



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 5 June 2019.

PRESENT

Mr. T. Barkley CC	Dr. S. Hill CC
Mr. D. C. Bill MBE CC	Mr. J. Morgan CC
Dr. R. K. A. Feltham CC	Mrs B. Seaton CC
Mr. T. Gillard CC	Mrs. M. Wright CC
Mrs. A. J. Hack CC	

In attendance

Mr. L. Breckon CC, Cabinet Lead Member for Health and Wellbeing
Micheal Smith, Healthwatch Leicester and Leicestershire

John Edwards, Associate Director for Transformation, Leicestershire Partnership NHS Trust (minute 10 refers)

Spencer Gay, Chief Finance Officer, West Leicestershire Clinical Commissioning Group (minute 11 refers)

Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group (minute 12 refers)

1. Appointment of Chairman.

RESOLVED:

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 2020.

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

2. Election of Deputy Chairman.

RESOLVED:

That Mrs. M. A. Wright 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 2020.

3. Minutes.

The minutes of the meeting held on 13 March 2019 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.

Mrs. A. J. Hack CC declared a personal interest in agenda item 13, development of a new model for homelessness and housing support, as she was employed by a housing provider.

8. Declarations of the Party Whip.

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

9. Presentation of Petitions.

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

10. All Age Mental Health Transformation.

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) which provided an update on the All Age Transformation Programme. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed John Edwards, Associate Director for Transformation, Leicestershire Partnership NHS Trust to the meeting for this item.

Arising from discussions the following points were noted:

- (i) It was not expected that the appointment of Angela Hillery as the new Chief Executive for LPT would have a radical impact on the All Age Transformation Programme though it was possible that the phasing could be altered and other minor elements could change. Angela Hillery was also Chief Executive of Northamptonshire Healthcare Foundation Trust and good practice from Northamptonshire had already been implemented in the Programme.
- (ii) In response to concerns raised by members regarding whether LPT had the workforce capacity to implement the All Age Transformation Programme, it was acknowledged by LPT that the draft workforce model required further work and reassurance was given that affordability testing would take place which could lead to refinement of the proposed model.

- (iii) Members raised concerns regarding the lack of governance for the scheme, how the programme would be co-ordinated, and the reliance of the programme on Local Area Co-ordinators which did not exist in every area of the county. In response it was confirmed that these issues were being taken into account through the development of the model.
- (iv) The peer support workers that were being introduced through the transformation programme were employed workers rather than volunteers, although they could be recent service users. Training was currently being provided and supervisory arrangements would be put in place. Members emphasised the importance of monitoring the effectiveness of the role.
- (v) In response to a query from Members it was explained that the outcomes of the All Age Transformation Programme linked in well with the outcomes of the Action Plan which had been created in response to the Care Quality Commission (CQC) report of February 2019. To address cultural and behavioural issues identified by CQC workshops had been held with LPT staff and an NHS Improvement Tool had been used. A targeted cultural programme was now being used alongside the transformation programme.
- (vi) Outpatient care would be delivered through geographically aligned local teams set around groups of GP practices known as Primary Care Networks (PCN) though it was unlikely that there would be a team for every PCN. It was felt that this alignment would help to reduce the gap between primary care and secondary care.
- (vii) A new and improved website for LPT had been commissioned and it was expected to be online imminently.

RESOLVED:

- (a) That the aims of the All Age Mental Health Transformation Programme be welcomed;
- (b) That the Committee's concerns regarding LPT's capacity to implement the programme be noted;
- (c) That LPT be urged to ensure that the All Age Mental Health Transformation Programme addresses the concerns that have been raised by the Care Quality Commission.

11. QIPP end of financial year.

The Committee considered a joint report of West Leicestershire Clinical Commissioning Group and East Leicestershire and Rutland Commissioning Group which provided an update on the 2018/19 Quality, Innovation, Productivity and Prevention (QIPP) programme and the planned 2019/20 QIPP programme. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed Spencer Gay, Chief Finance Officer, West Leicestershire Clinical Commissioning Group (CCG) to the meeting for this item.

Arising from discussions the following points were noted:

- (i) The primary aim of QIPP schemes was quality improvement rather than financial savings. To ensure there was no negative impact on service users, quality impact assessments were carried out on all QIPP schemes and Key Performance Indicators were monitored. The schemes did not represent cuts to service, rather they were efficiencies offset by a backdrop of investment.
- (ii) Whilst the QIPP achievement for both Leicestershire County CCGs for 2018/19 had been very close to the £40.145m target, the CCGs were not fully confident that the 2019/20 QIPP target of £49.020m would be reached. So far £37,782m of QIPP savings had been identified for 2019/20 but a further £11,238m needed to be identified and work was being undertaken with providers to ascertain where the additional savings could come from. The 2019/20 QIPP scheme assumed that there would be £700,000 savings delivered from the CCG management team restructure and there was an overall requirement to reduce running costs by 20% by 2021. The 2019/20 Scheme also made allowances for the expected impact from the introduction of Primary Care Networks (PCNs). It was clarified that whilst the budget for PCNs would still belong to the CCGs who would have oversight of how the money was spent, CCGs would have less control over it than they did over other budgets.
- (iii) A longer term financial plan had been drafted based on the expected future funding and the plan was to be updated in summer 2019. Consideration would then be given by the CCGs to what solutions could be found to address the financial problems raised in the plan. The CCGs were also expected to publish their response to the NHS Long Term Plan in the autumn of 2019 and they would share this response with the Committee. Healthwatch Leicester and Leicestershire was also conducting a piece of work relating to the public response to the NHS Long Term Plan the results of which would also be shared with the Committee and the CCGs.

