Agenda Item 1

Leicestershire County Council

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 11 September 2013.

PRESENT

Dr. S. Hill CC (in the Chair)

Dr. T. Eynon CC	Mr. J. Kaufman CC
Dr. R. K. A. Feltham CC	Mr. W. Liquorish JP CC
Mr. S. J. Hampson CC	Mr. J. Miah CC
Mr. D. Jennings CC	Mr. A. E. Pearson CC

In attendance.

Geoffrey Smith OBE, Healthwatch Representative

For minute 9:-

Mr E F White CC, Cabinet Lead Member for Health
Jane Chapman, Chief Strategy and Planning Officer, East Leicestershire and Rutland Clinical Commissioning Group (CCG)
Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland CCG
Angela Bright, Chief Operating Officer, West Leicestershire CCG
Tony Menzies, Project Manager, West Leicestershire CCG
Dr Saurabh Johri, NHS 111 Clinical Lead
Jane Taylor, Leicester, Leicestershire and Rutland Emergency Care Director
John Adler, Chief Executive, University Hospitals of Leicester (UHL)
Dr Catherine Free, Emergency Care Medical Lead, UHL
Rachel Griffiths, Project Director, Site Reconfiguration, UHL
Mark Wightman, Director of Communications and Marketing, UHL.

1. Appointment of Chairman.

RESOLVED:

That it be noted that Dr S Hill CC has been appointed Chairman of the Health Overview and Scrutiny Committee for the period ending with the Annual Meeting of the County Council in 2014.

2. Appointment of Deputy Chairman.

RESOLVED:

That Mr S J Hampson 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 2014.

3. Question Time.

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

4. 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).

5. Urgent Items.

There were no urgent items for consideration.

6. 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.

Dr T Eynon CC declared a personal interest in all items on the agenda as a salaried GP.

7. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

8. Presentation of Petitions under Standing Order 36.

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

9. Improving Emergency Care.

The Committee considered a report and presentation of the local NHS which set out NHS plans for improving emergency care in Leicestershire, with particular regard to arrangements for Winter 2013. A copy of the report and presentation marked 'Agenda Item 9' is filed with these minutes.

The Chairman welcomed the following NHS officers to the meeting:-

Jane Chapman, Chief Strategy and Planning Officer, East Leicestershire and Rutland Clinical Commissioning Group (CCG)
Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland CCG
Angela Bright, Chief Operating Officer, West Leicestershire CCG
Tony Menzies, Project Manager, West Leicestershire CCG
Dr Saurabh Johri, NHS 111 Clinical Lead
Jane Taylor, Leicester, Leicestershire and Rutland Emergency Care Director
John Adler, Chief Executive, University Hospitals of Leicester (UHL)
Dr Catherine Free, Emergency Care Medical Lead, UHL
Rachel Griffiths, Project Director, Site Reconfiguration, UHL
Mark Wightman, Director of Communications and Marketing, UHL.

Arising from discussion the following points were raised:-

Improving Emergency Care

(i) Concern was expressed that performance in meeting the target of treating 95% of patients accessing emergency care within four hours was not consistent. It was acknowledged that performance varied on a daily basis and that the aim was to address this inconsistency. Over the last few weeks a number of actions had been put in place to improve performance. These actions were starting to have a positive impact on performance, which had been recorded last week as 92.9%. It would take time for some of the actions to have an effect. The Committee felt that this was an area which could usefully be revisited at its next meeting in order to consider progress.

(ii) Actions being taken to improve performance included the following:-
- Establishment of a command and control centre;
- Engagement of staff at senior level;
- Senior consultants' shifts extended to midnight seven days a week;
- Increasing assessment beds by 15 to 72;
- Reassessing the mix of planned care and emergency care beds;
- Getting the right skill mix amongst staff.

(iii) The new single point of access for the Emergency Department had resulted in 30% of patients being redirected to the Urgent Care Centre. However, the impact of this change on performance had been reduced because the patients still using the Emergency Department were the most complex and ill patients.

