



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 30 March 2016.

PRESENT

Dr. S. Hill CC (in the Chair)

Mrs. R. Camamile CC
Mrs. J. A. Dickinson CC
Dr. T. Eynon CC
Dr. R. K. A. Feltham CC

Mr. J. Kaufman CC
Mr. W. Liquorish JP CC
Mr. A. E. Pearson CC
Mr. S. D. Sheahan CC

In attendance

Mr. E. F. White CC, Cabinet Lead Member for Health;
Rick Moore, Chair of Healthwatch Leicestershire;
Tamsin Hooton, Director of Urgent and Emergency Care, West Leicestershire Clinical Commissioning Group (Minute 70 refers).
Mrs. C. M. Radford CC (Minute 71)
Mr. G. Welsh CC (Minute 71)

62. Minutes.

The minutes of the meeting held on 20 January 2016 were taken as read, confirmed and signed.

63. Question Time.

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

64. Questions asked by members.

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

65. Urgent items.

There were no urgent items for consideration.

66. 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.

The following declarations were made:

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

Mrs. J. A. Dickinson CC declared a personal interest in all items on the agenda as she had a relative employed by the University Hospitals of Leicester NHS Trust.

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

There were no declarations of the party whip.

68. Presentation of Petitions.

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

69. Better Care Fund Refresh 2016/17 Overview.

The Committee considered a report of the Director of Health and Care Integration which provided an overview of the progress to refresh and submit the Leicestershire Better Care Fund (BCF) plan including an update on the refreshed spending plan and outcome metrics for 2016/17 as at 17th March 2016. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

In introducing the report the Director of Health and Care Integration provided the details of the emergency admissions avoidance schemes in place which were as follows:

- 7 day services in Primary Care run by East and West Leicestershire CCGs.
- The falls service.
- An older persons unit at Loughborough Hospital assessing those in need of urgent diagnostics and support with their Care Plan.
- Integrated Crisis response providing 72 hours care in a patient's own home.
- A new scheme for 2016/17 at Glenfield Hospital designed to avoid admissions for cardiac and respiratory problems.

Arising from discussion the Committee was advised as follows:-

- (i) There was a requirement to include a measurement of patient and service user satisfaction within the Better Care Fund. Locally, the GP survey question regarding whether patients were satisfied with the support they received to manage long term conditions was used for this purpose. It was noted that the survey was sent to a random selection of patients each year and was administered nationally on behalf of CCGs, so it was sometimes difficult to measure year on year improvements and whether these had been actively influenced by local changes, using this survey. The Director of Health and Care Integration undertook to inform the Committee of local response rates to the most recent questionnaire and would seek this information from each CCG. It was noted that, in order to improve patient satisfaction in supporting people with long term conditions, community based case management had been introduced.
- (ii) Clarification was provided regarding the terminology used in the Metrics in connection with assessing the amount of admissions. It was noted that Metric 4 referred to the total number of emergency admissions whereas Metric 6 was a subset of that and referred specifically to admissions related to injuries due to falls. The definition of an 'Avoided Admission' was discussed and the Director of Health and Care Integration explained that in each of the schemes data was recorded against a clinical definition to examine if the activities carried out within the

alternative pathway prevented an admission to hospital particularly in the 14 day period after an incident/accident occurred. However, it was recognised that this was an inexact concept to assess and clinical judgements would have to be made on what constituted an avoided admission. To support this work there was a clinical definition of an avoided admission for each scheme. Independent Evaluation including Clinical Audit was carried out to assess how the schemes were operating against the assumptions and gather evidence to inform future practice and commissioning arrangements. Members welcomed the robust attempt made through the Better Care Fund Plan to measure and evaluate the effectiveness of initiatives.

- (iii) The Better Care Fund Plan did not include all schemes to reduce readmissions to hospital; further work in this area was being led by the Urgent Care Board and Vanguard initiatives. However, it was intended that the learning from the Better Care Fund work to date would be incorporated into future urgent care delivery models.

RESOLVED:

- (a) That the progress made to refresh and submit the Leicestershire Better Care Fund (BCF) plan be noted;
- (b) That officers be requested to inform the Committee of the response rate for the GP patient survey;
- (c) That officers be requested to consider how the Better Care Fund Plan can support a reduction in the readmission rate for the University Hospitals of Leicester.

70. Urgent and Emergency Care Vanguard.

The Committee considered a report of West Leicestershire Clinical Commissioning Group (CCG) which provided an update on the Urgent Care Improvement work including the Leicester, Leicestershire and Rutland Urgent Care Vanguard. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

The Chairman welcomed Tamsin Hooton, Director of Urgent and Emergency Care to the meeting for this item.

