



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 30 May 2018.

PRESENT

Mr. D. C. Bill MBE CC  
 Dr. R. K. A. Feltham CC  
 Mrs. A. J. Hack CC  
 Dr. S. Hill CC

Mrs. R. Page CC  
 Mr T. Parton CC  
 Mr. T. J. Pendleton CC  
 Mrs. M. Wright CC

In attendance

Mrs. P. Posnett CC – Cabinet Lead Member for Health, Public Health and Sport.

Micheal Smith – Healthwatch Leicester and Leicestershire representative.

Dr Chris Trzcinski, Deputy Chair, West Leicestershire CCG (minutes 10 and 11 refer).

Karen English, Managing Director at East Leicestershire and Rutland CCG (minutes 11 and 13 refer).

Paul Gibara, Chief Commissioning and Performance Officer (minute 11 refers).

Caroline Trevithick, Chief Nurse, Quality Lead and Governing Body Nurse at West Leicestershire CCG (minutes 11 and 12 refer).

Paula Vaughan, Deputy Chief Operating Officer, East Leicestershire and Rutland CCG (minute 13 refers).

Helen Thompson, LPT Divisional Director for Families, Young People and Children's Services (minute 14 refers).

Dr Fabida Noushad, Deputy Clinical Director for Adult Mental Health Services, Leicestershire Partnership NHS Trust (minute 14 refers).

Dr Saquib Muhammad, Consultant Psychiatrist, Leicestershire Partnership NHS Trust (minute 14 refers).

Vandna Gohil - Voluntary Action LeicesterShire (minute 15 refers).

Kevan Lyles - Voluntary Action LeicesterShire (minute 15 refers).

Kate Allardyce, NHS Midlands and Lancashire Commissioning Support Unit (minute 16 refers).

1. Appointment of Chairman.

That Dr. R. K. A. Feltham 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 2019.

(Dr. R. K. A. Feltham CC in the Chair)

2. Election of Deputy Chairman.

That Mrs. J. Richards 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 in 2019.

3. Minutes of the previous meeting.

The minutes of the meeting held on 28 February 2018 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 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).

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.

No declarations were made.

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 under Standing Order 36.

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

10. Management Structure of Clinical Commissioning Groups in Leicester, Leicestershire and Rutland.

The Committee received a report of the Leicester, Leicestershire and Rutland Clinical Commissioning Groups which provided an update on the proposal to develop an integrated senior management team for the three clinical commissioning groups in Leicester, Leicestershire and Rutland. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed Dr Chris Trzcinski, Deputy Chair, West Leicestershire CCG to the meeting for this item.

Arising from discussions the following points were noted:

- (i) The main purpose of the proposals was to improve efficiency and ensure the CCGs worked together more effectively, rather than saving money. For this reason a savings figure had not been given in the report. It was not proposed to introduce an

additional layer of management to the CCGs; it was proposed to merge an existing layer of management. A benefit of an integrated management team was that managers would have more time to carry out other duties. Whilst it was proposed that the management team would be integrated it was still intended that there would be three separate Boards. Reassurance was given to Members that the single accountable officer model had operated successfully in CCGs in other areas of the country.

- (ii) A management structure chart relating to the proposals had not been produced yet as it was expected that the single accountable officer when appointed would wish to have an input into the structure. Members raised concerns regarding the timescales for implementation given that it was proposed that the single accountable officer would be appointed by September 2018. Members also raised concerns regarding a lack of accountability until that appointment was made.
- (iii) One of the reasons the CCGs gave for not integrating CCG functions with local authorities was the different priorities of the respective CCGs and local authorities, however members questioned whether in fact CCGs and local authorities had the same priorities with regard to health. It was noted that the demographics within the different authorities were different, for example Leicester City Council had a younger population.
- (iv) Members stated that whilst the integrated management team model could be acceptable as an interim measure as part of a move towards a full merger, they had concerns about the model as a permanent solution.

RESOLVED:

- (a) That the update on the proposal to develop an integrated senior management team for the three clinical commissioning groups in Leicester, Leicestershire and Rutland be noted but that the CCGs be advised that the Committee has concerns about using this model as a permanent solution;
- (b) That officers be requested to produce a more detailed report and management structure chart for a future meeting of the Committee.

