



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 20 January 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. D. Jennings CC
Mr. J. Kaufman CC
Mr. W. Liquorish JP CC
Mr. J. Miah CC

In attendance.

Mr. E. F. White CC, Cabinet Lead Member for Health,
Rick Moore, Chair of Healthwatch Leicestershire,
Toby Sanders, Managing Director, West Leicestershire Clinical Commissioning Group (Minute 57 refers),
John Adler, Chief Executive University Hospitals of Leicester NHS Trust (Minute 57 refers),
Tim Hargrave Locality Manager, Leicester, Leicestershire and Rutland East Midland Ambulance Trust (Minute 57 refers),
Dr. Satheesh Kumar, Medical Director of Leicestershire Partnership NHS Trust (Minute 58 refers),
Dr. Peter Miller, Chief Executive of LPT (Minute 58 refers),
Kate Allardyce, Performance Manager, Greater East Midlands Commissioning Support Unit (Minute 59 refers).

49. Minutes.

The minutes of the meeting held on 11 November 2015 were taken as read, confirmed and signed.

50. Question Time.

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

51. 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).

52. Urgent Items.

There were no urgent items for consideration.

53. 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 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 all items on the agenda as she had a relative employed by the University Hospitals of Leicester NHS Trust.

Mr. J. Miah CC declared a personal interest in all items on the agenda as he had relatives employed by the University Hospitals of Leicester NHS Trust.

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

There were no declarations of the party whip.

55. Presentation of Petitions under Standing Order 36.

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

56. Medium Term Financial Strategy 2016-17 - 2019-20.

The Committee considered a joint report of the Director of Public Health and Director of Corporate Resources which provided information on the proposed 2016/17 to 2019/20 Medium Term Financial Strategy (MTFS) as it related to the Public Health Department. A copy of the report marked 'Agenda Item '8' is filed with these minutes.

The Chairman welcomed Mr E F White CC, Cabinet Lead Member for Health to the meeting for this item.

In introducing the report the Director of Public Health and Cabinet Lead Member advised that the Department's overall approach was to redesign services where possible to improve outcomes as well as saving money. The Department had an exemplary track record of delivery in this area which gave confidence that the proposed savings were deliverable, although it was acknowledged that there would also be some risks associated with the projects. In some cases the work to deliver savings during 2016/17 was already underway.

In response to the financial challenge it was facing, the Department was focused on:-

- Services that made the biggest impact such as those to improve the health and wellbeing of children;
- Early help and prevention to reduce demand for service and ease the pressure on the health and social care system.

Arising from discussion the Committee was advised as follows:-

Service Transformation

- (i) The Department was keen to encourage community involvement in the delivery of appropriate services, as outlined in the Annual Report of the Director of Public Health for 2015. It was intended that this approach would sit outside formal voluntary sector arrangements and would empower communities to take responsibility for their own health and wellbeing.

Proposed Revenue Budget

- (ii) The Committee was disappointed to note that the grant allocation for 2016/17 from the Department of Health had not yet been confirmed. However, it welcomed the Department's pragmatic approach to setting its budget using estimates.
- (iii) The contribution to other County Council preventative services made by the Public Health Department would be reviewed as part of a comprehensive approach to early help across the Council aimed at bringing all preventative spend together.

Savings

- (iv) PH2 – Reduction in Health Checks

The Health Check programme was statutory; however the fees that the County Council paid to GPs for carrying out Health Checks were at the higher end of the national range. There was some risk attached to this saving as any reduction in fees would be dependent on the outcome of negotiation with GPs.

- (v) PH4 Review of Physical Activity Services and Contracts

It was intended that the physical activity service would be focused on delivery; to that end the reduction in funding to district council was expected to cease the funding of physical activity co-ordinators. It was recognised that this was not an efficient use of funding and district councils were already working to identify alternative service models. The reduction in funding would not affect high impact services such as exercise on referral schemes or the infrastructure provided by Leicester-Shire and Rutland Sport to support physical activity across Leicestershire.

- (vi) PH6 Review of Smoking and Tobacco Services and Contracts

It was acknowledged that the increased usage of e-cigarettes and the time-intensive nature of current smoking cessation services meant that there had been a reduction in activity. The smoking cessation service would therefore be redesigned to be more cost effective and to take international best practice into account. The intensive services such as one-to-one or group sessions would still be available, but only for targeted groups such as Looked After Children. These would be supported by universal telephone or web based services which would be less resource intensive and emerging national and international evidence showed that them to be effective.

A future service redesign, currently proposed for 2017/18, would involve integrating all lifestyle services, such as substance misuse and obesity services as well as smoking and tobacco services, into a single lifestyle behaviours service.

