Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 12 MARCH 2019 at 5:30 pm

P R E S E N T :

Councillor Cutkelvin (Chair)

Councillor Dr Moore Councillor Pantling
Councillor Dr Sangster

In Attendance:
Councillor Clarke, Deputy City Mayor with responsibility for Environment, Public Health and Health Integration

Also Present:

Mr Micheal Smith – Healthwatch Leicester and Leicestershire

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## 73. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Chaplin, Cleaver and Fonseca.

## 74. DECLARATIONS OF INTEREST

No declarations of interest were made.

## 75. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 15 January 2019 be approved as a correct record.

## 76. CHAIR'S ANNOUNCEMENTS AND 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:-

**Turning Point – Performance Report**

The Chair said that there had previously been a discussion about sending a letter to Turning Point regarding their key indicators. It was noted that Turning Point had received a good inspection from the Care Quality Commission, but she still wanted to send the letter and would be liaising with the Director of Public Health, the Strategic Director of Social Care and Education and the Scrutiny Policy Manager about this.

**Haymarket Health**

An invitation was extended to all to attend the official opening of Haymarket Health on Thursday 14 March from 12.00 noon to 2.00 pm.

**Children's Mental Health**

Consideration was being given to holding a briefing session for Members of the Health and Wellbeing Scrutiny Commission and the Children, Young People and Schools Scrutiny Commission to look at the work the local authority was doing regarding children's mental health pathway. Officers had been asked to prepare information for the briefing.

**Community Services Re-Design**

The Chair had attended a consultation event at Voluntary Action Leicester on Community Services Re-Design and while she did not think the venue was ideal, she was pleased at how many people were there.

Mr Micheal Smith, Healthwatch Manager commented that Healthwatch had been involved in the Community Services Re-design. Consultation events had been held across Leicester, Leicestershire and Rutland and he said that the efforts to engage and with the public were impressive.

## 77. PETITIONS

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

## 78. 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.

## 79. DELAYED TRANSFERS OF CARE, UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Mark Wightman, Director of Strategy and Communications, University of Hospitals Leicester (UHL) and Mark Pierce, Strategy and Implementation Manager, Leicester City Clinical Commissioning Group (CCG) presented a report that provided an overview of delayed transfers of care (DTOC) within the UHL NHS Trust.

Members heard about the problems that arose where patients, and particularly the elderly remained in hospital longer than required. The delays arose from a wide variety of reasons and an integrated approach was needed to address the issue. The Director of Strategy and Communications commented that most of the work around DTOC was carried out by the CCG and Leicester City Council Social Care colleagues with the UHL being the beneficiaries of their work. The Strategy and Implementation Manager said that the City Council Adult Social Care service had an excellent record in helping to improve the DTOC rates. The reablement service was also doing a very good job and had received a good inspection from the Care Quality Commission.

Members heard that significant improvements had been made in DTOC performance since 2017 /18, though with a slight increase in the number of patients being delayed since July 2018. Work was ongoing to continue to reduce DTOC; one way was through Trusted Assessments. Where only a care home manager could assess whether a patient was ready to go back to the care home, a patient's discharge from hospital could be delayed, as for example the manager might be away. However, through this system, a person appointed as a trusted assessor would carry out the assessment which the care home would accept. Mr Micheal Smith, Healthwatch Leicester and Leicestershire commented that the implementation of Trusted Assessment was a very significant achievement.

A further key action to reduce DTOC was in Patient Choice. The view of the UHL was that the best place for a patient was back at home or in a home environment. In a very small number of cases there was a significant gap between the values and expectations of families, the patient and staff and in certain circumstances a letter of notice might be issued. The letters were intended to bring a focus and clarity to the discussions. The Chair said that the Commission had heard in the past that patient choice was leading some patients to choose to remain in hospital and it appeared that the issuing of a letter of notice was helping to manage those cases. The Director said that in most cases, people wanted to be discharged from hospital but in a very few cases, people were reluctant to leave.

Members welcomed the report and the improvements that were being made to improve issues relating to DTOC. Comments and queries from Members along with responses included the following:

- A concern was expressed at the issuing of letters of notice, as it reminded a Member of an eviction letter. She queried whether there was a more suitable

alternative such as a booklet setting out choices. The Strategy and Implementation Manager explained that patients and families were given a considerable amount of information at the point of admission and during a patient's stay. The number of times that a letter of notice had been issued was very small and they were only sent when the end of a very long process had been reached.