11. Quality, Innovation, Productivity and Prevention Programme 2018/19

The Committee received a report of West Leicestershire CCG and East Leicestershire CCG which provided an update on the 2018/19 Quality, Innovation, Productivity and Prevention (QIPP) programme for West Leicestershire CCG and East Leicestershire and Rutland CCG. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

Along with Dr Chris Trzcinski, the Committee welcomed Karen English, Managing Director at East Leicestershire and Rutland CCG, Paul Gibara, Chief Commissioning and Performance Officer and Caroline Trevithick, Chief Nurse, Quality Lead and Governing Body Nurse at West Leicestershire CCG to the meeting for this item.

In presenting the report the following information was given:

- (i) The CCGs received approximately £932 million per annum to commission health services in Leicester, Leicestershire and Rutland. Due to growth and inflationary pressures the CCGs were forecast to have a £42 million shortfall during 2018/19

therefore this figure needed to be made up from efficiency savings within the CCGs while ensuring that clinical outcomes were not affected. The money generated would be put towards the priorities for the CCGs which were:

- ensuring primary care was safe and responsive;
- mental health services;
- ensuring waiting lists did not grow.

- (ii) QIPP schemes were explained to members using the Musculoskeletal service as an example. Whilst there was a triage process for the Musculoskeletal service, work was being carried out with partners and providers to make the system more efficient and triage patients earlier. A single point of access was being developed for patients with musculoskeletal issues where they would be identified early by GPs and referred for physiotherapy. Improving the self-referral system was also being looked at.

Arising from discussions the following points were noted:

- (iii) Before making changes to services Quality Impact Assessments were carried out and all schemes were signed off by the Chief Nurse to ensure they were safe.
- (iv) Members raised concerns that the CCGs would not have an idea whether the required savings were going to be achieved until half way through the financial year and by this time it may be too late to make the necessary adjustments. In response reassurance was given that monitoring took place on a weekly basis and there were contingency plans in place should it appear that the required savings would not be made. Alternative schemes would be implemented should the QIPP plan not produce the desired results. Reserves could also be used if necessary.
- (v) In response to a question from the Chairman it was explained that the CCGs had a fair amount of confidence that the savings could be achieved, however until the hidden implications were properly understood they could not have complete confidence. Usually the CCGs set themselves a higher savings target than was strictly essential therefore even if the target was not met it would not necessarily result in an overspend.
- (vi) Members sought reassurance that the transformation process would not affect frontline services and it was confirmed that the management structure and other back office functions were the main areas targeted for savings.
- (vii) A concern was raised regarding the housing growth particularly in the south Leicestershire area, the lack of equivalent growth in GP Surgeries and ineffective use of the process under Section 106 of the Town and Country Planning Act 1990. Members asked for reports on these issues for a future meeting of the Committee. The CCGs gave reassurance that they were fully engaged with the Strategic Growth Plan and were aware which areas of Leicester, Leicestershire and Rutland were to experience growth and therefore need to be prioritised by the CCGs.
- (viii) In response to a question from a Member it was confirmed that the biggest difficulties the CCGs faced related to the workforce rather than estates and buildings.

- (ix) A member raised concerns that patients were having difficulties returning Community Equipment to the NHS when they no longer needed it and that savings could be made if this equipment was reused. In response it was explained that contract penalties were in place if equipment was not collected and that the CCGs would look into this matter further.
- (x) Clarification was given that West Leicestershire CCG was bidding for £8 million of capital funding to invest in the Hinckley area of Leicestershire and this was a separate budget to the £932 million referred to above. West Leicestershire CCG asked for support from members for any bids for capital funding.
- (xi) In response to concerns regarding how the QIPP programme would apply to Continuing Healthcare where the aim was to support patients in their own homes as long as possible, it was explained that it was key to ensure that the National Framework for NHS Continuing Healthcare was applied correctly and people met the eligibility criteria. Liaison needed to take place with Local Authorities to ensure that the NHS was providing the elements of care that it was responsible for and not more. There were other efficiencies that could be made such as reviewing patients more regularly to ascertain whether the care they were receiving was still appropriate, and making sure that patients which had died were no longer being budgeted for.

RESOLVED:

- (a) That the update on the 2018/19 Quality, Innovation, Productivity and Prevention (QIPP) programme for West Leicestershire CCG and East Leicestershire and Rutland CCG be noted;
- (b) That officers be requested to produce a further report on the QIPP programme for the September 2018 meeting of the Committee.