(iv) Senior Emergency Department consultants met four times a day to monitor performance and consider deployment of staffing resources. The commissioners reviewed performance on a daily basis. Performance could also be reviewed by Emergency Department operational staff using the command and control centre. This was an information hub which enabled staff to look at trends, variations and escalations in activity. It was acknowledged that there were problems with the timeliness of information received from wards and discharge but, without moving to electronic patient records, there was no immediate solution to this. Overall, it was felt that the new system was an improvement.

(v) With regard to discharging patients, it was noted that the information required by the County Council's Customer Service Centre was similar to that required by the CCGs. It was suggested that a common template for data collection should be developed and used across health and social care. The Committee was advised that work was ongoing to develop a single assessment process across health and social care. To ensure that this happened, it would need to be treated as a project rather than being added to workloads.

(vi) It was noted that the Secretary of State had allocated £10 million to UHL for Winter 2013 and that additional match funding would be provided by the CCGs. Members welcomed this but were concerned about sustainability after winter. However, they were assured that sustainability was a key element of the programmes being developed and was being assessed through the evaluation process.

(vii) A wealth of data pertaining to emergency care was collected by the CCGs and could be used to ascertain where patients came from, what their condition was, the percentage treated in the Emergency Department and the percentage of patients that should have been treated by their GP. This information would be broken down to locality level with a view to identifying whether there were particular locality issues resulting in those patients accessing the Emergency Department.

Emergency Planning and Resilience

(viii) Concern was expressed that, in the past, Leicestershire had seen a high number of hospital admissions from residents in care homes. The Committee was advised that plans to support care home staff to manage their patients were being put in place. One such scheme being developed was to have residents in a care home treated by the same GP practice. This enabled the GP practice to carry out ward rounds, advance care planning and end of life care. East Leicestershire and Rutland CCG had also invested in working with care homes. Both CCGs supported staff to understand and record what was normal for each patient.

Emergency Floor Development

(ix) The development of a single emergency floor would require the movement of a number of outpatient specialties to the General or Glenfield Hospital. These included vascular services, dermatology and rheumatology. UHL intended to group these services logically as it was hoped that this would provide an enhanced service.

(x) Members welcomed the proposals for the development of a single emergency floor. It was felt that this was a logical development which would improve patient flow. The strategic business outline case had been submitted to the Trust Development Authority for approval and UHL would be meeting with the national Director of Finance the following day. Although formal approval and funding had not yet been received, UHL intended to proceed with the enabling scheme of moving outpatient services. It was hoped that Phase 1, the new Emergency Department, would be completed by Winter 2014/15.

(xi) It was noted that the proposed changes to the Emergency Department and the consequent changes to the location of a number of outpatient clinics fell within the definition of “a substantial variation in the provision of such services” and would therefore normally be the subject of formal consultation. However, the Committee was of the view that the proposed changes would enhance the provision of emergency and outpatient services in terms of accessibility and clinical outcomes and believed that the proposed changes were in the best interests of patients and the public. It was therefore suggested that the Committee waive its right to be formally consulted on condition that the UHL Trust undertook to provide it with a detailed project plan outlining at the minimum the following:-

- the outpatient services to be moved, their new location, the rationale for moving and the timing of such moves;
- the development of proposal to improve car parking and public transport access to the General and Glenfield Hospitals;
- the plan for the expansion of the Emergency Department and associated services at the LRI, the timing of changes and actions to be taken to minimise disruption to patient services and care whilst building works were being carried out.

UHL would also be expected to provide regular updates on the progress of works and any variations to the plans and to meet with the Committee or its representatives if there were any concerns raised by members of the Committee about the implementation of the proposals.

(xii) Concern was expressed that the proposal being put forward by UHL would not have the anticipated impact on parking availability at the Leicester Royal Infirmary due to reductions in public transport. Members recommended that UHL gave consideration to a park and ride system for its sites. This suggestion was welcomed and it was noted that UHL had discussed with Leicester City Council linking the hospital hopper service to the existing park and ride sites.

