



Leicester
City Council

Minutes of the Meeting of the
LEICESTERSHIRE, LEICESTER AND RUTLAND JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE

Held: TUESDAY, 20 NOVEMBER 2007 at 2.00pm

P R E S E N T :

Councillor Allen – Chair of the Committee

Mr. D. W. Houseman CC – Vice-Chair of the Committee

Leicester City Council

Councillor Bhavsar
Councillor Joshi
Councillor Naylor

Councillor Dawood
Councillor Gill
Councillor Hall

Leicestershire County Council

Mr. P.A. Hyde CC
Mr. W. Liquorish J.P. CC

Ms. B. Newton CC

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22. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Dawood (Leicester City Council), Mr A.D. Bailey CC and Mr J.G. Coxon CC (Leicestershire County Council) and Councillor P. Golden (Rutland County Council).

23. DECLARATIONS OF INTEREST

The following members declared general personal and non-prejudicial interests: -

Councillor Hall - Employee of University Hospitals Leicester City

Ms. B. Newton CC - One son employed by Leicestershire Partnership Trust and the other son employed by University Hospitals Leicester.

24. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the Minutes of the meeting held on 24th September 2007, as previously circulated, be agreed as correct record, subject to the following amendments: -

Delete Councillor Dawood from the Members Present

Delete Mr A. Bailey CC and Mr W. Liquorish CC from Apologies for Absence

Add Mr P.A. Hyde CC to Apologies for Absence.

25. PETITIONS

The Town Clerk reported that no petitions had been received in accordance with Leicester City Council's procedures.

26. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Town Clerk reported that no questions, representations or statements of case had been submitted in accordance with Leicester City Council's procedures.

27. NHS FOUNDATION TRUST APPLICATION

Prof. Antony Sheehan, Chief Executive of the Leicestershire Partnership NHS Trust (LPT), attended the meeting to outline the background to, and the timetable for, the LPT's application for foundation status. A briefing note was circulated with the Agenda papers.

Prof. Sheehan stated that there were four good reasons for the LPT to become a Foundation Trust: -

- i) Financial flexibility to utilise funding more strategically
- ii) Would be examined explicitly on programmes and procedures
- iii) Benefit of membership based organisation. Members would have say as to what was done
- iv) Survival as an organisation.

Prof. Sheehan stated that he wanted to have a locally run service. Should LPT not pursue the option of foundation status then it would be vulnerable to a takeover and then likely to be run from elsewhere in the country. As a foundation trust the trust would be a partnership and, if the trust bid was successful, the LPT would become a foundation trust in 2009.

Reference was made by the Committee to the 'Members and Governance' section of the briefing note (para.4b), and whether candidates were being sought at this stage to sit on the Council of Governance as it was felt that there was a need to establish first that each local authority would be left to determine whether their member was an elected member or an officer.

A further question from Members related to a recent press article that referred

to companies that leased equipment to Health Trusts and who had expressed concerns should Trusts become insolvent.

Prof. Sheehan stated that his view of the process was that it would allow the LPT to be more transparent and more accountable to the public. Regarding Members and Governance the LPT were looking to agree the principle of the arrangements but wanted to ensure that local authorities were comfortable with the arrangements and it was envisaged that the local authorities would select their representative.

Prof. Sheehan further stated that the accounts of the LPT were currently being scrutinised and these would be shared. LPT was an asset-based organisation and details of the assets held would also be shared. Members of the Committee expressed a desire to share the plans of the proposed consultation planned by the LPT, utilising experience gained in local government. Prof. Sheehan welcomed this request.

Prof. Sheehan stated that, regarding leased equipment, this might be an issue for LPT, but was less of an issue than in some other trusts. LPT would need to monitor their leasing contracts and assess risks.

For clarification it was stated that, in response to a question regarding increasing elected member representation from local authorities, that the public membership of the Council of Governance would also have to be increased to maintain the required public membership majority. Members accepted that to increase the membership of the Council of Governors beyond a certain level would make it unwieldy.

Members questioned how the transition to foundation trust status would affect the partnership between service users and carers of the mental health provision.

Prof. Sheehan stated that the mental health system locally had recently been engaging with sectors of the community but it was to be hoped that under foundation trust arrangements this engagement process could be bettered.

