



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 8 November 2017.

PRESENT

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

Mr. P. Bedford CC  
Mrs. H. J. Fryer CC  
Mr. D. A. Gamble CC  
Mrs. A. J. Hack CC

Dr. S. Hill CC  
Mr T. Parton CC  
Mrs D. Taylor CC

33. Minutes of the meeting held on 6 September 2017.

The minutes of the meeting held on 6 September 2017 were taken as read, confirmed and signed.

34. Question Time.

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

35. Questions asked by members.

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

36. Urgent Items.

There were no urgent items for consideration.

37. 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.

No declarations were made.

38. Declarations of the Party Whip

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

39. Presentation of Petitions.

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

40. Winter Planning.

The Committee received a report from Leicester, Leicestershire and Rutland Clinical Commissioning Groups which provided an update on the winter planning process for Leicester, Leicestershire and Rutland for 2017/2018. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Chairman welcomed Tamsin Hooton, Director of Urgent and Emergency Care for the Leicester, Leicestershire and Rutland Clinical Commissioning Groups, to the meeting for this agenda item and item number 9. Tim Lynch, (Interim) Chief Operating Officer, University Hospitals Leicester and Mark Wightman Director of Communications, Integration and Engagement were also present for this item.

Arising from discussions the following points were noted:

- (i) The feedback from NHS England on the Winter Plan for 2017/18 had been positive. The Winter Plan had also been through a consultation process with local stakeholders.
- (ii) No additional funding had been provided by the NHS this year specifically to deal with winter pressures and the Winter Plan 2017/18 was not predicated on receiving any additional funding. Instead the Plan focused on the best use of available resources to meet the increased demand including optimising the number of patients and staff to each ward.
- (iii) Performance against the 4 hour wait target for the Leicester Royal Infirmary Emergency Department was 80.7% for the year to date, and 82% specifically for November 2017. There were capacity issues within 'Majors' which had an adverse impact on the flow of patients out of the Emergency Department. The E-bed management system which enabled staff to track patients throughout the system was available but it required day to day management.
- (iv) In response to a question from a Member regarding the greater number of Urgent Care appointments available in West Leicestershire than East Leicestershire it was explained that it was down to individual Clinical Commissioning Groups to decide the level of capacity they would invest in and West Leicestershire CCG had recently re-tendered their Urgent Care services and invested in more capacity whereas East Leicestershire and Rutland CCG was still reviewing its Urgent Care Model. There was also the possibility for patients in East Leicestershire to receive services out of the County such as in Stamford, Peterborough or Kettering.
- (v) The UHL Step Down Unit would open on 15 January 2018.
- (vi) In response to a question regarding the management of annual leave over the winter period particularly in relation to Bank and Agency staff, it was confirmed that each organisation managed its own capacity and it was expected that annual leave would be controlled and only allowed at minimum levels. It was acknowledged that Bank and Agency staff were generally not available to work over the Christmas and New Year period.
- (vii) In response to concerns raised by a member, reassurance was given that generally there were no capacity and flow problems at Glenfield Hospital however the offer was made to investigate individual incidents that Members were aware of.

- (viii) The A&E Delivery Board met fortnightly which enabled it to be reactive to events and rising pressures. Monthly working groups were also held. The Board was supported by Leicester, Leicestershire and Rutland CCGs and decisions could be escalated through senior officers which enabled the system to be more responsive.

RESOLVED:

- (a) That the update on the winter planning process for Leicester, Leicestershire and Rutland for 2017/2018 be noted;
- (b) That officers be requested to produce a report for a future meeting of the Committee on the performance of health services in Leicester, Leicestershire and Rutland during the winter of 2017/2018 and the success of the winter planning process.

