



Leicester  
City Council

MINUTES OF THE MEETING OF THE  
LEICESTERSHIRE, LEICESTER AND RUTLAND JOINT HEALTH SCRUTINY  
COMMITTEE

Held: MONDAY, 21 JANUARY 2019 at 2.00 pm

P R E S E N T :

Councillor Cutkelvin – Chair of the Committee  
Dr R.K.A Feltham CC Vice Chair of the Committee

Leicester City Council

Councillor Dr Moore                      Councillor Pantling

Leicestershire County Council

Mr T Barkley CC

Mr I Bentley CC (substitute for Mrs Richards CC)  
Mr T Gillard CC (substitute for Mr Harrison CC)  
Mrs A Hack CC                      Dr S Hill CC

Mrs M Wright CC

Rutland County Council

Councillor Miss G Waller

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**19. APOLOGIES FOR ABSENCE**

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

Apologies were also received from Mrs Richards C.C. and Mr Harrison C.C. from Leicestershire County Council. Mr Bentley C.C. and Mr Gillard C.C. were

their respective substitutes.

## **20. DECLARATIONS OF INTEREST**

No declarations of interest were made.

## **21. MINUTES OF PREVIOUS MEETING**

AGREED:

that the minutes of the previous meetings of the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee held 4 September 2018 and the special meeting held 28 September 2018 be confirmed as correct records.

The Chair stated that further to the meeting on 4 September 2018, she had given Members the opportunity to submit additional questions outside of the meeting. The responses to those questions are attached to the back of these minutes.

## **22. PETITIONS**

The Monitoring Officer reported that no petitions had been received.

## **23. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE**

The following questions had been received in accordance with Part 4E: Scrutiny Procedure Rules (Rule 10) of the Council's constitution. The Chair advised that she would respond to the questions collectively.

Tom Barker submitted the following question and advised in advance of the meeting that his representative, Mr Steve Score would ask the question on his behalf.

What actions will the committee be taking to scrutinise the detailed calculations underpinning UHL's decision that no additional hospital beds will be needed for the growing population of Leicester, Leicestershire and Rutland for the coming years even though we already don't have enough beds to meet patient need?

Peter Worrall

What plans have the Joint Health Scrutiny Committee for scrutinising the UHL plans for reconfiguration of acute services and how can the committee ensure UHL follows its recommendations, given that the plans have already been drawn up in detail although these details have not been shared with the public?

Katy Wheatley

Will the joint scrutiny committee be examining whether the capacity planning in UHL's acute reconfiguration proposals adequately take into consideration the growth plans across Leicester, Leicestershire and Rutland and increased

numbers of dwellings and residents in the coming years?

Kathy Reynolds

How does the JHOSC plan to collect the evidence that will assure both the JHOSC and the public that STP/UHL plans for reconfiguration involving a capital bid for £367m will meet the future needs of the Leicester, Leicestershire & Rutland community? I am particularly concerned that at the recent engagement events it became clear that the UHL Plan was reliant on changes within community and primary care to allow it to deliver. However, the Community / Primary Care Plan is not available nor has the associated engagement taken place, raising questions about the assumptions behind UHL's Plan. Does the JHOSC have a work plan or are they planning a programme of work to assure the public and can we be appraised of the arrangements?

The Chair responded to the questions raised as follows:

*The Joint Scrutiny Committee was committed to continued scrutiny of the Better Care Together (BCT) Plan. The Scrutiny would take place within their meetings but also, with such a large programme of work, be delegated to the separate Local Authority Health and Wellbeing Scrutiny Commissions.*

*It was agreed at the meeting on 28 September 2018 that the BCT plan would remain a standing item on the agenda and updates are anticipated at every meeting.*

*The Committee would continue to pursue work around the proposals for UHL reconfiguring and agreed as to the importance of looking at capacity planning alongside population growth plans and forecasts of future health needs both within the UHL reconfiguration plans and the broader BCT plan. She had no doubt that public engagement would be a priority for the CCGs and other NHS services going forward and the Committee would continue to push for assurances that this would remain.*

*Scrutiny would also fulfil its role as it had been doing in the interests of all residents across its footprint.*

*With reference to the Peter Worrall's specific point as to how the Committee could ensure that the UHL followed its recommendation, the reality was that the Committee could not ensure this; they were just recommendations. However, one thing that would come out of this meeting's discussions was that the Committee would want to see evidence that they were being listened to.*

The following questions were also received in accordance with the Scrutiny Procedure Rules (Part 4E) Rule 10 of the Constitution but were received too late to be included on the agenda.