12. A Review of Community Health Services in Ashby.

The Committee received a report of West Leicestershire Clinical Commissioning Group (WLCCG) which provided an update on the relocation of outpatient services following the Review of Community Services in Ashby in 2014/15 and the decision to close Ashby and District Community Hospital. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

Caroline Trevithick from West Leicestershire CCG was also present for this item.

In accordance with the procedures for making representations to the Committee a local resident Mr Frank Bedford spoke regarding the issue.

Arising from discussions the following points were noted:

- (i) The Chairman reported the comments of the local member Dr. T. Eynon CC who was generally satisfied with the availability of medical services in the area following the closure of Ashby Hospital, though she had concerns regarding car parking capacity at Coalville Hospital and patients and visitors to the hospital parking on local streets. In response reassurance was given that Leicestershire Partnership NHS Trust who ran Coalville Hospital were aware of the car parking problems and

that a local school was being inappropriately used by Coalville Hospital patients for car parking.

- (ii) WLCCG had conducted analysis into the travel impact for patients as a result of moving the services to Coalville and Loughborough and found that there were good public transport links from Ashby to Coalville. They had also looked at the demographics of patients using the services to ensure that none of them were disproportionately affected. The Patient Transport Service would transport patients to community hospitals should they be too unwell to use public transport.
- (iii) In response to concerns raised by Mr Bedford that WLCCG were no longer monitoring the impact of the change to the way the services were provided in Ashby, it was explained that WLCCG did not performance manage every service they provided however the CCG was a member of the Alliance Management Board where the monitoring did take place. The Alliance Management Board was responsible for ensuring that services were appropriate to patients' need. WLCCG reassured the Committee that they would continue to communicate with Mr Bedford regarding health service concerns in the Ashby area.
- (iv) On behalf of North West Leicestershire District Council of which he was a member, Mr. T. J. Pendleton CC offered to work with WLCCG to establish suitable venues in the area for community health services to be provided from and in particular further develop Hood Park Leisure Centre for services such as pulmonary rehabilitation.

RESOLVED:

That the update regarding the relocation of outpatient services following the Review of Community Services in Ashby in 2014/15 be noted.

### 13. Improving Access to Primary Care.

The Committee received a report of East Leicestershire and Rutland CCG which explained their plans to improve access to primary care and urgent care services for patients out of hours. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

The Committee welcomed Karen English, Managing Director at East Leicestershire and Rutland CCG, and Paula Vaughan, Deputy Chief Operating Officer, East Leicestershire and Rutland CCG, to the meeting for this item.

Arising from discussions the following points were noted:

- (i) The Committee endorsed the proposals particularly the procurement of a combined service for out of hours and urgent care.
- (ii) ELRCCG reassured Members that County Councillors would be an important part of the engagement process and would be added to the list of consultees.
- (iii) Members raised concerns regarding difficulties for patients in obtaining appointments at some GP Practices within 10 weeks which often lead to increased attendance at the out of hours service. Members asked that ELRCCG gave clear communication to GPs regarding the proposals and ensured that GP Practices

adhere to the guidelines. It was noted that GP Practices could book patients into the out of hours service.

- (iv) The timings for when GP Practices were open varied across the County and under the new proposals the timings would be standardised. All GP Practices would need to be open until 6:30pm under the new system.
- (v) There was a direct correlation between areas which did not have an out of hours service (such as Blaby and Rutland) and high attendance at Accident and Emergency Departments from patients that lived in those areas. Consideration was being given to a suitable venue for an out of hours service in Blaby district.
- (vi) In response to a question regarding the closure of Fielding Palmer hospital in Lutterworth it was confirmed that there were no plans to move the out of hours service away from Fielding Palmer.

RESOLVED:

That the plans to improve access to primary care and urgent care services be supported.

14. Response from Leicestershire Partnership NHS Trust to Healthwatch Leicestershire Report entitled 'Insights on the Bradgate Mental Health Unit'.

The Committee received a presentation from Leicestershire Partnership NHS Trust (LPT) regarding the Bradgate Mental Health Unit and actions taken in response to the Healthwatch Leicestershire report entitled 'Insights on the Bradgate Mental Health Unit'. A copy of the presentation slides is filed with these minutes along with the Healthwatch Leicestershire report.

