



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 7 November 2018.

PRESENT

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

Mr. T. Barkley CC
Mr. D. C. Bill MBE CC
Mrs. A. J. Hack CC
Mr. D. Harrison CC

Dr. S. Hill CC
Mr T. Parton CC
Mr. T. J. Pendleton CC
Mrs. J. Richards CC

In attendance

Micheal Smith, Healthwatch Leicester and Leicestershire.

Caroline Trevithick, Interim Accountable Officer, WLCCG (minute 40 refers).

Kate Allardyce, NHS Midlands and Lancashire Commissioning Support Unit (minute 41 refers).

Mr. J.B. Rhodes CC (minute 43 refers).

33. Minutes of the previous meeting.

The minutes of the meeting held on 5 September 2018 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.

It was noted that all Members who were District/Borough Councillors would wish to declare a personal interest in Item 11 – the Development of a Unitary Structure for Local Government in Leicestershire (minute 43 refers).

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. Hinckley and Bosworth Community Health Services.

The Committee received a report of West Leicestershire Clinical Commissioning Group (WLCCG) which provided an update regarding the Hinckley and Bosworth Community Services review. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed Caroline Trevithick, Interim Accountable Officer, WLCCG, to the meeting for this item.

Arising from discussions the following points were noted:

- (i) Members welcomed the bid that had been submitted by WLCCG for funding from NHS England for capital investment in Hinckley and Bosworth. It was clarified that the bid had been submitted four separate times to NHS England, rather than it being a four stage bidding process. The Hinckley project was a high priority in the Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership and therefore it was hoped that NHS England would recognise that the bid had a large amount of local support and therefore look favourably upon it. There were clinical risks in continuing to provide services at the current Hinckley and District Hospital site at Mount Road due to the viability of the hospital environment and these risks were currently being managed but without capital investment the risk would ultimately become too great to manage.
- (ii) Concerns were raised by Members that less people would be able to walk or use public transport to access services at the Sunnyside site due to it not being in the centre of the town and therefore car parking would become an issue. Reassurance was given that there was good car parking availability at the Sunnyside site, and also once existing staff and services had moved out of the Mount Road site then car parking space at Mount Road which had previously been used for staff parking would be able to be used by patients.
- (iii) A member raised concerns that there was no Urgent Care Centre in Hinckley and patients were expected to travel to Nuneaton for urgent care despite high levels of traffic between Hinckley and Nuneaton which caused delays.
- (iv) It was moved by Mr Bill, seconded by Mr Barkley and carried that the Committee, recognising the seriousness of the situation, should write to NHS England and the Secretary of State for Health and Social Care in support of the bid for funding for capital investment to maintain services within Hinckley and Bosworth.

RESOLVED:

- (a) That the update regarding Hinckley and Bosworth Community Services, and in particular the proposals for Hinckley and District Hospital, be noted;
- (b) That the Committee write to NHS England and the Secretary of State for Health and Social Care in support of the bid for funding for capital investment to maintain services within Hinckley and Bosworth.

41. Performance Report.

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 to the end of October 2018. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

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

Arising from discussions the following points were noted:

- (i) Members welcomed the 38% reduction in days lost due to delayed transfers of care, though noted that the actual number of days lost was still significant. The Committee was pleased to note that action plans were in place to further reduce the amount of days lost, and emphasised the importance of ensuring that the improvements in performance were sustainable. It was agreed that the action plans would be circulated to members after the meeting.
- (ii) In response to a query about whether swab tests could be used to make the prescribing of antibiotics more accurate, it was confirmed that GP and laboratory capacity, as well as the resources that would be required to implement it, meant that it was unlikely that regular swab testing would be introduced. GPs provided a reasonable diagnosis based on symptoms. Swab testing was carried out in secondary care for less common conditions.
- (iii) Under the CCG Improvement and Assessment Framework there was a metric for cancer patients to wait no more than 62 days from referral to first definitive treatment. There were nine other national cancer metrics one of which related to patients receiving first definitive treatment within one month of a cancer diagnosis. Members requested a separate report for a future Committee meeting which set out each metric and the performance against it. It was also agreed that the overall suite of performance reports for CCGs, UHL, LPT, BCF, Public Health etc would be reviewed to ensure that a full set of metrics were being reported to give members a full picture of performance in LLR in all key areas.
- (iv) A Member raised concerns regarding the waiting times for ENT and ophthalmology outpatient appointments. Micheal Smith advised that Healthwatch Leicester and Leicestershire had carried out some work on the patient experience of Ophthalmology appointments and were also conducting a separate piece of work on the impact on patients of appointment cancellations generally. He agreed to share the results of this work with the Committee.

