



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 5 September 2018.

PRESENT

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

Mr. T. Barkley CC
Mrs. A. J. Hack CC
Mr. D. Harrison CC
Dr. S. Hill CC

Mr. J. Kaufman CC
Mr. T. J. Pendleton CC
Mrs. J. Richards 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.

Ian Potter, Director of Primary Care, West Leicestershire CCG (minute 27 refers).

Ian Webb, Ashby Civic Society (minute 27 refers).

Frank Bedford, Ashby Civic Society (minute 27 refers).

Louisa Whit, Regional Coordinator Midlands and East LeDeR Programme (minute 28 refers).

James Lewis, Business Change Commissioning Manager, Social Care & Education, Leicester City Council (minute 28 refers).

Steven Forbes, Strategic Director Social Care and Education, Leicester City Council (minute 28 refers).

Heather Pick, Assistant Director, Adults and Communities, Leicestershire County Council (minute 28 refers).

Spencer Gay, Chief Finance Officer, West Leicestershire Clinical Commissioning Group (minute 29 refers).

Tracey Burton, Interim Chief Nurse, East Leicestershire and Rutland CCG (minute 29 refers).

Janet Soo Chung, Transformations Director, East Leicestershire and Rutland CCG (minute 29 refers).

Rebecca Brown, Chief Operating Officer, University Hospitals Leicester (minute 30 refers).

Debra Mitchell, Head of Transformation, University Hospitals Leicester, (minute 30 refers).

Yasmin Sidyot, Deputy Director of Urgent and Emergency Care, West Leicestershire and Rutland CCG (minute 30 refers).

19. Minutes of the meeting held on 30 May 2018.

The minutes of the meeting held on 30 May 2018 were taken as read, confirmed and signed.

20. Question Time.

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

21. Questions asked by members.

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

22. Urgent Items.

There were no urgent items for consideration.

23. 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 agenda item 8: Learning Disabilities Mortality Review Programme and agenda item 12: Suicide Prevention Campaign as she was employed by a Housing Association in Leicestershire that worked with persons with learning disabilities and mental health issues.

Mrs. Posnett CC declared a personal interest in agenda item 8: Learning Disabilities Mortality Review Programme as she had a close relative that was in receipt of Supported Living Services.

24. Declarations of the Party Whip.

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

25. Presentation of Petitions.

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

26. Change to the Order of Business.

The Chairman sought and obtained the consent of the Committee to vary the order of business from that set out on the agenda.

27. Section 106 of the Town and Country Planning Act 1990.

The Committee received a report of West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups which provided an overview of how Section 106 healthcare contributions were managed by the NHS and the process followed to ensure that all possible funding was received from developers. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed Ian Potter, Director of Primary Care at West Leicestershire CCG, to the meeting for this item. The Committee also welcomed Ian Webb and Frank Bedford who were residents of the Ashby de la Zouch area that had submitted representations regarding the way West Leicestershire CCG managed the Section 106 process in the Ashby area.

Arising from discussions the following points were made:

- (i) Ian Potter highlighted the statutory nature of Section 106 within the planning process and gave reassurance that the CCGs had worked hard to improve the level of communication with District Councils and that the relationships now worked well. It was noted that health was not the only beneficiary of Section 106 agreements, the others being the District and County Councils, and it was important to strike a balance between them. It was further noted that developers were commercial organisations and there was a limit to the amount of their profits they would allocate towards helping communities. District Councils had the power to refuse to forward on requests from CCGs for Section 106 contributions to developers therefore it was worth asking the Local Authorities how often they rejected requests from CCGs. When drafting Section 106 Agreements it was prudent for Local Authorities to insert a break point so that the required Section 106 contributions could be reviewed when the development was halfway towards completion.
- (ii) A Member stated that there should be greater transparency with regards to Section 106 contributions which had been requested and rejected and suggested that the details could be listed on websites. Ian Potter agreed to give this suggestion further consideration. In response to a request from a Member, Ian Potter agreed to ascertain if it would be possible to identify the rejection rate for health related Section 106 applications and understand which District Councils were the most successful at obtaining Section 106 contributions and which were the least successful.
- (iii) A Member raised concern that the figure for Section 106 Healthcare Contributions for the area covered by Oadby and Wigston Borough Council was zero particularly given the housing developments that were underway in that area. Ian Potter confirmed that this figure was accurate and offered to obtain further information regarding Section 106 in Oadby and Wigston from ELRCCG and circulate to Members.
- (iv) In response to a suggestion that Section 106 money could be used for defibrillators to be placed in communities, Ian Potter offered to give this idea consideration but explained that CCGs usually looked to spend Section 106 monies on initiatives that would ease the pressure on GP Practices rather than on wider community health issues.
- (v) In response to a question from a Member Ian Potter confirmed that CCGs had no influence on affordable housing.

With the permission of the Chairman, Mr Bedford and Mr Webb addressed the Committee with regard to concerns raised by the Ashby Civic Society about the use of Section 106 monies to fund healthcare developments in Ashby. A copy of the comments submitted by Ashby Civic Society is filed with these minutes as is the response from West Leicestershire CCG. Members advised Mr Bedford and Mr Webb to work with Ashby Town Council to take their concerns forward.