RESOLVED:

- (a) That the update on Quality, Innovation, Productivity and Prevention (QIPP) Savings Schemes be noted;
- (b) That officers be requested to submit a further report on QIPP schemes and the CCG response to the NHS Long Term Plan to the Committee's meeting in November 2019.

12. Primary Care Networks.

The Committee considered a joint report of East Leicestershire and Rutland Clinical Commissioning Group and West Leicestershire and Rutland Clinical Commissioning Group which provided an update on the development of Primary Care Networks (PCNs) across Leicester, Leicestershire and Rutland. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

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

Arising from discussions the following points were noted:

- (i) Each PCN was to be provided with funding for the 2019/20 year to recruit physiotherapists and social prescribing practitioners; job advertisements had already been circulated for the first 26 posts. By 2023 it was expected that PCNs would have approximately 13 new members of staff, excluding doctors and nurses, per 50,000 people for carrying out primary care services. The intention behind the new staffing requirements was to address the shortage of doctors and nurses by providing the services in other ways. The CCGs recognised there could be difficulties recruiting to these additional posts given existing issues with staffing and recruitment and the fact that there would be national competition for the posts. There was a need to make primary care in Leicestershire a more attractive place to work. There had been a national drive to recruit more GPs from overseas and LLR had gained 14 international GPs. However, there were still gaps and more medical school places had also been created in Lincoln.
- (ii) A requirement of the Long Term Plan was a large increase in the number of pharmacists for each PCN area and the CCGs were working on a programme for pharmacists, including support and career development advice, to ensure that there was adequate provision across all areas in LLR.
- (iii) In response to a concern raised by a member that the phrase 'neighbourhood', which was used in relation to the geographical area covered by PCNs, did not accurately describe an area of between 30,000 and 50,000 patients, it was explained that this was national terminology which the LLR CCGs had no control over.
- (iv) One of the aims of PCNs was to help reduce avoidable A&E attendances and members raised concerns that there was confusion amongst the public regarding whether they could attend Urgent Care Centres without an appointment. Some patients were being turned away because they had not booked an appointment through NHS 111. In response it was acknowledged that there were problems with the system of patients booking into Urgent Care Centres and work needed to take place with the provider of the service to improve clarity and communication to the public. In LLR appointments at Urgent Care Centres were 15 minutes in length. NHS England required commissioners of Urgent Care Services to provide 30 minutes per 1000 patients; the current provision in LLR was more than double with 67 minutes per 1000 patients.
- (v) In response to concerns regarding whether the primary care infrastructure would be able to meet the housing growth in Leicestershire reassurance was given that this was being considered as part of development of the Primary Care Estates Strategy and mapping was taking place to analyse the condition of buildings and what they could be used for. Local Plans were being taken into account when carrying out estates planning. It was confirmed that funding received under Section 106 of the Town and Country Planning Act 1990 could not be used for GP salaries as it was capital funding. However, revenue funding would increase with growth as it was based on the number of patients.

RESOLVED:

- (a) That the update on Primary Care Network development across Leicester, Leicestershire and Rutland be noted;

- (b) That officers be requested to produce a report on the Primary Care Estates Strategy for a future meeting of the Committee.
- (c) That details of the Primary Care Networks for Leicester, Leicestershire and Rutland, including geographical areas and names of Accountable Clinical Directors, be circulated to all members of the Committee once available.

13. Development of a new model for homelessness and housing support.

The Committee considered a report from the Director of Public Health which explained the proposals to develop a new model for homelessness and housing support which were being consulted on. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

The existing model for homelessness and housing support comprised of the Falcon Centre in Loughborough which was a 30 bed hostel, and The Bridge in Loughborough which provided sustainable housing support, advice and solutions for homeless and vulnerable people in Loughborough and Leicester. The Cabinet at Leicestershire County Council had resolved not to withdraw support and funding for the Falcon Centre as this would place the centre at risk of closure. Members were provided with written representations from Oadby and Wigston Borough Council which raised concerns regarding the proposed discontinuing of the existing 'Housing Matters' services and the consequent impact on local residents. It was noted that Oadby and Wigston Borough Council would be submitting further representations as part of the consultation process and the Director of Public Health stated that he would give their concerns full consideration.

The proposed new model would focus on working with individuals with substance misuse problems and mental health issues rather than the more general housing support service which was currently provided. The Director of Public Health acknowledged that there could be an impact on District Councils as a result of this which was an inadvertent consequence. One of the advantages of bringing the service in house was that the Public Health Department had a network of organisations that could be used to facilitate the work. The model would build on the capability of First Contact Plus and Local Area Co-ordinators. In response to a question the Director of Public Health stated that he had no concerns that First Contact Plus staff would be overworked as extra capacity had been added to the First Contract Plus service. Although not all areas of Leicestershire had Local Area Co-ordinators, Local Area Coordinators would assist people that resided outside of the area they covered. First Contact Plus would also provide support to people in those areas without LACs. A further advantage was that the service could be more equitably distributed across Leicestershire rather than being focused on Loughborough.

The Committee recognised that the proposal represented a reduction in service, made necessary by the financial situation faced by the Council. It was felt that the proposal was the best possible in the circumstances.

RESOLVED:

- (a) That the update on the proposed new model for homelessness and housing support be noted;
- (b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 22 October 2019.

14. Dates of future meetings.

RESOLVED:

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

11 September 2019;
13 November 2019;
15 January 2020;
4 March 2020;
3 June 2020;
9 September 2020;
11 November 2020.

2.00 - 3.35 pm
05 June 2019

CHAIRMAN

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