Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 7 MARCH 2018 at 5:30 pm

P R E S E N T :

Councillor Cutkelvin - Chair
Councillor Fonseca - Vice-Chair

Councillor Cassidy
Councillor Cleaver
Councillor Dr Moore

In Attendance

Councillor Clarke – Deputy City Mayor – Environment, Public Health and Health Integration.

* * * * * * * *

66. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Chaplin, Corrall and Sangster. Councillor Waddington also submitted her apologies due to her attendance at her Ward Community Meeting.

Councillor Cleaver, currently Vice Chair of the Adult Social Care Scrutiny Commission and who had previously been a member of the Health and Wellbeing (H & WB) Scrutiny Commission was present as substitute for Councillor Sangster.

Councillor Cassidy who had previously been a member of the H & WB Scrutiny Commission was present as a substitute for Councillor Waddington.

Councillor Dr Moore, Chair of the Children, Young People and Schools (CYPS) Scrutiny Commission was present as a substitute for Councillor Corrall. Councillor Dr Moore had previously chaired a joint CYPS and H & WB Scrutiny Commission, where the Children and Adolescents Mental Health Service had been considered.

67. DECLARATIONS OF INTEREST

No declarations of interest were made.

68. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 11 January 2018 be approved as a correct record.

The Chair welcomed the list of acronyms that had been included in the agenda and asked for the list to be regularly updated and included in future agendas.

69. CHAIR'S ANNOUNCEMENTS AND UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

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

- The planning application for the Sexual Health Clinic in the Haymarket Shopping Centre had been approved at a meeting of the Planning and Development Control Committee. There was a need for Members to look at some of the broader issues relating to the clinic and the Chair welcomed ideas from Members as to what they would like to scrutinise. The Chair added that it was good that funding was being put into the service.

- A response to a question relating to Turning Point, had been received from the Director of Public Health and is set out below:

At the last Health Scrutiny meeting we had a discussion about Turning Point and Cllr Chaplin raised a concern that adults who turned up at Granby Street (which is the location of the children and young people's service) rather than Eldon St where the adult services are based, might miss out on treatment. We have picked this up direct with Turning Point and they've given some further information about how they manage this.

They have a duty system at Granby Street. A member of staff, each morning and afternoon, has responsibility for anyone who turns up at Granby St as well as taking any phone calls to the service. If anyone comes to Granby Street by mistake, they are redirected to the right service. Where possible, a worker will walk them to Eldon Street.

Turning Point have a number of adult service users who turn up at Granby Street asking for information about their appointments. Staff will check the system and let them know the time and venue of their appointment. They will also let the service user's own recovery worker know if there are any issues (for example, that they will be late as they presented at wrong address).

I hope this helps but if you do hear of any instances where this has not happened, please do let us know.

- The Public Health Performance Report would be brought back to the

Commission in the new municipal year, possibly in the form of a briefing. The meeting was inquorate when it was discussed in January 2018.

70. PETITIONS

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

71. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that the following questions had been submitted from Ms Sally Ruane:

- Can the STP leads give any clarity regarding precisely (rather than impressionistically) how an Accountable Care System (ACS) in LLR would differ from current arrangements?

- What legal basis is there for an ACS?

- What planning period is being used as the basis for STP proposals and is this adequate?

- What is the estimated deficit in current acute bed numbers revealed by the winter crisis, black alerts, critical incidents etc and how does this affect the STP?

- Within the 2016 draft STP, there was a requirement to make savings to the tune of £29m (rumoured to be higher in the 2018 STP) from the Continuing Healthcare Budget. With City & WL CCGs agreeing a very different Settings of Care Policy from ELR CCG, how will the STP deal with the inequalities that will arise across LLR?

- How can the proposed formal public consultation on acute and maternity reconfiguration be genuine when ITU at the General is planned for closure?

- Why does the revised STP continue to be withheld from the public? When will it be made available and when will the formal public consultation begin?

The Chair stated that questions had been forward to the Managing Director, West Leicestershire Clinical Commissioning Group for a response.

Questions had also been submitted from Councillor Chaplin and had been forwarded for a response.

72. THE CARE QUALITY COMMISSION INSPECTION OF THE LEICESTERSHIRE PARTNERSHIP NHS TRUST

The Chief Executive of the Leicestershire Partnership NHS Trust (LPT) submitted a report that advised of the outcomes following the Care Quality

Commission's (CQC) inspection of the LPT which was undertaken 9 October -- 21 November 2017.

