



Leicester
City Council

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

Held: MONDAY, 17 DECEMBER 2007 at 9.30am

P R E S E N T :

Leicester City Council

Councillor Bhavsar
Councillor Joshi

Councillor Hall
Councillor Naylor

Leicestershire County Council

Mr AD Bailey CC Mr DW Houseman CC (Chair)
Mr W Liquorish JP CC Mr JS Moore CC
MS B Newton CC

Rutland County Council

Councillor P Golden

* * * * *

31. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Allen and Dawood from Leicester City Council and Mr Hyde CC from Leicestershire County Council.

32. DECLARATIONS OF INTEREST

Members were asked to declare any interests they may have in the business on the agenda and/or declare that Section 106 of the Local Government Finance Act 1992 applied to them.

Mr Bailey CC, Mr Moore CC and Ms Newton CC declared non-prejudicial interests in that they had relatives who worked for Leicestershire Partnership NHS Trust.

33. PROPOSED CLOSURE OF THE GRANGE RESPITE CARE HOME

Professor Antony Sheehan, Chief Executive of Leicestershire Partnership NHS

Trust submitted a report concerning the proposed closure of The Grange Respite Care Home.

Following a suggestion from Mr Bailey CC the Committee agreed to defer any discussion on No 2 The Grange to a later date and to concentrate on No 1 The Grange at this meeting (referred to as "The Grange" below.)

Professor Sheehan stated that, since the publication of the report, further consideration was being given to the postponement of the closure of The Grange at least until the end of the financial year 2007/08. This would allow for further time to carry out additional work to identify resources needed and to resolve issues including transport, the mixing of people with differing needs and staff preparation

Professor Sheehan explained the context of the decision to close The Grange and stated that staff and managers had been under great pressure, and had to make difficult decisions. He acknowledged that certain aspects of the process could have been improved, particularly that, although procedures were followed sufficiently, they may not have been carried out in the spirit of good consultation. He gave assurance that any future consultation would be improved, and the extra time suggested would facilitate this. A review of the complaints procedure was also being carried out in recognition that communications with individuals had fallen short. He gave a public apology for Members not receiving responses or acknowledgements to their queries. He also stated that he was considering instigating an independent investigation into the Grange closure process, subject to discussion on its nature and scope, although this may not result in a change in the decision to close the Grange.

He stated that a review of learning disabilities services had been instigated and that this would be in conjunction with social care providers in accordance with current guidelines. Outcomes of this would be fed into the Darzi review.

The Chair invited Janet McKenzie from the Patient and Public Involvement Forum (PPIF) for Leicestershire and Rutland to address the Committee. She welcomed the news that the decision may be postponed and stressed that it was now important to carry out further consultation due to the proposed significant change in service provision. She stated that the PPIF would welcome the chance to contribute to this.

The Chair invited Councillor Manjula Sood, Cabinet Lead for Health and Wellbeing in Leicester City Council to address the Committee. She accepted that there were many pressing issues which had impacted on the situation and welcomed the review of the complaints procedure. She also welcomed a possible delay in the decision, suggesting that home visits could be given to carers to receive their views. She also felt that improvements should be made to communications.

Members welcomed the statement that the decision to close the Grange may be postponed and the suggestion for an independent review, as long as this did not take resources away from services. They asked for assurance that

sufficient capacity would be retained in the remaining homes. They also asked that previous usage records be taken into account and that transport issues be considered. Concern was raised regarding the mix of people with differing needs and they sought assurance that people would be cared for in a suitable and safe environment. Reference was made to a report which had been circulated to Members by a service user, which gave a detailed account of the potential effects of the closure. They also questioned whether the decision would now fit in with recent recommendations from the Mansell II report.

Professor Sheehan responded to Members' comments, stressing the context of the decision and stating that it was not a decision they would have liked to take unless necessary. He agreed that capacity would be sufficient, but that case mix issues would be considered, and stated that the additional time would be used to ensure a safe environment was created. Existing data would be used to inform further work. Transport issues would be considered to ensure these would not cause additional problems. The Mansell II report outlined principles of care and good practice that they would look into how to deliver within the current constraints.

Members stated that they recognised that the decision had been taken under difficult circumstances and that there was no ideal solution. They asked for a further report in the near future on the matter including assurances on their matters of concern. On the suggestion of Professor Sheehan, the Committee agreed to move the date of the next meeting of the Committee to February to assist in more appropriate reporting.

RESOLVED:

- 1) That the Committee welcomes the acknowledgement by the Leicestershire Partnership Trust that elements of the closure process for the Grange No 1 might have been better handled.
- 2) That the Committee welcomes the proposal to review the Leicestershire Partnership Learning Disability Service, and the ongoing review of the complaints and communications function.
- 3) That the Committee recommends that the Leicestershire Partnership Trust reviews their non-statutory consultation and public and patient involvement process, with particular reference to how the closure of the Grange might have been better handled.
- 4) That the Committee recommends the Leicestershire Partnership Trust to defer any final decision on the closure of the Grange until 31 March 2008 to allow for further discussion around user and carer needs, staffing implications, and the accommodation specification at the alternative respite locations.
- 5) That a further report be brought to the February 2008 meeting

of the Joint Committee on how this will be carried out and any early findings.

- 6) That consideration of the proposals for Grange No 2 be deferred until the February 2008 meeting of the Committee to allow for broader consideration in a local and national context.

34. LEICESTERSHIRE PARTNERSHIP NHS TRUST REPORTING PROCEDURES

The Chair outlined concerns regarding Leicestershire Partnership NHS Trust's (LPT) reporting procedures at their Board meetings in relation to "Serious Adverse Events." He felt that a commitment by the LPT to clarify the position of such reporting had not been met and Members had expressed concern that it could be perceived that this information was being withheld. Concern was also raised that infection control figures would now be classed as confidential at these meetings. It was also stated that a request for an explanation on the matter had not been received.

Professor Sheehan stressed that LPT endeavoured to be as transparent as possible in reporting, but that on occasions there had to be confidentiality, often due to the small number of cases to report. He assured the Committee that the issues raised were of paramount importance and explained the various levels of reporting to ensure that the figures were properly addressed. New reporting arrangements now meant that instead of just raw data being reported to the Board, trends would be highlighted as well. Any more frequent reporting would lose its significance and skew the statistics due to the low numbers to report. It was felt that this would be the most intelligent use of the information. With regard to infection control, it was reported that LPT had very low infection rates.

Members reiterated their concern about transparency, stating that the public needed reassurance on these matters. It was queried whether the information should be classed as confidential.

Professor Sheehan stated that the governance process had been changed in line with the Healthcare Commission's guidance and would impact on the bid to become a foundation trust. Weekly figures on serious events were reported to him and would be presented to the Board along with trends and performance quarterly, preferably in public, but this would have to be assessed for confidentiality. Information on infections would be provided if it did not identify individual cases. There was already a level of regulation on reporting suicides, and coroner's reports were publicly available.

RESOLVED:

That the Committee notes the explanation given regarding LPT's reporting procedures and the assurances that LPT was committed to transparency.

35. CLOSE OF MEETING

The meeting closed at 10.57am.