(xiii) The benefits of having acute services located on a small number of centralised sites was queried. However, national evidence had resulted in a direction of travel towards fewer sites providing specialised services. For patients that did not need specialist care the aim remained for as much as possible to be done in the community.

NHS 111 Service

(xiv) Concern was expressed that quality monitoring did not include consideration of patient experience. This was acknowledged; the focus was on clinical quality. Although feedback was collected from patients when they accessed other parts of the system and a listening booth was being used at venues across Leicestershire to gain patient views of the NHS, this was not felt to be sufficient.

(xv) The CCGs would continue to manage the NHS 111 service once it had been rolled out in Leicestershire. It was likely that it would be a number of months before the CCGs were confident that the processes were robust and the service could handed over. Members welcomed this cautious approach, given issues elsewhere in the country with the roll out of the service.

Minor Injury and Illness Services

(xvi) Members welcomed the consultation as it would improve access, understanding and patient flows in Minor Injury Units across East Leicestershire and Rutland. It was also expected that it would have a positive impact on demand for the Emergency Department. It was anticipated that the public consultation would commence in a couple of weeks and would last for eight weeks. The views of Patient Representative Groups (PRGs) would be sought at a meeting with PRG chairs which would take place shortly. The consultation would be advertised in GP surgeries and any changes would be communicated to patients. Members welcomed the intention for a proactive marketing campaign which would make patients aware of what services were available and where.

(xvii) Work was also in hand to develop enhanced service provision in the community hospitals, particularly at Loughborough Community Hospital. The urgent care centre had been moved to the community hospital and work was now being undertaken with local GPs to look at improving patient pathways. Part of the commissioning process for 2014/15 would include identifying which services should be available at Loughborough Community Hospital and how provision could be improved.

(xviii) Oadby Walk in Centre would not form part of the public consultation because it was commissioned by NHS England rather than East Leicestershire and Rutland CCG. However, East Leicestershire and Rutland CCG had a role influencing the provision of services at the walk in centre to ensure they were appropriate and met patients' needs. It would be helpful for this to be made clear as part of the consultation process.

(xix) Concern was expressed that Section 106 monies to improve primary care services were not being collected and that the sums sought from developers were insufficient. The Section 106 monies were managed by NHS England, although it was the aim of CCGs to utilise the primary care estate to its full potential, including out of hours. Members recommended greater co-operation between NHS organisations in order to achieve this.

The Chairman then drew the Committee's attention to the written comments which had been submitted by Healthwatch, a copy of which is filed with these minutes. Geoffrey Smith OBE was invited to make further comments on behalf of Healthwatch. He expressed concern that problems with emergency care frequently reoccurred in Leicestershire. He was hopeful that this time would be different as the whole system seemed to be working together and integration of health and social care was now a national priority. With regard to the plans for the new emergency floor, Healthwatch welcomed them and felt that they gave the public confidence that the system would improve. The proposed links between the park and ride and hospital hopper were welcomed as they would improve access for the public.

The Cabinet Lead Member for Health, Mr E F White CC spoke in support of the Leicestershire approach to the roll out of the NHS 111 Service.

RESOLVED:

(a) That this Committee is of the view that the proposals to relocate a number of the existing clinics currently based at the LRI to either the Leicester General Hospital site or to the Glenfield Hospital site so as to release space for the proposed expansion of the Emergency Department and associated facilities are significant and as such constitute a 'substantial variation' which would normally need to be the subject of formal consultation;

(b) That this Committee, having considered the outline of the proposals set out in (a) above is of the view that such changes would, if fully implemented as described, improve the accessibility of services and improve patient experiences and outcomes and, in view of this, agrees that it would not be in the interest of people of Leicestershire for it to insist upon formal consultation as this would divert resources away from the project team charged with the delivery of these necessary changes, therefore waives its right to be formally consulted on condition that the UHL Trust undertakes to:-

(i) provide the Committee with a detailed project plan outlining at the minimum the following:-

- the outpatient services to be moved, their new location, the rationale for moving and the timing of such moves;
- the development of proposal to improve car parking and public transport access to the General and Glenfield Hospitals;
- the plan for the expansion of the Emergency Department and associated services at the LRI, the timing of changes and actions to be taken to

minimise disruption to patient services and care whilst building works are being carried out

(ii) provide regular updates on the progress of works and any variations to the plans;

(iii) to meet with the Committee or its representatives if there are any concerns raised by members of the Committee about the implementation of the proposals.