- (v) The data in the report related to all patients that resided in the geographical area covered by the LLR Clinical Commissioning Groups therefore it included patients that accessed services outside of the County such as the George Eliot hospital in Nuneaton, or Kettering General Hospital. This could explain why the performance figures for East Leicestershire could be significantly different to the figures for West Leicestershire as the performance of the out of county hospitals would be fed into either the data for east or west Leicestershire depending on where the patient lived.
- (vi) Some recent figures for children of excess weight in Leicestershire indicated that there had been a significant deterioration compared to the previous year however it was believed that there had been a problem with the accuracy of the data for the Hinckley and Bosworth area therefore performance may be better than it appeared. An investigation into the data issues was ongoing.
- (vii) Newly available figures showed that breastfeeding prevalence in Leicestershire at 6-8 weeks after birth for 2017/18 was at 45% which was better than the national average.

RESOLVED:

- (a) That the performance summary, issues identified and actions planned in response to improve performance be noted.
- (b) That the improvement in performance for days lost due to delayed transfers of care be welcomed.
- (c) That officers be requested to produce a report for a future meeting of the Committee regarding the nine national cancer performance metrics and the performance in Leicestershire against those metrics.

42. Director of Public Health Annual Report.

The Committee considered the Annual Report of the Director of Public Health for 2018. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee thanked the Director of Public Health for an informative and easy to read report. Arising from discussions the following points were noted:

- (i) The Director of Public Health had used his 2018 report to focus on specific areas that he wished to highlight and encourage partners to work on, rather than reporting on the whole of the Public Health Department's remit. For example the creation of an integrated weight management pathway was an area where partners such as clinical commissioning groups had previously been asked to assist with but further work was still needed to be carried out by partners, and the Director of Public Health had used his Annual Report to reiterate this point.
- (ii) The Committee endorsed the Director of Public Health's proposals to treat the patient as a whole rather than focusing on a specific illness or condition that the patient had. The emphasis on social prescribing was welcomed. In response to a suggestion that more social activities should be available through GP Practices the Director of Public Health explained that the philosophy was to take the patient away from GP Practices, however, more work could be carried out to develop Patient Participation Groups.

- (iii) There was evidence to show that loneliness and social isolation led to depression and anxiety, but it was not possible to demonstrate the impact on the local population due to issues around data protection and data sharing. However, the County Council was currently undertaking work to improve co-ordination across agencies in the response to loneliness and social isolation.
- (iv) The Director offered to produce a report on lifestyle behaviours for a future Committee meeting.

RESOLVED:

- (a) That the Annual Report of the Director of Public Health be welcomed;
- (b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 23 November 2018.

43. The Development of a Unitary Structure for Local Government in Leicestershire.

The Committee considered a report of the Chief Executive which had been submitted to the Cabinet on 16 October in response to the Cabinet resolution of 6 July 2018 to enable the Cabinet to consider outline proposals for the development of a unitary structure for local government in Leicestershire. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

The Director of Corporate Resources was also present to introduce the report and made reference to the Chancellor's budget announcement the previous week, which had been more positive than expected. He anticipated that Government departments outside of health would see a flat real-terms increase in growth and suggested that the following caveats should be borne in mind:-

- Whether all Government departments would be treated the same, or whether services such as defence and the police, education and welfare would receive a greater share of funding;
- The Government's funding did not allow for changes in population or demand for services; there was a likelihood that these would increase, particularly for social care, and therefore increase funding requirements;
- The costs could increase at a faster rate than inflation.

Although the pace at which savings were required might be slower, the County Council would still need to make savings. After making the maximum permitted increase in council tax, the County Council would still need to save between £10 million and £15 million per year to meet ongoing funding pressures.

The Cabinet Lead Member for Resources, Mr J B Rhodes CC, reminded members that the cost pressures in adult and children's social care were significant. The proposals meant that a single unitary authority in Leicestershire would have an extra £30 million per year, less if two unitary authorities were established, which would enable front line services to be protected. The County Council was reaching the point where further savings were difficult to make.

Mr Rhodes also advised the Committee that one of the drivers for seeking unitary status was strategic. Currently, when engaging with other councils across the region, the

County Council did not have the power to act on behalf of the whole county and would therefore need to seek approval from the district councils, which could significantly slow the process down. The East Midlands did not attract investment on the same scale as the West Midlands; it was thought that was partly because of the fragmented nature of local government in the East Midlands. Being able to speak with single voice on behalf of the county would strengthen Leicestershire's position.

