Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: **TUESDAY, 12 MARCH 2019**
TIME: **5:30 pm**
PLACE: **Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

Members of the Commission

Councillor Cutkelvin (Chair)
Councillor Fonseca (Vice-Chair)

Councillors Chaplin, Cleaver, Dr Moore, Pantling, and Dr Sangster.

I unallocated Non-Group place.

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

JHarget

For Monitoring Officer

Officer contacts:
Julie Harget (Democratic Support Officer):
Tel: 0116 454 6357, e-mail: Julie.harget@leicester.gov.uk
Kalvaran Sandhu (Scrutiny Policy Officer):
Tel: 0116 454 6344, e-mail: Kalvaran.Sandhul@leicester.gov.uk)
Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Information for members of the public

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- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information
If you have any queries about any of the above or the business to be discussed, please contact Julie Harget**, Democratic Support on (0116) 454 6357 or email julie.harget@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

For Press Enquiries - please phone the **Communications Unit on 454 4151**

USEFUL ACRONYMS RELATING TO
HEALTH AND WELLBEING SCRUTINY COMMISSION

Acronym	Meaning
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
LCCCG	Leicester City Clinical Commissioning Group
ELCCG	East Leicestershire Clinical Commissioning Group
WLCCG	West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DAFNE	Diabetes Adjusted Food and Nutrition Education
DMIRS	Digital Minor Illness Referral Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands

HWLL	Healthwatch Leicester and Leicestershire
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCT	Primary Care Trust
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
TASL	Thames Ambulance Services Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 15 January 2019 have been circulated and the Commission will be asked to confirm them as a correct record.

The minutes can be found on the Council's website at the following link:-

http://www.cabinet.leicester.gov.uk:8071/ieListDocuments.aspx?CId=737&MId=8652&Ver=4

4. CHAIR'S ANNOUNCEMENTS AND PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

To receive any Chair's announcements and updates on issues that were considered at previous meetings of the Commission.

5. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

6. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

7. DELAYED TRANSFERS OF CARE, UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST **Appendix A (Pages 1 - 12)**

To consider a report from the Director of Strategy and Communications, University Hospitals of Leicester (UHL) NHS Trust that provides an overview of 'delayed transfers of care' (DTOC) within the UHL. The report identifies improvement actions planned with system partners to reduce the 'delays' that impact on the patient's journey further.

The Commission is asked to note the significant progress that has been made across the system with reducing the number of bed delays occupied by DTOCs and support the key actions planned to further reduce the delays in the patient's pathway.

8. LEICESTER, LEICESTERSHIRE AND RUTLAND URGENT AND EMERGENCY CARE RESILIENCE AND WINTER 2018/19 **Appendix B (Pages 13 - 52)**

To consider a report that provides an update and overview of performance over the 2018/19 winter period to date across the Leicester City, Leicestershire and Rutland (LLR) Urgent and Emergency Care System.

9. SUMMARY OF CARE QUALITY COMMISSION INSPECTIONS OF GP PRACTICES APRIL 2018 - FEBRUARY 2019 **Appendix C (Pages 53 - 60)**

To consider a report from the Leicester City Clinical Commissioning Group (LCCCG) that explains that from April 2018 to February 2019, the CQC inspected ten general practices, three of which were rated as 'requires improvement'. The report explains that the CCG has a process in place to support practices that may require improvement and to share learning across all city CCGT general practices.

10. CONTINUING HEALTH CARE AND SETTINGS OF CARE UPDATE **Appendix D (Pages 61 - 64)**

To consider a report from the Leicester City Clinical Commissioning Group (LCCCG) that provides an update following developments in relation to Continuing Healthcare (CHC) and the process for agreeing jointly funded packages of care between the LCCCG and Leicester City Council.

11. WORK PROGRAMME **Appendix E (Pages 65 - 72)**

The Scrutiny Policy Officer submits a document that outlines the Health and Wellbeing Scrutiny Commission's Work Programme for 2018/19. The

Commission is asked to consider the Programme and make comments and/or amendments as it considers necessary.

12. ANY OTHER URGENT BUSINESS

Appendix A

University Hospitals of Leicester NHS Trust

REPORT TO: Health and Wellbeing Scrutiny Commission

REPORT FROM: Mark Wightman, Director of Strategy and Communications

REPORT BY: Gill Staton, Head of Nursing Patient Flow and Discharge

SUBJECT: Delayed Transfers of Care University Hospitals of Leicester NHS Trust.

DATE: 21st February 2019.

1. Introduction

This paper provides an overview of 'delayed transfers of care' (DTOCs) within the University Hospitals of Leicester NHS Trust and identifies improvement actions planned with system partners to continue to reduce the 'delays' that impact on the patients journey further.

1.1. What is a Delayed Transfer of Care?

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed (whether acute or non-acute, including community and mental health care). Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

NHS England, the body responsible for monitoring delayed transfers of care nationally, defines a patient as being ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer, and
- a multidisciplinary team has decided that the patient is ready for transfer, and
- the patient is safe to discharge/transfer.

As soon as a patient meets these three conditions and remains in a bed, the 'clock' starts and they are classified as 'a delayed transfer'.

The definition of delayed transfers of care used by NHS England is very specific. For example, data on delayed transfers does not include delays in transferring a patient between different wards in the same hospital, or between different hospitals, if the patient still requires acute hospital treatment.

1.2. How are Delayed Transfers of Care measured?

Information about delayed transfers of care is collected for acute and non-acute patients, including mental health and community patients, on the 'Monthly Delayed Transfers Situation Report (SitRep) return. The focus of the return is to identify patients who are in the wrong care setting for their current level of need and it includes patients waiting for external transfer in all NHS settings, irrespective of who is responsible for the delay.

Each month NHS England publishes two measures of delayed transfers:

- The total number of bed days taken up by all delayed patients across the whole calendar month.
- The average daily number of delayed transfers across the month. Referred to as 'delayed transfer of care beds', this measure is calculated by dividing the number of delayed days during the month by the number of calendar days in the month.

  All hospitals are required to collect delayed transfer data for adults (aged over 18 years) and provide it to NHS England, together with the reasons for these delays.

  There are three broad categories:

  - reasons related to social care
  - reasons related to health care (non-acute)
  - reasons related to delays in both health and social care.

	Attributable to NHS	Attributable to Local Authority (Care)	Attributable to both
A. Awaiting completion of assessment	✓	✓	✓
B. Awaiting public funding	✓	✓	✓
C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	✓	×	×
D i). Awaiting residential home placement or availability	✓	✓	×
D ii). Awaiting nursing home placement or availability	✓	✓	✓
E. Awaiting care package in own home	✓	✓	✓
F. Awaiting community equipment and adaptations	✓	✓	✓
G. Patient or Family choice	✓	✓	×
H. Disputes	✓	✓	×
I. Housing – patients not covered by Care Act	✓	×	×

See Appendix 1: NHS England Data Collection December 2018 for East Midlands comparative performance data.

1.3. Why are delayed Transfers of care important?

Keeping patients in hospital longer than required can have long term detrimental effects on the individual and their families, and can place additional strain on health and social care resources. Prolonged stays can affect patient morale, mobility, and increase the risk of hospital acquired infections. Effects on mobility can be particularly felt by older patients. For every 10 days of bed rest in hospital, the equivalent of 10 years of muscle ageing occurs in people over 80 years old, and building this muscle strength back up takes twice as long as it does to deteriorate.

As well as leading to a detrimental loss of independence, this can also mean that patients may require additional health and social care support as a result. A delay in discharging patients also affects the flow of patients through a hospital.

Reducing 'delayed transfers of care' has been a key focus of recent national policies, such as the Better Care Fund (a pooled budget to help councils and NHS organisations to plan and work together to deliver local services). The NHS England 2017/18 mandate sets the expectation that DTOC (NHS, adult social care and jointly attributable combined) should be reduced by September 2017 to 3.5% of occupied hospital beds, or expressed from a local authority perspective, not more than 9.4 people in total delayed in hospital per 100,000 adults.

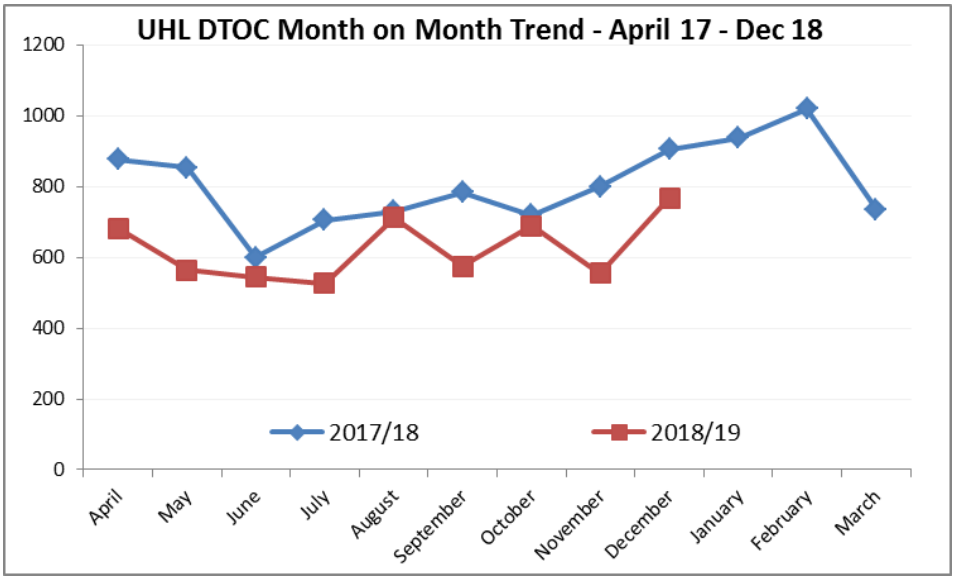
2. UHL Current Position

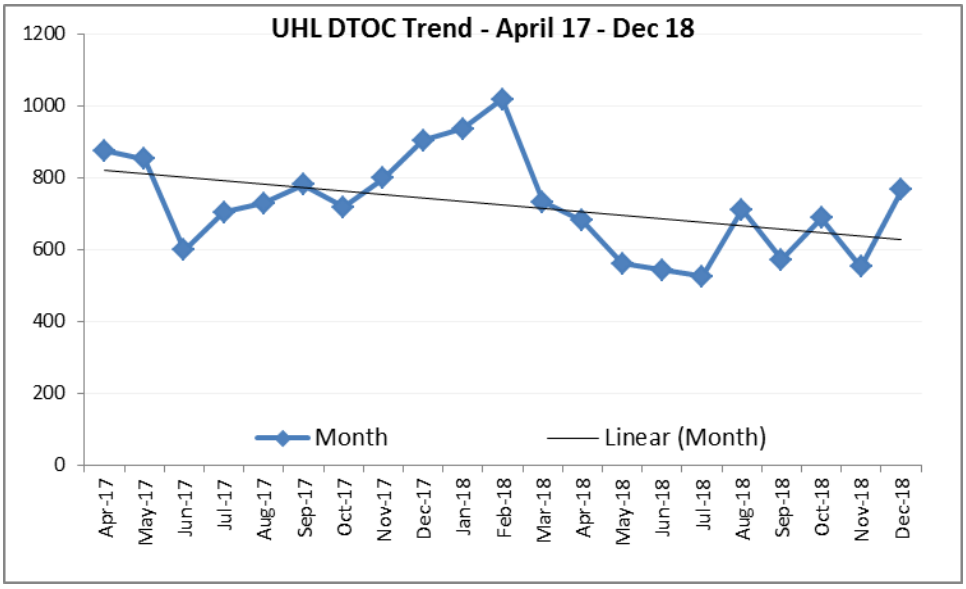
2.1. Trend in Bed days Lost through DTOC

The Trusts total bed days lost through patients identified as DTOCs for the first nine months of the year 2018/19 have shown a decrease in 648 bed days. There has been a consistent monthly improvement in bed days lost in comparison to the same period in 2017/18.

UHL DTOC - April 2017 - December 2018

Report Month	April	May	June	July	August	eptembe	October	lovembe	ecembe	January	Februar	March	rand Tot
2017/18	877	853	600	705	730	783	719	800	906	937	1,020	735	**9,665**
2018/19	682	563	544	527	712	574	689	554	768				**5,613**





2.2. Bed Days Lost by Council Area

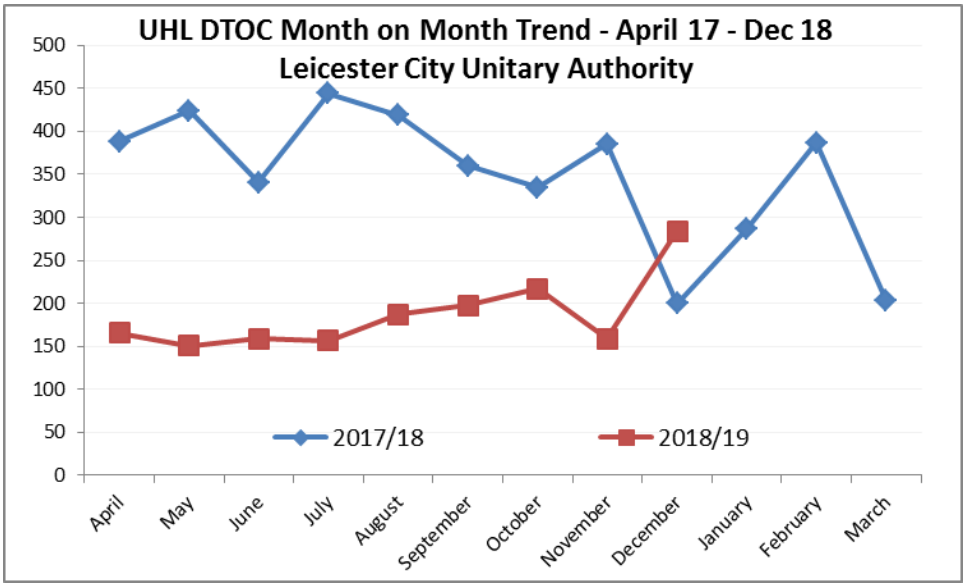
Bed days lost by Council area are tabled below:

