

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 11 June 2014.

## PRESENT

Dr. S. Hill CC (in the Chair)

Mrs. J. A. Dickinson CC  
Dr. T. Eynon CC  
Dr. R. K. A. Feltham CC  
Mr. W. Liquorish JP CC

Mrs. H. E. Loydall CC  
Mr. J. Miah CC  
Mr. A. E. Pearson CC  
Mr. P.G. Lewis CC

## In attendance

Paul St Clair, Assistant Director of Operations Leicester, Leicestershire and Rutland, East Midlands Ambulance Service (minute 10 refers)

Tim Loveridge Director of Business Development and Strategy (minute 10 refers)

Mrs. R. Camamile CC, Chairman of the Scrutiny Review Panel (minute 11 refers)

Patricia Ford, Head of Nursing West Leicestershire Clinical Commissioning Group (minute 12 refers)

Caroline Trevithick, Chief Nurse and Quality Lead, West Leicestershire CCG (minute 12 refers)

Tracy Ward, Head of Service Compliance and Quality, Leicestershire County Council (minute 12 refers)

Christine Richardson, NHS England (minutes 13 and 14 refer)

Helen Thompson, Divisional Director, Leicester Partnership Trust (minute 14 refers)

Neil Hemstock, Clinical Director for CAMHS (minute 14 refers)

Mike Sandys, Director of Public Health, Leicestershire County Council (minute 15 refers)

Lisa Carter, Performance Manager, Leicestershire County Council (minute 15 refers)

### 1. Appointment of Chairman.

That Dr S Hill 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 2015.

Dr S Hill CC in the Chair

### 2. Election of Deputy Chairman.

That Mrs J A Dickinson 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 2015.

### 3. Minutes of the meeting held on 12 March 2014.

The minutes of the meeting held on 12 March 2014 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. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.

There were no urgent items for consideration.

7. Declarations of interest in respect of items on the agenda.

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.

Mrs. J. A. Dickinson declared a personal interest in all items relating to the University Hospital of Leicester NHS Trust on the agenda as her grandson was employed by the University Hospital of Leicester NHS Trust.

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. Progress Following Risk Summits and Outcome of CQC Inspection.

The Committee considered a report from East Midlands Ambulance Service (EMAS) that provided an update on progress made to service delivery since the two risk summits on October 2013 and February 2014. A copy of the report marked 'Agenda item 10' is filed with these minutes.

The Chairman welcomed Paul St Clair, Assistant Director of Operations for Leicester, Leicestershire and Rutland (LLR) and Tim Loveridge, Director of Business Development and Strategy to the meeting for this item.

In the ensuing discussion the following points were raised:

- i. Implementation of EMAS Estates Strategy was on hold to enable the organisation to focus on performance of quality of care; it was not known when implementation would recommence, however it was recognised that any changes made to the estate in the future would have to be self-funding. The closure of the ambulance station in Melton had not affected response times in the area, although EMAS was still looking for new premises in Melton Mowbray.

- ii. The Committee welcomed the focus on recruitment of front line staff and was reassured to note that the LLR division would have the correct level of staff by Sept 2014; it was also noted that staff turnover and sickness levels had reduced significantly within the service. The additional staff, in conjunction with additional fleet assets had led to an increase in patient carrying capacity and a reduction in time between first responder arrival and ambulance arrival.
- iii. The Committee was pleased to note the increasing number of patients who were treated on scene by EMAS and not taken to hospital (non-conveyance). The Committee was assured that data relating to the treatment of these people was clinically reviewed to ensure that the appropriate course of action had been taken. Further work would be undertaken to improve non-conveyance rates further.
- iv. The Committee was assured that the improvements being made through the Better Care Plan were sustainable because they were being implemented incrementally over an 18 month programme. Delivery of the action plan was supported by good communication with staff at all levels and better engagement with partners. The Committee welcomed the improvements in cleanliness and infection control.
- v. The Committee raised the issue of ambulances being delayed at Accident and Emergency (A&E) due to delays in transferring the patient from paramedics to A&E staff. It was noted that this was beyond EMAS control; however EMAS was working with UHL to improve handover times including by deploying hospital liaison officers to A&E to manage groups of patients and assist with handovers. If handover time could be reduced to established targets then an additional 9000 working hours would be created for the service per annum.

