



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 6 September 2017.

PRESENT

Mr. L. Breckon JP CC (in the Chair)

Mr. P. Bedford CC
Mrs. H. J. Fryer CC
Mrs. A. J. Hack CC
Dr. S. Hill CC

Mr T. Parton CC
Mrs H. L. Richardson CC
Mrs D. Taylor CC

In attendance

Rick Moore, Healthwatch Representative

Tim Sacks, Chief Operating Officer at East Leicestershire and Rutland CCG (minute 24 refers)

Caroline Trevithick, Chief Nurse and Deputy Managing Director, West Leicestershire Clinical Commissioning Group (minute 25 refers)

Carmel O'Brien, Chief Nurse and Quality Officer and Deputy Managing Director at East Leicestershire and Rutland Clinical Commissioning Group (minutes 25 and 26 refer)

Tamsin Hooton, Director of Urgent and Emergency Care, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (minute 27 refers)

Mark Gregory, General Manager for EMAS Leicester, Leicestershire and Rutland (minute 28 refers)

Kirsty Morgan, Head of Infection Prevention Control, EMAS (minute 28 refers)

17. Minutes.

The minutes of the meeting held on 19 June 2017 were taken as read, confirmed and signed.

18. Question Time.

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

19. Questions asked by members..

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

20. Urgent Items.

There were no urgent items for consideration.

21. 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.

Mrs. A. J. Hack CC declared a personal interest in Item 8 of the agenda: Primary Care Health Services in the North Blaby Area, as she resided in Braunstone Town and was a Member of Braunstone Town Council.

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

There were no declarations of the party whip.

23. Presentation of Petitions.

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

24. Summary plan for the Future of Primary Care health services in the North Blaby area of East Leicestershire and Rutland Clinical Commissioning Group.

The Committee considered a report of East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) which provided an update on the issues facing GP Practices in the North Blaby area and the sustainability plans which were being developed. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Chairman welcomed Tim Sacks, Chief Operating Officer, ELRCCG to the meeting for this item.

In introducing the report Tim Sacks explained that the sustainability plans were at a high level and the details had not yet been finalised. He offered to bring a more detailed plan to a future meeting of the Committee.

Arising from discussions the following points were noted:

- (i) Consideration was being given by ELRCCG to the provision of Primary Care health services across the whole North Blaby area rather than focusing on areas such as Braunstone in isolation. Mapping exercises were carried out to ensure that services were evenly spread across the region. Nevertheless, concerns were raised by Members that there was insufficient capacity for patients at GP Practices in Braunstone and although Warren Lane Surgery in Leicester Forest East was due to be expanded this would be of little benefit to some residents of Braunstone as they would have difficulties travelling there. Members suggested that when decisions were made about Primary Care the availability of public transport needed to be taken into account. It was noted that buses were within the remit of the County Council.
- (ii) ELRCCG did liaise with Leicester City CCG regarding the boundaries of GP Practices to try and ensure that the ratio of patients per practice was even across the whole area however ultimately ELRCCG could not control what happened within Leicester City.
- (iii) Concerns were raised about succession planning at GP Practices and whether consideration was given to a far enough period of time into the future. Members were advised that the events which took place at Kingsway Surgery were exceptional and could not have been foreseen. In order to help resolve

sustainability issues GP Practices in the North Blaby area were keen to work together with each other and share services which would maximise resources.

- (iv) Clarification was given that Narborough Health Centre had begun conducting a 12 week consultation on the future of GP services for patients registered with the Health Centre and ELRCCG would be analysing the results rather than conducting the consultation themselves.
- (v) It was acknowledged that more work needed to be done to ensure that when new housing was built Developer Contributions for services such as GP Practices were sought at the earliest opportunity.
- (vi) Complaints figures were published. Reassurance was given that complaints about GP Practices were taken very seriously and were dealt with by Carmel O'Brien as part of her role as Chief Nurse and Quality Officer. Information about the issues surrounding GP Practices in the North Blaby area had been received through the following forums:
 - The National Patient Satisfaction Survey;
 - Patient Participation Groups;
 - GP Practice complaints;
 - Discussions between East Leicestershire and Rutland Clinical Commissioning Group and Local Authority colleagues.

RESOLVED:

- (a) That the update on Primary Care health services in the North Blaby area be noted;
- (b) That officers be requested to produce a more detailed report and action plan for a future meeting of the Committee regarding the East Leicestershire and Rutland Clinical Commissioning Group's plans to ensure sustainability of Primary Care health services in the North Blaby area.

25. Continuing Healthcare Settings of Care Policy - West Leicestershire Clinical Commissioning Group.

The Board considered a report of West Leicestershire Clinical Commissioning Group, a copy of which, marked 'Agenda Item 9', is filed with these minutes. The Chairman made the decision to consider the report alongside the next item on the agenda for the meeting, the report of East Leicestershire and Rutland CCG on the Settings of Care Policy. A copy of that report, marked 'Agenda Item 10' is filed with these minutes. Both reports addressed the CCGs respective positions with regard to the Continuing Healthcare Settings of Care Policy.