41. Non-Emergency Patient Transfer Service.

The Committee received a report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups which provided an update on the mobilisation of the new Non-Emergency Transport contract with Thames Ambulance Services Limited (TASL) and highlighted key issues that arose during the first month of mobilisation and the actions being taken to resolve them. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) Prior to the contract being signed TASL had submitted a plan of how it would conduct its operations. The plan had been scrutinised by the CCG and assessed as adequate. Extensive due diligence had taken place. It had been considered that TASL was the best option out of all the bidders for the contract.
- (ii) It was acknowledged by the CCG that the performance of the Non-Emergency Patient Transfer Service during the first month of mobilisation had been unacceptable however reassurance was given that many of the issues which arose had now been resolved, for example the transfer of patient data to the new service provider had now taken place. It was highlighted that many of the issues related to the previous transport provider and handover to the new provider. A Member suggested that in future the contracts with Transport providers should include provision regarding the handover process to any future provider.
- (iii) A critical factor which led to the performance problems had been the cumulative effect of TASL carrying out Patient Transfer Services in more than one county at the same time. Since mobilisation, work had been carried out in the other counties which TASL operated in to help improve overall performance.
- (iv) When mobilisation began TASL had a single control room which covered Leicestershire, Lincolnshire, Northamptonshire and Yorkshire. However, to improve performance they had now set up several control rooms throughout the region including a special control room for renal oncology and in Leicestershire there was a specific control room for outpatient transport. Handling of the discharge of patients had been devolved to individual hospital sites which gave more local control.
- (v) TASL had found it difficult to gain an overall view of all the patients that they were dealing with at any one time partly due to the inadequacy of the computer database that they were using. There was also a problem with the computer database in that

it was not possible to amend a booking once it had been made. Consequently the computer database had been reconfigured to make it more fit for purpose however this meant that staff required retraining on the new version. In response to a question from a Member it was acknowledged that more scrutiny should have been undertaken into the computer system that TASL proposed to use, before the contract was signed.

- (vi) The Chair of Healthwatch Leicestershire informed that in October TASL had attended a Board meeting of Healthwatch Leicestershire and concerns arose about the arrangements TASL had in place for managing the contract. Of particular concern was that TASL provided the same telephone number for both TASL staff and non-TASL staff to contact the control room which meant that ambulance drivers had been unable to contact TASL colleagues due the telephone line being engaged. Healthwatch Leicestershire had invited TASL to attend a future Board meeting to provide an update on performance.

#### RESOLVED:

- (a) That the update on the mobilisation of the new Non-Emergency Transport contract (with Thames Ambulance Services) in Leicester, Leicestershire and Rutland, and the key issues which arose within the first month of mobilisation, be noted;
- (b) That the actions being taken to resolve problematic areas with the Non-Emergency Patient Transport Service be welcomed;
- (c) That officers be requested to produce a report for a future meeting of the Committee providing a further update on progress with the contract, and representatives from Thames Ambulance Service be requested to attend.

#### 42. Healthwatch Leicestershire survey on GP Surgeries.

The Committee received a report from Healthwatch Leicestershire which presented the findings of their Quick Poll on GP Services. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) It was acknowledged that the 240 people who took part in the poll was a small number and efforts needed to be made to broaden both the number of people that responded and the demographics of those people. Further work could be carried out with Patient Participation Groups to get their input on issues which Healthwatch Leicestershire were considering, however a lack of resources might hinder this.
- (ii) With reference to the findings in the poll that GP practices needed to do more to signpost to patients what help is available to carers, clarification was given that the poll had not specifically identified that carers under the age of 18 were not getting enough support.
- (iii) With reference to the findings in the poll regarding online GP Services Members raised further concerns that it was difficult to cancel appointments and that a dedicated telephone line was needed specifically for that purpose so that messages could be left without the patient having to wait to speak to a receptionist. The Chair of Healthwatch Leicestershire agreed to take this point back to GP Practices.

## RESOLVED:

- (a) That the report be welcomed;
- (b) That Healthwatch Leicestershire be requested to give consideration to whether the sample size and demographics of persons taking part in future surveys could be widened.

43. Turning Point substance misuse treatment service.

The Committee received a report of the Director of Public Health which gave the outcomes of the Care Quality Commission inspection that was undertaken for Turning Point, and summarised performance of the service generally. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Chairman welcomed Dr Andy Ball and Sarah Hancock-Smith (Senior Operations Manager) from Turning Point to the meeting for this item.

