



Leicester
City Council

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

Held: MONDAY, 11 FEBRUARY 2008 at 10.00am

P R E S E N T :

Councillor Allen (Chair)
Mr D Houseman (Vice-Chair)

Leicester City Council

Councillor Bhavsar
Councillor Naylor

Councillor Hall

Leicestershire County Council

Mr AD Bailey CC
Mr JS Moore CC

Mr W Liquorish JP CC

In Attendance

Councillor Manjula Sood (Cabinet Lead for Health and Wellbeing, Leicester City Council)

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36. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Dawood and Joshi from Leicester City Council and Ms Newton CC and Mr Coxon CC from Leicestershire County Council.

37. 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.

Councillor Hall declared a personal interest in Item 9, "Aligning Healthcare Strategy for Leicester, Leicestershire and Rutland – Consultation Options for Next Stage Review," as he was an employee of University Hospitals Leicester (UHL) and was a member of UHL and Leicestershire Partnership Trusts.

Mr Bailey CC and Mr Moore CC declared personal interests in Item 6, "Proposed Closure of the Grange Respite Care Home," as they had relatives who were employed by Leicestershire Partnership Trust.

Mr Houseman declared a personal interest in Item 8, "Proposal to Close Syston Ambulance Station," as he lived in the vicinity of Syston Ambulance station.

38. MINUTES OF PREVIOUS MEETINGS

RESOLVED:

That the minutes of the Leicestershire, Leicester and Rutland Joint Health Overview and Scrutiny Committee held on 20 November 2007 and 17 December 2007 be confirmed as correct records.

39. PETITIONS

The Town Clerk reported that no petitions had been received.

40. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Town Clerk reported that no questions, representations or statements of case had been received.

41. PROPOSED CLOSURE OF THE GRANGE RESPITE CARE HOME

Professor Antony Sheehan, Chief Executive of Leicestershire Partnership Trust (LPT) submitted a report that provided an update on a report to the committee on 17 December 2007 regarding the future provision of services for people with learning disabilities, currently provided at Numbers 1 and 2 The Grange.

It was noted that discussion would concentrate on No 1 The Grange as this service was the one of most concern to users and carers. Professor Sheehan reported that work was still ongoing on the review and its conclusions would be reported to a future meeting of the committee. He stated that he had visited relevant services with a carer and had gained an insight from the users' point of view. Good progress was being made on extensive risk assessments on proposals to ensure equal levels of care, along with addressing staff development and issues of case mix. A meeting supported by CLASP was to be held on 27 February 2008 with carers.

Professor Sheehan reported that a review of the process for the proposed closure had been completed and issues for future management of such programmes had been identified.

Members stated that they recognised such a proposed closure would raise concerns from users and their families, but they also recognised the need to work within a finite financial framework. They asked whether alternative options had been identified. Members also asked whether equality impact assessments

had been carried out and whether the impact of Mansell II requirements had been taken into account.

Professor Sheehan stated that there was limited scope for alternative options due to financial constraints and the need to ensure quality of care and case mix issues. This was part of a larger respite care review and could not be considered in isolation. He reported that equality impact assessments had not yet taken place but that they would form part of the process and a progress report could be submitted to the next meeting. Inter-agency dialogue would take place concerning the impact of the Mansell II report.

Members stated that they would consider holding a special meeting to discuss the issue further following the meeting with carers that was to take place on 27 February 2008. They also stated that they would wish to hear the views of Adult Social Care Directors as part of receiving wide-ranging input into the committee's recommendations.

RESOLVED:

That the report be noted.

42. EAST MIDLANDS SPECIALISED COMMISSIONING TEAM

Kate Caston from the East Midlands Specialised Commissioning Team gave a presentation outlining the work of the team. A list of specific services was circulated to Members. She explained that the team provided a centralised base with suitable expertise that would ensure the specialised services were provided appropriately. The team was funded through agreements with the PCTs. Work was being carried out to draft a work programme to ensure the needs of the people of the area were met in the best way possible. It was anticipated that cancer, cardiac and renal services would be prioritised and that the draft would be available by March 2008; this could then be submitted to the Committee in April. The service would work with partners to assess new clinical developments and whether these should be commissioned. This would be supported by an involvement strategy to ensure quality consultation. It was also reported that the team's work could result in significant changes in service delivery and the important role of the Committee in scrutinising the work was emphasized. Discussion had also taken place regarding the possibility of setting up a regional Overview and Scrutiny network so that the views of the nine East Midlands committees could be taken into account.

Members stated that they supported the investment in management as this would ensure appropriate provision of services. They asked if the team would be similar to the centres for excellence, as it would contain a large amount of expertise. An issue with provision of post-acute stroke care was raised, as people found it difficult to access the sites that provided the care. A query was also raised concerning the provision of services addressing children's mental health issues.