(c) That the comments now made be submitted to UHL and the CCGs for consideration;

(d) That an update on the work of the Urgent Care Board at its next meeting be submitted to the Committee;

(e) That a report on the impact of winter on the Emergency Department be submitted to the Committee in Spring 2104;

(f) That the public consultation on changes to minor injury and minor illness services in East Leicestershire and Rutland be considered by the Committee at its next meeting.

10. 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.

11. Strategic Review of Adult Preventative Mental Health Services in Leicestershire.

The Committee considered a report of the Director of Adults and Communities which provided an update on the strategic review of adult preventative mental health services in Leicestershire and the implementation of the proposed service re-design to the Voluntary Service Officers Service and invited comments on the proposed commissioning option for the Adult Mental Health Social Drop In and Befriending Services. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Healthwatch had submitted written comments on this item, a copy of which is filed with these minutes.

Arising from discussion the following points were raised:-

(i) Officers from the Adults and Communities Department had attended social drop in clinics as part of the consultation process and had engaged with members of the black and minority ethnic (BME) community who had indicated that they would prefer a more inclusive service, not least because it could help with developing English language skills. The proposal to make social drop in services more inclusive was therefore welcomed by the Committee.

(ii) Members commented that often people attending self-help groups did not move on and suggested that encouraging service users to become more involved with the local community should be a requirement of the new service. However, it was acknowledged that for some people, moving on was not possible. Members welcomed the proposed flexibility of the new process which would both support people to access universal services and move on and would encourage the

establishment of peer support groups and the setting of informal goals for service users who were not able to do so.

(iii) It was noted that referral pathways into the social drop in and befriending service had not been robust and the intention to improve access was welcomed as were the intentions to improve performance monitoring.

RESOLVED:

That the comments now made be submitted to the Cabinet for consideration.

12. New Review of Congenital Heart Disease Services.

The Committee considered a report of the Chief Executive which provided an update on the current position with regard to the national review of children's congenital heart services and advised of the role that the Committee could have in the new process. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Healthwatch had submitted written comments on this item, a copy of which is filed with these minutes.

Since the report had been written, NHS England had met with the Centre for Public Scrutiny (CfPS) to discuss the role of Local Government in the new review. CfPS had advised that engagement with Local Government should not be limited to Overview and Scrutiny Committees.

NHS England had written to Councillor Cooke, who had chaired the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee meeting which had referred the previous review to the Secretary of State, asking how he wished to be involved in the new review. The Committee would be advised of his response.

RESOLVED:

(a) That the report and information now provided be noted;

(b) That officers be requested to update the Committee of any relevant developments during the review process.

13. Protocol between the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch Leicestershire.

The Committee considered a report of the Chief Executive which sought approval of the protocol between the Health and Wellbeing Board, Health Overview and Scrutiny Committee and Healthwatch Leicestershire. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

Healthwatch had submitted written comments on this item, a copy of which is filed with these minutes.

It was reported that the Health and Wellbeing Board had approved an amendment to the protocol at its meeting on 5 September to recognise that Healthwatch were participating observers of the Clinical Commissioning Group Board meetings.

RESOLVED:

That the protocol, as amended by the Health and Wellbeing Board on 5 September, be approved.

14. Date of next meeting.

It was noted that the next meeting of the Committee would be held on Wednesday 12 September at 4.00pm.

2.30 - 4.50 pm CHAIRMAN
11 September 2013

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