Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION AND THE ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 14 JANUARY 2016 at 5:30 pm

P R E S E N T :

Councillor Chaplin (Chair)

Councillor Alfonso
Councillor Dr Chowdhury
Councillor Singh Johal

Members of the Adult Social Care Scrutiny Commission:

Councillor Cleaver (Chair)
Councillor Dawood
Councillor Joshi
Councillor Bajaj (Vice-Chair)
Councillor Halford
Councillor Khote

Also In Attendance:

Councillor Palmer - Deputy City Mayor
Councillor Osman – Assistant City Mayor Public Health
Philip Parkinson – Healthwatch Leicester
Richard Morris – Leicester City Clinical Commissioning Group
Surinder Sharma – Healthwatch Leicester

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50. APOLOGIES FOR ABSENCE

Apologies of absence were received from Councillors Bhavsar, Cutkelvin, Fonseca and Sangster.

51. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

Councillor Joshi declared an Other Disclosable Interest in Minute No 55 as he

worked for a voluntary organisation and his wife worked for the Re-enablement Team in Adult Social Services.

In accordance with the Council's Code of Conduct the interest was not considered so significant that it was likely to prejudice Councillor Joshi's judgement of the public interest. Councillor Joshi was not therefore required to withdraw from the meeting during consideration and discussion on the item.

Although attending the meeting as an Observer, Surinder Sharma declared an interest in Minute No 57 as his wife was a Non-executive Director of East Midlands Ambulance Service.

Although attending the meeting as an Observer, Philip Parkinson declared an interest in Minute No 55 as a relative was in receipt of a care package for Adult Social Care Services.

52. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 29 October 2016 be approved as a correct record.

53. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

54. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

The Chair indicated that she had allowed the following questions submitted at late notice by Ms Cynthia Mackay, a patient at Marples' Surgery, to be received by the Commission:-

"Why was misinformation given about our continuing health care at the practice given the following?

We were assured by Dr Newley that the practice would continue there for another 12months. We were then told the practice would only continue for 6 months with NHS. Then we had letters from NHS England to say we had to find our new go practice. I go to all the patient participation meetings otherwise I wouldn't have known what is happening."

Richard Morris, Chief Corporate Affairs Officer, Leicester City Clinical

Commissioning Group (CCG) indicated that the CCG would provide a full written response to the questions submitted by Ms Mackay in due course.

The following were statements were noted by the Commission:-

a) The contract with GPs provides for a minimum period of 3 months' notice to be given for ceasing to provide services.

b) Dr Newley submitted his notice to the CCG on 30 October 2015 and it was formally considered by the CCG at its meeting on 10 November 2015. A number of options were considered including seeking to discuss with Dr Newley if the premises could be used for a future provision of a GP service, or whether the premises could be used for a temporary short term GP provision until an alternative provision could be provided. For a variety of reasons these options were not possible.

c) The only remaining option available to the CCG was to disperse patients to other GP practices and letters were sent to patients at the practice on 16 December and 8 January 2016. 3 public meetings were planned and the first took place the previous evening.

d) The practice had approximately 2,500 patients currently approximately 2,000 had not registered with other GP practices. The Primary Care Committee of the CCG had taken the decision that any patients who had not registered with another practice before GP services ceased at the practice would be temporally registered with the CCG but patients would retain the right of choice to register elsewhere.

The Chair encouraged Members to submit views on primary care provision to the Primary Care Workforce Task Group.

The Chair indicated that she had allowed the following statement to be submitted to the Commission.

STATEMENT SUBMITTED BY EDDIE HASMAN– NORTON HOUSE

"Norton House according to accounts submitted to the Charity Commission received over £188k in personal charges from residents and only spent around £92k. The remainder went into reserves. Currently the organisation has over £1.4 million in reserves."

AGREED:

That the questions be noted and that the statement on Norton House be referred to the Adult Social Care Scrutiny Commission.