RESOLVED:

That the update on how Section 106 healthcare contributions are managed by the NHS and the process followed to ensure that all possible funding is received from developers be noted.

28. Learning Disabilities Mortality Review Programme.

The Committee received a presentation from NHS England and Leicester City Council on the Learning Disabilities Mortality Review (LeDeR) Programme. A copy of the presentation slides is filed with these minutes.

For this item the Committee welcomed to the meeting Louisa Whait, Regional Coordinator Midlands and East LeDeR Programme, James Lewis, Business Change Commissioning Manager, Social Care & Education, Leicester City Council, Steven Forbes, Strategic Director Social Care and Education, Leicester City Council, and Heather Pick, Assistant Director, Adults and Communities, Leicestershire County Council.

Arising from discussions the following points were noted:

- (i) There was an explicit requirement for NHS Trusts to notify the LeDeR programme if any patients with learning disabilities died whilst under their care. Once notified the LeDeR programme would conduct a review and ensure they had full information on the background of the deceased and the circumstances leading up to the death. The LeDeR programme had been allocated £1.4million nationally however this resulted in only £16,500 for Leicester, Leicestershire and Rutland. Therefore staff were being required to carry out work on the programme in addition to their normal jobs hence only a small number of reviews had been completed so far. Whilst additional funding for staff would be welcomed, Steven Forbes pointed out that it could be of benefit that local staff were working on this project, rather than additional staff being recruited, as they would be familiar with the local system and were enthusiastic. He stated that in his experience external reviewers were not always as successful. It was expected that once further reviews were completed the Leicester, Leicestershire and Rutland Steering Group would have a better sense of the local trends and issues which needed addressing and it was hoped to have completed 25 reviews by the end of 2018. It was noted that some reviews were delayed to allow other statutory processes to take place first, or to allow the families of the deceased additional time to come to terms with the loss before investigations took place.
- (ii) Efforts were being made to increase the awareness and understanding of NHS staff with regards to the needs of patients with learning disabilities, and this would comprise of face to face training as well as E-learning to ensure that the experience of patients with learning disabilities was fully communicated.
- (iii) In response to a question about the impact of Annual Health Checks it was explained that insufficient reviews had been completed to date to be sure of the impact, however it was important to ensure that as many people as possible undertook the checks. Leicester, Leicestershire and Rutland exceeded the national target for health checks by 10%. Supported Living Providers were being spoken to in order to encourage the people they supported to undertake the checks.

- (iv) With regard to a question about the impact of loneliness it was noted that in a significant proportion of the cases reviewed, the person with learning disabilities had been living with other people. However, early indications from the reviews carried out so far were that there was a theme of the person with learning disabilities suddenly losing the input of a key person in their support network. In addition 91% of patients with learning disabilities were not in a relationship therefore it was believed that a person's relationships with other people did play an important role.
- (v) Members were of the view that more needed to be done to advise children on healthy eating to help prepare them for adulthood. Concerns were raised that due to human rights issues and the patient's right to choose, action was not being taken by staff regarding young people that did not eat healthily. In response it was explained that patients with the appropriate mental capacity did have the right to choose, however the Mental Capacity Act 2005 permitted staff to intervene where patients did not have the necessary mental capacity.
- (vi) In response to a question regarding how the LeDeR programme could be confident that the current scheme would have a positive impact when similar initiatives in the past had not solved the problem, it was explained that the LeDeR programme covered the whole healthcare system whereas previous reports had focused on specific parts of the system. Conversations were now taking place with partners who had not been liaised with before. In addition the LeDeR programme had a higher profile which helped raise awareness more effectively. Reducing the mortality rates for people with learning disabilities was now a clinical priority for the NHS.
- (vii) There were difficulties with regards to information sharing between partners as a result of data protection regulations and also the inability of different computer databases to interact with each other. The Summary Care Record which was being developed would go some way to helping with these problems. There was an onus on social care staff to take responsibility to share information with partners when appropriate.
- (viii) In response to concerns raised by a Member regarding the lack of timescales in the LeDeR Programme Annual Report it was explained that one of the four clinical priorities for the NHS over the following 10 years was reducing premature mortality for people with learning disabilities and these priorities had tight timescales attached to them.

RESOLVED:

That the Learning Disabilities Mortality Review (LeDeR) Programme be supported.

29. Quality Innovation Productivity and Prevention (QIPP) Schemes.

The Committee received a report of West Leicestershire Clinical Commissioning Group and East Leicestershire and Rutland Clinical Commissioning Group which provided an update on the Quality Innovation, Productivity and Prevention (QIPP) Savings Schemes for 2018/19 and provided information in relation to CCG assurance ratings received from the regulator NHS England. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed Spencer Gay, Chief Finance Officer at West Leicestershire Clinical Commissioning Group to the meeting for this item along with Tracey Burton, Interim Chief Nurse, and Janet Soo Chung, Transformations Director, both from East Leicestershire and Rutland CCG.