Capital Programme

- (vii) The warm and healthy homes scheme was funded through an external grant following a successful bid for funding. The County Council's spend on the project would be delivered through the Papworth Trust, although the Trust would not provide services. There were a number of ways in which vulnerable people could access the scheme, including through the Lightbulb Project, in-house service, district council services or those provided by a charity.

RESOLVED:

- (a) That the report and information now provided be noted;
- (b) That the comments now made be forwarded to the Scrutiny Commission for consideration at its meeting on 27 January 2016.

57. Urgent and Emergency Care Update Winter Performance and Vanguard.

The Committee considered a joint report of West Leicestershire Clinical Commissioning Group (WLCCG), University Hospitals of Leicester NHS Trust (UHL) and East Midland Ambulance Service (EMAS) providing an update on the winter performance of the Urgent and Emergency Care System and briefing the Committee on the progress of the Urgent and Emergency Care Vanguard. A copy of the report marked 'Agenda item 9' is filed with these minutes.

The Chairman welcomed Toby Sanders, Managing Director, West Leicestershire Clinical Commissioning Group, John Adler, Chief Executive UHL, and Tim Hargrave Locality Manager, Leicester, Leicestershire and Rutland (LLR) EMAS to the meeting for this item.

In introducing the report John Adler gave an account of improvements in response to the Care Quality Commission's (CQC) conditions imposed following its unannounced visit at Leicester Royal Infirmary (LRI) on 30 November 2015. UHL acknowledged the seriousness of the situation, as the CQC had imposed conditions on UHL's registration and failure to comply was a criminal offence. The issues identified by CQC and UHL's response was as follows:-

- The need to ensure that the skill mix of staff in the Emergency Department (ED) was sufficient for patient safety; particularly with regard to the numbers of senior nurses. UHL provided a weekly report to CQC regarding both nursing and medical staff and no major problems had yet been identified;
- The need to assess every patient within 15 minutes of arrival at the ED. This was an extremely challenging standard, as observations and getting a case history could take time. However, the Committee was advised that performance had improved in this area and a system put in place whereby ambulance crews assessed patients in transit and shared this on arrival so that the sickest patients could be prioritised during busy periods. It was acknowledged that this presented a risk in that some patients would have longer waits;
- The need to improve the management of sepsis. A new pathway had been implemented and the last data set indicated full compliance. However, the pathway required six specific actions to be implemented within one hour of the patient's arrival at ED and performance relating to each action was mixed.

The Committee was advised that the most recent CQC report and feedback on the Trust's progress had not been received yet, though it was hoped that the improvements listed above would be sufficient to comply with the conditions imposed.

Arising from discussion members were advised as follows:-

- (i) The single front door and the co-location of the ED and the Urgent Care Centre (UCC) allowed for effective triage of patients to ensure that they were treated in the most appropriate setting and had resulted in 68 percent of the patients walking into urgent care at the LRI not needing to go to the ED at all. The Committee was advised that patients who did not know which service was most appropriate for

them should be using the 111 non-emergency number. The benefits of using the 111 number in non-emergency situations included advice on all local services available, including social care services and pharmacies. In addition, members were advised that part of the Vanguard project was intended to provide a more consistent urgent care service and increase the role of the NHS 111 number to act as the 'portal' for all points of access to health and social care in Leicester, Leicestershire and Rutland;

- (ii) The UCC was now managed by UHL and so was more integrated with the ED. Clinicians in the ED felt that the referrals made to them by the UCC were appropriate. It was intended that the UCC would be expanded to include an observation unit which would allow even more patients to be treated there rather than in the ED. EMAS also diverted patients away from the ED through its 'see and treat' and 'hear and treat' services;
- (iii) The delays in ambulance handovers to LRI remained the most problematic issue for the local health and care system. In order to tackle this, work was being undertaken to ensure that handovers were as slick as possible and that flow was maintained within the hospital. If beds were not available in the main hospital, patient needing to be admitted were not able to leave the ED. This in turn resulted in a lack of capacity in the ED. Members were, however, assured that UHL and EMAS worked together to proactively manage the patient flow. An escalation plan was in place which meant that delays of over two hours were referred to the Chief Executive of UHL. This escalation process was effective as it ensured all possible actions had been undertaken;
- (iv) Members were advised that each 999 call was triaged and the fast response car was dispatched to all immediate life threatening conditions and cardiac arrests with a target response time of 8 minutes, in line with national standards. The same target for immediate but not life threatening emergency was 19 minutes. The Committee was also advised that the patients were normally taken to the closest hospital available, but that the patients would be taken to LRI if their patient history was already there;
- (v) The LLR Vanguard aimed to improve urgent and emergency care; focused on simplifying the points of access for these services and improving the 'front door' at the LRI. The new ED floor, the first phase of which would be completed by the end of 2016, would provide an opportunity to look at how services could work together and be more integrated.