55. DEVELOPING PRIORITIES FOR ADULT SOCIAL CARE INTERMEDIATE CARE

The Strategic Director of Adult Social Services submits a report outlining the

outcomes of service reviews which have determined that the proposed new build of an intermediate care unit will not be progressed at the current time. It is proposed to operate intermediate care from Preston Lodge and the capital will be prioritised for the development of extra care housing, which offers a real alternative to long term residential care.

The Strategic Director of Adult Social Services submitted a report outlining the outcomes of service reviews which had determined that the proposed new build of an intermediate care unit would not be progressed at the current time. It was proposed to operate intermediate care from Preston Lodge and the capital would be prioritised for the development of extra care housing, which offered a real alternative to long term residential care.

The Deputy City Mayor stated that:-

a) The Council had previously committed to building a new 60 bed Intermediate Care Unit in 2012 as part of the commissioning strategy for short and intermediate care beds.

b) The need for bed-based and home based intermediate care/reablement service outcomes, utilisations and outcomes were reviewed in in 2015 and this identified that the bed –based provision was not fully utilised and that the homebased reablement services were achieving much higher levels of good outcomes for those using the service.

c) Given the pressures and competing priorities on the available capital investments within the Adult Social Care budget, it was decided not to progress with the proposed new intermediate care facility and to utlilise the capital for the development of extra care housing which the review indicated offered better outcomes to service users than long term residential care.

d) Intermediate care will continue to be operated from Preston Lodge which had more than adequate bed provision for the service through its current 40 beds.

e) The proposals were also in line with The Keogh Review being implemented across urgent care systems nationally. The review highlighted the benefit of a ‘home first’ model that increased the likelihood of an individual being able to remain in their own home compared to either prolonged hospital stays for recovery or moving to alterative settings through intermediate care units.

Members generally supported the principles of providing the best outcomes for people and for allowing people to remain in their own homes for as long as possible with adequate support. During discussion on the current proposals Members sought assurances on a number of issues. In response these issues it was stated that:-

a) People who required intermediate bed care would receive this support.

b) Enhancing the provision of reablement support between10pm and 7am would be reviewed as a priority to enhance the service in providing a more intensive level of support in a home environment. It was important for people to feel that they were receiving safe services for their needs in their own home.

c) The Leicester City Clinical Commissioning Group had been involved in discussions prior to the decision being taken not to proceed with the proposed new build intermediate care facility. Discussion would continue in the future with health partners to ensure that the City had an integrated approach to the proposed development of the reablement service provision.

d) The decision to develop the reablement services and not to proceed with the new building of an intermediate care facility was consistent with the principles of the Better Care Together programme. Discussions would be held to provide assurances in relation to the discharge process form hospitals and to ensure that there was adequate access to community beds when required.

e) Council Social Workers were involved as part of the process for discharging patients from hospital.

f) The release of the capital previously allocated for the new intermediate care facility would be used to create an additional 360 beds within the reablement service provision.

g) Specialist equipment provided to users through the reablement services were retained by the Council when no longer required.

h) The current service proposals were based upon changing circumstances and review of outcomes and this would continue in the future to ensure that services provided were safe and robust.

i) The Council would be engaging in health messaging to encourage people to stay healthier for longer. The was evidence to support that people who maintained good health in early/middle age resulted in less health problem in older age.

j) Those requiring intermediate care facilities were entitled to receive 6 weeks of care delivered free of charge under Department of Health criteria and the Council could re-issue the offer as many times as it felt was necessary based upon assessment of needs.

AGREED:

That the proposals be noted and the provision of intermediate care and reablement services be kept under general review by both Scrutiny Commissions and further monitoring reports be considered should either Chair feel this was appropriate for their Commission.

56. BUDGET 2016/17

The Commission and Members of Adult Social Care Scrutiny Commission considered the draft General Fund Revenue Budget 2016/17 and its implications for services within the Health and Wellbeing and Adult Social Care Commissions' terms of reference.