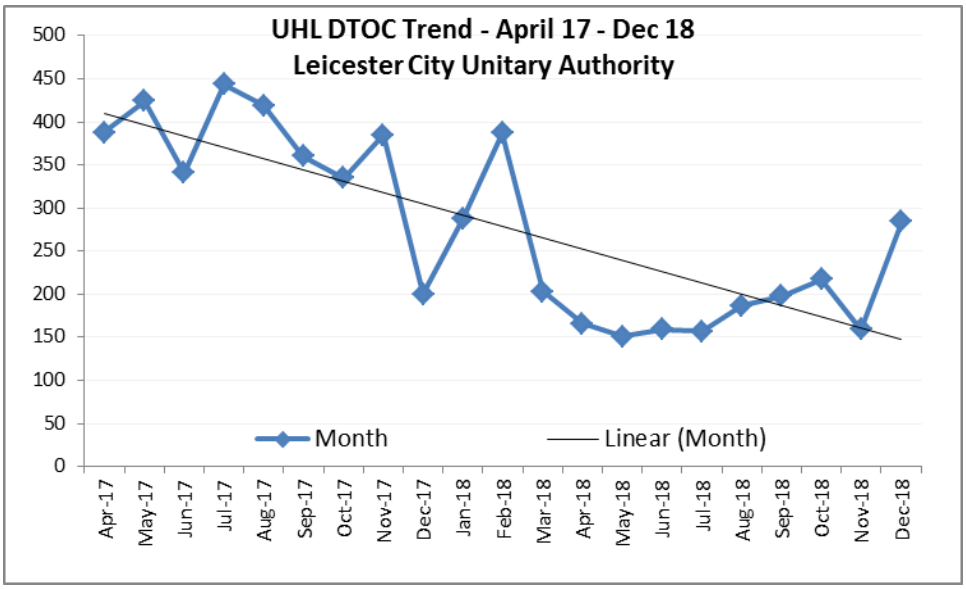
YTD - Apr-Dec 17 vs Apr-Dec 18 by Council Area

Council Area	2017/18	2018/19	Variance	Variance
Leicester City Ua	3,296	1,678	-1,618	-49%
Leicestershire	3,588	3,696	108	3%
Rutland Ua	1	2	1	100%
Other Areas	88	237	149	169%
Grand Total	**6,973**	**5,613**	**-1,360**	**-20%**

2.2.1. Leicester City Unitary Authority Area

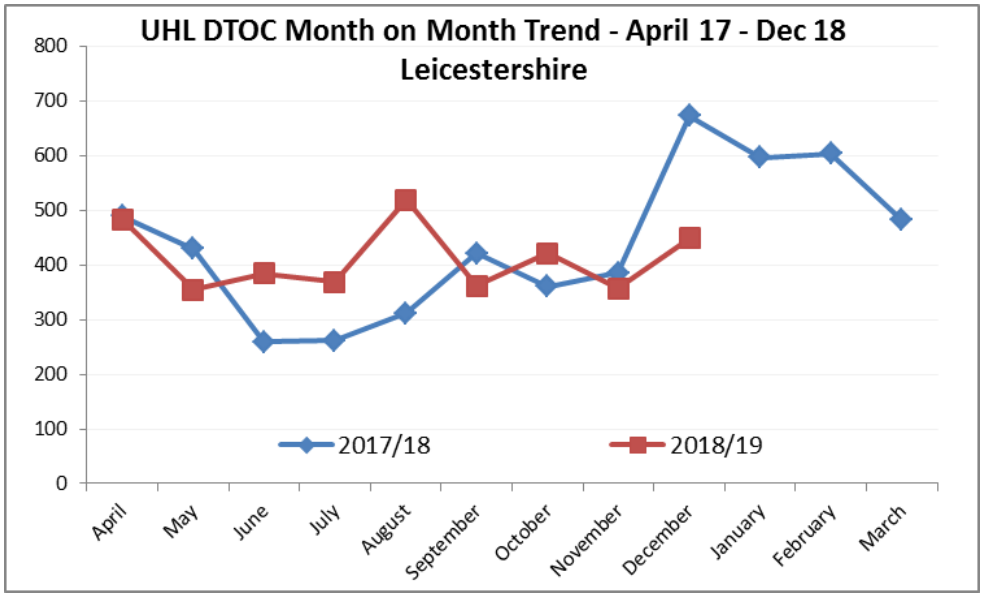
The table below illustrates the significant improvements that have been made in DTOC performance since 2017/18, (Appendix 2 Compares with national performance). However since July 2018 there has been a slight increase in the number of patients being delayed.

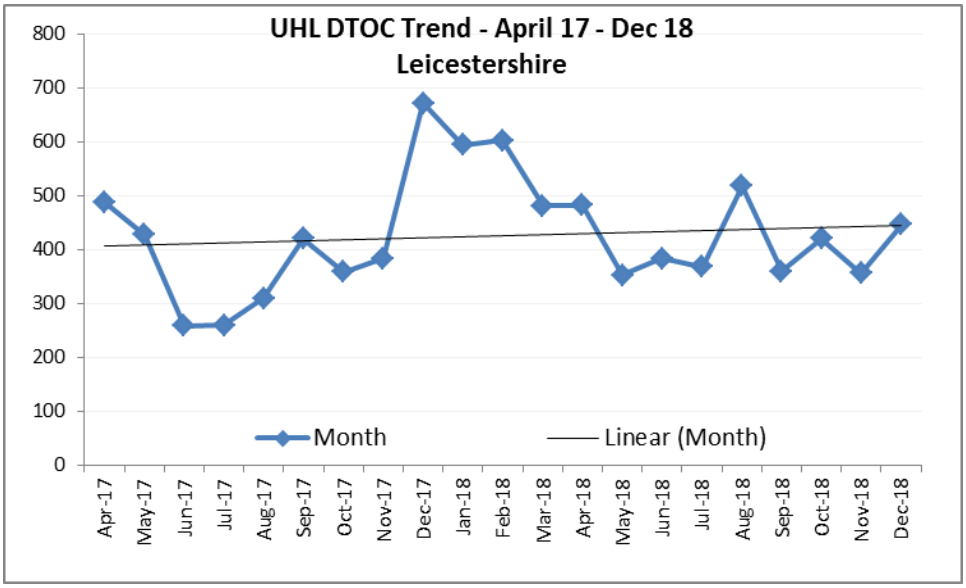




2.2.2. Leicestershire Area Performance

The table below illustrates Leicestershire DTOC performance where improvements can be seen with a downward trend in delays between 2017/18. Most noticeable improvements have been since November 2018.





2.3. Reason for Delayed Transfers of Care.

The table below provides a monthly view of the UHL themes of DTOCs by category. The largest categories are from those patients waiting for:

- Further non-acute NHS care
- Residential Home placement
- Nursing Home placement
- Public funding and
- Domiciliary Packages

Social Care delays account for very few delayed transfers of care.

Year Month	31/01/2019

Sum of patient count		ADJUSTED UNIFY CATEGORY		
Council Area	Delayed Discharge Category	NHS	SOCIAL	Grand Total
Leicester City Ua	A - Awaiting assessments	3		3
	B - Awaiting public funding	12		12
	C - Awaiting further non-acute NHS care	48		48
	D(i) - Awaiting Residential Home placement	58		58
	D(ii) - Awaiting Nursing Home placement	34		34
	E - Awaiting Domiciliary Package	26		26
	F - Awaiting Community Equipment	3		3
	G - Awaiting patient / family choice	1		1
Leicester City Ua Total		185		185
Leicestershire	A - Awaiting assessments	41		41
	B - Awaiting public funding	58		58
	C - Awaiting further non-acute NHS care	83		83
	D(i) - Awaiting Residential Home placement	63		63
	D(ii) - Awaiting Nursing Home placement	78		78
	E - Awaiting Domiciliary Package	81	1	82
	F - Awaiting Community Equipment	3		3
	G - Awaiting patient / family choice	11		11
	H - Disputes		4	4
Leicestershire Total		418	5	423
Other Areas	B - Awaiting public funding	20		20
	C - Awaiting further non-acute NHS care	4		4
Other Areas Total		24		24
Grand Total		627	5	632

3. Actions to Reduce Delayed Transfers of Care.

Continuing to reduce 'Delayed Transfers of care' is a key action within the Leicester, Leicestershire, and Rutland discharge working group action plan that all partner organisations are working towards across the system. Monthly progress updates in line with DTOCs are provided at the monthly discharge working group.

It is difficult to identify which actions specifically have had the greatest impact on reduction in delays across the patients' pathway in 2018/19 as many initiatives have been implemented to reduce the 'hidden waits' in the patients' pathway. (Discharge to Assess home, Discharge to Assess Bed Based, Hospital Transfer teams attending board rounds, Integrated Discharge team + model (ED and the emergency Floor), commitment to the 'Home First Principles', multi-agency discharge events, or building upon the strong integrated partnership approach to working.

Key actions over the next 6-12 months include a focus on:

- **Trusted Assessment:**
    - Embed the use of an Integrated Needs Assessment Tool (a multiagency assessment tool)

- Implementation of care home trusted assessment with care home support project officer
- Roll out of 'Red Bag' scheme for sharing of information.
- Implementation of electronic sharing of information

- **Patient Choice:**
  - Ensure consistent enactment of the choice policy through information giving and training.
  - Support to self-funding patients through the appointment of an Information and Guidance support officer

4. Conclusion

The Health and Wellbeing Scrutiny Commission are asked to note the significant progress that has been made across the system with reducing the number of bed days occupied by DTOCs and support the key actions planned to further reduce the delays in the patient's pathway.

The Trust would also like to specifically acknowledge the hard work and commitment that has and continues to take place to reduce delays for our patients, particularly from LCCCG and the City Council's Adult Social Care colleagues.

Appendix 1.

Title: **Delayed Transfer of Care, NHS Organisations, England**

Summary: Number of Delayed Days during the reporting period, Acute and Non-Acute, for NHS Organisations in England by the responsible organisation.

Period: **December 2018**

Source: NHS England Data Collection - MSitDT

Basis: Local Authority

Published: 14th February 2019

Revised:

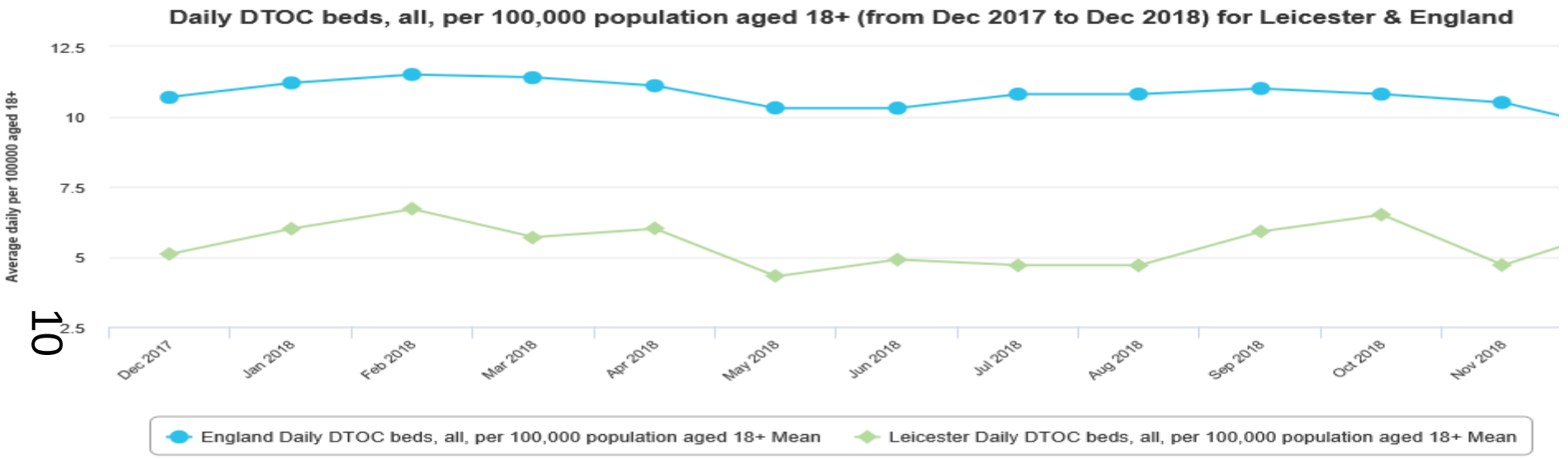
Status: Published

Contact: Paul Steele - england.nhsdata@nhs.net

				Delayed Days				DTOC Beds			
Region	ONS Geography	Code	Name	NHS	Social Care	Both	Total	NHS	Social Care	Both	Total
-	-	-	**England**	79,237	38,934	11,203	129,374	2,556	1,256	361	4,173
East Midlands	E06000015	507	Derby UA	277	25	0	302	9	1	0	10
East Midlands	E10000007	506	Derbyshire	665	244	6	915	21	8	0	30
East Midlands	E06000016	509	Leicester UA	464	31*	18	513	15	1	1	17
East Midlands	E10000018	508	Leicestershire	1,001	78	166	1,245	32	3	5	40
East Midlands	E10000019	503	Lincolnshire	1,207	207	240	1,654	39	7	8	53
East Midlands	E10000021	504	Northamptonshire	921	788	192	1,901	30	25	6	61
East Midlands	E06000018	512	Nottingham UA	1,273	195	146	1,614	41	6	5	52
East Midlands	E10000024	511	Nottinghamshire	1,690	2	65	1,757	55	0	2	57
East Midlands	E06000017	510	Rutland UA	56	13	12	81	2	0	0	3

- These days are wrongly attributed to Leicester due to a SitRep error. Should be 0.

Appendix 2


Daily DTOC beds, all, per 100,000 population aged 18+ (from Dec 2017 to Dec 2018) for Leicester & England
Average daily per 100000 aged 18+
12.5
10
7.5
5
2.5
Dec 2017
Jan 2018
Feb 2018
Mar 2018
Apr 2018
May 2018
Jun 2018
Jul 2018
Aug 2018
Sep 2018
Oct 2018
Nov 2018
England Daily DTOC beds, all, per 100,000 population aged 18+ Mean
Leicester Daily DTOC beds, all, per 100,000 population aged 18+ Mean

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

LEICESTER CITY HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 12 March 2019

REPORT OF LLR Health and Social Care System

LLR Urgent and Emergency Care Resilience & Winter 2018/19

Purpose of report

1. The purpose of this report is to provide an update and overview of performance over the 2018/19 winter period to date across the Leicester City, Leicestershire and Rutland (LLR) Urgent and Emergency Care system. The paper begins the process of the review of Health performance over the winter period and the success of plans to date, and includes a brief reflection of performance last winter, what was learnt, what we did about it, and the impact to ensure we have more resilient health and social care services for patients and the population it serves. Given the timing of the year, the report is not a comprehensive review of the winter period but instead a stepping stone for a review being planned to take place in May 2019.