Dr Peter Miller, the Chief Executive and Ms Liz Rowbotham, Non-Executive Director and Chair of the LPT Quality Assurance Committee were in attendance to present the report and respond to comments and queries from Members. Dr Miller explained that as part of its new regime, the CQC carried out inspections every year and chose five services to inspect, based on a risk based approach. For example, services that were judged to be inadequate would be inspected every year; services that were judged to require improvement, would be inspected every two years.

The Chair referred to the inspection report and expressed concerns at the number of recurring themes that were being highlighted by the CQC as areas for improvement.

Dr Miller explained that the CQC had found some improvement in each of the services they had inspected. The Children and Adolescents Mental Health Service (CAMHS) had been rated as inadequate at the previous inspection but had improved since then. However, it was recognised that the service needed to improve further. The core child mental health services were in demand and currently there were about 1000 children waiting to be seen; but there were being monitored in a regular way which was why the service was judged to be improving. A Member expressed concerns that with as many as 1000 children waiting to be seen, it was unlikely that CAMHS would receive a good rating at the next inspection. Members heard that other improvements also included progress in addressing ligature points.

Dr Miller also referred to the areas that the CQC had highlighted as requiring improvements. These included issues with staffing levels and high case-loads in community teams, significant levels of agency staff and issues around clinical supervision as the LPT was not meeting its own targets. The CQC had also highlighted for improvement the two and four bedroom dormitories in mental health wards, but significant investment was required to change those environments. Members heard that there would be a new children's mental health unit on the Glenfield Site which would prevent children going out of the area for treatment.

In response to the CQC findings, a new Action Plan had been drawn up; Members received an update on this from Ms Rowbotham. Members heard that a local leader was responsible for managing the actions within the plan and committees had been assigned to each action. Any actions from the previous plan which had not been signed off had been incorporated into the new Action Plan. In response to a query, Members heard that the format of the plan looked very similar to the previous plan and would mainly focus on the 'must do' items. The 'should do' items were being tracked by the relevant director and would not be forgotten.

A Member commented that her interpretation of the CQC report was different to what the Chief Executive was saying, in that Members were being told that the

situation had improved in the mental health unit but the report stated that there were still risks arising from ligature points. She stated that there should be no risks and the situation was not good enough. Dr Miller agreed that safety was critical. There were still some risks in those environments but most of them had been mitigated and the main ligature points had been removed. Any wards which were not ligature free would be risk managed and anyone at risk of self-harm would not be placed in one of those wards. The Chair commented that while it was important to know that patients were safe, this involved safeguarding issues as well as the physical environment.

Members heard that the numbers of the LPT bank staff, particularly in the Community teams incurred a significant cost for the LPT and the Chair suggested that the Commission should consider this issue at a future meeting.

It was noted that the CQC highlighted issues around care plans which did not record patient involvement adequately and a Member stressed the importance of accurate and up to date care plans. Dr Miller agreed and commented that an audit exercise sometimes showed a care plan which did not reach the expected standard; however improvements in this area were being seen.

A question was raised as to why there were not sufficient nurses and heard that there were approximately 100 mental health nurses and several hundred vacancies across the UHL. There were more doctors and nurses than five years ago, but turnover had increased and there were more issues around retention.

In response to concerns relating to issues of cleanliness that were highlighted by the CQC, Ms Rowbotham responded that there was a named senior named officer responsible for each of the actions on the plan. Dr Miller added that maintenance and cleaning of the estate was regularly audited and any problems identified were acted upon. He had been very disappointed that the CQC inspectors had found one area that was not as clean as it should have been. He added that in his view, some of the estate was not fit for purpose; for example the dormitory wards in the Bradgate Unit were not suitable but would cost approximately £50m to address. Dr Miller doubted that the capital required for the work would be made available during 2018/19 but hoped that this would be found within three years. The Chair asked for the plans for the improvements to the infrastructure at the Bradgate Unit to be added to the Commission's work programme as the local capital funding position developed.

A Member referred to issues relating to supervision and the keeping of records and he questioned whether this was recorded as a key action to be addressed. Dr Miller confirmed that this was a key action; some of the issues identified by the CQC referred to people not recording supervision meetings, but this was a critical issue and improvement was needed.

A concern was expressed relating to staff retention and it was questioned whether this was a national problem and how Leicestershire compared with its neighbours. Dr Miller responded that there were 45000 vacancies nationally; but some areas were doing better than Leicestershire. Northumberland and

Tyne and Wear were achieving outstanding results as a result of their transformation programme. Dr Miller added that there were three main transformation programmes in the LPT relating to CAMHS, Adult Health and Community Nursing. The Chair asked for the Transformation Plan to be brought to a future meeting of the Scrutiny Commission.