It was noted that there be a further opportunity to comment upon the draft budget when it was discussed at the Overview Select Committee on 28 January 2016.

The Deputy City Mayor commented that:-

a) The Adult Social Care Budget continued to be subject to ongoing pressures.

b) The increase in the national living wage from 1 April 2016 would lead to a significant cost for independent sector care providers who would inevitably seek additional funding from the Council. Although, the Government had recognised this issue by allowing councils responsible for providing social care to increase council tax by 2% for each of the next 4 years over an above the referendum limits, the additional income generated would be a round a third of what was required.

c) The increase proposed in the Adult Social Care budget was to recognise and meet the acute and growing financial pressures through increased demand for statutory services and increased costs such as the national living wage. It was not a provision for extra growth.

d) There would be a programme of Service Reviews looking at future savings but it should be recognised that there was limited scope for savings in non-statutory services.

e) It was important to understand the severity of the current budget situation and the continued budget pressures to be faced over the next 5 years.

The Assistant City Mayor, Public Health commented:-

a) Public Health services were spread across a number of service areas including Children and Young People and Adult Social Care as well as specific health promotions relating to smoking cessation, reducing alcohol and drug consumption and mental health initiatives.

b) The Government's recent decision for an in year reduction of 1.6% in the public health grant represented a significant impact upon service provision, and this would continue in future years.

c) Savings of 3.9% were required for 2017/18. The Council had not received the final settlement yet, but the Commission would be consulted when these were received.

The Director of Finance commented:-

a) The Council received details of the financial settlement on 17 December 2015 and the draft budget proposals were published on 12 January 2016.

b) There was a requirement to consult business rate payers on the proposals.

c) The draft budget was published on the Council's website and comments could be submitted through the website, which would be reported to the Overview and Select Committee.

Following Members' questions it was noted:-

a) That discussions would be held with care providers to discuss the implications of the impact of the national living wage upon services.

b) All decisions on providing services within care packages were based upon meeting the needs of individuals following assessments using national criteria. Some packages could be increased and others could be reduced if the needs of the individual changed and their care package was reviewed.

c) A significant amount of public health funds were being redirected to the NHS for services such as school nurses which reduced the availability to find the savings required for future years. Public Health would need to radically rethink ways of getting health benefits through other initiatives rather than those traditionally funded through public health grants.

Members of both Commissions made the following comments:-

a) Investment in public health campaigns had proven outcomes in keeping people healthier for longer which reduced the burden on more expensive acute sector services.

b) Members felt that older citizens appeared to be increasingly disadvantaged by current health provision as it was felt that the government were not adequately supporting the continuing demands for Adult Social Care and preventative services.

c) Further discussion would be welcomed on the public health budget when the final settlement was known.

d) The reviews for future savings were noted and the Health and Wellbeing

Commission would keep under review the impacts upon smoking cessation and reducing the consumption of alcohol and drugs programmes.

e) It should be recognised that sports, arts and cultural activities all contributed to health and wellbeing, combated isolation, helped to deliver good quality of life to people and helped people stay fit and well.

AGREED:

1) That the comments made by Members above be reported to the Overview Select Committee.

2) That Members be encouraged to make further comments either through the website or to the Chairs of the two Commissions.

57. PATIENT HANDOVER PERFORMANCE

To receive an update on the progress made in relation to patient handover performance since the presentation to the Commission at its last meeting.