Policy Framework and Previous Decisions

2. N/A

Background

3. See Report Enclosed

Proposals/Options

4. N/A

Consultation

5. N/A

Resource Implications

6. N/A

Timetable for Decisions

7. N/A

Conclusions

8. In comparing 2017/18 to 2018/19, performance over the course of winter 2018/19 has demonstrated both improvement and worsening at different periods of heightened surge and demand placing significant pressure upon health and social care providers. Although severe weather has not been experienced across LLR, the system has been prepared to respond if required.

9. Through the strengthening of integrated ways of working and processes alongside a significant increase in demand for health and social care services, LLR has established a more stable and resilient system to respond to and manage pressures as demonstrated through its operational pressures escalation levels (OPEL) framework.

10. The approach to planning and managing escalation has significantly improved the way in which all LLR system partners manage collaboratively the pressure to anticipate escalation and put in place the appropriate actions to prevent issues and/or enable de-escalation to occur swiftly. The winter resilience planning process has enabled the opportunity to better engage and connect public services for patients and members of the public. Further work is ongoing to shape LLR urgent and emergency care priorities to increase this connectivity for shared learning, improved services, and better value for money.

11. The 'Help Us Help You' and 'Stay Well this Winter' communication campaign of winter messages, both national and local, as well as the winter communications plan have been comprehensive and feedback from stakeholders suggests more effective than in previous years.

12. Planning winter preparedness across dozens of stakeholder organisations is challenging, technical and complex. The plan was developed with input from three Clinical Commissioning Groups, Leicester City Council, Leicestershire County Council, Rutland County Council, University Hospitals of Leicester (UHL), Primary Care and multiple GP practices, Community and Mental Health Care Providers, Independent Sector Providers, patients and carers, Healthwatch, NHS England and NHS Improvement, as well as members of the local Leicester Resilience Forum, including input from the police, fire service, Public Health England, Health Protection, Health Education, utility companies, and several voluntary and charitable organisations through cold weather and emergency response preparations and planning. The plan incorporated demand and capacity plans, business continuity plans, flu and infection control preparedness, adverse weather protocols, as well as a variety of other process improvement and workforce-related initiatives.

13. The plan was approved by the LLR A&E Delivery Board which comprises of senior leaders across Leicestershire and Rutland in October, with subsequent additions in November to incorporate additional initiatives from both national and regional

regulators. The A&E Delivery Board will continue to monitor progress of the plan production and more importantly, will ensure that any learning as we go through winter is incorporated into updated versions for continuous improvement.

14. In light of 2017/18 performance and concerns, regulators including national and regional NHS England and NHS Improvement colleagues conducted a winter assurance visit on 22nd November including all health and social care system partners. Plans were reviewed with site visits across UHL, and regulators confirmed that LLR were in a more stable position than in previous years, highlighting the collaboration of stakeholders and tested integrated plans as a particular strength ahead of winter. In addition, during the month of February LLR commissioners have more recently been engaged by NHS England to support and contribute to wider regional learning and development to capture good practice and support winter season preparation across the region for next year.

15. Demand for and pressure on health and social care services continues to rise across LLR, and is exceeding the average census growth rate of 0.9%. This is due to an expanding population, people living longer, and advances in medical research and treatment.

16. A full review of performance over winter is being planned for May 2019, whereby stakeholders across the health and social care system will inform lessons learnt and areas for improvement to enable the collaborative approach to building system resilience. This will include an evaluation of both performance and quality, as well as patient experience.

Background papers

N/A

Circulation under the Local Issues Alert Procedure

The report reflects impact across the entire LLR geography.

Officer to Contact

Name and Job Title: Mike Ryan, Director of Urgent & Emergency Care, LLR System
Telephone: 01509 567708
Email: Michael.Ryan@westleicestershireccg.nhs.uk

List of Appendices

Appendix - Winter Communication Evaluation as at February 2019

Relevant Impact Assessments

Equality and Human Rights Implications

17. N/A

Crime and Disorder Implications

18. N/A

Environmental Implications

19. N/A

Partnership Working and associated issues

20. N/A

Risk Assessment

21. N/A

Title of the report:	**LLR and Winter 2018/19:** **An initial review of Health performance over the winter period and the success of plans to date.**
Report to:	Leicester City Health Overview and Scrutiny Committee
Date of the meeting:	12th March 2019, 530-730pm
Report by:	Mr Mike Ryan, Director of Urgent and Emergency Care, LLR System
Sponsoring Directors:	Ms. Sue Lock, Accountable Officer, Leicester City Clinical Commissioning Group; and Mr John Adler, Chief Executive, University Hospitals of Leicester
Presented by:	Mr Mike Ryan, Director of Urgent and Emergency Care, LLR System; Ms Sam Leak, Director of Operational Improvement, University Hospitals of Leicester

Purpose:

This paper aims to provide an update and overview of performance over the 2018/19 winter period to date across the Leicester City, Leicestershire and Rutland (LLR) Urgent and Emergency Care system. The paper includes a brief reflection of performance last winter, what was learnt, what we did about it, and the impact to ensure we have more resilient health and social care services for patients and the population it serves.

Given the timing of the year, the report is not a comprehensive review of the winter period but instead a stepping stone for a broad review being planned to take place in May 2019. In addition, a review of the quality of care and service as part of winter plans is underway to ensure the system evaluates the effectiveness of plans on both performance and quality, as well as patient experience.

System Performance Winter 2017/18 – What happened Last Year?

The winter of 2017/18 saw the local urgent and emergency care (UEC) system under intense pressure, resulting in poor patient experience and weak performance against national targets. A&E performance is typically known to drop in Dec, Jan & Feb each year, and this deterioration started in November and did not cease, with continuation through to March; it was particularly intense from February to April through the Easter Holidays.

- Hospital A&E 4-hour performance overall was below standard with an annual position of 77.7% (79% the previous year), and A&E waiting times performance deteriorated sharply from October onwards, dipping to a low of 66.9% in March with primary clinical focus on major conditions.

- Due to the number of emergency surgical cases exceeding normal levels, critical care / intensive care units were often full, which resulted in high numbers of cancelled surgical cases, some of which were regrettably cancer cases. Occasional staff sickness/absence impacted upon the ability to maintain full use of critical care beds.

- Bed occupancy was high throughout much of the winter period. This means a lack of free beds, which has a knock-on effect on internal patient flow from admissions areas, often resulting in long trolley waits. Many working days started with patients waiting for beds to become free (often termed “negative bed capacity”). On any given day we had up to 200 patients in hospital for more than 21 days, and were not as proactive as we could have been to reduce patient length of stay and the number of long stay patients.

- High numbers of medical “outliers,” (medical patients in a bed not designated for medical patients e.g. on a surgical ward) which only started to improve towards the end of March. Delivering care to patients spread across a number of wards is less efficient for clinical teams. The length of stay for medical patients at LRI increased by nearly two days from January to March 2018.

- Higher than average “non-admitted breaches” (patients who were in ED for more than 4-hours (i.e. breached the standard) but were not admitted into hospital. Delays for such patients are often due to the demand on diagnostic services, although preventing an unnecessary admission can often reflect a better outcome for the patient.

- Patients with Norovirus and/or flu resulted in many closed beds on a regular basis, at both UHL and LPT.

- There was a higher number of elective (i.e. planned care) cancellations last winter in comparison with 2016/2017 following a national instruction to all acute Trusts, as well as exceptional levels of cancellations of urgent and cancer operations.

- Activity in out-of-hospital services, including Urgent Care Centres, Primary Care Hubs, Home Visiting and Clinical Navigation services, was higher than forecast and higher than in winter 2016/17. This at times created significant pressure in these services but they were successful in preventing a significant increase in ED attendances.

- NHS111 demand rose significantly, dealing with 30% more calls than we had planned for in the period of January to March 2018.

- Ambulance services remained stretched and were regularly at a high escalation level during winter; patient handover times were higher than expectation (within 15 minutes), particularly from November through to March, although there were fewer 1 hour+ waits than in 2016/2017, and fewer total 'lost hours.'

- Staffing levels were particularly challenged over winter across all providers. In particular, medical and nurse staffing levels in hospital were variable with a higher than average sickness/absence rate during peak periods of demand.

- Although a flu jab campaign was marketed and communicated, the uptake of flu jabs by members of the public and staff was not as high as it could be.

- Processes vary across providers which influences local decision making, and there are benefits to more standardisation.

In short, both patient experience and system performance were extremely challenging in 2017/18, and lessons were learnt and applied in 2018/19. Actions were taken and improvements were implemented. Although operational winter pressures remain challenging, the work to date has resulted in an improved position year to date.

System Performance Winter 2018/19 – What's Happened This Year?

Lessons learnt were incorporated into system plans and priorities during the summer of 2018, and the winter plan further built on these to reduce the risk of similar problems for 2018/19. This included a large number of actions, the realignment of bed capacity at UHL to accommodate expected non elective/emergency demand, as well as plans to ensure safe care, manage and mitigate any forecast bed gaps, ensuring efficient discharge and transfer processes, and working with system partners.

A&E 4 hour wait performance

- Hospital A&E 4-hour performance overall has remained below the 95% 4 hour standard, however both UHL and the system have shown signs of improvement amongst a significant rise in demand and attendances by both walk in patients and ambulance conveyances. Statistically in 2018/19:

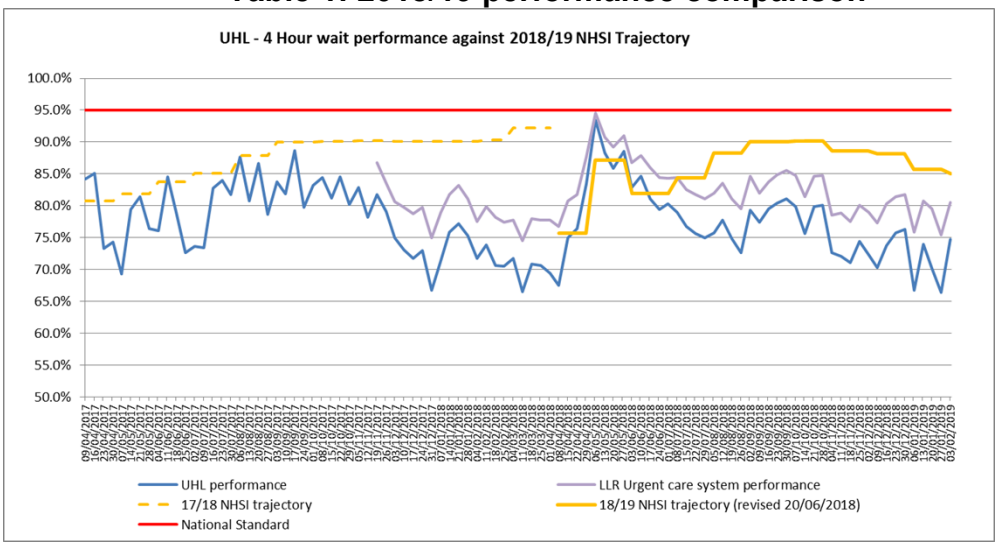
    - Nationally - approximately 9/137 A&E departments routinely meet the 95% standard;
    - Regionally – approximately 1/37 A&E departments routinely meets the 95% standard; and
    - Locally – the LLR system ambition is to achieve a trajectory of 85% based on past performance and step changed improvement.

- **The Year to date (as at 22/02/19) performance is 77.9% (UHL) and 83.1% (LLR system).** This represents a marginal improvement at a time where demand has increased significantly across urgent and emergency care services.

- UHL performance for January reflecting increased demand was 73.5% and LLR system performance was 79.7% against a planned trajectory of 85.7%. January was a significantly challenging month, with February seeing a significant improvement.

- In January 2019 the trust saw a total of 21,624 ED and Eye Casualty attendances. In comparison to January 2018 (19908) this is an increase of 1,560 patients (8%). Year to Date there has been a 5.5% increase in attendances to A&E compared to the same point last year.

Table 1: 2018/19 performance comparison

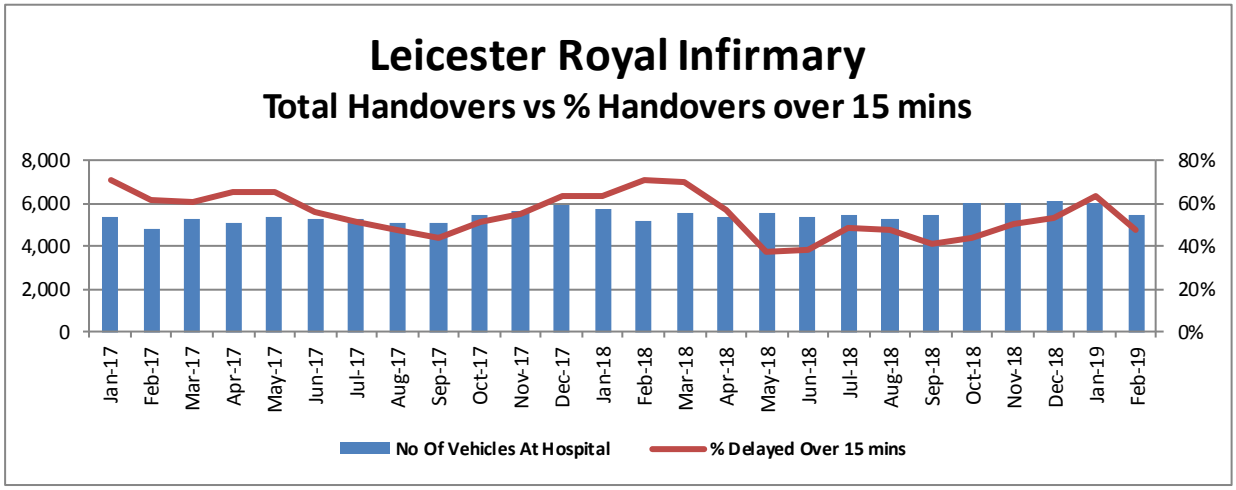


Ambulance Handover Delay Performance

The national standard is that Ambulance Handovers at hospital should be within 15 minutes of arrival, and are measured and monitored based on the time when an ambulance arrives to A&E and the time when the ambulance leaves. These include pre-handover to hospital clinical team, the length of time for the actual handover, as well as the post-handover or the time between the patient was handed over and the ambulance crew left the site.

