Discussions were progressing with Birmingham City Hospital (BCH) regarding a network partnership. As BCH was operating at capacity and having to turn away children it was in the process of developing a new hospital facility which would take up to ten years. A network partnership would allow for UHL to grow its numbers within the NHS England timeframe whilst at the same time working with BCH to deliver the required level of service for the Midlands. It was expected that, given the projections for population growth and the work in hand to grow activity particularly from Northamptonshire, Lincolnshire and north Midlands there would be sufficient capacity for both new children hospitals in the longer term;
- (ii) Work was also in hand to look at the availability of paediatric intensive care beds across the Midlands as this was a key factor in determining the level of activity that could be undertaken by UHL;
- (iii) The co-location of children's services on one site would be achieved once the planned new Children's hospital was built on the LRI site. Until such time as this happened the UHL Board would seek agreement from NHS England to allow a degree of flexibility as this would be in the best interest of the children;
- (iv) The UHL Trust would be seeking to access approximately £322million capital for major improvements to its facilities which would include a new Children's hospital. The strategic outline business case was expected by the end of this calendar year. The Trust would, following approval of the business case and capital funding, also begin the process of fundraising to ensure that the facilities provided were excellent rather than 'fit for purpose';
- (v) The Trust was mindful of the need to remain focussed on its core business and ensure the work needed to develop the new Children's Hospital would not be a major distraction. The Children Hospital Plan was a part of the UHL five year business plan.

Members welcomed the information now provided and were of the view that it was now up to the UHL Trust to demonstrate that it could achieve the required standards and thereby secure the future of children's heart surgery in Leicester.

RESOLVED:

That the update on the requirements of the Cardiac Heart Review and University Hospitals of Leicester's progress in meeting these be noted and officers have regard to these in formulating the response to NHS England on the New Congenital Heart Disease Review.

43. Performance Update at end of Quarter 2 2014/15.

The Committee considered a report of the Chief Executive and GEM Commissioning Support Performance Service which provided an update on performance against current performance priorities set out in the Health and Wellbeing Strategy and Commissioner Performance Frameworks, based on data available at the end of quarter two 2014/15. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The Committee welcomed the information provided within the report which was useful in allowing the Committee a better understanding of current performance related activity across all health bodies;
- (ii) The Committee was advised that the report only provided information up to the end of August 2014 due to the time needed to collate and evaluate the data;
- (iii) It was explained that the 18 week referral to treatment targets had not been met as of August 2014. However, the admitted trajectory had now been set to be achieved by the end of November. An update on this would be reported to the Committee at its next meeting;
- (iv) It was reported that there had been seven breaches at UHL in relation to mixed sex accommodation which had equated to two events. It was clarified that where a male or female was placed on the opposite same sex ward this would be considered a breach for all patients on the ward.

RESOLVED:

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

44. Update on Progress with Care Quality Commission Action Plan.

The Committee considered a presentation from Leicestershire Partnership NHS Trust (LPT) which provided members with an update on progress with the Care Quality Commission (CQC) Action Plan in relation to improving the quality of care at the Bradgate Mental Health Unit. A copy of the presentation is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The Committee was advised that further to the warning notices issued by the CQC as a result of its inspection of the Bradgate Unit at LPT both warning notices had now been lifted as of September 2013. LPT would be subject to another inspection in March 2015;
- (ii) It was explained that the vast majority of mental health wards were mixed sex. All wards had private rooms and toilets. LPT did have a female single sex ward, the Heather Ward, located at the Bradgate Unit;
- (iii) With regard to complaints about LPT services, it was noted that, although patient confidentiality agreements were in place, LPT had a whistle blowing process. Where a member of staff felt unable to speak to their manager or where management had not responded appropriately, staff could directly raise a concern by phoning or emailing a dedicated service, or setting out their concerns in writing to the Chief Executive;
- (iv) The Committee was advised that LPT was working to strengthen clinical leadership and was engaging with the local Clinical Commissioning Groups (CCGs) and local authorities through a clinical forum for adult mental health, which had been established early this year. LPT recognised that all relevant organisations needed to

work in partnership to tackle issues within the adult mental health unit such as, length of stay and transfer of care. It was hoped that this would create greater capacity within the community mental health team to avoid situations escalating and needing intervention from the crisis service, although it was recognised that some patients would need to go to the clinical unit;

- (v) The Committee noted that newer wards provided a much better environment to support quality care for patients. It was hoped that improvements to the mental health care system would allow for better care outcomes for patients.

RESOLVED:

That the update on progress with the Care Quality Commission action plan in relation to improving the quality of care at the Bradgate Mental Health Unit be noted.

45. Consultation on Draft Pharmaceutical Needs Assessment.

The Committee considered a report and presentation of the Director of Public Health which presented the draft Pharmaceutical Needs Assessment (PNA) and sought the Committee's comments as part of the statutory 60 day consultation. A copy of the report marked 'Agenda Item 14' and presentation is filed with these minutes.

The Chairman welcomed the Cabinet Lead Member for Health, Mr. E. F. White CC, to the meeting for this item. Mr White advised that the PNA was a statutory duty of the Health and Wellbeing Board and would need to be published by 31 March 2015. Pharmaceutical services were currently underused and could undertake a range of services which would relieve pressures on other health services. He welcomed the PNA and the good work undertaken by officers in the Public Health Team in engaging with local people and stakeholders in identifying local needs for pharmaceutical services.

Arising from discussion the following points were raised:-

- (i) The Committee suggested that minor ailment services and blood clotting services should be prioritised in future plans for community pharmacies. It was explained that the Health and Wellbeing Board would make these recommendations to the CCGs, however, it was a matter for the CCGs to commission these services;
- (ii) It was noted that some GP practices already had good working relationships with community pharmacies. It was hoped that the PNA would help to strengthen these links and provide consistency across the whole County for all GP practices and community pharmacies.

RESOLVED:

- (a) That the draft Pharmaceutical Needs Assessment be welcomed;
- (b) That officers be requested to produce a formal response to the consultation on the draft Pharmaceutical Needs Assessment, based on this Committee's discussions, and forward it to the Director of Public Health.

46. Annual Report of the Director of Public Health

The Committee considered a report of the Director of Public Health which informed members of the publication of the Director of Public Health's Annual Report for 2014. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The Committee welcomed the report which demonstrated a good approach to raising awareness of the County Council and other partners in improving the health of the population of Leicestershire;
- (ii) Members queried the County Council's view in relation to advertising of E-Cigarettes. The Director clarified that he had no issue with smokers switching to E-Cigarettes as a tool to stop smoking. However, there was some concern that advertising E-Cigarettes could be seen to encourage young people who did not smoke to use E-Cigarettes;
- (iii) Members advised that some district councils were working with partners to promote employment schemes for people with mental health issues, such as through the 'Me and My Learning Service' undertaken by Melton Borough Council. The Director advised that the County Council would be meeting with the Leicester and Leicestershire Enterprise Partnership (LLEP) to discuss working in partnership to better address this issue. The Committee requested that it receive a report on this issue at a future meeting.

RESOLVED:

- (a) That the Annual Report of the Director of Public Health be welcomed;
- (b) That a report on promoting employment opportunities for those with mental health difficulties and other disabilities be submitted to a future meeting of the Health Overview and Scrutiny Committee.

47. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 21 January 2015 at 2.00pm.

2.00 - 5.20 pm
12 November 2014

CHAIRMAN