Leicester
City Council

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

Held: TUESDAY, 19 MARCH 2019 at 10.00am

P R E S E N T:

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

Leicester City Council

Councillor Fonseca
Councillor Dr Moore
Councillor Pantling

Leicestershire County Council

Mr Harrison CC
Dr Hill CC
Mrs Richards CC
Mrs Wright CC

Rutland County Council

Councillor Waller

In attendance

Micheal Smith – HealthWatch Leicester and Leicestershire
Dr Janet Underwood – HealthWatch Rutland

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29. APOLOGIES FOR ABSENCE

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

An apology for absence was also received from Mrs Hack C.C. but it arrived too late to be announced at the meeting.

30. DECLARATIONS OF INTEREST

No declarations of interest were made.

31. MINUTES OF PREVIOUS MEETING

AGREED:

that the minutes of the meeting of the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee held 21 January 2019 be confirmed as a correct record.

32. CHAIR'S ANNOUNCEMENTS AND PROGRESS ON MATTERS CONSIDERED AT A PREVIOUS MEETING

The Chair announced that the official opening of Haymarket Health in the Haymarket had recently taken place. The centre offered a range of sexual health and health intervention services which were available to people across Leicester, Leicestershire and Rutland.

33. PETITIONS

The Monitoring Officer reported that no petitions had been received.

34. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statements of case had been received.

35. CARE QUALITY COMMISSION INSPECTION 2018 - LEICESTERSHIRE PARTNERSHIP NHS TRUST RESPONSE

The Committee received a report from the Leicestershire Partnership NHS Trust (LPT) that summarised the outcome of the Care Quality Commission inspection of the Trust that took place between 19 November 2018 to 13 December 2018. The report also set out the Trust's response to the inspection. The inspection report had been included in the agenda and showed that the overall rating for the Trust was that it required improvement.

Dr Peter Miller, Chief Executive Officer LPT, introduced the report and Members heard that while there were some examples of good practice, there were some key themes that required improvement and the CQC had issued the Trust with a Warning Notice. In response to this an action plan had been drawn up to include some immediate actions which needed to be completed by 27 May 2019. Members heard that the CQC had been critical of the pace of improvement following the previous inspection in October / November 2017 where the Trust had also received the same required improvement rating as it had in their two previous inspections prior to 2017. Members heard that two independent reviews had been carried out to find out why the LPT did not know about the lack of pace regarding the improvements.

Mrs Cathy Ellis, Chair of the Trust Board said that the Board had taken ownership of action plan and that they were all responsible for the outcome of the inspection. A meeting had been held with the CQC who were pleased with the action that the LPT had taken so far. Learning and Leadership from the services that had been rated as 'good' were being replicated in other services. Mrs Ellis expressed confidence that the Trust could deliver all the required actions.

The Chair said that Scrutiny had previously looked at the earlier LPT inspections and that in all of them, the overall rating was that the Trust required improvement. Some improvements had been made and these needed to be acknowledged and it was recognised that the CQC had judged that staff were good and caring, but there were strong concerns about the recurring key themes and issues throughout that time.

During the ensuing discussion, comments from Members and responses from officers included the following:

- Concerns were expressed that the inspection showed that there were still recurring themes that had not be addressed; including risks relating to ligature points and medicine management.

- There were concerns that smoking was not being managed in the Bradgate Unit. Members heard that while the NHS was a smoke free environment, managing this in the Bradgate Unit was challenging where some people were acutely ill. There was a clear commitment however to their ambition to be smoke free and there was now strong clinical leadership to help staff develop intervention measures. Advice to stop smoking, patches and vapours were all available and there were vapour areas in the garden.

- A Member commented that she was not reassured by the action plan. There were not just issues that needed to be addressed immediately but action was needed over the long term as well. Dr Miller agreed that improvements needed to be sustained.

- Members expressed strong concern that the well-led aspect of the Trust had been rated as 'inadequate' and criticisms were directed at senior management. A comment was made that there was no leadership to make the improvements and that there were too many areas of weakness and that was not good enough.