Arising from discussions the following points were noted:

- (i) Further to concerns raised by Members at the previous Committee meeting that the QIPP savings could have an impact on quality, reassurance was given that the programme focused on service redesign rather than cuts. Large scale changes were not proposed; the changes mainly concerned the way patients accessed care. Members asked for consultation on service redesign to be carried out early in the process and Spencer Gay reassured that this would be the case as far as possible. Engagement and/or consultation would be built into the projects.
- (ii) Clear arrangements were in place to monitor the delivery of the savings schemes on a weekly basis. It was acknowledged that unforeseen events could occur and therefore the savings targets had been set higher than the figure which was actually required in order to ensure that an adequate level of savings would be made even if unexpected events occurred. The savings targets had been phased to take into account the expected increase in demand over the winter period therefore the winter pressures should not have a negative impact on whether the targets were achieved. The CCGs were involved in regular discussions with University Hospitals Leicester and Leicestershire Partnership NHS Trust to make sure that all eventualities were taken into account.
- (iii) With regard to the 'requires improvement' rating given to both West Leicestershire CCG and East Leicestershire and Rutland CCG by NHS England for 2017/18 it was explained that the primary reason for the assessment was the financial position of the CCGs. The new CCG Assurance process required each CCG to break even in a financial year and unfortunately both CCGs had recorded a deficit for 2017/18. However, both CCGs were carrying forward a surplus and in previous years this was what CCGs were judged on rather than breaking even for that particular year.

RESOLVED:

- (a) That the update on Quality, Innovation, Productivity and Prevention (QIPP) Savings Schemes be noted;
- (b) That officers be requested to provide a further report on QIPP schemes at the end of the 2018/19 financial year.

30. Winter Pressures.

The Committee received a report from the Leicester, Leicestershire and Rutland (LLR) Health and Social Care system which provided an overview of the ongoing work to prepare for the 2018/19 winter period across the LLR Urgent and Emergency Care system, and the lessons learnt from the previous winter. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed Rebecca Brown and Debra Mitchell of University Hospitals Leicester, and Yasmin Sidyot, Deputy Director of Urgent and Emergency Care, to the meeting for this item.

Arising from discussions the following points were noted:

- (i) In response to a question from a Member it was acknowledged that the new Emergency Department had not improved the figures for the target that at least 95% of patients attending A&E should be admitted, transferred or discharged within four hours. However, the new Department had improved the patient experience in the sense of privacy and dignity. With regards to the children's section of the Emergency Department great improvements had been seen and approximately 97% of children were dealt with within 4 hours.
- (ii) Members were disappointed to note that the same issues with patient flow through and out of the hospital were being seen year after year. Members raised concerns that a common reason for delayed discharge from hospital was patients waiting for medication to be provided by the hospital pharmacy. Reassurance was given that the Urgent Care Board at University Hospitals Leicester was focusing on ensuring that patients were discharged as early as possible and this would be a key part of the Winter Plan.
- (iii) The Chairman stated that he was aware of smart phone applications which could be used by patients in other parts of the country to check waiting times at Emergency Departments and Urgent Care Centres and he recommended greater use of these applications in Leicester, Leicestershire and Rutland.
- (iv) It was noted that for the 2017/18 winter most hospital beds were occupied on Christmas Eve whereas in previous years there were less patients in the hospital at that time of year and Members raised concerns that insufficient plans were in place to ensure that beds were available come the 2019 new year. In response reassurance was given that for the coming winter the hospital intended to be ready in October for the winter influx.
- (v) Members questioned whether the general public understood when they should visit an Urgent Care Centre and when they should go to an Emergency Department. Concerns were also raised that the terminology used for urgent care centres was inconsistent; they were sometimes described as health hubs which could cause further confusion. In response to a query from a Member it was confirmed that there were no documents which explained which conditions could be treated at Urgent Care Centres, and some Urgent Care Centres could carry out procedures which others could not. Generally the public were not using walk-in facilities enough. Some concern was expressed that there was also a lack of clarity around access to Urgent Care Centres and whether patients were able to walk-in or whether they had to call NHS 111 first. It was questioned whether patient choice was being eroded. Officers undertook to clarify these issues and report back to the Committee.

RESOLVED:

That the update on the winter planning process for Leicester, Leicestershire and Rutland for 2018/2019 be noted.

31. Suicide Prevention Campaign.

The Committee received a report from the Director of Public Health which provided an update on the development of the suicide prevention programme, and the 'RUOKToday?' Programme. 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 suicide prevention work was being undertaken with high risk groups such as farmers who worked in isolation. Liaison was taking place with the Rural Community Council and the Farmers Benevolent Fund.

RESOLVED:

- (a) That the suicide prevention programme and the RUOKToday Programme be supported;
- (b) That officers be requested to produce a further report for the Committee on suicide prevention initiatives in a year's time.

32. Dates of future meetings.

RESOLVED:

That future meetings of the Committee take place on the following dates:

7 November 2018 at 10:30am
16 January 2019 at 2:00pm
13 March 2019 at 2:00pm
5 June 2019 at 2:00pm
11 September 2019 at 2:00pm
13 November 2019 at 2:00pm

2.00 - 5.00 pm
05 September 2018

CHAIRMAN