It was reported that the team differed slightly from centres for excellence in that the services commissioned would be specialised. Post-stroke care was not a

service within the remit of the team, but work was being carried out as part of the Next Stage Review on how best to provide the care. The team would be responding to the Darzi Review regarding which services to provide in which hospitals. The setting up of cancer centres that could diagnose and increase survival rates was being investigated. This included psychological care for young people. Other issues of young people's mental health were being addressed by employing an expert on the matter.

RESOLVED:

That the work and plans of the East Midlands Specialised Commissioning Team be noted.

43. PROPOSAL TO CLOSE SYSTON AMBULANCE STATION

Ian Donnelly, Divisional Manager, East Midlands Ambulance Service (EMAS), gave a presentation regarding a proposal to close Syston Ambulance Station. He presented a consultation document outlining the proposal. He outlined advances in the service and new systems for provision, such as standby points, cleaning provision and a new computerised call system, which meant it was no longer necessary to have as many stations. The plan was to develop Gorse Hill and Goodwood stations. Work had been carried out on the best use of standby points to provide adequate service. Consultation was to take place between 11 February and 6 May 2008, after which any comments would be analysed and a decision made by the EMAS Trust Board on 19 May 2008.

Members congratulated EMAS on gaining an award for their services last year. They recognised that the proposal was in response to a need to adapt to changing issues. They expressed their support for the proposal as long as it did not result in a reduction in service and efficiency and stated that it was important to ensure the public were informed of the benefits of the proposed changes, to avoid the perception that it was a service reduction. A query was raised regarding the suitability of standby points and whether they could be changed if demand required it. A question was also asked regarding future sale of the land used by the station. Members stated that the consultation document had been well prepared and was easy to read.

Ian Donnelly stated that standby points had been identified following detailed assessment of calls. These would be regularly reviewed. The plans would result in savings that could be invested in areas such as emergency preparation teams to improve the service. He reported that following the introduction of mobile response and Call Connect the service was one of a few nationally who were on trajectory for achieving service delivery targets. Any sale of the land would be carried out by the NHS.

RESOLVED:

That the presentation be noted and a further report be received by the Committee following the consultation period.

44. ALIGNING HEALTHCARE STRATEGY FOR LEICESTER, LEICESTERSHIRE AND RUTLAND - CONSULTATION OPTIONS FOR NEXT STAGE REVIEW

Jo Yeaman, Director of Marketing, Communications and Patient Public Involvement, submitted a report and gave a presentation that outlined the current position of the Next Stage Review. Officers from the PCT and University Hospitals Leicester (UHL) were present to answer Members' questions.

It was reported that a full 12 week consultation was proposed instead of a minimum four weeks. The benefits and risks of this were explained. Various strategies and reviews were being developed on a range of issues and it was felt that individual consultations on each would delay key health improvements. It was proposed, therefore, to take a single approach to merge the vision of these strategies and reviews with the aim of providing better primary care services, quality care closer to home alongside specialist central services and acute centres, resulting in higher public confidence. The process for the review was outlined and the potential impact on facilities as the health community worked to develop a plan for the best healthcare possible.

Members asked what scope there was for local accountability during the process and in the future. Issues regarding different timescales for access of services within the city and county were raised, along with the need to properly provide for areas with large numbers of elderly people. They recognised the need to change the way patients were treated, particularly with reference to the Darzi review. Questions were raised regarding a consultation exercise that had taken place as to whether this was too small a consultation to be effective. Issues of safety of personal data were discussed regarding the move towards using more technology. A request was made to investigate any potential impact on carers if patients were discharged earlier. Concern was also raised that the timetable was restrictive.

Officers responded that it was intended that decision making should be driven down through the system to ensure the appropriateness of services for local communities. A vision for standards of care would be drawn up, but the methods used would be different in individual communities. Work was being done with community leaders to identify issues and community strategies would deal with these. With regard to the timetable, it was reported that there were inequalities that needed to be addressed as soon as possible. Officers were confident that they could keep to the timetable and carry out effective consultation. Conflicting pressures in the delivery of services were highlighted with regard to the move towards localised treatment, alongside the pressure to centralise complex services. The consultation exercise that had already taken place was seen to be successful and gave insights from the point of view of people who would not normally engage in consultation. Further events were planned which would make the outcomes more statistically relevant. The importance of keeping patient records safe was agreed. It was suggested that a report on information governance could be submitted to a future meeting of the committee.

RESOLVED:

That the Committee support the recommendation that a full 12 week consultation be carried out as part of the Next Stage Review.

45. CLOSE OF MEETING

The meeting closed at 12.16pm.