The Chairman welcomed Caroline Trevithick, Chief Nurse and Deputy Managing Director at West Leicestershire Clinical Commissioning Group, and Carmel O'Brien, Chief Nurse & Quality Officer and Deputy Managing Director at East Leicestershire and Rutland CCG to the meeting for these items.

It was highlighted that amendments had been made to the version of the Settings of Care Policy appended to the report of East Leicestershire and Rutland CCG in the agenda pack as a result of their Board meeting on 11 July 2017. The latest version of the Policy would be circulated to Members after the meeting.

Arising from discussions the following points were noted:

- (i) The CCG Communications Team had formulated the project plan for carrying out the consultation on the Settings of Care Policy, and the Arden and Greater East Midlands Commissioning Support Unit had conducted the work. It was questioned whether the consultation documents had been sent to the Loughborough Echo newspaper and officers agreed to provide Members with a full list of the media outlets that had been included in the consultation. It was noted that although the consultation documents may have been sent to particular newspapers, individual newspapers could choose not to publish them, though this was unlikely. Members suggested that in future the CCGs should follow up with stakeholders who did not publicise consultations.
- (ii) It was noted that of the 1300 copies of the consultation document that had been sent out, 212 had been returned and it was clarified that the 212 comprised of a mix of those who were in receipt of Continuing Healthcare and people who were not. Members raised concerns that this was an insufficient number. Reassurance was given that legal advice had been sought on whether the extent of the consultation was adequate and the advice given was that all reasonable steps had been taken to publicise the proposed changes. In particular, the CCGs had written to every patient in receipt of Continuing Healthcare and had offered telephone interviews to these patients.
- (iii) Members questioned whether the impact of the Policy in terms of the numbers of people affected was fully understood. Clarification was given that if a patient's clinical needs did not change then the policy that applied to them would not change. It was only if the patient's condition deteriorated and their current setting of care was no longer clinically safe for their needs that the new policy would apply. It was not intended that the new policy would be financially driven; the CCGs would continue to provide high cost placements. Consequently, as it was difficult to predict how many patients would deteriorate and to what extent then it was difficult to be sure how many patients would be affected by the new policy. Nevertheless, conversations were continuing with all patients currently in receipt of Continuing Healthcare. The further work which the Governing Body of West Leicestershire Clinical Commissioning Group had requested be carried out regarding the impact of the Policy was about looking at the types of patients that would be affected rather than specific numbers.

RESOLVED:

- (a) That the update on progress with the West Leicestershire Clinical Commissioning Group Continuing Healthcare Settings of Care Policy be noted;
- (b) That the decision of West Leicestershire Clinical Commissioning Group to give further consideration to the impact of the potential change on patients, carers, and other health and care services caused by the new Policy be welcomed.
- (c) That the update on progress with the East Leicestershire and Rutland Clinical Commissioning Group Continuing Healthcare Settings of Care Policy be noted.

26. Continuing Healthcare Settings of Care Policy - East Leicestershire and Rutland Clinical Commissioning Group.

Minute 25 above refers to consideration of the report.

27. Update on new Emergency Department at Leicester Royal Infirmary.

The Committee received a presentation from the Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs) which provided an update on the performance of the new Emergency Department at Leicester Royal Infirmary. A copy of the presentation slides is filed with these minutes.

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

Arising from the presentation the following points were noted:

- (i) More up to date figures for the percentage of A&E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival were now available. For August 2017 the percentage was 83.4% and for the first week in September 2017 it was 86.2%. It was clarified that the clock started when the patient had been clinically handed over from the ambulance staff to the Emergency Department staff. The national expectation was that Emergency Departments would attain a target of 95% of patients dealt with within 4 hours by December 2017. However, Leicester Royal Infirmary was not currently able to meet this target and instead had set a trajectory to achieve it by September 2018. The target for September 2017 was 90%. In response to a question whether the causes of the 4 hour target being missed were investigated, Members were informed that a root cause analysis was conducted into cases where there had been a 12 hour delay.
- (ii) The difficulties affecting the new Emergency Department did not just relate to resources. There had been problems with the processes which were in place for managing patient flow through the Emergency Department. Some of these problems were due to not being able to test out the processes before the new Emergency Department opened due to it still being in its construction phase. It was acknowledged that whilst some of these issues had now been resolved there were still improvements to processes and timeliness that needed to be made with regards to the interface between the Emergency Department and the admitting wards in the Hospital. Members raised concerns that five months after the opening of the Emergency Department these issues had not been fully addressed and asked for communication between hospital departments to be improved.
- (iii) At the invitation of the Chairman, Rick Moore, Chairman of Healthwatch Leicestershire, advised the Committee that Healthwatch Leicestershire was impressed with the physical improvements to the Emergency Department. However, Healthwatch Leicestershire was disappointed that the processes were not working better and felt that greater resources were needed throughout the hospital, particularly in the evenings.

RESOLVED:

- (a) That the update on the performance of the Emergency Department at Leicester Royal Infirmary be noted;

- (b) That the intention of University Hospitals Leicester to improve the procedures relating to the flow of patients out of the Emergency Department into other departments of the Hospital be welcomed.