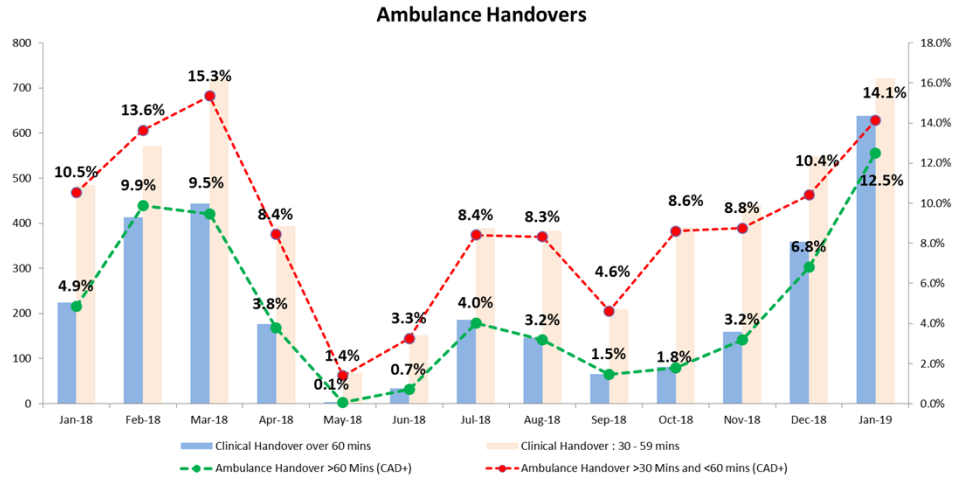
Regionally, the average percentage of handovers over 15 minutes and not meeting the standard is 55%. That means that 55% of all patients arriving by ambulance are not handed over to hospital clinical teams within 15 minutes, as per the national standard. This is a major focus for the LLR system this year, particularly as the Leicester Royal Infirmary is one of the busiest hospitals and A&E departments in the country, and has the highest ambulance arrivals in the region.

Overall, delays have marginally improved in comparison with the same time last year whilst the average number of ambulance conveyances per day on average has increased by 5% (18 per day), and on occasion A&E sees over 200 ambulances. However, over the new year and in January 2019 there were significant volumes of patients taken to hospital by ambulance due to the level of acuity and the system was extremely challenged impacting both performance and patient experience.



An immediate action plan was put in place, and February's performance has seen major improvement following LLR interventions. There is confidence that the processes in place will prevent the level of escalation seen in March/April 2018 with continued improvement and reduced delays.

- The LRI continues to have the highest number of ambulance conveyances to hospital and thus handovers in the region (average of 188/day), and in February the LRI appears to have had the highest percentage of handovers within 15mins in the region;
- The number of ambulance handovers in February was 4% higher than February last year.
- The handover performance improved greatly in February. 52% of handovers were completed within the 15 min standard, which is a 15% improvement from January and 23% better than February last year.

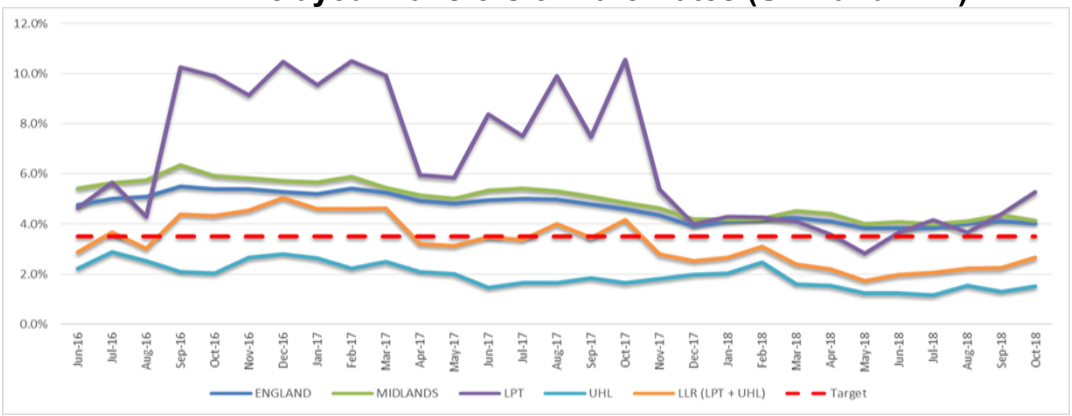


Delayed Transfers of Care (DTOC)

LLR continues to maintain excellent health and social care performance as one of the best in the country for patients in low numbers of delayed transfers of care.

- The national DTOC average is 10.5%
- Leicestershire county average is 6.3% as at Oct18
- Leicester city average is 5.3% as at Oct18
- Rutland average is 5.4% as at Oct 18

Delayed Transfers of Care Rates (UHL and LPT)



Operational Pressures Escalation Levels (OPEL)

- The level of pressure across health and social care systems are measured and modelled on the Operational Pressures Escalation Levels (OPEL) framework to ensure appropriate action can be taken dependent upon the

situation/s. The highest level of pressure is OPEL 4, and the lowest as OPEL 1 or business as usual. Extensive work was carried out across LLR over 2018/19 to avoid the same challenges from previous years including shortcomings in information-sharing and how communications are managed both within organisations internally, as well as across the system from one organisation to another. With new processes, tools, and training, teams have worked diligently to manage escalations more consistently:

- 2017/18 LLR / UHL over the winter period 1 October to 31 March was:
    - **At OPEL 1 for 0/182 days**
    - **At OPEL 2 for 17/182 days (9%)**
    - At OPEL 3 for 137/182 days (75%)
    - At OPEL 4 for 26/182 days (14%)
    - LLR was slow in noticing triggers of escalation and de-escalation was limited.
- 2018/19 LLR / UHL with new processes and business as usual (BAU) defined in August/September, and demand exceeding last year's winter demand levels, LLR / UHL has rarely been above OPEL 2 demonstrating improved process and effective action since 1 October. The LLR system has outperformed the majority of systems across the region in managing escalation and where required, de-escalation:
    - **At OPEL 1 for 8/123 days to end Jan19 (6%)**
    - **At OPEL 2 for 79/123 days to end Jan19 (64%)**
    - At OPEL 3 for 32/123 days to end Jan19 (26%)
    - At OPEL 4 for 4/123 days to end Jan19 (3%)

- The transition in declared OPEL levels is important as it differentiates the maturity of organisations and the system, as well as the level of action required across organisations to build greater resilience. For example, daily indicator/escalation reports are established for monitoring daily sitrep performance, including performance, capacity, and key indicators of pressure which further reduces confusion during periods of high pressure.

Generally whilst demand has been higher than the same time last year, performance has not seen the same significant challenges as in 2017/18 and has seen stabilisation during periods of surge;

- There has been a low number of elective or time critical cancellations with the introduction of a new system of clinical prioritisation alongside and capacity management.
- There have been zero 12-hour trolley breaches in A&E.
- There has been very minimal 'corridor care' due to extreme pressures.
- Occupancy rates have not exceeded 95% overall.

Major Causes of Pressure

In such a complex system, there are consistent themes year-on-year with several factors contributing to the pressures.

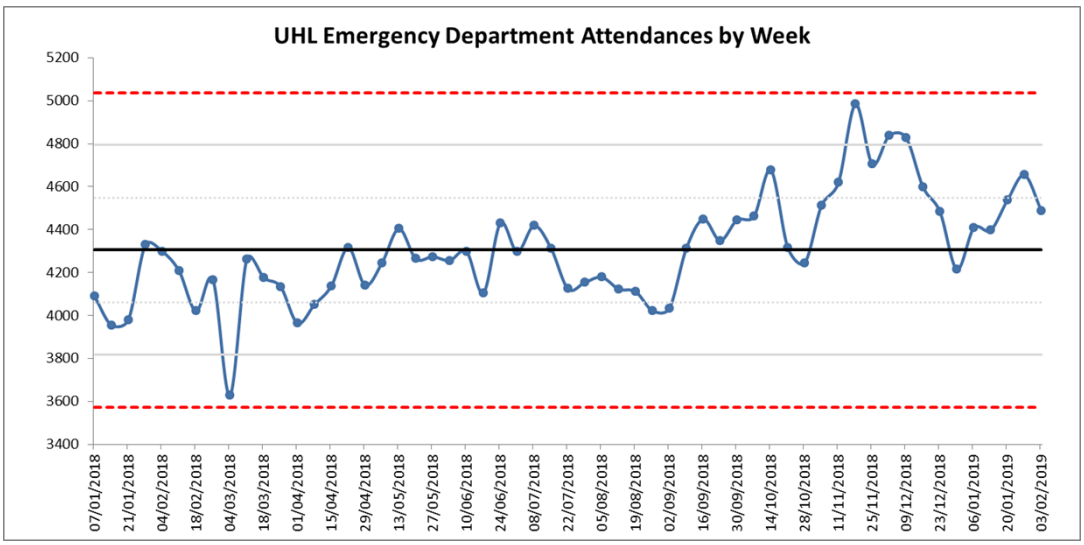
- Pressure across all parts of the system – in GP practices, GP Primary Care Hubs, Urgent Care Centres, 111 calls, Clinical Navigation Services, Ambulances Services, ED and within the hospitals. Hospital activity levels overall and emergency admissions are comparable to past years overall, but there are changes to the *type* of patient, and how poorly they were, with very high numbers of cardio-respiratory cases and paediatric cases in particular.

- Analysis to date confirms the pressures are not generally caused only by the number of admitted patients, but by how acutely unwell they were and how long they needed to be in hospital. Many of these were older or frail patients, which have been better managed this year following the opening of the Acute Frailty Unit as well as the Frailty programme initiated in summer of 2018. Generally across Leicestershire and Rutland, older people make up approximately 20% of the population, yet at the height of the pressures, 80% of hospital beds were occupied by this group. The frailty initiatives have improved the way this cohort of patients are managed overall, and has largely helped to lessen the growth of demand in light of more people living longer and thus also requiring health and social care services for longer.

A&E Demand

- There has been a emerging trend (upward) in attendances into A&E since September. Despite a small reduction in referrals in December, there was an unusually high level of attendances in injuries, Child Majors and the Children hospital (for Child Specialty).

- Whilst the proportion of attendances via ambulance has grown significantly so has the overall volume of attendances. With resource and professionals moved to prioritise the acutely unwell ambulance arrivals this has meant there unfortunately have been occasions of long waits in injuries and primary care impacting 4 hour wait performance.



This is mirrored by an increase in attendance and utilisation of out of hospital urgent care services, as well as contacts into 111 and GP practice appointments.

Key Actions Taken in 2018/19

- Focused review and revise the system Escalation Plan. The Leicester City, Leicestershire, and Rutland (LLR) Urgent and Emergency Care Resilience Plan 2018/19 is currently under development in collaboration with key stakeholders across the city and county. This has enabled a **'one plan approach'** across organisations and sets out the features / signs of increasing levels of pressure for each organisation and what the response from themselves and other partners will be as a consequence. An effective and well-managed plan has remained key to ensuring we all take the right steps to manage the pressure but also ensures that the system can recover quickly ("bounce back") once pressure begins to decrease. This improved communication and collaboration has been a contributing factor to improved performance and stability, and established the necessary regimented discipline amongst the people and professionals who will be working within periods increasing pressure.

- The second part of the **ED development at UHL opened in summer 2018**, which provides improved patient assessment areas. This allows more investigations to be carried out to reach an early diagnosis, give rapid treatment and ideally prevent the need for admission to a ward. In addition, UHL re-aligned their bed capacity overall and created additional ward capacity to meet the expected increase in medical patient demand.

- UHL **increased non-elective inpatient bed capacity**. When agreeing the contracts for 2018/19, the CCGs and UHL worked together as a first step to forecast in detail how much emergency capacity is required. We then agreed how and when the elective (planned) activity will be delivered through the

year, including how many operations may need to be delivered by other providers, so that we can protect and maximise the number of emergency beds. Two additional inpatient wards increased bed capacity for non-elective activity, and a modular ward was established at Glenfield in February to support additional capacity for respiratory patients.

- LLR **focus on reducing the number of 'long-stay patients,'** or patients in hospital up to and over 21 days, by up to 25% overall, from 202/day to 155/day. This particularly included a person-centred approach to support patients in their journey and ensure they were on the most appropriate discharge pathway. It should be noted that LLR has one of the best levels of performance for both long stay patients (at or less than 200 on any given day) as well as one of the best delayed transfers of care (DTOC) performance in the country, and as a result is an extremely challenging ambition. To date, LLR is above trajectory and achieving 165/day average, representing a 17.5% reduction or improvement.

- A **Digital Minor Illness Referral Service (DMIRS)** was established and launched across LLR in December, which enables NHS 111 to refer patients direct to community pharmacies for less urgent and minor illnesses. Up to 1000 patients have now been referred to pharmacies instead of historically being referred to either their GP, an urgent treatment centre, or A&E.

- Work continues to **increase the access to IT systems** so that clinicians are able to see the patient's clinical record (where permission has been given) to improve decision-making. This is through an increase in the number of patients who have agreed for their Summary Care Record to be seen, which in turn supports more informed clinical assessments and treatments.

- New, **improved protocols** are agreed between UHL and EMAS to manage better the handover of emergency patients when they arrive at hospital via ambulance.

- **Improved communication systems** developed between consultants and GPs to give advice and guidance about patients' care and whether or not they need hospital.

- We have worked with Public Health and NHS England to deliver a **proactive response to seasonal flu and generally improve and update infection control procedures.** We implemented a publicity campaign to raise awareness and encourage uptake of flu vaccines with the public, and a campaign to encourage uptake of the vaccine within eligible groups and frontline staff. There were some issues related to the availability of and the logistics of flu vaccinations which will be evaluated with NHS England later this year.

- We are introduced a "**Red Bag scheme" for care homes,** which has been shown to work elsewhere. The bag is used to keep all the patient's essential

items together including medication, personal items etc. and which can be transported with the patient if they are admitted. The scheme was slow to mobilise due to some infection control guideline concerns, and subsequently required an alternative approach. Initial evaluation has shown that care home admissions are significantly reduced, which has reduced the number of red bags in use.

- We have **supported more patients to understand and manage their conditions.** For instance with respiratory patients, we have worked to ensure that they are accurately identified on the clinical systems, that they have a care plan setting out their condition, treatment and what to do if it worsens and to ensure they have "rescue packs" i.e. antibiotic prescriptions etc. to allow them to start treatment and prevent admission. We have priorities messages of cold weather warnings, pollution alerts, and that these patients are flagged with EMAS in the event of 999 calls and are supported by a dedicated community specialist team and ongoing education programme for professionals, patients and carers.

- There are **improved discharge pathways** with a larger, multi-agency integrated discharge team (IDT) within UHL which supports both discharge and admission avoidance. These pathways and team aim to get patients out of hospital and either back home or into a suitable care setting for assessment of their future needs. Evidence shows that this is really important for maximising recovery. We continue to work collaboratively with hospitals and providers to better communicate options for older people and their families, including where end of life choices can be better made. We are also strengthening the approach to promote general health and wellbeing when patients access services, as well as what alternative services exist outside of hospital.