- Members referred to two individuals who they said had wanted to return home after their discharge from hospital but had been sent against their wishes to a residential home. Members heard that there needed to be an open dialogue as to how much risk the individual was happy to take. The Strategic Director of Social Care and Education explained that where an individual was deemed to have the appropriate mental capacity, they could make the decision about where to go following discharge from hospital. With capacity the choice on discharge from hospital and at what time and to where, was solely that of the individual with advice from but not direction of supporting professionals and family. A member raised concerns that in one of those cases, the patient was assessed whilst suffering from a urinary infection and it was acknowledged that an elderly person with a water infection would get confused. It had therefore not been an appropriate time to carry out such an assessment.

- Following a concern raised by a Member, the Strategic Director of Social Care and Education said that he would be very concerned if any decision as to where an individual should go after discharge from hospital, was driven by financial considerations which influenced or overrode any formal 'best interest' decision making outcome as this would not be lawful.

- The Chair stated that the process should be about empowering patients and families and that patients should be kept at the heart of the decision. Members heard that the process of engagement with the patient which started at the point of admission was all about empowering the patients.

- Members heard that Age UK had an office in the Leicester Royal Infirmary (LRI) and patients, families and staff could go to them for help in navigating the system.

- The Healthwatch Manager said that Healthwatch had been going into the Discharge lounge at the LRI and speaking to patients about their experiences. Healthwatch had heard both positive and negative experiences and these experiences should lead to a more informed discussion.

The Chair drew the discussion to a close and thanked officers for the report, and the Strategic Director of Social Care and Education for his leadership within the system and in the area of DTOCs. The Chair said that the issue was worthy of further exploration, and in particular to find out what was being done that worked so well. The Chair added however that in her view, the report lacked a degree of substance and it would have been useful to have more information about empowering patients.

AGREED:

that the report be noted.

## 80. LEICESTER, LEICESTERSHIRE AND RUTLAND URGENT AND EMERGENCY CARE RESILIENCE AND WINTER 2018/19

Mike Ryan, Director of Urgent Care for the Leicester, Leicestershire and Rutland (LLR), Clinical Commissioning Groups (CCGs) and Samantha Leak, Director of Operational Improvement, presented a report that provided an update and overview of performance over the 2018/19 winter period to date across the LLR Urgent and Emergency Care system. Members were asked to note that it was relatively early to report on the winter period and the Director would like to return to the Commission after May 2019 with a report that would provide a more comprehensive picture.

The Director of Urgent Care said that the report set out the over-arching approach on the back of a very challenging winter 2017 / 2018 and a constant resilience was needed as there were surges throughout the year, not just in the winter period. Although the weather this winter had not been severe there had been a rise in demand despite an increase in the work being undertaken to keep people out of hospital.

Members heard that the LRI continued to have the highest number of ambulance conveyances to the hospital (and handovers) in the region. Recently there had been an intense rise in demand from an average of 188 per day to 225 / 230 per day and that level of demand would present challenges for any hospital. The national standard time for an ambulance handover at hospital was within 15 minutes and currently this standard was not being met although performance had improved in February 2019. The Director said that Members would see some significant improvements in the handover time when the report was next brought to the Commission.

It was noted that there were delays in the post-handover time and the reasons for this were questioned. The Director explained that there were new protocols in place relating to patient care and staffing, including time being allowed for ambulance staff to take their breaks. Issues relating to post-handover times were being were being addressed with the East Midlands Ambulance Service (EMAS).

It was noted and welcomed that improvements had been made on information sharing and communications within the organisation and across the system. The Chair said that there was some very good news in the report but questioned whether the system had been really challenged this year as there had not been an outbreak of influenza and the weather had been less severe than in 2017/18.

In response to a query regarding news about the plans to remove the four hour standard for patients to be seen in the Emergency Department (ED), the meeting heard that very few trusts were achieving that standard. The LRI had been put forward to be a part of a pilot scheme to trial a new set of standards.

A Member referred to a recent visit to the Eye Clinic at the ED where she had received very good care, although her experience at the front door and trying to register for the Eye Clinic was unsatisfactory and frustrating. The Director of Operational Improvement thanked the Member for her feedback. She said that when people arrived at the ED, they were often anxious and in pain and that she would take those concerns about the front door and reception back with her.

The Chair drew the discussion to a close and asked the Director of Operational Improvement to come to a future meeting of the Commission should the LRI be chosen to participate in the trial for new ED standards.

AGREED:

1) that the report be noted; and

2) for the Commission to be updated should the Leicester Royal Infirmary be chosen to participate in the trial for the new Emergency Department standards.

**81. SUMMARY OF CARE QUALITY COMMISSION INSPECTIONS OF GP PRACTICES APRIL 2018 - FEBRUARY 2019**

Chris West, Director of Quality and Nursing, Leicester City CCG (LCCCG) and Wendy Hope, Lead Nurse, Primary Care, LCCCG presented a report relating to the CQC inspection of general practices. The report explained that the CQC had carried out inspections in ten general practices in the city between April 2018 and February 2019, three of which were rated as 'requires improvement'. Members also heard about the process that the CCG had in place to support practices that might require improvement and to share learning across the city CCG general practices.