- A Member expressed strong concerns about the inspection findings particularly in view of the fact that many of the issues identified were not new and she questioned whether the Board's plans filtered down to every level. The Member said that she had no confidence that the Board was addressing the problems identified.

- Dr Miller acknowledged that leadership was paramount; he said that the overall responsibility was his and he had announced that he would be taking early retirement. The Chair responded that this was a wider issue and not

just the responsibility of one person.

- In respect of the Children and Adolescents Mental Health Service (CAMHS) it was noted that there had been a significant increase in demand for its services. A member commented that Rutland County Council had held a Task and Finish Group looking at young people's mental health and had been told that some of the wrong people were being referred. She expressed concerns that there were no 'wrong people' and that a holistic approach was needed as to how young people with mental health issues could be supported. The Members asked at what point would CAMHS be able to say that there were no waiting times beyond the constitutional standard.

  Dr Miller agreed that there should be a holistic approach and that children needed to be supported by different partners at an earlier stage. However, waiting times had decreased. The trust had an investment of £300k and more staff had been appointed.

  Mr Micheal Smith, the HealthWatch Manager, Leicester and Leicestershire asked Members to note the positive experience of someone who had been able to access CAMHS very quickly.

  The Chair added that there were issues for local authorities in relation to the prevention agenda for children's mental health and she had asked at the City Council for details of those interventions. The Chair stated that the LPT were at the end of the model of delivery.

- A Member asked whether members of the Board were given the appropriate training to hold the leadership to account. Mrs Ellis explained that members were well qualified and received training including well led training.

- Mr Smith commented that patients had talked to HealthWatch about various problems they experienced in receiving treatment. Dr Miller responded that the LPT offered a wide variety of services which presented a challenge. However, 90% of people were happy with the service provided and feedback was generally good. Staff continuity of care though was impacted by the number of agency staff as currently there were approximately 200 nursing vacancies.

- In respect of the problems identified in the CQC report, Mr Smith commented that there were systemic issues in the LPT and those issues had been present prior to the current Chief Executive coming into the post.

- There was some discussion regarding the recruitment process for the new Chief Executive. A concern was raised that the Trust needed to appoint someone who had the experience of turning around a failing Trust. Mrs Ellis confirmed that they would be looking for someone who could turn the LPT around and there were potential candidates who would have experience of this.

- Dr Janet Underwood, HealthWatch Rutland, asked whether staff were demoralised and what was being done to support them. Dr Miller responded that staff were valued and their role in the quality of care given to staff was recognised and appreciated. Staff surveys were carried out and a significant improvement had been seen. In nine out of ten domains, the results of the surveys were above average. Dr Anne Scott, Interim Chief Nurse, LPT conceded that senior management had got it wrong and had not made improvements at the required rate, but stated that they did now have oversight and were determined to ensure improvements were accelerated.

The Chair drew the discussion to a close and commented that she believed that the Trust recognised that a radical transformation was needed, but at the same time the CQC report was a wake-up call for scrutiny and that scrutiny needed to be proactive rather than passive in its work. The Chair added that it showed that the lines of enquiry that Members had pursued in scrutiny had been justified. The Chair sought reassurance from the Board that they would be testing what was taking place on the ground.

The Chair recommended, and it was agreed, to invite the new Chief Executive Officer when in post, to the Joint Scrutiny Committee to talk about plans for improving the Leicestershire Partnership NHS Trust.

AGREED:

for the new Chief Executive Officer, when in post, to be invited to the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee to talk about plans for improving the Leicestershire Partnership (NHS) Trust.

36. REPORT OF BETTER CARE TOGETHER ENGAGEMENT AND INVOLVEMENT

Members considered a report that described the activities undertaken in relation to Better Care Together engagement and involvement across Leicester, Leicestershire and Rutland. Sue Venables, Head of Communications, Engagement and Involvement (NHS) introduced the report and responded to questions from Members.