RESOLVED:

- (a) That the update on the current issues, progress and challenges that face the East Midlands Ambulance Service NHS Trust (EMAS) be noted;
  - (b) That EMAS be requested to provide a further update on the performance of the Better Patient Care Plan and performance issues to the Health Overview and Scrutiny Committee on 12 November 2014.
11. Report of the Scrutiny Review Panel on the Referral Pathway for Older People with Anxiety and Depression.

The Committee considered a report from the Scrutiny Review Panel outlining the conclusions and recommendations from the panel's investigation into the referral pathway for older people with anxiety and depression. A copy of the report marked 'Agenda item 11' is filed with these minutes.

The Chairman welcomed Mrs. R. Camamile CC, Chairman of the Scrutiny Review Panel to the meeting for this item.

The Committee welcomed the report and noted that a small number of typographical changes would be made before the report would be presented to the Cabinet and Clinical Commission Group.

It was noted that the Panel was proposing the screening of both new and existing care home residents for mental health problems. Changes in circumstances could lead to

anxiety or depression; however it was important not to generalise and to treat each person as an individual.

RESOLVED:

- a) That the report of the Scrutiny Review Panel on the Referral Pathway for Older People with Anxiety or Depression be supported and that the recommendations therein be referred to the Cabinet and County Clinical Commissioning Groups for consideration;
- b) That recommendation (b) of the report be amended to include reference to Day Centres;
- c) That the Chairman of the Panel be requested to liaise with the appropriate Cabinet Lead Member, Chief Officer and partners with a view to monitoring progress made against the recommendations.

## 12. Emergency Hospital Admission Avoidance from Care Homes.

The Committee considered a report from West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups on the work undertaken to avoid unnecessary hospital admissions from care homes in Leicestershire. A copy of the report marked 'Agenda item 12' is filed with these minutes.

The Chairman welcomed Patricia Ford, Head of Nursing West Leicestershire Clinical Commissioning Group, Caroline Trevithick, Chief Nurse and Quality Lead, West Leicestershire CCG and Tracy Ward, Head of Service Compliance and Quality, Leicestershire County Council to the meeting for this item.

Arising from discussion the following points were raised:

- i. It was noted that the provision of bespoke data for emergency admissions was being piloted by West Leicestershire CCG and would be rolled out if successful across the county. The Committee felt that whilst emergency admissions from care homes had fallen, it would be useful to capture data on emergency admissions for a longer period than December 2013 - February 2014. However, the fact that the information could be used to give GPs more information on patients and highlight areas that generated disproportionate emergency admissions was seen as beneficial.
- ii. The Committee discussed the need for care homes to have better trained staff with better remuneration to increase skill base and reduce high staff turnover. As well as supporting qualified nurses in care homes who might have become isolated from other non-emergency facilities in the County, it was felt that these measures would reduce care home staff contacting emergency services. Other factors were identified which contributed to emergency admissions included the changeover of staff; use of agency staff and the need to change established practices in care homes of referring staff to emergency care.
- iii. Concern was expressed regarding the quality of care plans. The Committee was advised that there was no national template for care plans, although the County Council had a range of documents that could be shared with providers and would support them to improve the quality of care plans. Both the County Council and NHS could require improvements as part of the contract monitoring process. In addition the care quality commission would look at care plans when assessing

residential care homes. Healthwatch also had the ability to act as an independent assessor in ensuring that care plans are followed. Access to a free advocacy service was available for social care patients who were dissatisfied with the quality of their care plans.

RESOLVED:

- a) That the work undertaken to avoid unnecessary hospital admissions from care homes be noted;
- b) That the key commissioning activities and quality improvement initiatives introduced in 2013/14 and for 2014/15 to improve outcomes for frail older people be noted;
- c) That West Leicestershire Clinical Commissioning Group and East Leicestershire and Rutland Clinical Commissioning Group be requested to submit a report on progress with the initiatives and activities designed to reduce unnecessary hospital admissions to the meeting of the Health Overview and Scrutiny Committee on 12 November 2014.

13. Perinatal Inpatient Mental Health Services in Leicestershire.

The Committee considered a report from NHS England and West Leicestershire Clinical Commissioning Group which provided an update on the provision on inpatient perinatal mental health services in Leicestershire. A copy of the report marked 'Agenda item 13' is filed with these minutes.

The Chairman welcomed Christine Richardson, NHS England, Head of Specialised Commissioning for the East Midlands to the meeting for this item.