It was noted that the CCG was currently working with the Local Medical Committee and the City's GP Federations to identify opportunities for collaborative working. In response to a question about GP Federations, Members heard that Federations were a legal entity and there were two GP Federations in Leicester.

A question was raised relating to Primary Care Networks (PCNs) and the meeting heard that these were part of the NHS long term plan. They would be partly related to geographical coverage and GP practices would agree on these themselves rather than the CCG. Concerns were raised relating to the establishment of PCNs and also that Better Care Fund may be funding that would be sent through the PCNs rather than via the current route of CCG to the local authority. It was agreed that a letter should be sent to the Secretary of State, expressing the concerns of the Commission relating to the PCNs and the funding issue.

Further to the issue of PCNs, clarity was also sought as to the membership of the PCN Boards and whether the CCG were represented. The Director of

Quality and Nursing commented that on the positive side, there might be better engagement with the CCG where for example there were only ten PCNs instead of 57 general practices.

The Chair asked if Healthwatch would be carrying out an 'enter and view' exercise on the three GP practices that had been rated as 'requires improvement'. The Healthwatch Manager responded that Healthwatch would be looking to do this.

The Chair drew the discussion to a close and the following actions were agreed.

AGREED:

1) that the report be noted;

2) that the Commission seek clarity regarding the membership of the Primary Care Network Boards and whether the Clinical Commissioning Group is represented;

3) for the Chair to meet with the Director of Social Care and Education and to write a letter to the Secretary of State regarding the concerns relating to Primary Care Networks and funding issues; and

4) for issues relating to the Primary Care Networks to be brought to a future meeting of the Health and Wellbeing Scrutiny Commission.

## 82. CONTINUING HEALTH CARE AND SETTINGS OF CARE UPDATE

Chris West the Director of Quality and Nursing, Leicester City Clinical Commissioning Group (CCG) and Fay Bayliss, Deputy Director of Quality and Nursing, Leicester City CCG presented a report that provided an update following developments in relation to Continuing Healthcare (CHC) and the process for agreeing jointly funded packages of care between the Leicester City CCG and Leicester City Council. Members heard that in February 2018, the Equity and Choice Policy was ratified. This policy superseded the former Settings of Care Policy and emphasised the promotion of independence and choice for patients

Members considered the report and the Chair commented that about two years ago, the Scrutiny Commission had very much welcomed the retention of the Settings of Care threshold of 25%.

In response to a question, Members heard that an individual who had demonstrated a primary health care need might opt for a Personal Health Budget. These budgets gave people with long term health conditions and disabilities more choice and control over the money spent on meeting their health and wellbeing needs. This budget was different to a Personal Independent Payment (PIP) which was assessed and managed by the

Department of Work and Pensions.

The Strategic Director of Social Care and Education commented that the joint funding arrangements between the local authority and the CCG had resulted in an additional cost to the council because they were funding proportions of care packages that they had not had to do before. The Strategic Director added however, that it was the right thing to do in that he consistently promoted that access to CHC was an individual right and not an intra-agency funding issue, and that the improvements in processes and administration that had come in the local CHC arrangements from the new provider commissioned by the CCGs were very welcome. The Chair added that it was a good example of where Social Care and the NHS were working well together. Micheal Smith, Manager for Health Watch Leicester and Leicestershire commented that CHC was a worry for many people and the implementation of the Equity and Choice Policy was an example where patients' concerns were being listened to.

A Member expressed concerns that the system would not work for everyone. She referred to issues around Delayed Transfers of Care where patients and families might not agree on the best way forward. The Director of Quality and Nursing explained that that were advocate services to help. The Deputy Director added that positive collaborative work had taken place with Adult Social Care on the Discharge to Assess pathway, operating on the Home First principle. Members heard that the Equity and Choice Policy was driven by patient experience and the Health Watch Manager added that the work undertaken in Community Service Re-Design would help in the process.

The Strategic Director of Social Care and Education said that the default position was that Adult Social Care would not by default 'step in' and fund where a decision about CHC was pending. Furthermore, the Strategic Director also highlighted that access to CHC not only released funding but also ensured access to a support network for the individual in terms of meeting their care and support needs around CHC funding of their care package.

The Chair drew the discussion to a close commenting that the report was encouraging.

AGREED:

that the report be noted.

## 83. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2018 /19.

The Chair added that the joint briefing session for the Health and Wellbeing Scrutiny Commission and the Children, Young People and Schools Scrutiny Commission, as mentioned in the Chair's announcements may need to be added to the Work Programme.

AGREED:

that the Work Programme be noted.

## 84. CLOSE OF MEETING

The meeting closed at 7.58 pm.