Concerns were expressed about the effect that staff retention had on children and that some of the children with low level problems, who were waiting to be seen, could have been helped by Education Psychologists if they still went into schools. Dr Miller agreed and with an increase in the number of children who were self-harming or with autism, attention deficit disorder or eating disorders there was a 20% increase year on year in the number of referrals to CAMHS. A suggestion was made for information to be shown on television screens in GPs and hospital waiting rooms to help any parents who had children with autism.

The Chair drew the discussion to a close and said that there were some questions arising from the inspection relating to contract management which would be raised with the Leicester City Clinical Commissioning Group. The chair added that it was recognised that there were structural problems with the estate and that the staff were caring and under tremendous pressure. It could be seen that some improvements had been made but the Commission would like to see all the areas receiving a 'good' rating. The Chair asked for the Action Plan and a representative of the Quality Assurance Committee to either come to a future meeting of the Health and Wellbeing Scrutiny Commission or the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee.

AGREED:

1) that the report be received and noted;

2) that the Action Plan arising from the CQC inspection of the Leicestershire Partnership NHS Trust and a representative of the Quality Assurance Committee to come to either a future meeting of the Health and Wellbeing Scrutiny Commission or the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee.

3) that the views of the Clinical Commissioning Group be sought as to the ratings arising from the Care Quality Commission's inspection of the Leicestershire Partnership NHS Trust.

Action	By
For the Action Plan arising from the CQC inspection of the Leicestershire Partnership NHS Trust and a representative of the Quality Assurance Committee to come to either a future meeting of this Commission or the Leicestershire, Leicester and Rutland Joint Health	The Scrutiny Policy Officer

Scrutiny Committee.	
For the view of the CCG be sought as to the findings of the CQC inspection of the LPT	The Scrutiny Policy Officer to liaise with the CCG.
For issues relating to LPT bank staff be considered at a future meeting of the Commission	The Scrutiny Policy Officer to add to the work programme.
For plans for the improvements to the infrastructure to the Bradgate Unit to be added to the Work Programme as the position regarding capital funding develops.	The Scrutiny Policy Officer to add to the work programme.
For an update on the LPTs Transformation Plan to be bought to a future meeting of the Commission	The Scrutiny Policy Officer to add to the work programme.

73. UPDATE ON WINTER PLAN 2017/18

The Scrutiny Commission received an update from the West Leicestershire Clinical Commission Group (WLCCG) on the Winter Plan 2017/18. Tamsin Hooton; Director of Urgent and Emergency Care, WLCCG and Eileen Doyle, Chief Operating Officer, University Hospitals Leicester (UHL) were in attendance to present the report.

The Chair expressed concerns about reports of the norovirus, surgery cancellations and ambulance waiting times point which indicated that the NHS was not working effectively, albeit that it was recognised that staff were working extremely hard under considerable pressures.

Ms Hooton explained that the WLCCG had been given £4.2m for winter care; some of which had been used to increase capacity. The Christmas and New Year period had been the most challenging that they had experienced. Discharging patients from hospital at Christmas time was problematical because care workers wanted to take time off to be with their families. The hospitals had been nearly full at Christmas, though that was not due to a lack of effort or blockages in the discharge process. There had been an approximate 12 hour wait at New Year; a very unusual situation which impacted on ambulance hand over time. Ms Hooton explained that over the last 12 months, waiting times had been generally good and it was rare to exceed a two hour wait.

Ms Doyle updated the Commission on issues around cancelled operations. Members heard that she had been the Chief Operating Officer at the UHL since 2 January 2018. Ms Doyle said that it was fairly unprecedented that so many operations for cancer patients had to be cancelled. This was due to the fact

that most of the patients required big operations and would have needed to be admitted into the Intensive Care Unit ITU) afterwards, but the ITU beds had been fully occupied by patients, some of whom had been critically ill with flu. The patients whose operations had been cancelled had been re-booked as quickly as possible; this was not something that UHL would ever want to do, but carrying out the operation and not taking the patient to ITU would have put them at a bigger risk than not having the operation.

In response to a question, Ms Doyle said that there was a duty to report on cancelled urgent operations. If there was any risk that the patient would have a cancelled operation, the aim was to talk to the patient at least the evening before. Staff stayed in touch, the situation was tracked and monitored very closely. The Commission heard that the situation was improving but it was a slow process and other operations had to be postponed.