- We have **implemented a programme focusing on frail patients** for whom an increased level of support can prevent hospital admission. We have collaborated system-wide to design a new pathway for frail patients based upon local needs and national standards, alongside other interventions to help battle 'isolation' and engage carers and voluntary organisations. There have been 16 high impact actions of focus impacting on winter 18/19.

- We have implemented a major **programme of winter communications** and campaigns consistent with national messages but often tailored to LLR and to targeted groups of patients. The campaigns have undertaken a recent evaluation of their effectiveness to support learning, and have included:

    - NHS 111 and 111 online
    - Flu
    - LLR Prepared
    - Pharmacy
    - Keep Antibiotics Working
    - Stay Well this Winter

- Self-Care Week
- GP Extended Hours and Access

Population Growth - Health and Social Care Demand

In context, there are a significant number of factors noted as impacting on rising demand and access to health and social care services to which the system is responding:

- Patients are living longer in light of advances in medical treatment and health, alongside an aging population with resident growth into the area and lifestyle factors; all of which increase the demand for public services including health and social care.
- LLR population is circa 1.2m people in total – largest in the East Midlands; Leicester city is the largest city in the East Midlands by population.
- Avg. annual population growth (census) is 0.9% growth/year.
- As part of the strategic growth plan, LLR is building (in part has built) 96,580 new homes from 2011-2031. A further 90,500 dwellings beyond 2031. Major infrastructure change is expected.
- Universities are expanding the number of students.
- Leicester city in particular sees periods of variation – multi-cultural events such as Diwali, sporting events, etc.

Process – Comprehensive Review of Winter 2018/19 Performance

The health and social care system is currently in planning mode for a review of winter 2018/19 to take place in May. This will include a comprehensive review and workshop engaging stakeholders regarding what went well versus not so well, and what we can do differently in building greater system resilience and improving both quality and performance for patients.

'It's about our life, our health, our care, our family and our community'

Better care together
Leicester, Leicestershire & Rutland health and social care

Leicester, Leicestershire and Rutland urgent and emergency care communications plan 2018/19

Evaluation Update

Jit Parekh - Feb 2019

Appendix B1

NHS

Better care together
Leicester, Leicestershire & Rutland health and social care

Timelines for campaigns: high-level and in development

	Oct	Nov	Dec	Jan	Feb	March
NHS 111	1st Oct - 25th Nov					
Winter flu	8th - 31st Oct					
LLR Prepared Campaign	8th - 12th Oct					
Keep Antibiotics working (PHE)	23rd Oct					
Stay Well This Winter		12th Nov - 23rd Dec				
Self Care Week		12-18 Nov				
GP Extended Hours			3rd-23rd Dec			
NHS 111 online				1st – 30th Jan		
Pharmacy					4th -17th March	

NHS

NHS 111, Flu, Keep Antibiotics Working, Staywell this Winter, Self Care

When

Oct 2018 till Jan 2019

Stakeholder/ audiences

– All audiences

What

- Schedule of press releases with video assets to remind people to get their flu jab, Call NHS 111, Keep Antibiotics Working, Self Care, Staywell this Winter supported with supporting social media campaign content.
- Working with voluntary and community organisations to support the dissemination of messages to those in our target groups, particularly the harder to reach groups
- Working with LPT to empower staff to act as ambassadors for target groups including older frail and LTC.
- Targeted work with south east Asian community to promote messages through Diwali celebrations and Bonfire celebrations at Abbey Park
- Printed and Digital Toolkits to health and social care partners and voluntary and community sectors to cascade messages to front line staff, domiciliary care workers and volunteer workers
- Support with social media and website content – held centrally on the newly launched LLR HUHY website www.bettercareleicester.nhs.uk/help-us-help-you

NHS 111, Flu, Keep Antibiotics Working, Staywell this Winter, Self Care

Media Releases

- 1 x Media Release - Make sure you're protected against the flu this winter coverage in Leicester Mercury (printed 17 Dec)
  www.leicestermercury.co.uk/news/leicester-news/disasters-could-hit-leicestershire-what-2469717
  www.leicestermercury.co.uk/news/health/new-flu-jab-save-hundreds-1995561
  www.leicestermercury.co.uk/news/health/who-can-it-one-flu-1041864
- 1 x Media Release - Extended GP Access appointments
- 1 x Media Release - Keep your antibiotics working this winter
- 1 x Media Release - Choose self care this winter
- 1 x Media Release - Feeling under the weather think NHS 111 (Loughborough Echo [in print, on 26/12]
- 1 x Media Release - Take the necessary steps to avoid getting sick this winter (Loughborough Echo and Ashby Times [print])
- 1 x Media Release - Accessing health services this Christmas
- 1 x Media Release - Managing asthma and respiratory problems this winter (BBC Radio Leicester and Coalville Times) Listen from 1:25 and 30 seconds: www.bbc.co.uk/sounds/play/p06w2529
- 1 x Media Release - Local pharmacies: a fast, convenient and expert service for a range of minor ailments

Leicester Mercury

Loughborough Echo

The Times

The Hinckley Times

BBC RADIO LEICESTER

PULSE

Better care together
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Local media coverage


THE BIRSTALL POST
Students record Christmas CD

NHS website offers advice

NHS 111 number

33


New NHS 111 service enables people to have appointments booked with local pharmacist

By WBWire - Wednesday, December 19, 2018 12:07 pm

People warned to protect themselves from the flu

PEOPLE across Leicestershire are being urged to protect themselves from the flu, even with temperatures starting to rise.

The West Leicester CCG have made the warning as the flu season is still ongoing and despite warmer weather beginning to filter in across the country, the risk of getting the flu is still high.

The CCG is encouraging people to protect themselves from the flu this winter by getting the flu jab as soon as possible. It is free for those who are at increased risk from the effects of flu: people aged 65 and over, children aged two to three years, pregnant women, carers and those with long-term health conditions.

National figures from GP practices have revealed that just over six in 10 people aged 65 or over had had their flu jab, which is still the most effective protection.

Dr Y. B. Shah, a Leicestershire GP says: "Flu, on top of an existing long-term health condition, can easily develop into something very serious and could land you in hospital. If you have a condition like COPD, bronchitis, emphysema, diabetes, heart disease, kidney disease, liver disease or have suffered a stroke, you should get the flu jab without delay.

"Don't put it off. Ask your GP, pharmacist or midwife about the free flu vaccine now. If you are the main carer of an older or disabled person you may also be eligible for the free flu

Flu jab warning issued as winter strikes

PEOPLE in Charnwood are being encouraged to protect themselves from the flu this winter by getting the flu jab as soon as possible.

It is free for those who are at increased risk from the effects of flu: people aged 65 and over, children aged two to three years, pregnant women, carers and those with long-term health conditions.

Dr Y B Shah, a Leicestershire GP, said: "Flu, on top of an existing long-term health condition, can easily develop into something very serious and could land you in hospital. If you have a condition like COPD, bronchitis, emphysema, diabetes, heart disease, kidney disease, liver disease or have suffered a stroke, you should get the flu jab without delay.

"Don't put it off. Ask your GP, pharmacist or midwife about the free flu vaccine now. If you are the main carer of an older or disabled person you may also be eligible for the free flu jab."

To reduce the risk of spreading flu, use tissues to trap germs when you cough or sneeze, wash your hands often with warm water and soap, and bin used tissues as quickly as possible.

For more information, visit www.nhs.uk/conditions/flu/. You can find infor...

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CCGs tackle winter pressures with extra GP appointments and remote monitoring

9 November 2018 | By Nicola Merrifield

'Get your flu jab now'

HEALTH BOSSES URGE VACCINATION FOR THOSE WITH INCREASED RISK OF ILLNESS

By STAFF REPORTER

LOCAL health chiefs at West Leicestershire CCG are encouraging people to protect themselves from the flu by getting the flu jab as soon as possible.

It is free for those at increased risk from the effects of flu: people aged 65 and over, children aged two to three, pregnant women, carers and those with long-term health conditions.

It's free because you need it, say health bosses.

Cold weather can be particularly harmful for older people as it weakens the immune system, increases blood pressure, thickens the blood and lowers body temperature, increasing risks of heart attacks, strokes and chest infections.

Flu can be horrible for little children and easily spreads around the whole family, so it's important to get them protected. For children, the flu vaccine is just a quick nasal spray - not an injection.

Pregnancy naturally lowers the immune system, so the flu jab is the safest way to help protect you and your baby against flu. You can have the vaccination at any stage of pregnancy.

Dr Y B Shah, GP clinical lead for West Leicestershire clinical commissioning group, said: "Flu, on top of an existing long-term health condition, can easily develop into something very serious and could land you in hospital. If you have a condition like COPD, bronchitis, emphy-

"Don't put it off. Ask your GP, pharmacist or midwife about the free flu vaccine now. If you are the main carer of an older or disabled person you may also be eligible for the free flu jab."

Some of the main symptoms of the flu include:

- Sudden fever – a temperature of 38°C or above.
- Aching body.
- Feeling tired or exhausted.
- Dry, chesty cough.
- sore throat.
- Headache.
- Difficulty sleeping.
- Loss of appetite.
- Diarrhoea or tummy pain.
- Nausea and being sick.

If you think you have the flu, it's best to care for yourself at home to prevent the further spread of germs. Get plenty of rest, keep warm, drink plenty of water, and take paracetamol or ibuprofen if you have a high temperature or any aches and pains. If you need advice, you can call NHS 111 for free at any time, day or night.

To reduce the risk of spreading flu, use tissues to trap germs when you cough or sneeze, wash your hands often with warm water and soap, and bin used tissues as quickly as possible. You can find information on your local pharmacies along with opening hours at:

nhs.uk/westleicestershireccg.nhs.uk/your-health-and-services

Take necessary steps to control asthma this winter

PEOPLE with asthma are being urged to take the necessary steps to prevent their symptoms getting worse this winter.

The message comes from NHS organisations across Leicestershire who want people with respiratory problems like asthma to take extra care this winter.

Affecting people of all ages, the main symptoms of asthma are:

- Wheezing
- Breathlessness
- A tight chest, which may feel like a band is tightening around it
- Coughing.

When these symptoms get worse, this is then known as an asthma attack.

Anna Murphy, consultant respiratory pharmacist, University Hospitals of Leicester NHS Trust, said: "Asthma and other respiratory symptoms can become worse and more prominent in winter because cold air causes your airway to spasm. It is important that people with asthma and other respiratory conditions are aware of this and are always prepared to deal with worse symptoms in cold conditions."

As part of their message, health advisors have given out a series of tips for people to avoid cold-related asthma attacks.

They are:

- Keep taking the preventer inhaler as prescribed by a GP
- Carry a reliever inhaler at all times
- Seek advice on how to use an inhaler correctly from a healthcare professional for those unsure how to use it
- Wear gloves, a scarf and a hat, and always take an umbrella
- When outside wrap a scarf loosely around the nose and mouth as this helps warm the air before it is breathed in
- Go for regular asthma reviews with the GP.

For medical advice, call NHS

BBC Radio Leicester, 18 January 2019: CCG encourage people with asthma to look after themselves this winter
[listen at 1:25:30 - 1:30:30] (listen here)

NHS

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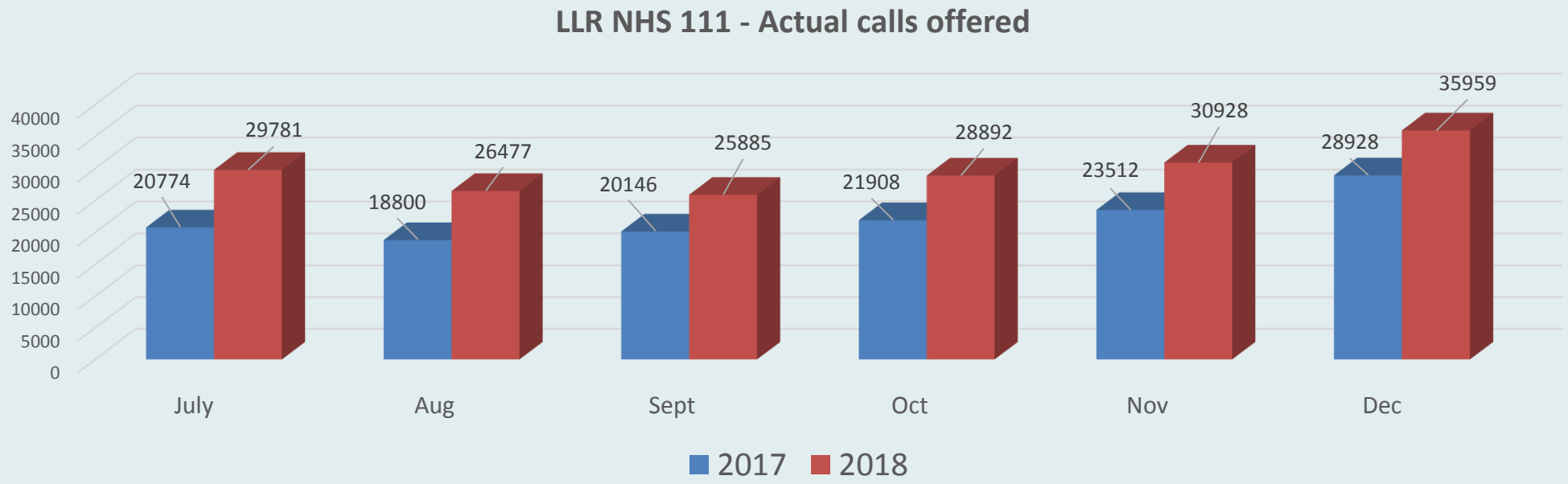
Flu Uptake Across LLR

Org Name (CCG= Clinical Commissioning Group)	Response Summary			65 and over			Under 65 (at-risk only)			Pregnant		
	No. of practices	No. of forms completed	% of practices responding	Patients registered	Number vaccinated	% Vaccine Uptake	Patients registered	Number vaccinated	% Vaccine Uptake	Patients registered	Number vaccinated	% Vaccine Uptake
NHS EAST LEICESTERSHIRE AND RUTLAND CCG	32	32	100.0	73,653	53,225	**72.3**	35,955	15,893	**44.2**	2,929	1,326	**45.3**
NHS LEICESTER CITY CCG	57	57	100.0	47,214	30,638	**64.9**	47,724	21,010	**44.0**	4,850	1,906	**39.3**
NHS WEST LEICESTERSHIRE CCG	48	48	100.0	77,307	54,804	**70.9**	44,071	19,825	**45.0**	3,743	1,799	**48.1**
Total England (National Average)	6,949	6,857	98.7	10,349,256	7,221,565	**69.8**	6,827,240	3,055,095	**44.7**	559,343	244,260	**43.7**

Provisional end of November 2018 cumulative uptake data for England on influenza vaccinations given from 1 September 2018 to 31 December 2018.