Adrian Healy (EMAS) and Samantha Leake (UHL) gave a presentation on the current handover performance and the improvements and actions that had been made to improve the performance. During the presentations the following comments and statements were noted:-

a) The average attendance at the A&E unit was 500 patients per day and approximately a fifth were admitted to the hospital's 830 beds.

b) At high levels of attendance in the unit, patients could be treated in the triage cubicles if necessary and if all areas were full patients would be treated and monitored in ambulances. Patients in need of high levels of care would be escalated through the system as safety of care and treatment was always paramount.

c) There were currently less than 3% delayed discharges from the hospital, which had improved the ability to process admissions.

d) The Unipart Process study had streamlined some parts of the system and had already produced reductions in ambulance waiting times and handovers, reductions in lost hours and improvements in EMAS response achievements and reductions in Assessment Bay demands.

e) EMAS conveyed approximately one third of patients to hospital and this was normally around 160 patients a day to the A&E unit. This had recently risen to 170 a day and over the Christmas period had been as high as 200 per day.

f) The non-conveyance rate of patients in Leicestershire by EMAS was the

highest in the EMAS regional area and was currently around 49%.

g) A review of admissions to the A&E unit indicated that approximately 2% could have been re-directed/treated elsewhere, which was considered to be a relatively marginal amount. This reinforced the view that the systems in place to give advice to patients was felt to be robust and effective.

h) The impact of pressures of high admissions from falls, breathing difficulties and cardio-vascular issues normally encountered in the winter months had not been experienced during the current winter period.

i) The rate of triaging patients within 15 minutes of attendance at the A&E unit had increased for the 20% when the Care Quality Commission had visited the unit in November to approximately 82% in recent weeks.

j) The LRI had looked specifically at improving the flow of patients through the system and more patients were now being treated, where it was safe and appropriate, in clinical rooms by a nurse and health care assistant. At periods of high volume demand this could be increased to four nurses and four health care assistants, to help improve the flows further.

k) It was intended to provide an additional member of staff from February to provide patient care which would release ambulance crews from these duties at times of high attendance and enable them to return to active duty.

l) There were currently 130 nurse vacancies in the A&E and Specialist Medicine Division within the hospital. There were 7 divisions in the hospital in total.

m) Nationally there were 2,500 to 3,000 paramedic vacancies and EMAS were looking at ways to enhance service provision by using ‘technicians’ wherever possible.

n) EMAS had procedures in place to identify patients who were high volume users of the ambulance service and a multi-disciplinary team was available to provide assistance in addressing any underlying issues. The number of high users was not considered to have a significant impact on the service.

It was noted that Healthwatch had attended the A&E unit on a number of occasions since the beginning of the New Year to seek assurances that the measures introduced after the CQC inspection were addressing the clinical safety issues for patients that had been raised. Healthwatch were satisfied with the assurances that had been given.

AGREED:

1) That the representatives of EMAS and UHL be thanked for their

presentation and the steps that had been introduced to improve the performance of patient handovers be noted and be kept and review by the Commission.

2) That the Commission be informed of reductions in performance for the handover process as it occurs rather than being informed 2-3 months afterwards.

3) That the measures introduced to improvement performance be welcomed and that the efforts of staff to achieve this be recognised.

4) The Commission recognised the need to treat patients in corridors at periods of high volumes of admissions but indicated it would not wish to see this practice continued when the new Emergency Floor was completed.

58. ANCHOR CENTRE - UPDATE

Members received an update report on the Anchor Centre.

The Assistant City Mayor stated that:-

a) The Centre had remained open over the Christmas period. Demand for the Centre's services was increasing.

b) The interim works reported at the last meeting had been completed, and working was ongoing in relation to the water tank.

c) An application had been made for a capital funding bid to the Department of Health and if this was successful it would help to secure alternative accommodation for the service.

Following questions from Members', the Director of Public Health commented that:-

a) The service provider was content with the works carried out and if Public Health England funds were secured the service could move to have more focus on being a recovery based service. If the fund could be secured it was planned to have proposals developed by March 2016.

b) The funding for the Anchor Centre was separate to that of the contract for substance misuse services. The tender for the substance misuse services had been issues and there was provision within the tender specification to include the services provided by the Anchor Centre at a later date if it was considered appropriate and practical to do so.

AGREED:

1) That the Commission express thanks to the staff at the Anchor Centre for their continued work in securing improvements for the Centre.