It was stated that by the time LPT went out to consultation in April 2008 it was likely that a draft Constitution would be available, setting out arrangements for the proposed Council of Governance, and it was questioned whether it would be desirable to establish a position regarding local authority representation at this meeting. Following further discussion it was accepted that before a decision regarding representation on the Council of Governance could be taken, a draft of the relevant section of the Constitution would need to be available. Prof. Sheehan stated that details around the Constitution for the foundation trust were still being worked up but that copies of the principles of the proposals relating to the content of the Constitution could quite quickly be made available for Members to consider. Members welcomed this proposal and it was stated that a response to the proposals could be made available to LPT from this Committee within four weeks of their receipt.

RESOLVED:

that the opportunity to comment on the principles of the proposals relating to the content of the Constitution of the foundation trust be welcomed.

28. FIVE YEAR VISION FOR THE LEICESTERSHIRE PARTNERSHIP TRUST

Professor Antony Sheehan, Chief Executive, Leicestershire Partnership NHS Trust (LPT), attended the meeting and gave a presentation on the five-year plan of the Trust entitled 'Our 2012 Vision'.

Prof. Sheehan outlined the strategic aims of the LPT together with the key themes. He also outlined the move to better inpatient services involving the move to single inpatient sites for adults and older people, together with improved facilities and management and the clinical benefits that would also follow leading to an overall more efficient use of resources. The engagement process was explained and was to be delivered in five separate phases, concluding in September 2008 when it was anticipated that the implementation plans would be agreed.

Members expressed a view that community facilities should be fully resourced as there were concerns that a number of mental health patients were currently unable to access General Practitioner (GP) services and there seemed to be a shortage of staff in certain specific areas of the service.

Prof. Sheehan stated that community based services were seen as a good way to reach marginalised groups. It was accepted that there was still an amount of work to be carried out around the provision of community services, not least of which was to ensure that the pathway for people intending to use these services was clear. There was a need to ensure that community teams worked well together and that the Trust should ensure that it works efficiently and with partner providers of community services.

Members questioned whether preventative care would be built into the proposals around mental health care and Prof. Sheehan stated that this was under consideration as there were a number of people within the Trust that specialised in preventative measures.

Members asked how much reliance was placed on family support in assisting the recovery process of patients, ultimately leading to improved recovery and discharge times. There were particular issues in the Black Minority and Ethnic (BME) communities, particularly among South Asian families, where care that was previously provided by families was now less frequently undertaken in the family setting. It was suggested that some form of education programme should be considered as younger people were less frequently providing family support to elderly relatives and felt that the Health Authority should provide the necessary care.

Prof. Sheehan accepted that more could be done to involve family support and that there was evidence that in certain areas family support did help. Regarding

the issues raised around the BME communities he accepted that this was a very good point and that these concerns should be raised in the local arena.

Members welcomed the recent announcement that the LPT was to receive £3 million to upgrade accommodation. Concerns were however expressed by one member of the Committee at the number of suicides recorded in the community, and of the understanding that, having publicly quoted these figures, from LPT Board meeting documents, and then having asked questions of the LPT around the area of suicides, the Member had then been told that in future adverse incidents would no longer be set out in the Agenda and minutes of LPT Board meetings.

Prof. Sheehan stated that adverse incident figures had not been excluded from the published LPT Board documents as the Board was required to monitor significant trends and undertake enhanced levels of governance, therefore such information was taken very seriously. The figures referred to were reported to the Chief Executive on a weekly basis and this was information that would be shared. Prof Sheehan stated that he would write to the Scrutiny Committee regarding the range of information the LPT Board were looking at and that figures relating to significant adverse incidents would also be provided.

A Member expressed concerns regarding the reported closure of 'The Grange' respite/short care facility, supported by a letter from the The Community Partnership. A series of questions were put to Prof. Sheehan and these are set out below: -

- i) What consultation was taken on the closure?
- ii) What assurances can be given that this closure will not result in an under-provision?
- iii) Are there measures in place for providing additional transport to meet the needs of the current users of the facility?
- iv) What are the staffing implications?
- v) How can this decision of the LPT be reviewed?

Prof. Sheehan stated that he would provide a written response if this was required. Prof. Sheehan stated that Members needed to be clear of the reasons behind the decision to close the facility. Consultation with families using the service had taken place and a view had been taken that as there was sufficient capacity in close proximity to The Grange to offer a service, this was felt to be a good and viable alternative. Staff were happy to meet and talk to individuals about the changes in provision. The changes were part of a wider range of changes by the LPT and it was stated that if families wanted a more direct form of dialogue then this would be offered.

Reference was made to a specific case relating to changes in levels of respite care and Prof. Sheehan agreed to take the full details after the meeting.