Comments and queries, along with responses included the following:

- The Chair referred to Appendix 1 of the report which had details of current work streams and Ms Venables explained that sub streams sat underneath those work streams. The Chair asked for a complete list of work streams with their sub work streams to aid transparency.

- Mr Micheal Smith, Manager HealthWatch Leicester and Leicestershire reported that they had been seeking people's views which would then be fed into Better Care. In a similar vein, HealthWatch had been involved in the Community Redesign Programme and it had been very encouraging to see how people's views had been fed into that programme.

- A Member who said she had been very critical in the past of Better Care Together's engagement programme, welcomed the work that was now taking place, commenting that it was a big improvement.

- Members suggested that as there were elections in May, there needed to be briefings in the new municipal year for newly elected councillors.

- A Member asked for engagement information to printed in a large print format for those people with sight impairments and Ms Venables responded that the suggestion would be forwarded onto the appropriate officers.

- Members heard that engagement had taken place with a wide variety of community groups including youth forums and the traveller community. Ms Venables was urged not to forget about the people in Rutland when carrying out engagement exercises and she responded that useful meetings had been held with HealthWatch Rutland.

- Dr Underwood, HealthWatch Rutland said that they were grateful for the time that Ms Venables and her colleagues had spent with them. They also felt that their views had been listened to following the Community Redesign engagement in February and Dr Underwood asked for this level of engagement to continue.

- The Chair said that she welcomed the report and it was clear that improvements had been made regarding the engagement exercise, but the Committee had not yet received confirmation as to what the formal consultation would look like when the anticipated capital funding arrived. The Chair also sought assurances that the creation of Patient and Public Involvement Groups would not weaken the public consultation. The Chair expressed a concern regarding primary care networks and that the Committee needed a better understanding of these and how they would work. There was a real concern that Better Care funding might be sent through the primary care networks rather than via the current route of clinical commissioning groups to the local authority. The Chair said that there was a briefing note from the Kings Fund giving information about primary care networks and she would circulate this to Members after the meeting.

The Chair thanked Ms Venables for the report; welcomed the fact that more engagement was taking place on-line and expressed a view that Better Care Together needed to remain a standing item on the work programme to include updates to the workstreams and sub work streams. The Chair requested that officers remained proactive to putting things on the scrutiny agenda and were responsive to public debate.

AGREED:

1) that the report be welcomed; and

2) for Better Care Together Engagement to remain on the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee work programme.

37. UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST, BED CAPACITY PLANNING

Mark Wightman, Director of Strategy and Communications, University Hospitals Leicester (UHL) and Samantha Leak, Director of Operational Improvement, UHL presented a briefing paper that outlined the methodology behind the UHL NHS Trust's bed model and how it compared to expected demand in 2019/20.

Members considered the report and during the ensuing discussion, the comments made and their responses included the following:

- The complexities around bed modelling were noted. A Member questioned how flexible the UHL could be as even if additional wards were opened, appropriate staff would also be needed. Mr Wightman explained that if there was a spike in admissions for example, the easiest option to create extra capacity was to cancel elective surgery as the UHL had been directed to do the previous year. It was noted that an extra ward in the Glenfield Hospital and two extra wards in the LRI had opened last year because of the very high demand. Mr Wightman added that staffing was an issue as the UHL were understaffed.

- It was noted that some treatments could be carried out elsewhere such as in GP practices and Urgent Care Centres which would ease the pressure on hospitals. A Member commented that if the work around the discharge process and the flow of patients could be improved, bed capacity would no longer be a problem.

- A Member welcomed the report and that there were plans to increase the number of beds and that the decision had been made following the careful analysis of data. It was noted that a review of bed capacity planning was taking place at least monthly and this was also welcomed.