Questions from Giuliana Foster

At the Special Joint HOSC on 28 September 2018 it was recommended that the CCGs and UHL undertake public consultation before continuing with the proposals to reconfigure Level 3 ICU beds and associated dependent services. Additionally, it was requested that UHL Trust and the CCGs provided further information and regular updates to the JHOSC.

1. Disappointingly public consultation was not undertaken, what can the JHOSC do to ensure that in future the public will be properly engaged with and consulted when legally necessary?
2. Has UHL & the CCGs provided the Committee with a detailed project plan for the relocation of services as requested? Can it be put into the public domain?
3. Has UHL & the CCGs provided regular updates on the progress of works and any variations to the plans. Again can it be put into the public domain?
4. Has UHL &/or the CCGs met with the Committee or its representatives to discuss any concerns raised about the implementation of the proposals?
5. Has UHL & the CCGs provided the Committee more detailed information around the sustainability of existing services at the Leicester General Hospital once the Level 3 services have been removed. Again, can it be put into the public domain?
6. Public engagement on the major reconfiguration plans has taken place. Across the city and counties there was disappointment expressed in the content of engagement events also turnout was low at many events. Are the JHOSC satisfied that engagement was adequate?

The Chair stated that she would respond to questions number one and six. Mr John Adler, Chief Executive UH, then responded to questions numbers two to five.

The Chair's response was as follows:

*Ms Foster rightfully stated that at the meeting on 28 September 2018, the Committee voted to recommend that the UHL and CCGs undertook public consultation, but the Committee also clarified that it was not its position to insist upon this. This stance was taken after the Committee received its own legal advice from the City's legal team and was explored in the course of the meeting.*

*The Chair said that she was pleased that following their recommendations, the public conversation / engagement had started again. The Committee had a paper today to discuss the recent engagement sessions and she hoped that these sessions became the norm going forward.*

*The Committee expected to be kept up to date as plans for the reconfiguration continued and as they had said before, and as UHL and the CCGs had assured members, that when they are in a position to progress plans following funding decisions from NHS England, there would be an expectation that they would go to formal public consultation. The Committee*

*hoped that they would continue to engage with the public and look to the individual authorities for guidance to what good consultation looked like.*

Mr John Adler, Chief Executive, UHL responded to the remaining questions as follows:

*Q2: A detailed document of at least 200 pages was presented in public to the CCGs Board in June and July 2018 and was therefore already in the public domain.*

*Q3: An update on the project's progress is taken to the public board meetings every month. The IT project was already under way and he would be happy to provide an update on that during the meeting, if required. Updates could be brought to the Committee if Members so wished.*

*Q4: The UHL and CCG had not met with the Committee but had been holding briefing sessions as part of their engagement work with Councillors. He appreciated that this was not the same as the formality of a Scrutiny Committee meeting.*

*Q5: Details were included in the information that went to the CCGs Board meeting, but they would be happy to bring something to the Committee if Members so wished.*

#### **24. UPDATE ON THE MANAGEMENT STRUCTURE ACROSS THE THREE CLINICAL COMMISSIONING GROUPS IN LEICESTER, LEICESTERSHIRE AND RUTLAND**

Caroline Trevithick, the Interim Accountable Officer, West Leicestershire CCG presented a report that provided an update on the West Leicestershire CCG, the East Leicestershire CCG and the Rutland CCG Management Structure.

Members considered the report and the ensuing comments and queries included the following:

- Some Members commented that the plans for the management structure were very welcome as there was an overlap across the three CCG areas. It was noted that there was a trend for this happening across the country. Comments were made that new structure would lead to more efficient decision making.
- Some concerns were expressed as to how the new management structure would work and that the Joint Accountable Officer would have immense responsibility.

The Interim Accountable Officer responded that the individual appointed to the post of Joint Accountable Officer would be working to three governing

bodies and would be supported by a joint management team.

A Member expressed a concern about the governance issues and that having three governing bodies would make it difficult to performance manage that individual.

The Interim Accountable Officer said that the appointment process was very important (as it would be across the country) and the job description for the post would be based on a national job description for Accountable Officers. A Member asked whether the Scrutiny Committee Members could be included in the interview process and heard that the process was not something that the CCGs could shape but this request would be reported back.