In response to a question as to what was being done to prevent a similar occurrence next year, Members heard that planning had already started and efforts were being made to recruit as many nurses as possible. There were however 550 nursing vacancies in the UHL. In relation to the numbers of people with flu, Members heard that although there had not been a flu epidemic, the problems had arisen due to the people with the flu who were very ill.

A Member referred to the delayed discharges from hospital and it was noted that Leicester City Council was highly focussed in tackling this issue and in December had no delayed discharge cases. The Director of Adult Social Care explained that in the city, there was a relatively stable home care market and approximately 60% of discharges were worked on prior to the formal notification from UHL. Members heard that the county had a different procedure for dealing with hospital discharges.

There was some discussion relating to staff from care homes coming into hospitals to assess patients to see whether their care home might be suitable for the patient. Ms Hooton stated that it could take up to a week for this to be arranged; some patients required a type of care that only certain care homes could provide. A member commented that she knew of a manager in a care home who would be very agreeable to coming out at short notice in order to accommodate a patient. The Commission heard that the WLCCG had put forward a business case for an assessor who could carry out the assessment on behalf of the care home to speed up the process.

In response to a question about transferring patients to community hospitals, the Commission heard that the community hospitals were also busy. Ms Hooton explained that patients had a choice and sometimes a dialogue was needed to explain to the patient that as they no longer needed intensive nursing, a community hospital was more appropriate.

A Member referred to the term ‘stranded patient’ and queried its meaning. Ms Doyle explained that by definition, the term referred to a patient who had been in hospital seven days or more. This might be because they were very sick or

because an appropriate alternative could not be found. Ms Doyle added that patients were monitored weekly. Concerns were expressed that the term had negative connotations and the Chair stated that she would raise this with Jon Ashworth M.P., the Shadow Secretary for Health.

Concerns were also expressed that additional pressures were being put on the NHS because families had rejected alternative placements and wanted their family member to remain in hospital, perhaps delaying the discharge by several weeks. Members heard that in some circumstances, an eviction notice might be appropriate. Ms Doyle suggested that it might be necessary to find a solution to the problem at a national level.

Concerns were expressed that the Sustainability Transformation Plan (STP) might result in fewer beds but this would be counter intuitive in the light of the difficulties experienced this winter. Members heard that there had been no reduction in bed spaces this year.

The Chair summarised the discussion and stated that there had clearly been various issues resulting in delays in treating and discharging patients, but it was clear that there were very caring staff who had done all they could. She believed that a more robust response to dealing with patient choice was needed. The Chair added that she would like an update on lessons learned from the winter period and planning going forward, to be brought to a future meeting along with a report on the performance for patients with cancer. In addition the minutes of the discussion on the update on the Winter Plan to be shared with the Chair of the Health and Wellbeing Board.

AGREED:

1) that the update on the Winter Care Plan be received and noted;

2) that an update on lessons learned on the Winter Care Plan and planning going forward; be brought to a future meeting of the Health and Wellbeing Scrutiny Commission;

3) that a report on patients with cancer be brought to a future meeting of the Health and Wellbeing Scrutiny Commission; and

4) the minutes of the Health and Wellbeing Scrutiny Commission's discussion on the Winter Plan 2017/18 be shared with the Chair of the Health and Wellbeing Board.

Action	By
For the Chair to raise the Scrutiny Commission's concerns re the term 'stranded patient' with the Shadow Secretary for Health	Cllr Cutkelvin (Chair)
For an update on lessons learned on the Winter Care Plan and planning	The Scrutiny Policy Officer to add the item to the Commission's work

going forward to be brought to a future meeting of the Commission	programme
For a report on patients with cancer to be brought to a future meeting of the Commission	The Scrutiny Policy Officer to add the item to the Commission's work programme
For the minutes of the Commission's discussion on the Winter Plan to be shared with the Chair of the Health and Wellbeing Board	The Democratic Support Officer

74. SUSTAINABILITY AND TRANSFORMATION PLAN

The Chair asked Members to note that the Commission would be looking at the Integrated Care System (that used to be called the Accountable Care Organisations) as part of the future work on the Sustainability Transformation Plan.

75. LIFESTYLE SERVICES REVIEW

The Chair reported that a briefing for Members of the Commission on the Lifestyle Services Review had been arranged for 21 March 2018. The Consultant in Public Health said that it was hoped that the consultation would commence in April, after the Members briefing.

76. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2017/18. Members of the Commission were asked to note the Work Programme.

77. CLOSE OF MEETING

The meeting closed at 7.59 pm.