For this item the Committee welcomed to the meeting Helen Thompson, LPT Divisional Director for Families, Young People and Children's Services, Dr Fabida Noushad, Deputy Clinical Director for Adult Mental Health Services, and Dr Saquib Muhammad, Consultant Psychiatrist.

As part of the presentation the following points were highlighted:

- (i) All new staff at LPT were required to sign a pledge which explained the conduct LPT expected from staff and what staff could expect from LPT as an employer.
- (ii) LPT was working on a document pack for patients at the Bradgate Unit which could be used to welcome them to the ward. LPT was also constructing a new public facing website regarding the Unit.
- (iii) LPT was considering expansion of the Involvement Centre including redeveloping the cafeteria.
- (iv) It was acknowledged that there were issues with the estate at the Bradgate Unit particularly as the Care Quality Commission had recommended that all rooms should have ensuite bathrooms. Consideration was being given to refurbishing the existing wards or whether to build new wards, and an outline business case was expected to be ready by July 2018. National support was also being sought for capital funding. The policy of central government was to move away from dormitory

accommodation therefore LPT was cautiously optimistic that the capital funding would become available.

- (v) There were still issues with the workforce specifically relating to recruitment and 30% of the qualified nurse roles were vacant. However, more than 20 apprentices had recently begun employment with LPT and the Trust was able to rely on well trained bank staff to ensure that all shifts were covered safely.

Arising from discussions the following points were noted:

- (vi) In response to a question from a member regarding patients feeling unsafe in the Bradgate Unit, particularly perceiving a threat from other patients, it was explained that the wards were busier than they used to be and LPT accepted that the ward environment was not conducive to every patient's needs. Reassurance was given that each patient was clinically assessed according to their needs on arrival and the clinical assessment process continued throughout their stay to ensure a patient was on the most appropriate ward. Wards were separated by gender and some wards were specially designed to be a low stimulus environment so that sensitive patients were more able to cope with their surroundings. Restraints were used if necessary. Patients would be moved wards if their clinical assessment changed. Each patient had a named nurse that they could discuss concerns with.
- (vii) There were community mental health services in place which enabled patients to be treated earlier so that their health would not have deteriorated as much by the time they were admitted to hospital. In connection with this members were made aware of an initiative called 'Are you ok?' where the general public were stopped in the streets and asked about their mental health and referred to the Samaritans if necessary. Members asked for further information on this and it was noted that a report on suicide prevention would be presented to the Committee later in the year.
- (viii) In response to a question from a member regarding gaining feedback on patient experience, it was explained that there were learning forums within the Trust, and senior doctors surveyed a random sample of patients about the services the Bradgate Unit provided. Additionally morbidity and mortality meetings took place, and staff shared their views with each other. It was agreed that further documents regarding the learning process would be circulated to Members after the meeting.

RESOLVED:

That the actions taken by Leicestershire Partnership NHS Trust in response to the Healthwatch Leicestershire Report on the Bradgate Unit be noted.

15. Healthwatch Leicestershire Annual Review 2017-18.

The Committee received a report of Voluntary Action Leicestershire which presented the Healthwatch Leicestershire Annual Report 2017-18. A copy of the report, marked 'Agenda Item 15', is filed with these minutes.

The Committee welcomed Vandna Gohil and Kevan Lyles of Voluntary Action LeicesterShire (VAL) to the meeting for this item.



Members thanked Voluntary Action LeicesterShire for the user friendly Annual Report and the willingness of Healthwatch Leicestershire, whilst VAL held the contract, to challenge the way health services were run.

Some members of the Committee expressed disappointment that the contract for Healthwatch Leicester and Leicestershire had now been awarded to an organisation based in Staffordshire - Engaging Communities Staffordshire (ECS). In response reassurance was given by Micheal Smith of Healthwatch Leicester and Leicestershire that whilst the Governance was scrutinised by ECS the priorities for Healthwatch Leicester and Leicestershire were still set locally. ECS held the Healthwatch contract for seven counties in the midlands which created a strong network.

Members requested that the Committee receive a Healthwatch Leicester and Leicestershire Report more frequently than on an annual basis.

RESOLVED:

- (a) That the Healthwatch Annual Review 2017/18 be welcomed.
- (b) That Voluntary Action Leicestershire be thanked for their work regarding Healthwatch Leicestershire whilst they held the contract.

