



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 8 June 2016.

PRESENT

Mrs. R. Camamile CC
Mr. J. G. Coxon CC
Mrs. J. A. Dickinson CC
Dr. T. Eynon CC

Dr. R. K. A. Feltham CC
Dr. S. Hill CC
Mr. Max Hunt CC
Mr. J. Kaufman CC
Mr. T. J. Pendleton CC

In attendance

Mark Gregory, General Manager for EMAS Leicester, Leicestershire and Rutland (Minute 10 refers).

Tamsin Hooton, Director of Urgent and Emergency Care (Minute 11 refers).

Mary Barber, BCT Programme Director (Minute 12 refers)

Mr. S. D. Sheahan CC (minute 13 refers)

Elaine Egan Morris, Interim Head of Quality at Leicester City CCG (Minute 14 refers)

Kate Allardyce, Performance Team (Leicester & Lincoln) GEM Commissioning Support Unit (Minute 16 refers).

1. Appointment of Chairman.

That Dr. S. Hill CC be appointed Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council in 2017.

(Dr. S. Hill CC in the Chair)

2. Election of Vice-Chairman.

That Mrs. J. A. Dickinson CC be elected Deputy Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council 2017.

3. Minutes of the previous meeting.

The minutes of the meeting held on 30 March 2016 were taken as read, confirmed and signed.

4. Question Time.

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

5. Questions asked by members.

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

6. Urgent items.

There were no urgent items for consideration.

7. 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 and a personal interest in the Better Care Together Update (minute 12 refers) as she volunteered for Radio Carillon, a hospital radio station.

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.

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

There were no declarations of the party whip.

9. Presentation of Petitions.

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

10. East Midlands Ambulance Service - Care Quality Commission Inspection outcomes.

The Committee received a presentation from Mark Gregory, General Manager for the Leicester, Leicestershire and Rutland Division of the East Midlands Ambulance Service (EMAS) on the Care Quality Commission (CQC) Inspection of EMAS undertaken at the end of 2015, and the actions being taken to improve performance. A copy of the presentation slides is filed with these minutes.

Arising from discussions members were advised as follows:

- (i) The Committee was pleased to note that the inspection had not identified concerns with the quality of face to face care provided by EMAS staff and that it was recognised as a caring service. However, the CQC report had raised concerns about the time it was taking EMAS staff to reach patients. It was clarified that the concerns related to the emergency ambulance service not the Patient Transfer Service currently provided by Arriva. The problem was mainly due to a lack of available resources both in terms of staff and vehicles. One of the reasons ambulances were not available was because of delays to the handover of patients at the Leicester Royal Infirmary. This indicated that the problem did not relate solely

to EMAS but required a whole system based response. It was noted that the issue of ambulance handover times was a national one and did not just relate to Leicestershire.

- (ii) An additional problem relating to availability of resources related to recruitment and retention of staff. There were 35 job vacancies at EMAS out of a total of 404 posts. This was believed to be due to a number of factors including the pay not being competitive and staff being recruited by other organisations. Action was being taken to fill the vacancies which included:
 - recruiting 9 paramedics from the University of Northamptonshire;
 - Looking at recruiting paramedics from overseas;
 - Considering how to make EMAS a more attractive place to work;
 - Considering whether in some situations fully qualified paramedics were not required and a hybrid role could be used instead.
- (iii) Other actions being carried out to improve performance and in particularly the timeliness of reaching patients were:
 - Changes to how staff and vehicles were deployed to specific incidents;
 - Changes to use of fast response cars;
 - Change to the way the Emergency Operations Centre worked to deploy resources.
- (iv) In response to a question regarding the additional 6 beds at the Leicester Royal Infirmary Emergency Department in the “cohorting area” which were used for the ambulance handover process it was confirmed that those beds were staffed by members of staff from the Ambulance Service. This meant that those EMAS staff members were not in the community responding to incidents.
- (v) An Action Plan was being developed to address the issues raised in the CQC report though this had been delayed due to late publication of the CQC report. In response to a question it was confirmed that the Action Plan would include a section on how to improve the interface with Leicester Royal Infirmary.

RESOLVED:

- (a) That the presentation on the Care Quality Commission Inspection report and the actions being taken to improve performance be noted;
- (b) That representatives of East Midlands Ambulance Service be invited to a future meeting of the Committee to present the content of the Action Plan.

11. Provision of services from Central Nottinghamshire Clinical Services (CNCS) in Leicester, Leicestershire and Rutland.

The Committee considered a report of West Leicestershire CCG which provided an update on business continuity in Out of Hours and Loughborough Urgent Care Centre. A copy of the report, marked Agenda Item 11, is filed with these minutes.

The Committee welcomed Tamsin Hooton, Director of Urgent and Emergency Care to the meeting to present the report and answer questions.