Arising from discussions the following points were noted:

- (i) Clarification was given that this specific contract with Turning Point related to providing services in Leicester and Leicestershire but not Rutland. Some of the funding was provided by the Office of the Police and Crime Commissioner for Leicestershire. A separate contract to provide services in Rutland had been signed at a separate date.
- (ii) Concerns were raised by Members that the percentage of clients that successfully completed treatment to the point of being free of dependence was low, however reassurance was given by Turning Point that the figures were in line with the national average.
- (iii) An Expression of Interest had been submitted regarding the national trial to develop drug and alcohol dependency Individual Placement and Support. Turning Point were due to find out in November or December 2017 whether their Expression of Interest had been successful and the trial was due to go live on 1 April 2018. If Turning Point were taking part in the trial they would need to recruit additional staff and members were reassured that there was sufficient time.
- (iv) Turning Point were receiving an increasing number of referrals involving individuals who were taking legal highs however this was because legal highs were often taken by opiates users. There were less referrals for individuals who solely took legal highs and not any other substance.
- (v) Engaging more young people in the services offered by Turning Point was a challenge. In order to tackle this problem the Young People's Team had changed its focus towards people in the 18 to 24 age group however this had the undesirable result that less focus was on people under the age of 18. Consequently work was underway to rebalance the focus towards the under 18 age group and promote the work of Turning Point to all age groups. It had been noted that there was a decline in referrals from the Youth Offending Service (YOS) and meetings were taking place with the YOS management team to identify the causes of this.
- (vi) The Privacy and Confidentiality issues raised in the CQC report related to a consulting room which was located off the reception at the Loughborough premises.

Consideration was now being given to whether this consulting room could be moved elsewhere in the building. Service users would be consulted to establish their views on the matter.

- (vii) In response to a question from a Member it was confirmed that the success of Turning Point did depend to an extent on the input of other services with the clients and multi-agency working was key. One example where a joint working approach was important was mental health as this often combined with addiction issues. Officers from Turning Point regularly held meetings with Leicestershire Partnership NHS Trust to improve joint working.

RESOLVED:

- (a) That the outcome of the Care Quality Commission inspection of Turning Point, and the update on service performance of Turning Point be noted;
- (b) That officers be requested to produce a further report on the work of Turning Point for a future meeting of the Committee to include an update on the success of the Expression of Interest which was submitted regarding the national trial to develop drug and alcohol dependency Individual Placement and Support.

#### 44. Suicide Prevention.

The Committee received a report of the Director of Public Health which provided an appraisal of actions taken by Public Health and wider partners in Leicestershire aimed at preventing suicide. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

In response to a question from a Member it was confirmed that Leicestershire Police were heavily involved in suicide prevention, and meetings with partners to discuss strategy took place at Force Headquarters. Leicestershire Police were also leading on the real time surveillance work which enabled any death where the circumstances suggested suicide might be the cause to be considered in advance of the inquest conclusion.

RESOLVED:

- (a) That the contents of the report be noted and the actions being taken to prevent suicide in Leicester, Leicestershire and Rutland be supported;
- (b) That the Director of Public Health be requested to provide a further update at a future meeting of the Committee on the success of suicide prevention initiatives.

#### 45. Director of Public Health Annual report.

The Committee considered the Annual Report of the Director of Public Health for 2017. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) Concerns were raised by Members about the impact of air quality on the health of the population of Leicestershire and particularly in relation to 'drive-through' catering establishments. In response to a question regarding what measures could be taken to tackle this problem Members were advised that the main powers were with local planning authorities such as permitting, monitoring and dust control. The Director of

Public Health agreed to give consideration along with colleagues in the Chief Executive's Department to whether air quality should form part of the Strategic Growth Plan.

- (ii) With regard to school readiness in Leicestershire and the development of children, Members suggested that more work needed to be carried out with Special Educational Needs children to ensure that their development was not inhibited and help them become more independent. The Director of Public Health offered to work with colleagues in Children and Family Services to investigate what further measures could be taken in this regard.
- (iii) In response to a question from a Member the Director of Public Health agreed to investigate further the reasons behind the lower than average life expectancy for persons living in Lubenham.

RESOLVED:

- (a) That the Annual Report of the Director of Public Health be welcomed;
- (b) That members of the Committee be asked to select particular topics featured in the Annual Report for further scrutiny by the Committee at a future meeting;
- (c) That the comments now made be submitted to the Cabinet for consideration at its meeting on 24 November 2017.

46. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 22 January 2018 at 2:00pm.

2.00 - 4.10 pm  
08 November 2017

CHAIRMAN

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