Members questioned the recently published decision taken by the LPT to temporarily re-locate the in-patient service from Glenfield to the Leicester General.

Prof. Sheehan stated that LPT wanted to make changes that made least impact to bed numbers and felt that the temporary closure of the service at the Glenfield site was the best way forward. The aim was to provide a high quality single in-patient service and Glenfield would house this service and LPT were also looking at the provision on in-patient doctors. There were recognised issues around people visiting and accessing a single site but it was stressed that the proposals were still at an early stage and no firm decision had yet been made.

Prof. Sheehan was thanked for his presentation and for the responses to the questions asked by Members.

RESOLVED:

the Committee requested that Prof. Sheehan provide written responses to the questions, as set out above, that related to the the closure of 'The Grange' respite/short care facility.

29. NEXT STAGE REVIEW

Tim Rideout, Chief Executive, Leicester City NHS Primary Care Trust (LCPCT), and Lead for the Review, attended the meeting to give a brief presentation entitled 'Our NHS, Our Future – Next Stage Review'.

Tim Rideout outlined the purpose of the Review and stated that it superseded the acute services review and followed the national next stage review that had been announced with eight separate themes. It was reported that the principles of the review would be that it was clinically led, centred on patients and locally accountable. It was stated that the review would focus on actual services, not buildings or beds and that the changes would deliver services that were fairer, more effective, more personal and safer. Tim Rideout highlighted the eight themed areas to be reviewed and of the task groups formed within each themed area, comprising healthcare professionals and members of frontline staff familiar with those areas. Examples of priorities that had been identified were highlighted in those areas around staying healthy, children, end of life care and acute care. Solutions to these examples of priorities would be identified by LCPCT.

Members were informed that the engagement process would comprise three phases, engagement and pre-visioning work, pre-consultation and finally formal consultation. The first phase of work was timetabled to commence on 3rd October 2007 and would conclude with a report to East Midlands Strategic Health Authority on 30th January 2008. Tim Rideout stated that the first phase of engagement would involve staff, regional events and clinical task groups, the public and an 8-week long media campaign, pre-Christmas activities and public events. A consultant had already been engaged to assist in the engagement process. In concluding Tim Rideout stated that he wanted to ensure that the Committee could engage and be involved in the engagement process without compromising it's scrutinising role.

Tim Rideout stated that, as part of the review process, plans would be developed "Post Pathways" that was about strengthening hospitals. This exercise would lead to full consultation with the public to determine the shape of hospitals in Leicester.

Members questioned whether, in the light of the review, Leicester was likely to retain its three hospitals. Tim Rideout stated that he could not really give a definite yes or no at this stage but the outcome would follow the work currently being undertaken.

Members stated that one of the major issues that needed to be addressed was to ensure that adequate public transport was available for people to access facilities. It was essential that the hard to reach groups were consulted on any proposals and it was suggested that the Neighbourhood Forums recently established in the County could form the basis of such consultation. It was further suggested that the Asian media network be utilised to reach the Asian community, particularly within Leicester.

Tim Rideout stated that he accepted that transport arrangements were essential and that the consultation undertaken would reflect this.

Members expressed concerns that, following the Pathway Project, the public perception was that Leicester needed to retain its three hospitals and, should the review reach a different conclusion major public concerns would be voiced. Further concerns expressed were that there had been a large number of arrivals in Leicester of late, with asylum seekers, failed asylum seekers and, more recently, European Nationals. A number of impacts flowed from this, including increased demand for services and ensuring that those people who did not have leave to remain were still able to maintain their health.

Tim Rideout stated that the debate around the three hospitals would need to be re-visited. In the City there was a good record of providing services to asylum seekers, but that he would take away the concerns around asylum seekers and whether they were being reached by local health facilities.

Members made reference to the recently published outcome of the review of London health services and of the introduction of 'poly clinics', and questioned whether similar facilities were likely to be introduced in this area.

Tim Rideout stated that the London review related purely to London, the requirements there were very different to this area, although some of the same processes would be followed. The Leicestershire Review was about providing local facilities at appropriate locations at convenient times. The principles of 'poly clinics' could be adopted locally but the concept would not be followed as a model for the County.

Members, in concluding, raised their concerns at recent press coverage of staff leaving the local service and of their worries that the consultation period of the review seemed too tight.

Tim Rideout stated that he would be happy to speak with Members and Support Officers outside of the meeting to explain where the Review was at the present time and how best they could engage.

Tim Rideout was thanked for his presentation.

30. CLOSE OF MEETING

The Chair declared the meeting closed at 4.12pm.