Arising from discussion Members were advised as follows:-

- (i) 7 day working in acute hospitals would not necessarily result in all services being available 7 days a week. For instance, Ophthalmology day case treatment was categorised as an elective service and therefore would not be available 7 days a week. The Emergency Department would meet the needs of patients with urgent eye problems outside of normal working hours.
- (ii) In response to concerns regarding the lack of clinical expertise of the people answering 111 calls, Members were reassured that the system did include a trigger to identify patients who required a more specialised clinical assessment and they would therefore be taken off the clinical navigation pathway so they could receive that assessment.
- (iii) Some palliative care services provided by LOROS were funded by the NHS.

- (iv) A Placement Bridging/Holding team was used when a patient's long term destination was residential care, but in the short term they were able to go home with support to be assessed in a home setting.
- (v) Concern was expressed regarding the significant issue of the different NHS systems that were not always compatible and thereby failed to share information. Although this was beyond the remit of the Vanguard, it was contributing to improvements in this area by working in parallel with a project to integrate health and social care points of access across Leicester, Leicestershire and Rutland. Some resources from the Vanguard were also allocated towards ensuring that a summary care record for patients could be shared across health and care organisations. It was felt that the Committee should give further consideration to this issue relating to the interoperability of NHS systems and organisations and the creation of a single patient record accessible to patients and carers.
- (vi) It was acknowledged that ambulance handover times at the Leicester Royal Infirmary were still unacceptably long. As a result of the Care Quality Commission Inspection of the Emergency Department undertaken at the end of 2015, weekly performance meetings were now held between UHL, EMAS and the Trust Development Authority. Some improvements had been made, particularly to the number of ambulances waiting over two hours. Some of the urgent care recovery plan actions were also starting to have an impact. The Vanguard was largely focused on strategic and longer term improvements but it also aimed to reduce the pressure on the ambulance service, for example through the multi-disciplinary team at the navigation hub which would provide senior clinical support for paramedics and support reductions in ambulance conveyances to the Accident & Emergency Department.

RESOLVED:

- (a) That the update on the Urgent Care Improvement work including the Leicester, Leicestershire and Rutland Urgent Care Vanguard be noted.
- (b) That officers be asked to identify options for scrutiny on the approach taken to the health and care system in Leicestershire, including the interoperability of systems.

71. 0-19 Healthy Child Programme Review and Re-Procurement.

The Committee considered a report of the Director of Public Health which provided information on the 0-19 health needs assessment and sought its views on the proposed model for the procurement and delivery of a 0-19 Healthy Child Programme. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Arising from discussion Members were advised as follows:-

- (i) The proposed service would result in less duplication and would enable gaps in provision to be filled. An additional benefit was that the new service would use Public Health data to identify need as well as where the new service could work with other services and support communities to become more resilient. It was also expected that £0.5 million of savings would be made from the £9 million budget from integrating the services and working in a more joined up way.

- (ii) Stakeholder engagement with the professional delivering the current service had been positive and that they would welcome the opportunity to work in a more holistic way, including engaging with local communities.
- (iii) Work was being carried out to understand the pathways already in place for the emotional health and wellbeing of children and young people and to establish which organisations were providing and commissioning services, to make sure the system was as efficient as it could be. This involved working with the Children and Families Service and Clinical Commissioning Groups.
- (iv) Ways of measuring outputs were being considered and the Outputs Star System used by the Supporting Leicestershire Families Programme was an option under review.

RESOLVED:

- (a) That the 0-19 health needs assessment and proposed model for the procurement and delivery of a 0-19 Health Child Programme service (Health Visiting and School Nursing) for Leicestershire be supported;
- (b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 9 May 2016.

72. Public Health Commissioning Intentions.

The Committee considered a report of the Director of Public Health which introduced the Department's Commissioning Strategy and Commissioning Intentions. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Arising from discussions the following points were raised:-

- (i) Members were pleased to note that the Commissioning Strategy included detail of the specific actions that were going to be carried out rather than just setting out broad aims.
- (ii) As the County Council already had a service which engaged with travelling families, it was proposed to extend this to include public health services such as providing information and supporting families to register with a GP. Members queried whether the existing service, which would be decommissioned, included Health Visitors and the Director of Public Health agreed to check the details and provide the information to Members.

RESOLVED:

- (a) That the Department's Commissioning Strategy and Commissioning Intentions be noted;
- (b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 19 April 2016.

73. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Commission would be held on 8 June 2016 at 14:00hrs.

2.00 - 3.45 pm
30 March 2016

CHAIRMAN