Arising from discussion members were advised as follows:

- (i) The Committee was pleased to note that the transfer of the Out of Hours Service to the new provider, Derbyshire Health United (DHU), had been smooth. A quality audit had been undertaken on 23 May and no issues of concern had been identified. DHU had strengthened medicines management arrangements and staffing levels were appropriate. The CCG was meeting with DHU on a weekly basis to ensure quality and stability within the service.
- (ii) The Urgent Care Vanguard Programme in Leicester, Leicestershire and Rutland included redesigning the Out of Hours Service and Urgent Care Centre at Loughborough and would bring these two services together to prevent duplication in the system and reduce the number of access points. The new model was expected to be in place from April 2017.
- (iii) Problems with the CNCS business model related to the use of locums and the payment incentives for GP's booking sessions on the rota. To resolve this DHU was changing the policies related to pay rates and recruitment, and work was being undertaken to incentivise GP's to book sessions earlier.
- (iv) There was a national problem regarding availability of GPs due to a number of older GPs retiring, and less doctors being attracted to General Practice due to negative perceptions of that area of the Health service. The Local Education Training Committee was looking at ways of attracting more GPs to Leicestershire and also whether it was possible to use different types of staff to treat patients such as nurses or Approved Medical Practitioners (AMPs).

RESOLVED:

That the update on business continuity for the Out of Hours Service and Loughborough Urgent Care Centre be noted.

12. Better Care Together update.

The Committee received a report of Better Care Together (BCT) on the progress of the BCT programme towards public consultation on a number of proposed changes that would impact the residents of Leicestershire, and which highlighted the consultation plan. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

The Committee welcomed Mary Barber, BCT Programme Director, to the meeting to present the report and answer questions.

Arising from discussion the following points were noted:

- (i) Before the public consultation on service reconfiguration could take place the BCT programme had to pass the following four tests set by the Department of Health:
 - Strong public and patient engagement
 - Consistency with the current and prospective need for patient choice;
 - A clear, clinical evidence base;
 - Support for proposals from the commissioner.
 It also needed to be affordable in capital and revenue terms. Whilst NHS England were assured in relation to some of those tests there were concerns regarding the ability to reduce capacity within the system, and also with regards to funding and in particular capital funding. Consequently the BCT programme had been asked to review its capital plans and look at the capacity issues.

- (ii) NHS England had advised that the BCT consultation needed to be in line with the timetable set for Sustainability and Transformation Plans therefore the consultation would not begin at the end of June 2016 as had been hoped. It was anticipated that the consultation would now take place towards the end of 2016.
- (iii) It was noted that the intention for the University Hospitals of Leicester (UHL) to operate from two sites rather than three was a result of the need for the Trust to become sustainable. However, in order to achieve this capital investment was required to increase capacity at the Glenfield Site. If this was not made available then further work was required to identify ways in which demand at UHL could be reduced.
- (iv) It was noted that arrangements were already in place for patients to be discharged from UHL to a community hospital for rehabilitation. In order to reduce pressure on UHL, and in particular the Emergency Department, more effort needed to be focussed on finding ways of avoiding admissions in the first place.
- (v) Members were of the view that the aim to obtain 10,000 responses to the consultation out of population of 1.1 million in LLR was optimistic. However, the BCT Programme felt that this was the right target to have when making changes of this level. Members were advised that when the consultation was underway the number of responses received would be monitored and, if necessary, the timescale could be extended to ensure that sufficient responses had been achieved to inform the decision.
- (vi) Members emphasised that it was important for the consultation documents to be supported by professional research and provide contextual detail which would enable the public to understand the case for change. The Committee was assured that the consultation documents would be comprehensive and would enable people to understand what the future provision of health services in Leicester, Leicestershire and Rutland would look like.

RESOLVED:

- (a) That the update on the progress of the Better Care Together programme towards public consultation on proposed changes be noted;
- (b) That the consultation plan be supported.

13. Integrating Points of Access.

The Committee considered a report of the Director of Adults and Communities which introduced the Business Case which had been developed for Integrating Leicester, Leicestershire and Rutland Points of Access across health and social care partners. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The nine points of access currently used by health and social care professionals and patients were:
- Leicestershire County Council customer service centre;
 - Leicester City Council customer service centre;
 - Rutland County Council customer service centre;
 - Community nursing;
 - Mental Health referrals;
 - UHL Bed Bureau;
 - First Contact public health co-ordination centre;
 - Integrated Crisis Response (Leicester City);
 - Integrated Crisis Response (Leicestershire County);
- (ii) The current system was fragmented and health and social care professionals might have to contact several different call centres to arrange individual aspects of care. The current system also lacked a systematic process for tracking progress of care arrangements that were being made. The first phase of implementing the project would focus on partners agreeing a single set of standards for adoption across all the existing points of access. Improvements would be made so that GPs and other professionals would receive automated updates on how the referral was progressing to save them making follow up phone calls. Consideration would then be given to whether it was possible to co-locate some or all of the services in scope. The arrangements proposed in this business case were in support of the wider changes being implemented to urgent care in Leicester, Leicestershire and Rutland through the vanguard programme. The Committee welcomed these changes.