- A Member welcomed the efforts that were being made to prevent people from needing to be admitted to hospital and also the work being carried out to prevent them staying longer than necessary. However, robust community services were needed to care for those people outside of the hospital environment. The Member was not convinced that the community health services were robust enough to cope and one of the reasons for her concerns were the staff shortages. The Member added that she was not convinced that there was a change taking place in the culture in health services to attract and retain staff.

  Mr Wightman referred to the situation in primary care and the shortages of GPs. Efforts were being made to recruit and retain GPs, but he added that it was not easy being a GP. There were many demands on her / his services and time and patients did not always want to be seen by a practice nurse. However, a five year programme was just starting which would address some of those culture issues.

- Dr Underwood, HealthWatch Rutland referred to the bed occupancy rates. The meeting had heard that occupancy rates were at approximately 93%, but Dr Underwood had looked at the NHS statistics which quoted occupancy rates to be at 85 – 90%. Dr Underwood expressed concerns that according to NICE guidelines, patient safety could be compromised where occupancy exceeded 85%. She asked whether, with a growing and ageing population with increasing health and care needs and with new housing developments, the UHL would be able to safely match capacity with demand.

  Ms Leake responded that occupancy rates changed every day and were different in every speciality; the safety issues were not so much about safety in the wards but about the flow and getting patients into beds. However, the efficiencies that were being put into place would lower the occupancy rate.

  Mr Wightman said that their degree of confidence in safely matching capacity with demand over the next 5 years was good and their bed modelling had been signed off by Public Health in the city and county. It was their job however to be agile and flexible enough to plan for all eventualities. In relation to the NICE guidelines regarding a bed occupancy rate of 85%; if this was adhered to at the LRI, there would be 300 beds unoccupied which was the equivalent of 10 wards. However as regards safety, the relevant indicators were going well and for example the Standard Hospital Mortality Indicator was going down and less people were dying in Leicester hospitals than before and less than in the average Trust in the UK.

  Dr Underwood referred to the NICE guidelines and expressed concerns that where bed occupancy rates rose above 85% there were increased risks to the patient, including risk of infections and risks of being nursed in the wrong ward. Dr Underwood said that those risks should be acknowledged.

  The Chair commented that it was important to know the NICE guidelines but also to understand the complexities around this issue and that for example a small change in delayed transfers of care could have a large impact on bed occupancy.

The Chair commented that the report was encouraging as a few years ago there was talk about losing 400 beds and she welcomed the fact that the numbers had been recalculated. The Chair questioned the main drive behind planning bed capacity and Mr Wightman responded that they wanted to do what was in the best interest for the patient. It was now recognised that a hospital was not always the best place for a patient and a study had shown that people who remained in hospital longer than was necessary became de-conditioned.

The Chair drew the discussion to a close and said that they would be watching with keen interest the outcome of the Community Services Review. Mr Wightman had previously referred to the UHL being ‘just big enough’ and she recognised that it wasn’t feasible to have a lot of un-used extra beds on standby. However, Mr Wightman had also referred to the need for the UHL to

be agile and flexible and the Committee would like future assurances that this was the case. The Chair added that she looked forward to seeing the re-calculations and reconfigurations when the UHL received the anticipated additional capital funding.

AGREED:

that the report and comments of the Members be noted

38. SCRUTINY COMMISSION WORK PROGRAMME

The Chair said that the work programme for the new municipal year had been re-populated and asked Members to note that for the next two municipal years, the Committee would be chaired by Leicestershire County Council, so this was her last meeting as Chair. The Chair commented that the Joint Committee across three local authorities resulted in a considerable work load and she paid tribute to Kalvaran Sandhu the Scrutiny Support Manager and Julie Harget, the Democratic Support Officer for their work in supporting the committee.

39. ITEMS FOR INFORMATION / NOTING

The Chair said that the Care Quality Commission report on the Thames Ambulance Service and the letter relating to the Moorfields Eye Hospital were attached for Members to note.

40. CLOSE OF MEETING

The Chair expressed her thanks to everyone and closed the meeting at 12.25 pm.