28. Care Quality Commission Inspection of East Midlands Ambulance Service.

The Committee received a report of East Midlands Ambulance Service (EMAS) which presented the results of the Care Quality Commission (CQC) inspection into EMAS and the Action Plan which had been devised to address the matters raised by the CQC. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

The Chairman welcomed Mark Gregory, General Manager, EMAS – Leicester, Leicestershire and Rutland Division, and Kirsty Morgan, EMAS to the meeting for this item.

Arising from discussions the following points were noted:

- (i) The Ambulance Response Programme which aimed to improve the timeliness and appropriateness of response times was no longer a pilot. It had been approved by central government and fully implemented across the country.
- (ii) In response to concerns raised by Members that some of the implementation dates on the action plan were set too far into the future reassurance was given that most areas on the action plan were likely to be actioned well in advance of the implementation date. The action relating to the Fit and Proper Persons requirement had already been completed and signed off, whereas the action relating to Red1, Red 2 and A19 calls had now been superseded by the Ambulance Response Programme implementation. The actions around training and mentoring staff remained outstanding because the grading bands for paramedics had recently changed and the training structure was being revised.
- (iii) Those people who made frequent calls for ambulance services were identified and worked with to ensure that any continuing problems were dealt with thereby preventing an emergency call needing to be made. Liaison with other organisations was carried out to see if they shared common callers with EMAS and if so to see if these people could be helped to prevent problems escalating. An example of good partnership working was the Braunstone Blues initiative.

RESOLVED:

- (a) That the outcome of the Care Quality Commission Inspection report into EMAS of June 2017 be noted;
- (b) That the improvements made since the previous Care Quality Commission report regarding EMAS, and the Action Plan to further improve performance, be welcomed.

29. Healthwatch Leicestershire Annual Review 2016/17.

The Committee received a report from Healthwatch Leicestershire which presented their Annual Review 2016/17. A copy of the report, marked Agenda Item 13, is filed with these minutes.

RESOLVED:

That the Healthwatch Annual Review 2016/17 be welcomed.

30. Re-procurement of Integrated Sexual Health Services.

The Committee received a report from the Director of Public Health which presented a proposed model for integrated sexual health services to be commissioned across Leicestershire, Leicester City and Rutland. A copy of the report, marked 'Agenda Item 14', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) People under the age of 25 were the most frequent users of the sexual health clinics and as a consequence sessional clinics for young people had been established. It was noted that people over the age of 25 were more likely to visit their GP. Nevertheless, the 'all age' sites were used by older people and work was undertaken to target all age groups.
- (ii) Work was carried out with 'at risk' groups of people such as some ethnic minorities to raise awareness of sexual health issues. This would also form part of the new Sexual Health Service.
- (iii) The new sexual health service model proposed to introduce vending machines in various locations around Leicestershire such as Loughborough University which would dispense condoms and pregnancy testing kits free of charge. In response to concerns from Members regarding the privacy of these machines, reassurance was given that a pilot of the scheme was underway and scoping work was taking place to find out the best locations. The vending machines had a discreet design and the products were not on display. A similar scheme had already been implemented in Teeside and best practice was being learnt from that scheme.
- (iv) In response to a question from a Member about providing guidance to those people who frequently requested to be provided with condoms, Members were advised that there was a scheme in place where those persons were assessed to establish the reasons behind the frequent requests. All users were provided with a card which would be stamped every time they requested condoms and if that person reached a set limit they would be reassessed.
- (v) A member suggested that foodbanks could be used for the promotion of sexual health products and the Director of Public Health agreed to give this idea further consideration.

RESOLVED:

- (a) That the proposed model for integrated sexual health services to be commissioned across Leicestershire, Leicester City and Rutland be supported;
- (b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 24 November 2017.

31. Protocol between the Leicestershire Health and Wellbeing Board, The Leicestershire County Council Health Overview and Scrutiny Committee and the local Healthwatch provider.

The Committee considered a report of the Chief Executive which presented the Protocol between the Leicestershire Health and Wellbeing Board, The Leicestershire County Council Health Overview and Scrutiny Committee and the local Healthwatch provider. A copy of the report, marked 'Agenda Item 15', is filed with these minutes.

Members stated they found the Protocol very helpful and clearly set out.

In response to a question from a Member it was clarified that there was no hierarchy regarding the three bodies; they each operated separately from each other and were governed by separate legislation though they all had similar aims.

RESOLVED:

That the Protocol be approved, subject to any comments made by the Health and Wellbeing Board at its meeting on 21 September 2017.

32. Dates of future meetings.

RESOLVED:

It was noted that future meetings of the Committee would take place on the following dates all at 2:00pm:

Wednesday 8 November 2017;
 Monday 22 January 2018;
 Wednesday 28 February 2018;
 Wednesday 30 May 2018;
 Wednesday 5 September 2018;
 Wednesday 7 November 2018.

2.00 - 4.30 pm
 06 September 2017

CHAIRMAN