NHS

NHS 111 calls in Leicester, Leicestershire and Rutland



National and LLR NHS 111 Activities locally from
1st Oct – 31st Dec

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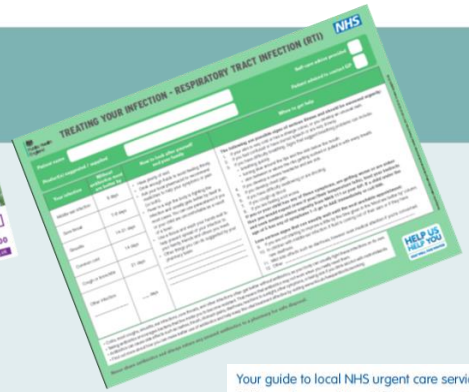
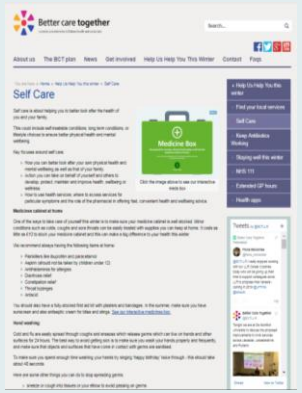
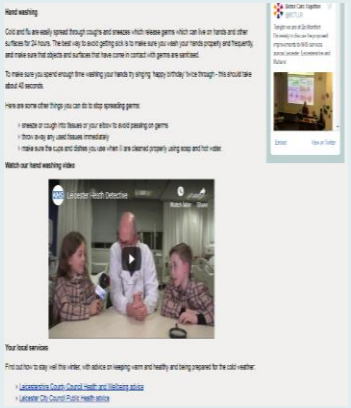
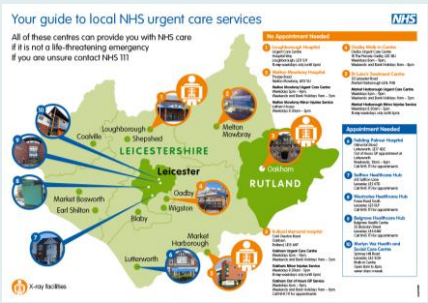
Other activities across LLR

- Screens shown on repeat at Diwali lights switch on – approx. 40,000 people
- Screens shown on repeat at Abbey Park Firework Display – approx. 10,000 people
- NHS Leicestershire Partnership Trust school nurses cascading don't forget you flu jab messages across LLR
- Digital Flu,NHS11, LLR HUHY Website, Self Care, Respiratory / Norovirus Tool kit (videos, leaflets, web banners, and social media content forwarded to all partners/stakeholders
- Attend Freshers Fairs at the 3 x LLR universities
- PPG encouraged to raise awareness of winter messages via three CCG's and primary care team
- Self care – hand washing video developed by UHL, interactive medicine box available for all to use on there website
- Presented at Leicestershire Pharmacy Committee to get local pharmacy to support and raise awareness of our campaigns
- Respiratory / Norovirus Q&A developed and supporting materials developed
- UHL Respiratory Health Professionals and Patient supporting campaign
- University of Leicester conducted NHS 111 awareness projects across campus and presented findings









Outreach activities

The team spoke to over 120 local people, explaining that anyone can become an #antibioticguardian plus key messages about @NHS111 and keeping well this #winter

Work Place Activities

Hastings Direct Staff Notice Board, Plasma Screens and information on staff intranet

Campaign packs were posted to :

- **Amazon fulfilment Centre**
- **Hastings Direct**
- **Samworth Brothers**
- **Tesco Distribution Centre**
- **Walkers**
- **Ashby and District Hospital**
- **Coalville community Hospital**
- **Hinckley and Bosworth Community Hospital**
- **Loughborough Hospital**
- **John Storer House**
- **Ashby Health Centre**

Work Place Activities

Presented and discussion with over 75 HastingsDirect Staff with average age of 21 on LLR Help Us Help campaign on flu, self care, using NHS 111, how pharmacies can help, GP extended access, where your local urgent care centre and staying well

Presentation to Voluntary and Community Settings across LLR:

Presentation delivered and packs were given out to voluntary and charity organisations :

- The Carers Centre
- Support for Carers
- Workpays
- Vistablind
- Give and take care
- Warm Homes
- Leicestershire Aging Togeth
- Housing and Support
- Evolve Health Solutions
- Age UK Leicestershire
- Voyage Care
- Adhd Solutions
- Mosaic
- Turning Point
- VASL
- Healthwatch Leicestershire
- PPI and PPG

www.youtube.com/watch?v=_RYiyAExtx4

Working in partnership with Healthwatch Leicestershire in raising awareness and scoping HYHU winter communications

LLR Winter Campaign 2018-19 Social Media

Overview

On behalf of the three Clinical Commissioning Groups (CCGs) covering Leicester, Leicestershire and Rutland (LLR), West Leicestershire CCG is leading on the promotion of winter health messages in support of the national NHS *Help Us Help You: Stay Well This Winter* campaign and the LLR *Help Us Help You* website: www.bettercareleicester.nhs.uk/help-us-help-you

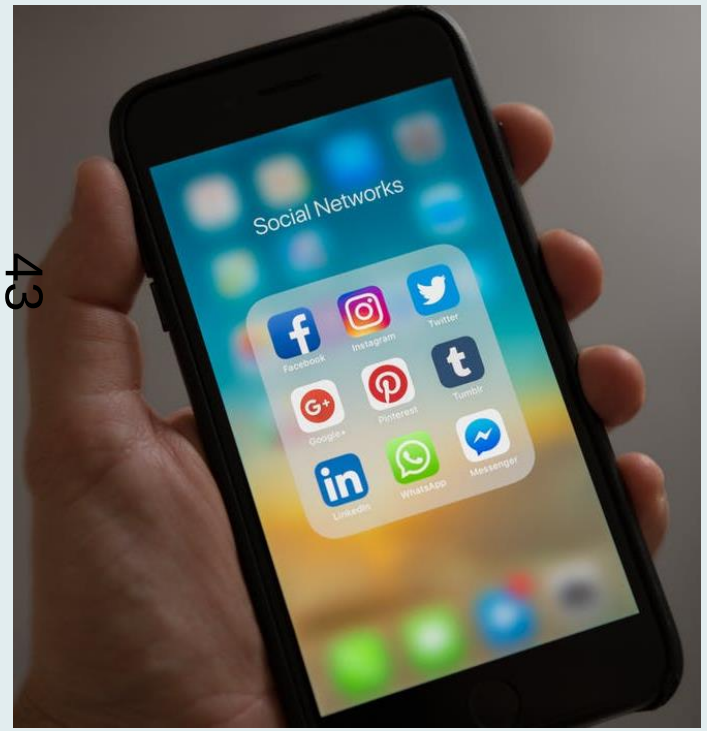
We are using social media (Twitter and Facebook) as well as video content produced by NHSE to highlight these winter messages, using the hashtag #HelpUsHelpYou.

The approach

To achieve the strongest impact WLCCG will

- ✓ use CCG / Trust / VolCom websites, Twitter and Facebook to promote planned activities and key winter messages
- ✓ utilise existing NHS England and Public Health England winter messaging and campaigns, but localise these for LLR wherever possible
- ✓ produce comms toolkits on key winter health areas, including NHS 111, flu vaccination, self care, pharmacies, etc., and circulate to key partners and stakeholders

Examples



West Leicestershire Clinical Commissioning Group @west_lei_ccg
Urgent care centres treat a range of non life-threatening emergencies, including sprains and strains, minor burns/wounds, allergies, mild asthma, UTIs and more. Chances are you'll be seen quicker than at hospital. Find your local centre:
http://bit.ly/urgent_care_LLR
#HelpUsHelpYou pic.twitter.com/yXjuvSakbW

Impressions	2,913
Total engagements	108
Media engagements	81
Retweets	8
Detail expands	7
Link clicks	5
Profile clicks	4

West Leicestershire Clinical Commissioning Group @west_lei_ccg
Comms Team | 10 Dec 2018 | 10:05

We've launched new web pages covering key winter messages, including flu, NHS111 and self care. It's a great one-stop-shop for advice and resources to #HelpUsHelpYou #StayWellThisWinter . Find out more: http://socsi.in/jlxwb @NHSLeicester @NHSELRCCG @EMASNHSTrust @Lei c_hospital

62.3K 12 6 0 77

Clear, useful messages with CTAs & relevant images / video

Messages will run across various platforms

LLR Help Us Help You Social Media Activities:

Analytics show that from the combined Twitter and Facebook accounts, for the period of Oct 2018 to Jan 2019:

- ~400 tweets/posts sent
- 3,200 connections
- ~100,000 impressions
- 15,600 average reach per day*
- ~1,000,000 total reach
- 484 shares/retweets and 165 likes
- 4795 links clicked*

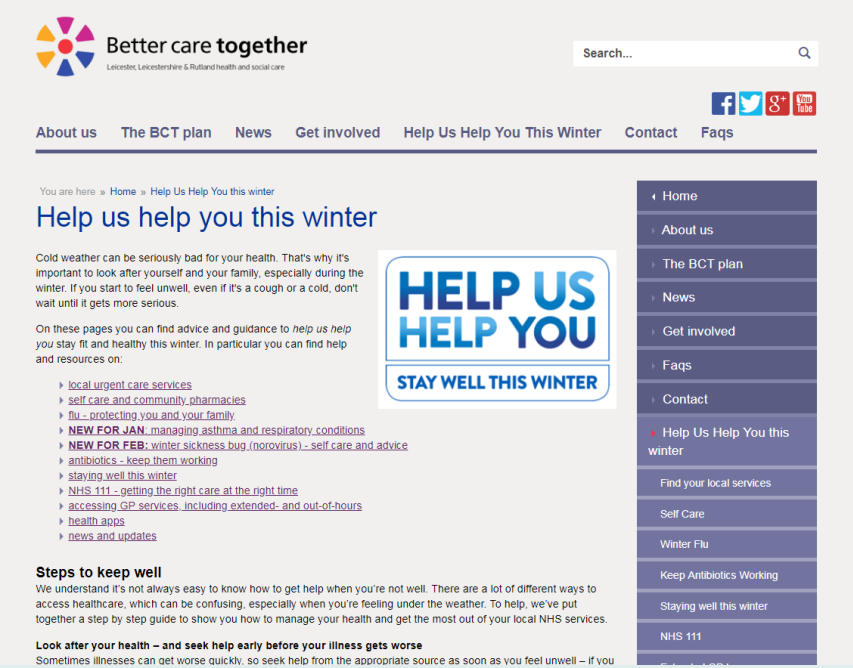
@west_leic_ccg

@WestLeicCCG

*From scheduled tweets

LLR Help Us Help You website launch

New website launched and is now hosted on the LLR Better Care Together and replaced the LLR Staywell webs



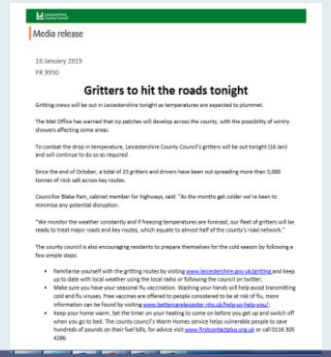
Google analytics: November 2018 – 8 February 2019

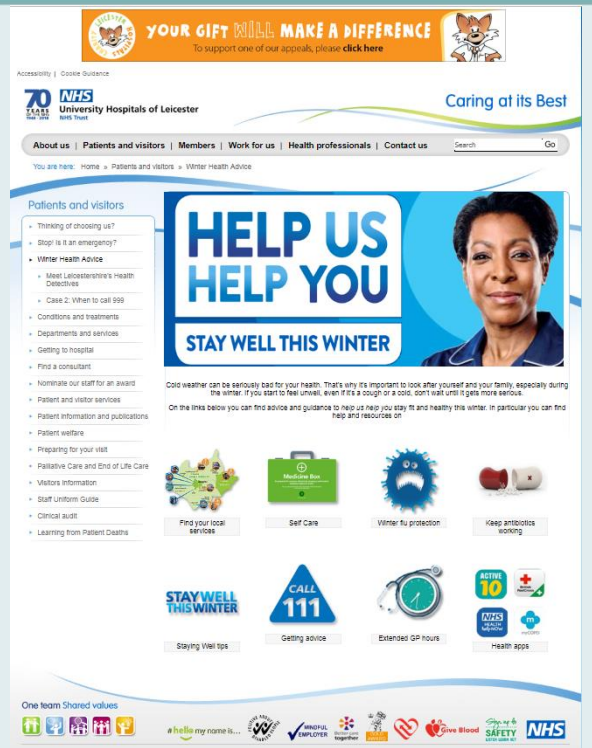
- Page views (all pages): 5,626 (% of BCT website)
- Unique visitors (all pages): 2,162

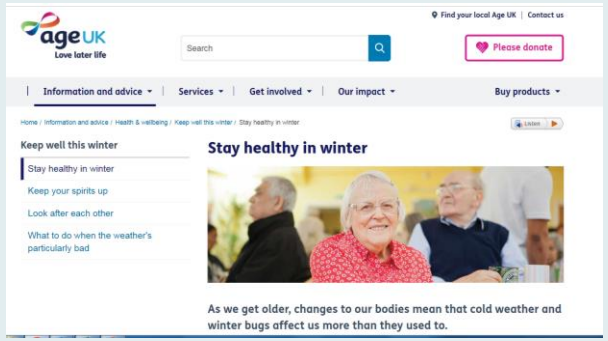
	Page path level 2	Pageviews	Pageviews
		4,134 % of Total: 38.84% (10,645)	4,134 % of Total: 38.84% (10,645)
1.	/	1,254	30.33%
2.	/find-local-services/	470	11.37%
3.	/news/	420	10.16%
4.	/asthma-and-respiratory-problems/	362	8.76%
5.	/self-care/	326	7.89%
6.	/winter-flu/	285	6.89%
7.	/staying-well-this-winter/	238	5.76%
8.	/nhs-111/	229	5.54%
9.	/extended-gp-hours/	201	4.86%
10.	/keep-antibiotics-working/	145	3.51%
11.	/health-apps/	119	2.88%

Better care together
Leicester, Leicestershire & Rutland health and social care

Stakeholders supporting the campaign across LLR:







Sharing Collaterals with other NHS organisations

Sharing our interactive ‘Medicine Box’ with other CCG’s and Trusts across the country

file:///C:/Users/jparekh_ml/Downloads/Self%20Care%20-%20Interactive%20Box_v5.pdf

Resources developed for a range of settings

GP pack

Briefing, SWTW Flu (pregnancy, parents 2-3, LTHC) SWTW First Signs & NHS 111 posters.