RESOLVED:

- (a) That the report be noted;
- (b) That the Business Case for Integrating Leicester, Leicestershire and Rutland Points of Access across health and social care partners be supported.

14. Future in Mind.

The Committee considered a report of the Director of Children and Family Services which provided an update on the Better Care Together workstream relating to children services and the response to the national report 'Future in Mind'. A copy of the report, marked 'Agenda Item 14' is filed with these minutes.

The Committee welcomed Elaine Egan Morris, Interim Head of Quality at Leicester City CCG, to the meeting to present the report and answer questions.

Arising from discussions the following points were made:

- (i) In response to concerns that 250 young people were waiting for more than 13 weeks for a first access to services appointment, Members were reassured that the correct funding was now in place and the backlog had been addressed. Work had been undertaken to ensure that the level of funding for the service, both in terms of clinicians and back room staff, was now correct and reflected current levels of activity.
- (ii) A dedicated care navigator system, to ensure that service users' care was co-ordinated and the right services accessed, would be in place by the end of June. To

measure the success of this system an assessment would take place at the time of treatment and a further assessment would be conducted 6 months after treatment had been provided to see if there had been any clinical improvement. Leicester University would be conducting an evaluation which would include the online mental health services for children and young people provided by Kooth.

- (iii) A Vanguard bid had been submitted for 'All-age Liaison Psychiatry' with the intention that the funding be used for increasing the presence of the Child and Adolescent Mental Health Service (CAMHS) within the Liaison Psychiatry team. The bid had been well received and further information had been requested. It was anticipated that the outcome of the bid would be known on 10 July. This was a separate funding stream from the overall Vanguard bid for Leicestershire so would not be affected by any decisions on that bid.

RESOLVED:

That the update on the progress of the Better Care Together programme for improving the mental health and wellbeing of children and young people be noted.

15. Remodelling of the Stop Smoking Service.

The Committee considered a report of the Director of Public Health which set out the proposals for the new model for the Stop Smoking Service. A copy of the report, marked 'Agenda Item 14', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The proposed use of the First Contact Plus service as a means of accessing the new Stop Smoking Service was welcomed.
- (ii) If the new model for the Stop Smoking Service was a success then it was planned to broaden the model to cover other services aimed at improving lifestyle behaviours such as weight management and oral health. This was not expected to be implemented until 2017/18.

RESOLVED:

- (a) That the proposed new model for the Stop Smoking Service and proposed consultation thereon be supported.
- (b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 18 July.

16. Health Performance Update.

The Committee considered a joint report of the Chief Executive of the County Council and Greater East Midlands Commissioning Support Performance Service (GEM), which provided an update of performance at the end of quarter four of 2015-16. A copy of the report marked "Agenda Item 16" is filed with these minutes.

The Committee welcomed Kate Allardyce, Performance Team (Leicester & Lincoln) GEM Commissioning Support Unit to the meeting to present the report.

Arising from discussions the following points were raised:

- (i) The additional six beds in the Intensive Therapy Unit (ITU) had not yet been opened due to staffing and recruitment issues. It was expected that the beds would open by the end of August 2016.
- (ii) The six beds in the “cohorting area” at the Leicester Royal Infirmary, staffed by EMAS, where patients brought in by ambulance could be looked after until transferred into the Emergency Department, were counted as part of UHL’s target requiring emergency patients to wait for no longer than four hours for treatment. The timing for this target started as soon as the patient entered the hospital. This information would be reflected in the next performance report.
- (iii) Further information was requested on the proportion of older people in hospital referred to a reablement service and the proportion of people readmitted to hospital within 91 days who had not had access to reablement services.

RESOLVED:

- (a) That the performance summary, issues identified and actions planned in response to improve performance be noted;
- (b) That officers be requested to provide the Committee with details of the proportion of older people in hospital referred to reablement and the proportion of people readmitted to hospital within 91 days who had not had access to reablement;
- (c) That an update be provided to the Committee in September 2016 on the planned opening of the 6 ITU beds at Leicester Royal Infirmary;
- (d) That officers be asked to include in the next Performance Report to the Committee details of how patients are counted when they are being looked after by EMAS staff but are inside the Emergency Department.

17. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Commission would be held on 14 September 2016 at 2:00pm.