- A concern was raised as to whether Leicester would continue to have the same scope for development and resources, as the City had very different demands compared to Leicestershire and Rutland, Members heard that the discussions had started by considering how there could be a more unified commissioning view whilst also acknowledging that each area had different needs.
- It was noted that there was a requirement to reduce running costs by 20% by 2020/21 and a Member said that this need to save money should have been clearly set out. In response, Members heard that the process on the management structure had already started before the requirement to make that saving was known. The proposals therefore were not driven by the need to save money; however, the CCGs tried to ensure that resources were used in the best way. A Member commented that there was no indication as to how much the proposals would save; information which she would have expected for proposals such as this.
- Concern was expressed that limited progress was being made in the 13 Integrated locality teams across the LLR, and much more progress was needed if the whole process was going to work.
- Concerns were expressed about the impact on staff including churn and redundancies and the Interim Accountable Officer explained that each of the individual CCGs were working with their staff. They had not seen a wholesale movement of staff and were trying to ensure that staff were supported through what was acknowledged to be a difficult time.
- The Chair asked for the reasons for proposing this model as opposed to a merger model. Officers responded that the merger model had not been ruled out as the question about that model had not yet been put to the CCG, but they were still open to exploring that model. However, the NHS had given clear guidelines that there needed to be one clear commissioner per Sustainability and Transformation Partnership (STP). The CCGs were looking to deliver this by having one having one single management team.
- The Chair drew the debate to a close and said that she was pleased with

this step forward. She was aware that there was general frustration that too much time was being taken up with discussions rather than delivering that change.

AGREED:

- 1) that the report be noted;
- 2) that the Commission request more information on the Integrated Locality Teams; and
- 3) that the Commission request information on the discussion relating to the merger model and on how the proposals to appoint a Joint Accountable Officer are progressing.

## **25. BETTER CARE TOGETHER ENGAGEMENT AND INVOLVEMENT**

The Committee received a report relating to Better Care Together Engagement and Involvement that described the activities undertaken in October and November 2018 to engage with communities in Leicester, Leicestershire and Rutland (LLR) and the ongoing activities to take place between January and March 2019.

Mr Richard Morris, the Director of Operations and Corporate Affairs, Leicester City CCG presented the report which was considered by Members.

During the ensuing discussion, Members raised comments and queries which included the following:

- A concern was raised that there appeared to be no reference to the Stamford and Rutland Mercury being used to publicise engagement events. A member commented that not everyone used social media and even if they did, they did not necessarily have the time to 'surf the net' looking for interesting information.

The Director of Operations explained that there was a detailed communication plan and their social media work was part of a multi-disciplined approach which included the use of newspapers. He could confirm that the Stamford and Rutland Mercury had been used to publicise the local engagement events.

- In response to a comment that the Better Care Newsletter had not been received by some of the Committee Members, the Director of Operations expressed some surprise and said that he would look into this as the intention was for it to be sent to all the Councillors on the committee.
- A Member cautioned that care was needed to use appropriate venues when carrying out cross border events.
- Concerns were expressed that the engagement that had taken place was weak and that if the CCGs were only attracting the same people, they

needed to engage in a different way to get a broader view. Members heard that as part of the engagement exercises, rather than asking people to come to them, the CCGs would now be going out to existing groups and forums and thus make it make it easier for more people to give their views.

- Comments were made that people were generally less interested in participating in engagement sessions as they did not provide the public with information as to what would happen next, whereas consultations were more about the outcome. Mr John Adler, the Chief Executive of the University Hospitals Leicester (UHL) acknowledged the point made but said that the NHS had reiterated that consultations could not be carried out until funding had been approved in principle. He stated that final approval had now been received for work on the Intensive Care Unit but there had not been any announcements on monies over £100m but as soon as any news arose he would inform the Committee.

The Chair drew the discussion to a close and said that the engagement events, were extremely important even though they only attracted about 350 responses. The Chair was also pleased that as part of the engagement, the CCGs had started to use social media and on-line newsletters which showed that they were still there and busy and to help myth bust. The previous hiatus that lasted about 18 months was something that should not be allowed to happen again. The Chair asked Members to note the report and suggested recommendations which were agreed as follows:

AGREED:

- 1) that the LLR Joint Scrutiny Committee note the report;
- 2) that the Committee recommend that the CCGs and UHL take advice from the local authority communication teams as to which communities to reach out to and what worked best in respect of outreach;
- 3) that the UHL and CCGs proactively bring issues to the attention of Scrutiny;
- 4) that the Committee receive assurances as to what the formal consultation will look like;
- 5) that the Committee receive a report on capacity planning as members seek assurance that the plans are fit for purpose; and
- 6) that the Committee would like it to be demonstrated as to how the comments made by members of the public and Scrutiny are taken on board.

The Chair referred Members to the responses to the previous questions relating to Better Care, as previously circulated. She asked Members to contact her if they required any further clarity or further response to those already given, or whether there was anything they would like to see in a future report to



the Committee.