Keep Antibiotics Working poster, leaflets (x25), and *Treating Your Infection* patient guides (x3 pads)

Will be **delivered to every GP practice** in England

Pharmacy Pack

Briefing, SWTW Flu (pregnancy, LTHC) & SWTW First Signs posters. Window cling, counter card and 2 First Signs shelf wobblers. NHS 111 poster.

HUHY *Treating your infection* guides.

Keep Antibiotics Working staff briefing

Will be **delivered to every community pharmacy** in England

Community pack

Briefing, SWTW Flu (pregnancy, parents 2-3, LTHC) SWTW First signs & NHS 111 posters.

HUHY leaflets (x25)

Flu engagement cards (x50) and dispenser

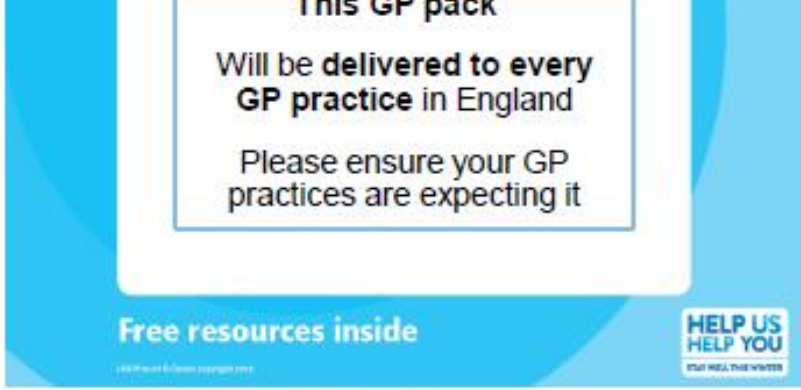
To order from the Campaign Resource Centre

GP Pack in detail

Four page staff briefing

Pack address label – easy to identify. Please alert your GP practices to look out for it and use it

NHS111 poster A4



Keep Antibiotics Working poster, leaflets (x25), and *Treating Your Infection* patient guides (x3 pads)

First Signs Poster A4

Flu Pregnancy Poster A4

Flu LTHC Posters A4

Parents of children 2-3 Poster A4

Pharmacy pack in detail

This Pharmacy Pack

Will be **delivered to every community pharmacy** in England by the Healthcare Distribution Association UK (HDA UK)

Please ensure your pharmacy colleagues are expecting it and use it

Four page staff briefing

NHS111 poster A4

Two sided window cling

Pack address label – easy to identify. Please alert your pharmacy networks to look out for it and use it.

50

Flu LTHC Posters A4

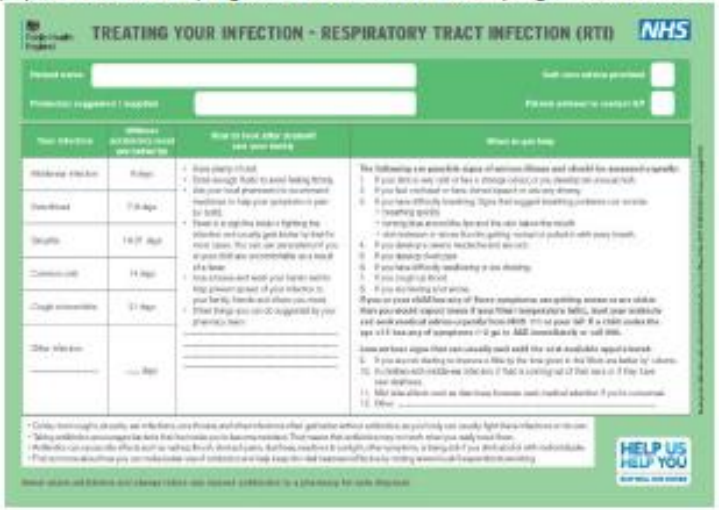
First Signs Poster A4

Flu Pregnancy Poster A4

Shelf wobbler (x2)

Flu counter card A5

Help Us Help You *Treating your infection* customer consultation guide (1 pad of 30sheets) digital version on PHE Campaign Resource Centre



Community Pack in detail

Pack address label – easy to identify. Please alert your networks to, order it or look out for it and use it →

Four page staff briefing

NHS111 poster A4

Leaflet A5 x25

51

First Signs Poster A4

Parents of children 2-3 Poster A4

Flu LTHC Posters A4

Flu Pregnancy Poster A4

Flu engagement card (credit card sized 4pp) x50 and dispenser

Leicester City Clinical Commissioning Group

Summary of Care Quality Commission (CQC) inspections of GP practices
April 2018 – February 2019

Summary

1. From April 2018 – February 2019 the CQC have inspected ten general practices. Seven were rated at either outstanding or good while three were rated as requires improvement or inadequate.

2. The CCG has a process in place to support practices that may require improvement and to share learning across all city CCG general practices. This has helped a number of practices make significant improvements where needed.

CQC Inspections

3. CQC now use CQC Insight to monitor potential changes to the quality of care that practices provide. This brings together in one place the information CQC hold about a general practice which they then analyse and compare it against local and national data. CQC update this information throughout the year to make sure their inspectors have the most recently available information about services. CQC then use this information to help plan when and what they inspect and they use this information in inspection reports as evidence to support their judgements about the quality of care.

4. CQC Insight includes a range of information on practice activity and patient experience, including:

    - Quality and Outcomes Framework (NHS Digital)
    - GP Patient Survey (NHS England)
    - NHS Business Services Authority
    - Public Health England.

5. CQC include relevant Insight data in evidence tables, which are published alongside their inspection reports of GP practices.

6. There are five key questions that the CQC asks about services at an inspection visit. These are:

    - Are services safe?
    - Are services effective?
    - Are services caring?
    - Are services responsive to patient needs?
    - Are services well led?

7. In addition the inspectors look at services for six population groups which are:

    - Older people
    - Families, children and young people
    - People with long term conditions
    - Working age people
    - People whose circumstances make them vulnerable
    - People experiencing poor mental health.

8. It is important to recognise that any inspection is undertaken at a point in time with inspectors assessing what they see and hear on the day. Additionally, the CQC has powers under the Health and Social Care Act 2008 to access medical records for the purposes of exercising their functions (which includes checking that registered providers are meeting the requirements of registration).

9. Practices are rated Outstanding, Good, Requires Improvement or Inadequate against each of the five key questions as well as for services provided to each of the population groups. These scores are then aggregated to provide an overall rating for each practice.

10. Before publishing, CQC carry out quality and consistency checks on all reports to ensure that their judgements are consistent. This includes internal quality panels where they discuss and ratify a sample of reports.

11. Although the CQC may also inspect any service at any time, irrespective of rating, they generally use the provider previous rating to determine when next to inspect. The maximum intervals for re-inspecting services depend on the current rating and is as follows:

Previous Overall Rating	Maximum interval between inspection
Inadequate	Six months
Requires Improvement	Twelve Months
Good or Outstanding	Five Years

Leicester City CCG CQC Inspections 2018/19

12. There are 57 Leicester City general practices. From April 2018 – February 2019 CQC have inspected ten general practices. The overall ratings for these are set out below and information around the key questions can be found in appendix A:

Rating	Number of practices
Outstanding	1
Good	6
Requires Improvement	1
Inadequate	2

13. There were three practices which received a rating of inadequate within one or more of the 5 key questions. Whilst the CQC highlighted some positive areas, within all three CQC reports there were issues identified of concern. These are highlighted in the table below.

Are services safe? (3 Practices)	• Safeguarding policy not consistently applied • Clinical waste bins not always secure • System for handling national patient safety alerts not effective medical reviews being carried out without documentary evidence of a review being undertaken • Prescribing of medicines not always effective • Patients requiring monitoring whilst taking high risk medicines not always effective • Out of date drugs • No evidence of require actions taken following maintenance reports eg fire reports, electrical fixed wiring report • Systems and process for managing infection prevention and control not effective • Emergency drugs not securely stored • Patient Group Directives out of date • Cold chain policy not being followed • Unsecure fridges • System to learn and make improvements when things went wrong not always effective.
Are services caring? (1 practice)	• No means of identifying carers • National GP patient survey below local and national averages
Are services responsive? (1 practice)	• National GP patient survey below local and national averages with action taken to address issues
Are services well-led? (3 practices)	• Oversight and governance for the management and performance of practices not always effective. For example in areas of infection prevention and control, cold chain procedure, managing risks, and performance • Lack of oversight of the clinical practice and record keeping of locum doctors • Lack of oversight to ensure all staff had received all essential training • No evidence of action taken in relation to national patient survey • Limited evidence of systems and process to demonstrate continuous quality improvement.

14. In total fifty-six practices have received a CQC inspection during the last five year period. This number represents the latest reports that are available on the CQC

website. The number, which includes any changes to practice locations, is not static and does fluctuate as practices are re-inspected and/or reports are archived on the CQC website. This demonstrates that almost 88% of city practices are rated as either good or outstanding.

Total number of general practices inspected	Outstanding	Good	Requires improvement	Inadequate
56	2	47	5	2
% of General Practices inspected	3.5%	83.9%	8.90%	3.5%

15. All general practices are subject to a level of routine monitoring by the CCG. Assurance is collated via contract reviews, triangulation of known intelligence from Healthwatch enter and view visits, national surveys and data monitoring. Escalation and oversight takes place at the CCG's Risk Sharing group (RSG), which reports to the Primary Care Commissioning Committee.

16. The CCG Risk Sharing Group enables relevant intelligence to be shared between core partner agencies, including CQC and NHS England, and provides a forum in which risk relating to a general practices escalated to the group can be assessed - with remedial actions agreed and monitored where appropriate.

17. The Risk Sharing Group will convene an Oversight Panel in certain circumstances to look at practices of particular concern. This is normally when: a) an event or incident has occurred which is deemed to be of significant and urgent concern; b) a CQC inspection rates the practice as overall inadequate and places them in special measures; or c) where a general practice has received enhanced support over an extended period of time but has either not engaged fully with the improvement process and/or has not demonstrated a significant improvement in quality and performance. An Oversight Panel may only meet once, or it may meet several times depending on the issues for the practice and the overall level of risk.

18. All three practices to have received inadequate of requires improvement CQC ratings have received individual support by various members of staff across the CCG, with this support being co-ordinated and monitored by the Risk Sharing group. This has included dedicated technical and functional support from the CCG's nursing and quality, medicines management, governance, and communications and engagement teams. The aim is to provide broad expertise to identify and address challenges.

19. On occasion, the CCG has organised independent / third party support for general practices, such as that offered by Royal College of General Practitioners. These decisions are made on case by case basis and done with the agreement of the general practice concerned. This support can include a diagnostic review to offer root

cause analysis and in-depth expertise, targeted support to improve overall performance and identify any blockers to progress, and ensure that changes are fully embedded.

20. To date one practice has received third party support during the reporting period.

Shared learning

21. It is important that any learning is shared with all general practices and both the RSG and Primary Care Commissioning Group are cognisant of this. Wider learning is facilitated by a variety of ways including GP Newsletters, e-mail, Protected Learning Time, Health Need Neighbourhood meetings and role specific meetings such as Practice Managers or Practice Nurse. Examples of shared learning as a result of CQC inspections during 2018/19 have included:

    - Increasing awareness around alert notices
    - Provision of training around infection prevention and control
    - Increasing awareness of the cold chain policy
    - Links to all updates from Nigel sparrow surgery in the monthly general practice newsletter https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-full-list-tips-mythbusters-latest-update
    - Introduced more stringent process around inviting general practice partners into the CCG to explain and provide assurance of significant issues and concerns identified.

22. In addition, the CCG is currently working with the Local Medical Committee (LMC) and the city's GP federations to identify opportunities for collaborative working on providing increased proactive support for practices in preparing for CQC inspections. The CCG is also shortly meeting with the CQC to discuss the current inspection regime and any planned future changes, so that city practices can be informed and supported through this process.

Conclusion

23. Whilst it is it is disappointing that any practices have received a CQC report which has rated them as inadequate, the majority of practices have received a rating of good and the CCG continue to support development and improvement in general practice.

24. The CCG has aims to support practices to aim higher and achieve more, adopting a supportive and facilitative approach. However we recognise that there is always much work to be done to improve the overall quality of primary care services in the city.

Appendix A

General Practice CQC inspection Outcome April 2018 – February 2019

	Practice	Date	Overall	Safe Services	Effective Services	Caring Services	Responsive Services	Well-Led Services
C82063	East Leicester Medical Practice	24/04/2018	Good	Good	Good	Good	Good	Good
C82623	Heatherbrook Surgery	26/04/2018	Good	Good	Good	Good	Good	Good
C82114	Dr UK Roy	08/08/2018	Good	Good	Good	Good	Good	Good
C82088	Evington Medical Centre	15/01/2019	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate
C82046	Saffron Health	08/01/2019	Requires Improvement	Inadequate	Requires Improvement	Good	Good	Requires Improvement
C82092	Aylestone Health Centre (LMG)	25/07/2018	Good	Good	Good	Good	Good	Good
Y00344	Leicester City Assist Practice	10/05/2018	Outstanding	Good	Good	Outstanding	Outstanding	Good
C82080	Shefa Medical	22/10/2018	Good	Good	Good	Good	Good	Good
Y02686	Bowling Green Street Surgery	01/02/2019	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate
C82662	Walnut Street Surgery	02/02/2019	Good	Good	Good	Good	Good	Good

Appendix D

Leicester City Clinical Commissioning Group

Continuing Healthcare and Settings of Care update

Continuing care terminology

1. Health and social care professionals use these terms to describe support from the NHS and local authority social services department. Continuing NHS and Social Care is an on-going care involving free NHS and means-tested social care services. It is often called a 'joint package of care'. NHS continuing healthcare (CHC) is a complete package of NHS and social care support, arranged and funded by the NHS, where it has been identified that there is a primary health need, as set out in the national Framework. Such care is provided to meet health and associated social care needs arising because of a disability, accident or illness.

2. A patient can receive NHS CHC in any setting. Whether a patient lives at home or in a residential setting such as a care home, the NHS funds a health and social care package it decides is appropriate to meet the patient's assessed health and personal care needs.

Continuing Healthcare policy developments

Background

3. There have been a number of national and local policy developments over the past 12 months in relation to Continuing Healthcare (CHC) and the process for agreeing jointly funded packages of care between Leicester City Clinical Commissioning Group and Leicester City Council.

4. 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.