#### 16. Health Performance Update.

The Committee considered a joint report of the Chief Executive of the County Council and NHS Midlands and Lancashire Commissioning Support Unit, which provided an update of performance at the end of quarter four of 2017-18. A copy of the report marked 'Agenda Item 16' is filed with these minutes.

The Committee welcomed Kate Allardyce, NHS Midlands and Lancashire Commissioning Support Unit to the meeting to present the report.

In presenting the report it was highlighted that new Better Care Fund guidance was expected to be published soon and would inform future targets for the Better Care Fund Programme for 2018/19 onwards which would be included in the next Performance Report to the Committee if available.

Arising from discussions the following points were noted:

- (i) Since the papers for the Committee meeting had been published, more up to date data on tooth decay in children had been released which showed that in 2016/17, the percentage of five year olds with one or more decayed, missing or filled teeth in Leicestershire was 22.3%. This was an improvement compared to the previous survey in 2014/15. Members were extremely happy to note this progress.
- (ii) Members were very pleased with the reduction in days lost due to Delayed Transfers of Care (DTC). It was noted however, that there had not been such an improvement for Delayed Transfers for people with Learning Difficulties and members questioned why this may be the case. It was noted that the Delayed Transfers of Care for University Hospitals of Leicester were low whereas those for Leicestershire Partnership NHS Trust (LPT) were much higher therefore the Committee may wish to investigate further the DTCs relating to LPT and learning difficulties in particular.

- (iii) Members were interested to learn about Metric 4: Total non-elective admissions into hospital (general and acute), per 100,000 population, per month, and the reasons behind the non-improvement in performance for this Metric. It was suggested that Metric 4 performance could be an agenda item at a future meeting of the Committee.
- (iv) The number of cancer screening referrals made by GPs had increased and it was speculated whether this was due to more public awareness of cancer causing more patients to visit their GPs regarding that particular health problem. There had not been a corresponding increase in numbers of patients being referred on for cancer treatment therefore it appeared that the amount of patients diagnosed with cancer was not increasing. The increased referrals for cancer screening would have an impact on the two week target for cancer screening however there would be no impact on the targets for cancer treatment given that there had been no change in the amount of patients that needed cancer treatment. The Director of Public Health informed that cancer screening was the responsibility of NHS England which was looking at creating a Task and Finish Group to address the issue.

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 a report for a future meeting of the Committee on Metric 4: Total non-elective admissions into hospital per 100,000 population, per month.

17. Remodelling of Integrated Lifestyle Service Provision.

The Committee received a report from the Director of Public Health which sought the views of the Committee on the proposed new model for an integrated lifestyle service. A copy of the report, marked 'Agenda Item 17', is filed with these minutes.

In presenting the report Members were informed that the consultation would now open on 11 June 2018 and finish at the end of July 2018, and then the proposal would be taken to Cabinet in the autumn.

Arising from discussions the following points were noted:

- (i) The present system relied on GPs to make referrals to the weight management programme. The Lead Member for Health and Wellbeing Mrs. P. Posnett CC stated that she had received positive messages from people who had undertaken the weight management programme however more needed to be done to make the service more easily accessible. The Director of Public Health explained that it was planned that the weight management service would be available out of normal working hours such as during evenings or Saturday mornings.
- (ii) The proposed new system would enable patients to refer themselves to the weight management programme without seeing their GP. The First Contact Plus website contained a large amount of information regarding weight management. Should a person require further help they could complete an online form which would result in them receiving a telephone call from an advisor, or there was a telephone number

which they could call themselves. The advisor would rely on the information given over the phone regarding the person's weight; no checking was done nor independent weighing process conducted. The callers would need to be self-motivated to follow the advice and monitor their own weight.

- (iii) In response to a suggestion from a member the Director of Public Health agreed to give consideration to whether mobile phone applications could be used as part of the weight management scheme.
- (iv) It was noted that many workplaces held their own schemes regarding weight management and the proposals from the Director of Public Health could link in with those schemes.
- (v) Persons with drug or alcohol addictions were being referred to a separate service run by Turning Point. In response to a comment from a Member the Director of Public Health acknowledged that there may be people that were abusing substances such as alcohol and cocaine but were still functioning and maintaining full time employment and consideration needed to be given to whether Turning Point was the appropriate service for these people.

RESOLVED:

That the proposed new model for an integrated lifestyle service be supported.

18. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 5 September 2018 at 2:00pm.

2.00 - 5.30 pm  
30 May 2018

CHAIRMAN