RESOLVED:

- (a) That the update on the winter performance of the Urgent and Emergency Care System and the progress of the Urgent and Emergency Care Vanguard be noted;
- (b) That the detailed plans for delivery of the Urgent and Emergency Care Vanguard be circulated to all members of the Committee for information.

58. Update of Progress of Actions Related to the Care Quality Commission Inspection at Leicestershire Partnership NHS Trust.

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) which provided an update on the progress of actions related to the Care Quality Commission (CQC) inspection at LPT carried out in March 2015. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

The Chairman welcomed Dr Satheesh Kumar, Medical Director of LPT and Dr Peter Miller, Chief Executive of LPT to the meeting for this item.

The Committee was pleased to note the improvements made at the Trust since the imposition of the conditions by CQC. Members were advised that a desktop review had taken place with CQC earlier this month, following which the CQC had indicated satisfaction with the progress being made. However, the CQC rating of inadequate for safety would remain in place until the next full inspection.

Arising from discussion the following points were noted:-

- (i) Members welcomed the development of clinical forums to consider issues relating to mobility and morbidity in community health service and were pleased to note the intention to roll these out across the Trust, including the mental health service;
- (ii) Members were pleased to note that quick action had been taken to improve the security of drug storage, such as not keeping medication once patients had been discharged and locking up prescription pads;
- (iii) The Committee sought assurance that action was being taken to improve end of life care and was advised that although improvements had been made, the work to develop a system wide protocol, which was being done through the Better Care Together workstream, although progressing, was not yet completed.

RESOLVED:

That the progress made in delivery of the actions required by the Care Quality Commission (CQC) following the inspection in March 2015 be noted.

59. Health Performance Update.

The Committee considered a joint report of the Chief Executive and Greater East Midlands (GEM) Commissioning Support Performance Service which provided an update on the performance priorities set out in the Health and Wellbeing Strategy, Better Care Fund (BCF) Plan and Commissioner Performance Frameworks, based on the latest data. A copy of the report marked 'Agenda Item 11', is filed with these minutes.

The Chairman welcomed Kate Allardyce, Performance Manager from GEM Commissioning Support Unit to the meeting for this item.

Arising from discussion the following points were raised:-

- (i) The waiting list for orthodontic services had been closed. Members were advised that patients were still admitted to the service in an emergency whilst the backlog of cases was cleared. The service was commissioned by NHS England and Members were assured that it was seeking additional capacity outside of Leicestershire;
- (ii) Members were pleased to note the reduction in Delayed Transfers of Care, however they raised concern over the increase in the readmissions rate. Assurance was sought that patients who were on end of life care plans, such as care home residents, were not being inappropriately readmitted to hospital. The Committee was advised that there was further detail on this issue in the performance report considered by the UHL Trust Board;
- (iii) Members were advised that data on the number of admissions due to falls was being analysed and it would be presented to the Committee at a future meeting.

RESOLVED:

- (a) That the performance summary, issues identified and actions planned in response to improve performance be noted;
- (b) That the officers be asked to circulate the most recent performance report considered by the University Hospitals of Leicester NHS Trust Board to all members of the Committee for information;
- (c) That hospital admissions due to falls be considered by the Committee at a future meeting.

60. Sexual Health Needs Assessment and Draft Leicestershire Sexual Health Strategy 2016-19.

The Committee considered a report of the Director of Public Health which sought its views on the Sexual Health Needs Assessment and Draft Leicestershire Sexual Health Strategy 2016-19. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

Members commended officers for providing a balanced report proposing a clear strategy for sexual health in Leicestershire. In addition, members welcomed the aim to simplify the screening process for sexual transmitted infections. The Committee felt that the strategy could have been developed jointly with Leicester City but was advised that the needs of residents of the County were different to those of Leicester City and a joint strategy was not considered appropriate. Services were co-ordinated between the two areas wherever possible and a significant amount of joint working took place.

The proposals around screening for Sexually Transmitted Diseases set out in the strategy were welcomed, but members cautioned against creating a system which resulted in multiple referrals within primary care through the use of an online referral system. Officers undertook to investigate whether the referral form could be incorporated into the GPs computer system so that they could make the referrals for vulnerable patients where appropriate.

RESOLVED:

That the Cabinet be advised that the Committee supports the draft Sexual Health Needs Assessment and strategy.

61. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 30 March 2016 at 2.00pm.

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