5. In April 2018 a locally and collaboratively developed joint funding request process was introduced across Leicester, Leicestershire and Rutland (LLR) to improve the consistency and comprehensiveness of requests for health funding where a CHC Decision Support Tool had identified a patient as not eligible for CHC, but where the multidisciplinary team (MDT), or the Adult Social Care professional present at the MDT, deemed there to be an unmet health need.

6. In August 2018 the LLR NHS Continuing Healthcare Inter-agency Disputes Policy was introduced to ensure the swift resolution of disputes arising from the determination of eligibility, for any patient, for CHC. This includes issues of interpretation of the Framework between a CCG and Council, and joint funding splits. There are four levels of escalation within this disputes policy. These are:

    a. Stage 1 – MDT level
    b. Stage 2 – Clinical Lead and Social Care Team Leader level
    c. Stage 3 - Services Heads level
    d. Stage 4 – CCG Director level

7. In October 2018 the revised National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care was published which mandates the offer of Personal Health Budgets to optimise independence and choice for patients.

8. A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group (CCG). It isn't new money, but a different way of spending health funding to meet the needs of an individual.

9. Personal health budgets are seen as one way to give people with long term health conditions and disabilities more choice and control over the money spent on meeting their health and wellbeing needs.

10. Processes for determining eligibility for CHC remain unchanged in the revised Framework.

Impact on policy development for patients of Leicester City

11. As the processes for determining eligibility for CHC remain unchanged in the revised Framework, there has been no impact on the numbers of patients who are deemed eligible for CHC.

12. In the past 12 months (Feb 2018 to Feb 2019) there have been 27 requests for joint funding (with costs apportioned between the CCG and local authority). Of these, 18 requests were approved and a funding spilt agreed, while eight were concluded to have no evidence of unmet health needs.

13. The remaining request for joint funding has, in the last week, been escalated to Stage 3 of the Disputes Policy (for resolution with Heads of Service).

14. No cases have required escalation to level 4, for resolution by the CCG. All previous disputes have been resolved at either Stage 1 (MDT level) or Stage 2 (Clinical Lead and Social Care Team Leader level).

15. This is a reflection of the improved, close working relationships between the Nursing and Quality Team within Leicester City CCG; Midlands and Lancashire Commissioning Support Unit (which administers the CHC process) and colleagues within Adult Social Care within Leicester City Council.

16. In addition to the business as usual joint funded cases described above, on the 24th September 2018 the Managing Director of Leicester City CCG wrote to the Strategic Director of Adult Social Care within Leicester City Council to inform him of a backlog of a cohort of patients who were deemed to have a combination of health and social care needs that may require joint funding arrangements.

17. It was agree that a series of panel reviews, made up of both CCG and Council staff, facilitated by the LLR CCG's hosted CHC Team, should take place to review the cases and agree a funding split. The process would align to the Disputes Policy.

18. It was reported at the CCG's Provider Performance Assurance Group on the 28th February 2019 that the reviews are on track to conclude by the end of the March 2019.

Settings of Care

Background

19. Where patients receive care is called a 'setting of care'. This could be care at home, in a care home or elsewhere. When a person has been assessed as eligible for CHC funding their care needs are set out in a care plan and then this is then discussed with them and/or their family and carers.

20. A policy is in place, historically called the Settings of Care Policy, which is used to help in those discussions by making it clear when CCGs will support individual choice of care setting for people receiving CHC funding. It also guides the level of funding for providing care and includes criteria which ensure individual circumstances are taken in to account.

21. In July 2017 the Leicester City (LC) CCG and West Leicestershire (WL) CCG Governing Bodies reviewed the draft version of the revised 2011 Leicester, Leicestershire and Rutland (LLR) Settings of Care Policy. The 2011 policy had been updated by East Leicestershire and Rutland CCG, as they are the CCG responsible for the hosted CHC team in LLR. The main change to the 2011 policy was to recommend a change to the Settings of Care threshold from 25% to 10% as a result of the consultation process across LLR.

22. The proposed changes were discussed at all three CCG Governing Bodies and, following these discussions, Leicester City CCG and West Leicestershire CCG Governing Bodies requested further examination of the potential impact of the proposed revised policy on patients.

23. A review panel, led by the Chief Nurses of Leicester City and West Leicestershire CCGs, found that packages of care were informed by patient choice and that the application of the principle of exceptionality was consistently and reasonably applied. As a result, the panel concluded that the proposed change of funding threshold would not affect the outcome in the majority of individual cases and therefore agreed to retain the existing 25% setting of care threshold.

24. It was agreed that the wording around exceptionality should be strengthened to reflect the fact that exceptionality should be considered on a case by case basis and should not be prescriptive in terms of what should or should not be included. No other changes were made.

25. The Policy was retitled Equity and Choice to better reflect its purpose; this was consistent with other CCGs' Policies identified through a review of other such policies elsewhere in the country.

26. The revised Equity and Choice Policy was ratified by Leicester City CCG in February 2018

Process for determining settings of care

27. Patients who are deemed to be high risk, or those who have complex needs, have their case presented by a Continuing Heathcare Clinical Assessor to a panel of Senior Nurses, chaired by a Lay Member, for discussion around the appropriateness of a package of care. This is principally to determine that a package of care is safe, meets a patient's needs and that resources are allocated equitably.

28. Where a proposed package exceeds the 25% setting of care threshold a discussion around exceptionality takes place and is documented. For rare occasions where excpetionality has not been identified, a discussion would take place with a patient and their family/carer to explore alternative provision. This process remains unchanged since the introduction of the Equity and Choice Policy.

Impact of the Equity and Choice Policy

29. As the principles and thresholds within the Equity and Choice Policy remain unchanged from the previous Settings of Care Policy, there has been no evidence of adverse impact on patients and no complaints have been received referencing its application.

Health and Wellbeing Scrutiny Commission

Work Programme 2018 – 2019

Meeting Date	Topic	Actions arising	Progress
5th Jul 18	1. Lifestyle Services Review – Consultation Findings and Proposals 2. Leicester Royal Infirmary ED – Phase 2 3. NHS Operational Planning and Contracting Guidance 2017 – 2019 4. Integrated Sexual Health Services Update	1. A further report to come to the next meeting of the Commission with background information, performance data and reasoning for the chosen model. 2. Members asked that signage, including internal signage, and external car parking and highway signage is reviewed. It was agreed to write to the Secretary of State for Health to support the need to provide bursaries for nurses. It was also agreed to arrange a site visit for commission members to the Emergency Department. 3. Cllr Cutkelvin to write to the CCG with further questions. 4. The Director was asked to ensure that the Executive were informed of the Commission's concerns relating to the design and layout of the entrance to the service, having regard to the shared space implications and the potential impact of the future hotel development	

Meeting Date	Topic	Actions arising	Progress
23rd Aug 18	1. Lifestyle Services Review 2. Winter Care Plan 3. Prescribing Medicines for Minor Ailments 4. Joint Health and Wellbeing Strategy 5. Integrated Sexual Health Services Update 6. For Information Items: - Oral Health Update - Dialysis Services in the city - CAMHS relocation - Healthwatch Annual Report	1. The commission made some recommendations to be considered as proposals for Lifestyle Services progress. 2. The Winter Plan to be shared with the commission before the winter period starts. The papers going to the HWB be shared with the commission. A paper on the impact of emergency surgeries on planned surgery be brought to a future meeting. A report on DTOC be brought to a future meeting of the commission. A report on lessons learnt be brought back after the winter period 3. Report be sent to the Executive 4. The findings following the consultation be brought back to the commission and OSC.	
11th Oct 18	1. National Shortage of Radiologists – UHL Position 2. LPT Update on Key Risk Areas – Workforce and Estates 3. Public Health Performance Report 4. Community Integrated Sexual Health Performance Services 5. Integrated Sexual Health Services Update 6. For Information Items: - Winter Care Plan (papers that went to Health and Wellbeing Board)	2. A report on the issues raised by the Care Quality Commission at their previous inspection come to a future meeting. The Commission be sent a copy of the Business case that had been submitted for the relocation of CAMHS. 3. A newsletter to be sent out to schools providing information on the oral health programme and 1000 Tweaks.	

Meeting Date	Topic	Actions arising	Progress
29th Nov 18	1. LPT Transformation Programme 2. LLR Frailty Programme 3. UHL Cancer Treatment Performance 4. Impact of Emergency Activity on Planned Surgeries 5. Community Integrated Sexual Health Promotion Services: Consultation Results and Outcomes 6. Haymarket Health Update 7. Scrutiny Review Scoping Document – NHS Workforce	1. The Commission requested a substantial report on the performance of the LPT, including the previous and the most recent CQC inspections. 2. An update be brought back to the Commission after the winter period to see how the outcomes have progressed. 3. An update be brought back to the Commission after April 2019. 7. Scoping doc and review agreed.	
15th Jan 19	1. Primary Care – BCT Workstream Update 2. GP Practices in the City 3. CCG's Enhanced Work on Diabetes 4. Turning Point – Performance Report 5. Draft Revenue Budget 2019/20 (Public Health Budget)	3. Update on Diabetes Village to be brought to a future meeting 4. A report to come back in six months' time, updating on how the work was progressing and to show whether Turning Point were engaging with more children and young people. Members were offered an opportunity to visit the sites.	
12th Mar 19	1. Delayed Transfers of Care 2. Winter Care Plan – Update 3. Summary of CQC Inspections of GP Practices 4. Continuing Healthcare and Settings of Care Update		

Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee

Meeting Date	Topic	Actions arising
14 Dec 16	1) Sustainability and Transformation Plan	All three council scrutiny committees agreed to consider elements of the STP separately based on local concerns. Another joint meeting will convene when each council has had separate consideration.
14 Mar 17	1) NHS England's Proposals for Congenital Heart Disease Services at UHL NHS Trust	It was agreed to have a further meeting of the committee before the consultation ends to hear views from Members of the public and other stakeholders.
27 Jun 17	1) NHS England's Proposals for Congenital Heart Disease Services at UHL NHS Trust	It was agreed for the committee response to be collated following information heard at the meeting and submitted to NHS England. It was also agreed to write to the Secretary of State to request he looks at the process and reconsiders the review and drop proposals to close the CHD centre at Glenfield Hospital.
27 Apr 18	1) Update on LPT NHS Trust Improvement Plan following their CQC Inspection 2) Update on CHD Services in East Midlands and the NHS England review into PICU and ECMO services nationally 3) Update from UHL NHS Trust following their CQC Inspection 4) Update on EMAS Quality Improvement Plan	1) A further update from the LPT is brought back to the committee in a years' time. 2) Continue to monitor performance against the targets set by NHS England and an update be brought to the committee in a year's time, and to include targets, issues around winter pressures and the numbers of referrals. Also a letter to be sent to Nottingham City Council to request that they encourage the University Hospitals of Nottingham to refer their congenital heart patients to UHL and to share with them the minutes of the meeting. 3) Further CQC inspection reports of UHL, along with the resulting action plans, are brought to future meetings of the committee. 4) A further update from EMAS is brought back to the committee in a years' time.

4 Sept 18	1) Consolidation of Level 3 Intensive Care 2) Update on Non-Emergency Transport (TASL – Thames Ambulance Services Ltd) 3) Update on EMAS's direction of travel 4) CCGs Engagement on Planned Care Pathways 5) Update on the STP	1) Further meeting to be arranged to convene this item. 2) A further report on the progress of EMAS come back to the committee. 3) A further report including performance data, and information relating to contractual obligations and conditions be brought back in six months' time and that a representative from TASL comes to the meeting. 4) The committee asked for the wording in the Gynaecology Policy be rectified. The committee asked that the numerous different planned care policies be broken down during engagement to make it more meaningful for service users. The committee expressed concerns relating to the continuity of care and the application of policies across different postcodes. It was requested to see the full EIA, including impacts on mental health. The CCG were asked to ensure that GPs and locums are fully trained and where treatments cannot be provided in the settings where they are, that primary care provide the treatment, particularly in relation to patients who require ear wax removal prior to having a hearing aid fitted. Questions from Members be submitted separately, outside of the meeting. 5) Questions from Members be submitted separately, outside of the meeting.
28 Sept 18	1) Consolidation of Level 3 Intensive Care	1) Despite all the information provided to the committee by the CCGs and UHL, the committee were not convinced that any of the reasons given preclude their responsibility to carry out public consultation. As such, in the interests of openness and transparency, the committee recommended that the CCGs and UHL undertake public consultation before continuing with the proposals.
21 Jan 19	1) CCG Joint Accountable Offer 2) Better Care Together Update 3) Community Services Review	
19 March 19	1) Leicestershire Partnership Trust – Update 2) Better Care Together Update 3) Planned Care 4) Bed Capacity Planning	

Joint Health and Wellbeing Meetings with other LCC Scrutiny Commissions

Meeting Date	Topic	Actions arising
7 Nov 17	**Joint meeting with Children, Young People and Schools Scrutiny Commissions:** 1) Children's Mental Health - Future in Mind - CAMHS 2) CQC Review of Health Services for LAC and Safeguarding	1) The following is requested at a future joint meeting: • Further meeting to look at the specific services available and at what stage these interventions/services are provided; effectively mapping all services for children's mental health and what is offered and by whom. • What governance structures in place, who is accountable to whom for different elements, including LA, LPT, schools etc, as well as what services are available. • Examples of anonymised case studies which help understand a child's journey through services as part of this report. • Clarity about the role of schools and how they fit into the process and their role in identifying young people and how they are supported to help young people into the right pathway. • Commission Members to have sight of the Local Transformation Plan • Invite headteachers to the next meeting to get their viewpoint. • Further information on the CAMHS 'improvement journey' with particular information on how the improvements have impacted on outcomes. • More detail about what happens to those who are not 'accepted' by CAMHS

13 Nov 18	**Joint meeting with the Adult Social Care and Children, Young People and Schools Scrutiny Commissions:** 1) Special Educational Needs and Disabilities (SEND) Review 2) Joint Health, Social Care and Education Transitions Strategy and Consultation Arrangements. 3) Learning Disabilities Mortality Review (LeDeR) Programme 4) Update on Healthwatch contract	
28 Jan 19	**Joint meeting with Children, Young People and Schools Scrutiny Commissions:** 1) Children's Mental Health 2) Special Educational Needs and Disabilities (SEND) Review	

Forward Plan Items

Topic	Detail	Proposed Date
CCG's Update on Operational Plan		
Dementia, Dental Care, Diabetes, GPs, Obesity, Smoking, COPD and Substance Misuse	Progress to individual strategies/services	
Patient experience of the system	Work with Healthwatch to gain an understanding of how patients feel about health services	
People with Autism and Dementia		