2) That the Commission receive a further update at their next meeting in March.

3) That the Chair and Vice-Chair of the Commission be of the outcome of the capital bid to the Department of Health.

ACTION:

The Scrutiny Policy Officer to add the update report to the Work Programme for the March 2016 meeting of the Commission.

The Assistant City Mayor, Public Health keep the Chair and Vice-Chair updated on the outcome of the capital bid to the Department of Health.

59. FOOD BANK PROVISION IN THE CITY

The Director of Public Health submitted a report on the Food Bank Provision in the City that the Commission requested at its last meeting following consideration of the Health and Wellbeing Survey in relation to healthy eating.

The report set out the steps that had been taken in implementing the food bank strategy which had improved the co-ordination and development of the food bank system in Leicester.

An emergency food action plan had been prepared to focus on the following areas:-

- Develop and implement an emergency Food Strategy.
- Improve the understanding of the demand/supply of emergency food.
- Develop and support the Food bank Network Group.
- Improve the understanding of additional services linked to emergency food providers.
- Co-ordinate and expand provision to respond to need.

The Director of Public Health stated that a meeting had been arranged in February with a view to bringing all the food banks in Leicester together to achieve a more co-ordinated approach.

It was felt that more work could be undertaken to promote growing food on allotments and through schools to achieve more sustainable solutions to food banks. Educative programme to reduce food wastage in the homes and in supermarkets was also being pursued.

Members suggested that the outdoor market could promote healthy eating by

food messaging in the market and through cooking demonstrations. It was also suggested that the potential for schools to make their kitchens available at week-ends for volunteers to share knowledge and skills through demonstrations should also be pursued. This could also include commercial restaurants.

AGREED:

1) That the report be noted and that the recommendation be supported and the issues be carried forward to the health messaging review.

2) That a further update report be submitted to the Commission on the outcomes of the meeting to bring together the food banks in more co-ordinated approach.

3) That Councillor Alfonso be requested to discuss the potential for the outdoor market promoting healthy eating with the Markets Manager.

60. WINTER CARE

The Chair outlined the steps taken on behalf of the Commission in conjunction with the Chair of the Adult Social Care Scrutiny Commission to monitor the response of health service partners to winter care issues. A copy of a joint letter sent by the Chair of both Commissions was circulated at the meeting.

The letter requested that the Commissions were made aware of any surge and escalation issues as they arose together with details of how they were being addressed. This would also include issues such as patient handovers from EMAS at the Leicester Royal Infirmary and any discharge and re-admission data. It was suggested that these issues could be referred to the Commissions as part of the process for key partners/stakeholders holding weekly meetings/teleconferences during the winter period. The Commission could then decide if they wished to look at specific issues in more detail.

AGREED:

That the steps taken by the Chairs on behalf of both Commissions to monitor the response of health service partners to winter care issues be noted.

61. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2014/15.

AGREED:

That the programme be received and updated with the addition of an item for Chronic Obstructive Pulmonary Disease.

ACTION:

The Scrutiny Policy Officer update the Work Programme to include Chronic Obstructive Pulmonary Disease.

62. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

The Commission received an update on the following items that had been considered at a previous meeting:-

Substance Misuse Service – Re-procurement

The Director of Public Health reported that the tenders received for the re-procurement of the Substance Misuse Service were now being evaluated. A further update on the appointment of the provider of the service would be submitted to a future meeting.

NHS 111 Service

It was noted that findings of the Unipart analysis were not complete and would be reported to a future meeting.

ACTION:

The Scrutiny Policy Officer to add the items to the Work Programme.

63. ITEMS FOR INFORMATION / NOTING ONLY

a) Closure of the Maples Surgery

Members noted a briefing note on the closure of the Maples Surgery and the steps that had been taken by the Leicester City Clinical Commissioning Group to notify patients and help them to register with another practice.

64. CLOSE OF MEETING

The Chair declared the meeting closed at 8.25 pm.