Concern was expressed that there was an apparent lack of demand for inpatient perinatal mental health services in Leicestershire which was not supported by demographic evidence. However, the Committee was pleased to note that the new pathways were working and that there had been no issues since the service provided by Leicestershire Partnership Trust (LPT) ceased.

It was acknowledged that the facilities and staffing of the unit at LPT had not been fit for purpose whereas the new services model included well regarded units in both Nottingham and Derby. The new pathway also aimed to ensure consistency in the provision of community services across the East Midlands.

RESOLVED:

That the update on the provision of inpatient perinatal mental health services in Leicestershire be noted.

14. Proposed Relocation of Child and Adolescent Mental Health Inpatient Services.

The Committee received a report from Leicester Partnership Trust (LPT) on the proposal to temporarily relocate the specialist inpatient child and adolescent mental health service (CAMHS) to Coalville Hospital. A copy of the report marked 'Agenda item 14' is filed with these minutes.

The Chairman welcomed Helen Thompson, Divisional Director, Leicester Partnership Trust, Christine Richardson, NHS England, Head of Specialised Commissioning for the East Midlands and Neil Hemstock, Clinical Director for CAMHS Trust to the meeting.

Arising from discussion the following points were noted:

- i. The Committee was concerned with the proposal to move CAMHS inpatient services to Coalville hospital as it would have poor transport links to the rest of the County making visitation by relatives difficult. The Committee was assured that, where appropriate, transport for families would be subsidised. Alternative sites had been considered; however no other suitable sites had been identified as they were either be occupied or were found to have an unsuitable environment for CAMHS patients.
- ii. It was noted that, following a national review of the 'tier 4 CAMHS', the service would be re-procured. There was therefore a risk to the long term provision of the service in Leicestershire. Should LPT be successful in tendering for the new service, the Leicester, Leicestershire and Rutland Estates strategy would be used to identify a long term solution. The Clinical ambition was for the service to form part of the Bradgate Unit; options included the refurbishment of a ward or developing a unit in partnership with a school.
- iii. Concern was expressed that work to relocate the CAMHS inpatient service had not commenced early enough. However, the Committee was advised that the priorities in the Capital Programme following the sale of the Towers Site had been the Centre of Excellence and refurbishment of Adult Mental Health wards. The work on relocating CAMHS inpatient service had therefore not started until 2012 and had been further complicated by the lack of continuity in leadership at the Trust and the outsourcing of facilities management.
- iv. The ward at Coalville was not fit for purpose and would have required refurbishing regardless of the relocation of CAMHS inpatient services. The worst case scenario for the cost of refurbishment was £2m. It was noted that the service would still not meet the national requirements as it had dormitories rather than individual rooms. This issue would be addressed through the location of the permanent site.
- v. It was noted that the relocation of the CAMHS services to Coalville would enable LPT to deliver a good quality service within its existing footprint.
- vi. The Committee expressed the view that CAMHS facilities provided may not be sufficient to meet demand, which if lost would have a detrimental effect on other mental health services in Leicestershire. LPT were concerned that if the proposed plan contained in the report did not receive support then the service could be lost and CAMHS patients would be treated outside the East Midlands region.

RESOLVED:

That the proposed relocation of Child and Adolescent Mental Health Services be supported, subject to Leicestershire Partnership NHS Trust being asked to give further consideration to the following areas of concern:-

- (a) The long term viability of the service;
- (b) Accessibility and transport.

15. Performance Report.

The Committee considered a joint report from the Chief Executive and Director of Public Health which provided an overview of the performance framework across the health and wellbeing sector in Leicestershire and an overview of current performance. A copy of the report marked 'Agenda item 15' is filed with these minutes.

The Committee welcomed the report in particular the layout and content of the health and wellbeing corporate dashboards marked Appendices A and B as this would assist the Committee in identifying areas for scrutiny and showed the progress of the Better Care Fund project.

It was noted that the 'breast feeding at 6-8 weeks prevalence target' was still not being met. Data has shown that uptake was lower in West Leicestershire so that area was being targeted through information provision, peer support and peer education. The position had improved recently, however it was acknowledged that there was an element of choice involved.

## RESOLVED:

- a) That the progress made to date in developing the performance framework alongside reporting arrangements to support the Committee's role be noted;
- b) That the performance summary and issues identified this quarter be noted.

16. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 10 September 2014 at 2.00pm.

17. Any other items which the Chairman has decided to take as urgent.

There were no urgent items for consideration.

2.00 - 4.45 pm  
11 June 2014

CHAIRMAN

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