## **26. BETTER CARE TOGETHER: COMMUNITY HEALTH SERVICES REDESIGN**

Ms Tamsin Hooton, Director Lead for Community Services presented a report relating to Better Care Together, Community Health Services Redesign. Members heard that the Redesign project was led by the three Clinical Commissioning Groups (CCGs) in Leicester, Leicestershire and Rutland which looked at the future model of community health. Members heard that the CCGs were about to commence engagement exercises and the Director said that she took on board the comments made by Members about the need to feed those comments into the process going forward.

Members considered the report and during the ensuing discussion, the comments and queries raised included the following:

- A Member stressed the importance of working with Adult Social Care services in the three authorities across the LLR. In the past, he had expressed concerns that in relation to the STP there had not been enough joint working. The Director confirmed that they had been working with officers in each of the social care teams in the three different authorities.
- In the report, there appeared to be issues regarding a general lack of confidence expressed by members of the public in the services and a Member asked as to how this could be restored. The Director responded that the CCGs recognised that there had been insufficient capacity around the neighbourhood nursing teams. They wanted to restore that confidence and restore capacity to enable as far as possible, patients' management by the GP teams. It was only through those teams working better together at a local level, that people's confidence would be restored.
- It was noted that the LLR had approximately half the number of community physio and occupational therapists compared to the national average. In addition, there had been reports earlier of a shortage of district nurses and a Member commented this impacted on discharges from hospital. The Member welcomed the fact that it was recognised that services were not working as well as they should.
- It was noted that Neighbourhood Community Nursing, as part of the integrated locality teams would work closely with social care and primary care neighbourhoods. These would have approximately 30,000 – 50,000 patients and some surprise and concern was expressed at the size of these neighbourhoods.
- A Member commented that the approach set out in the report made sense, particularly in relation to Home First services as many people preferred to remain in their own home. However, she had concerns as to how this would be managed on such a large level as there was a view that the Home First service and services around community and district nursing system was not working as well as it should.

Officers explained that the primary care networks provided an opportunity to join services such as primary care, district nurses and social care together in a locality, where there would be a clinical director with a contract for delivering those services. This was part of the national direction of travel and the CCGs response to stop people staying in hospital who should not be there. Members heard that in relation to falling numbers of District Nurses, there was a long-term plan to address this and to support people to stay in their own homes.

- A member said that she recognised that people's longevity and quality of life were improved where they could stay in their own homes, however there were also associated risks including the pressures that were put on local authorities on social care staff. It was not appropriate for the NHS / CCGs to solve a problem by putting the onus on the local authorities.
- A comment was made that there was a need to factor in those residents in Rutland who were not patients of a Rutland GP, as they were still residents who needed care. Reassurance was also sought that the same level of service would be given, regardless of where people lived in the STP footprint.
- Officers were asked how the number of community beds in the LLR compared to similar footprints in other parts of the country. Officers explained that across the LLR there were more community hospital beds than elsewhere in the country, but there were also Pathway 3 beds, that were short term beds located in care homes. Individuals in those beds were on the way to recovery but still quite fragile and needed additional support before they could be discharged.
- A Member referred to the duty to consult and the Director said that they would consult when they had developed more detailed options as to what the future model would look like.

The Chair drew the discussion to a close and said that a strong case had been made for the changes and they were welcomed. The only way to achieve this would be through better partnership working and this was a very considerable piece of work that put a lot of demands on the NHS, local authority and partners. There would be significant issues in the future if people were discharged from hospitals too soon and there was a need to ensure that only one service was responsible for an individual once he or she was discharged.

The Chair asked Members to note the report and suggested recommendations as follows:

AGREED:

- 1) that the Committee note the report;
- 2) that Committee note that better capacity planning is a key element of the redesign model and Members will be carrying out

further scrutiny in respect of that;

- 3) that the Committee ask the CCGs to be mindful of the need for proper engagement with the local authority executive teams and the scrutiny committees;
- 4) that the Committee ask the CCGs to work closely with the local authorities;
- 5) that the Committee request there is effective governance to ensure that the service meets the need and is delivered consistently, and for a report on this be brought back to a future meeting to reassure Members.

## **27. WORK PROGRAMME**

The Chair announced that the next meeting of the LLLR Joint Health Scrutiny Committee would take place on Tuesday 19 March at 10.00am. The Chair said that she also hoped that an informal meeting of the Committee would be held before then to discuss the Better Care Together programme. In addition, for the agenda, the LPT had had another inspection and she anticipated that the CQC report would be available then for the Committee to discuss.

The Chair thanked officers for the quality of the reports they had brought to the Committee.

## **28. CLOSE OF MEETING**

The Chair closed the meeting at 3.51 pm.