Arising from discussion the following points were raised:-

Financial Situation

- (i) Leicestershire received less funding than Northamptonshire, on a per head basis. A rough estimate of the order of magnitude of £30 million was provided to the Committee *[it was subsequently clarified to be £16 million per annum]*. There were a number of inequalities in council funding, which was why the Government was undertaking the Fair Funding Review. It was hoped that the outcome of the review would be beneficial to Leicestershire, but the uncertainty around Brexit and Government commitment to provide the NHS with additional funding had to be borne in mind.
- (ii) Structural reform appeared to be the Government's preferred option for financially struggling councils. Northamptonshire County Council was the highest profile example but there were also instances of smaller district councils which had been encouraged to merge. It was noted that there were some examples of shared service arrangements within Leicestershire's councils, but these were not widespread or on a large scale.
- (iii) From a financial point of view, a unitary structure was more efficient. Savings could be generated from back office services and management, protecting front line services.

Model Unitary Structure

- (iv) The Cabinet Lead Member for Resources did not believe that a county unitary would be too remote for Leicestershire residents. 80% of local government services in Leicestershire were delivered by the County Council and a number of these were already managed centrally but delivered locally. Members were not criticised for being remote when handling casework.

Options Appraisal

- (v) It was suggested that the report could have included a wider range of options and queried whether the debate should continue, given the letter from MPs asking the Leader to cease work and the response from District Council Leaders, that they would acquiesce to the request. The Cabinet Lead Member for Resources advised that the status quo was an implicit option in the report and confirmed that a large part of the work to develop proposals for a unitary structure of local government in Leicestershire had already been completed. The District Council Leaders' response was therefore disappointing.
- (vi) Members expressed disappointment in the stance taken by District Council Leaders and local MPs, which, in their opinion, had sought to suppress debate

before it could be established whether a unitary structure of local government was in the best interests of Leicestershire residents or not.

- (vii) A view was expressed that the views of District Council Leaders and MPs should not be ignored; the Secretary of State would not approve proposals for unitary local government where there was significant local opposition. It was therefore suggested that the County Council should focus on its fair funding campaign. However, a number of members of the Committee suggested that, from their experience, District Council Leaders did not appear to have consulted with other members of their council before reaching their decision. A further view was expressed that it was better for the local area to make a decision voluntarily than be forced into it due to the financial situation of the council. Local Government should be allowed to debate its future and determine the best way of protecting front line services. The view was expressed that, if structural reform did not happen now, it would happen at some point in the future.
- (viii) It was suggested that as the option for a dual unitary would require the splitting of existing County Council services, which currently worked well on a countywide basis, it was likely to be less efficient and to add to the complexity of local government, particularly for partners and service users.

Services in a Unitary Structure

- (ix) It was felt that for both public health and health, housing and care integration there was a compelling case for the development of a single unitary authority for Leicestershire, as opposed to two unitary authorities. Leicestershire would benefit from an overall, single strategic vision for these services, with much greater power to deliver through a single organisation.
- (x) In terms of air quality, monitoring responsibility sat with district councils but both the County Council's Public Health and Environment and Transport departments had a role to play. Members felt that the two tier structure of local government created complexity and made it more difficult to have a coherent and consistent response across the county.
- (xi) There was currently a lack of consistency across the county in terms of the health and wellbeing services provided by the district councils. This was not always in the best interests of Leicestershire residents. In terms of supporting people to be physically active, a unitary structure would allow a cohesive approach to sport and physical activity facilities, cycle ways, walk ways and green spaces. Public Health and the Environment and Transport Department currently had a joined up approach to cycle ways, but this did not include district council managed green spaces.
- (xii) It was felt that there would be benefits to a strategic, single approach to the development of assistive technology, and to the allocation of Disabled Facilities Grants (DFG), which would be better than the current arrangements, noting that some councils had not spent their full allocation. DFG resources could be utilised more flexibly across Leicestershire to match variable demand better and support other aspects of housing services and support. It was also noted that the delivery of adaptation services, in terms of Occupational Therapist support and expertise, involved staff from both District and County authorities, and this could cause additional handoffs and delays to decisions being made.

- (xiii) A view was expressed that, in their casework, members currently had to co-ordinate between district council and County Council issues and could therefore find that their impact was diluted. A single authority for Leicestershire would have more power and influence which could be better for local residents.
- (xiv) Members were reminded that the Clinical Commissioning Groups across Leicester, Leicestershire and Rutland (LLR) were likely to develop a single management structure in the near future. Services such as the Police and Fire Services were also LLR-wide. A number of members were of the view that it would be beneficial if local government boundaries in the area moved closer to being co-terminous with other public sector organisations.

RESOLVED:

- (a) That the report and information now provided be noted;
- (b) That the comments of the Committee be forwarded to the Scrutiny Commission for consideration at its meeting on 14 November 2018.

44. Date of next meeting.

RESOLVED:

That the next meeting of the Committee would be held on 16 January 2019 at 2:00pm.

10.30 am - 3.20 pm
07 November 2018

CHAIRMAN